

**Publication/Creation**

1856-1866

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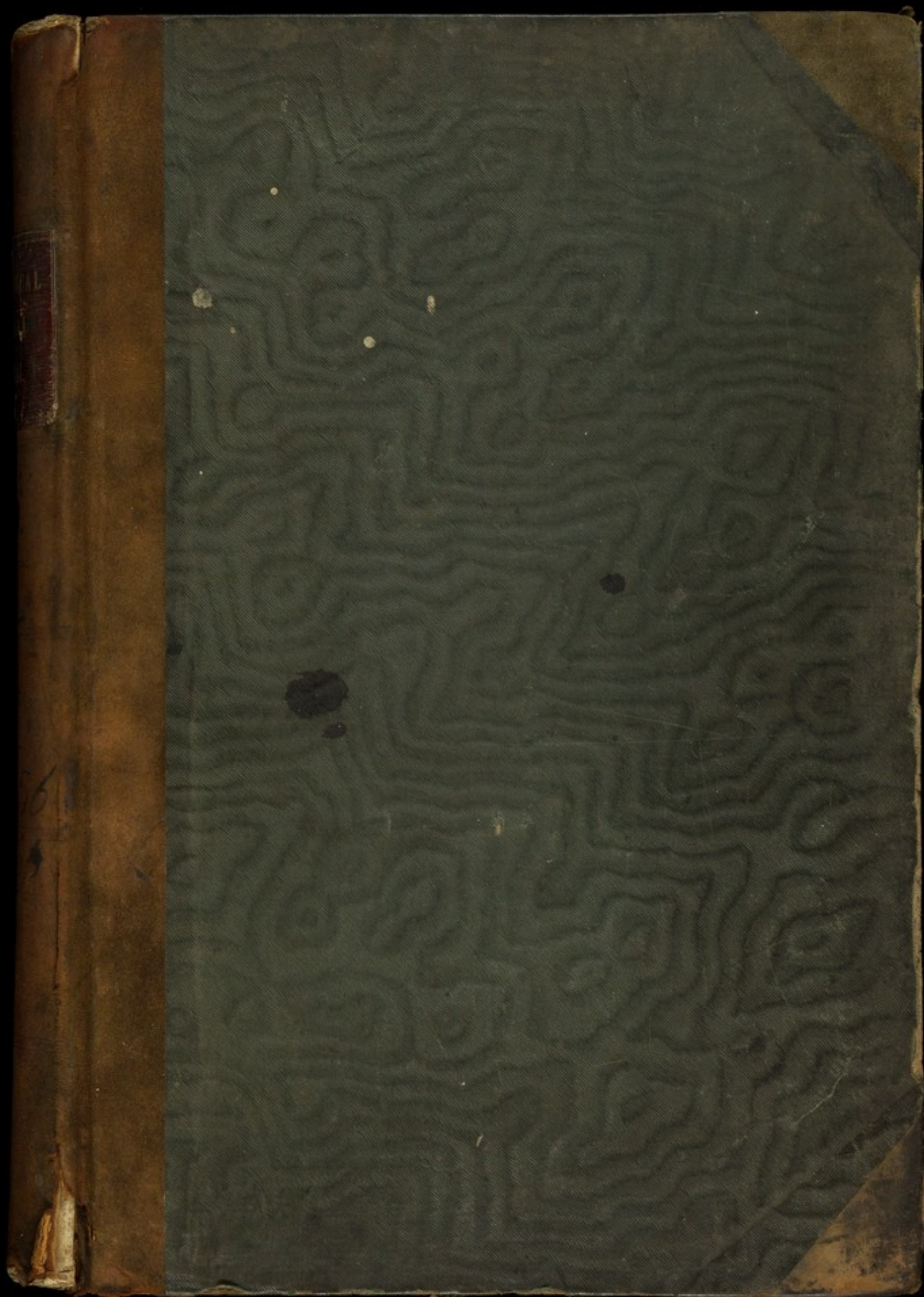
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VOL. II  
281

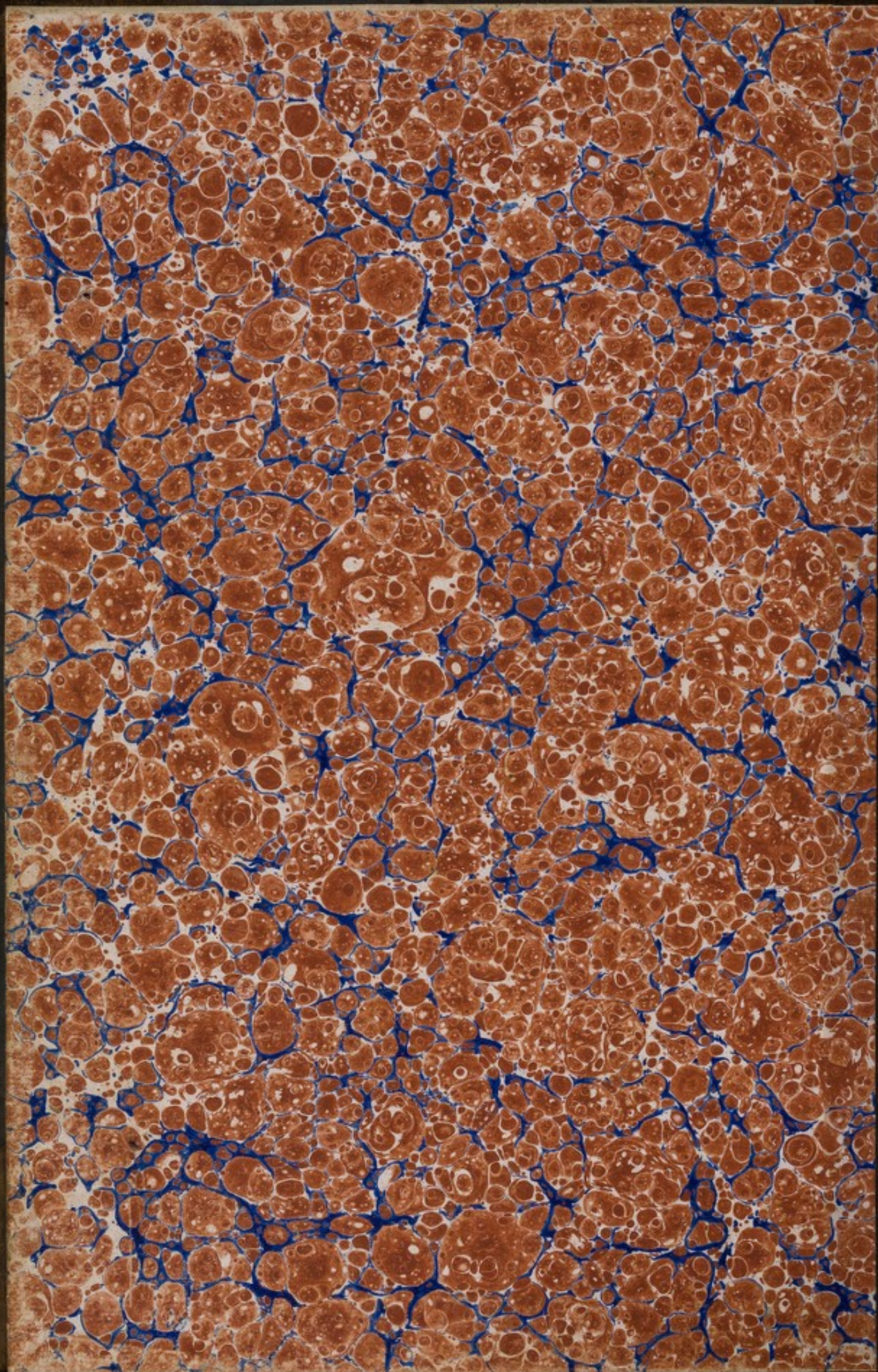
1856

1857

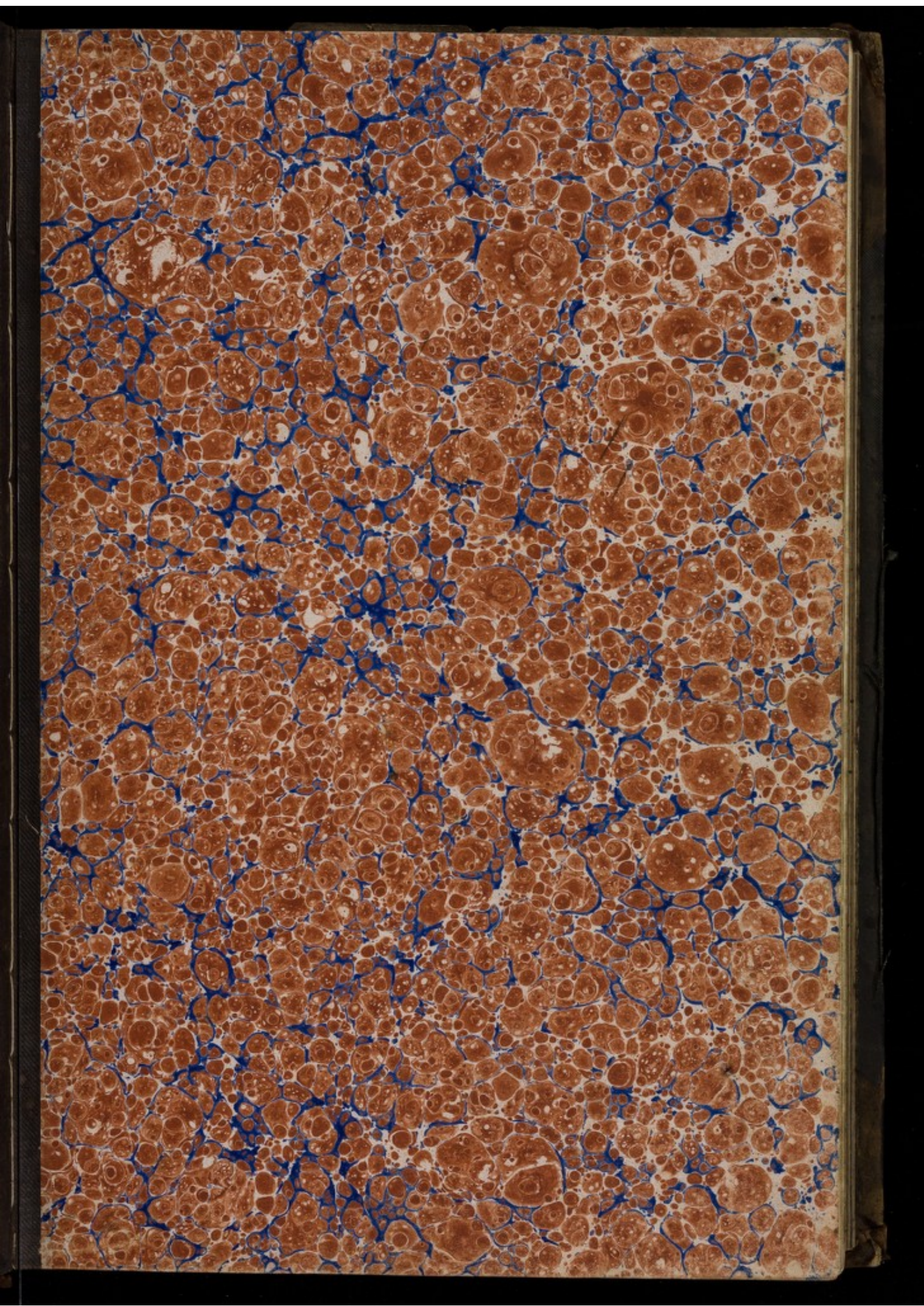














281

Commencing 4<sup>th</sup> December 1856.  
to 11<sup>th</sup> September 1866



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
20 <sup>th</sup>	Pt. Chas. Moulle	Obesity	1856 4 <sup>th</sup> Dec <sup>r</sup>	1	
34 <sup>th</sup>	" Henry Harris	Valvular Scler <sup>y</sup>	4 <sup>th</sup> Dec <sup>r</sup>	2	
66	Capt. Serjt. John Riddle	Catarrhus Chron <sup>y</sup>	6 Dec <sup>r</sup>	5	
80	Pt. Martin Horan	Phthisis Pulmon <sup>y</sup>	8 Dec <sup>r</sup>	"	
77	" John Hourley	"	10 Dec <sup>r</sup>	6	
20 <sup>th</sup>	" Joseph Drake	Catarrhus Chron <sup>y</sup>	11 Dec <sup>r</sup>	8	
34	" Patrick Collins	Phthisis Pulmonal.	14 Dec <sup>r</sup>	9	
34 <sup>th</sup>	" Thomas Hughes	Pneumonia	25 Dec <sup>r</sup>	11	
33 <sup>rd</sup>	Serjt. Thomas Kneale	Phthisis Pulmon <sup>y</sup>	29 Dec <sup>r</sup>	12	
72 <sup>nd</sup>	Pt. David Henderson	Bronchitis Chron <sup>y</sup>	6 Jan/57	13	
98 <sup>th</sup>	Pt. William May	Phthisis Pulmon <sup>y</sup>	9 <sup>th</sup> Jan	14	
81 <sup>st</sup>	Pt. John Ewing	Morbus cox <sup>y</sup>	10 <sup>th</sup> Jan	16	
36 <sup>th</sup>	" Thomas Sadler	Catarrhus Chron <sup>y</sup>	3 <sup>rd</sup> Feb <sup>y</sup>	18	
50 <sup>th</sup>	" Thomas Haggood	Phthisis Continua Cronica	4 <sup>th</sup> Feb 1857	19	
29	" Andrew Morgan	Phthisis Pulmon <sup>y</sup>	4 Feb/57	20	
42	" Walter Wilson	Catarrh. Chron <sup>y</sup>	4 Feb. 57.	21	
54 <sup>th</sup>	" Daniel Cain	Catarrhus Chron <sup>y</sup>	14 <sup>th</sup> Feb 1857	23	
52 <sup>nd</sup> Gd.	" Francis Scott	"	15 <sup>th</sup> Feb/57	24	
10 <sup>th</sup>	" Jeremiah McQuitty	Bronchitis Chron <sup>y</sup>	18 <sup>th</sup> Feb 57	25	
91 <sup>st</sup>	Pt. Thos. Kearney	Phthisis Pulmonal.	27 Feb/57	26	
74 <sup>th</sup>	Pt. Robt. O'Connell	"	28 <sup>th</sup> Feb.	28	
91 <sup>st</sup>	Pt. Robert Fraser	Catarrhus Chron <sup>y</sup>	11 <sup>th</sup> March	27	
29	Corpl. James Willoughby	Hepatitis Chron <sup>y</sup>	11 <sup>th</sup> Dec <sup>r</sup>	28	
74	Pt. Edward O'Brien	Phthisis Pul	12 <sup>th</sup> March	30	
10 <sup>th</sup> Savers	Serjt. John Lynne	Catarrah Chron <sup>y</sup>	21 <sup>st</sup> March	30	
89 <sup>th</sup>	Pt. Thomas Joyce	Phthisis Pulmon <sup>y</sup>	18 <sup>th</sup> March	31	
75	Pt. Charles Adams	Phthisis Pulm <sup>y</sup>	17 April/57	32	
89 <sup>th</sup>	Pt. Wm. Burke	Phthisis Pulmon <sup>y</sup>	April 20 <sup>th</sup>	34	
85	Corpl. Robt. Boylan	Morbus Cordis	" 22	35	
59	Pt. Francis Taylor	Phthisis Pulmon <sup>y</sup>	8 May	35	
411	Pt. George Hogrove	Phthisis Pulmon <sup>y</sup>	10 <sup>th</sup> May	36	
77	Pt. Michael Morgan	Phthisis Pulmonal.	23 <sup>rd</sup> May	38	
10 <sup>th</sup>	" Thos. Lipton	Typhoid	24 <sup>th</sup> May	39	x
99	" Pat. K. Sheridan	Phthisis Pulm <sup>y</sup>	1 <sup>st</sup> June	41	y
43	" Joseph Barker	Catarrhus Chron <sup>y</sup>	8 June	42	y
L E	" Edward McKinnon	Obesity	13 "	44	
82 <sup>nd</sup>	" George Warner	Phthisis Pulmon <sup>y</sup>	17 <sup>th</sup> "	46	
87 <sup>th</sup>	" John Borer	Catarrhus Chron <sup>y</sup>	18 <sup>th</sup> "	49	
432 <sup>nd</sup>	" Thos. Gurnham	Catarrhus Chron <sup>y</sup>	19 <sup>th</sup> "	50	



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
			1857.		
6 <sup>th</sup> Regt	Pte Rudy Hoolahan	Dysent. Chron.	June 20 <sup>th</sup>	52	
9 <sup>th</sup> Regt	" John Conkling	Paralysis.	" 30 <sup>th</sup>	52.	
61 <sup>st</sup> Regt	" John Raby	Cataracts Chron.	July 3 <sup>rd</sup>	54	
1 <sup>st</sup> Regt D.	" John Connelly	Diarrhea	" 11 <sup>th</sup>	56	
17 <sup>th</sup> Regt	" John Hackett	Cataracts Chron.	" 13 <sup>th</sup>	56	
20 <sup>th</sup> Regt	" William Finckley	" "	" 22 <sup>nd</sup>	58.	
3 <sup>rd</sup> Regt	" John Marshall	Phthisis Pul.	" 25 <sup>th</sup>	60.	
24 <sup>th</sup> Regt	" Rich <sup>d</sup> Morris	Dysenteric Chron.	" 31 <sup>st</sup>	61.	
1 <sup>st</sup> Regt B.	" Denis McAniff	Phthisis Pul.	Aug <sup>t</sup> 2 <sup>nd</sup>	62.	
60 <sup>th</sup> Regt	Capt John Bell	Dysent. Chron.	" 9 <sup>th</sup>	63	
14 <sup>th</sup> Regt	Pte Wm Ward	Amputation	" 13 <sup>th</sup>	65.	
2 <sup>nd</sup> Regt D.	" Jno Tommy	Phthisis	" 14 <sup>th</sup>	66	
24 <sup>th</sup> Regt	" Wm Davis	Phthisis Pul.	" 22 <sup>nd</sup>	68.	
29 <sup>th</sup> Regt	Capt R. Bright	Phthisis	Sept <sup>r</sup> 2 <sup>nd</sup>	69.	
35 <sup>th</sup> Regt	Pte Henry West	Rheumatic Chron.	" 3 <sup>rd</sup>	72	
69 <sup>th</sup> Regt	" Francis Mearns	Phthisis Pul.	" 11 <sup>th</sup>	73.	
84 <sup>th</sup> Regt	" Capt Lobbins	Scrubbing	" 11 <sup>th</sup>	74	
58 <sup>th</sup> Regt	" John Johnson	Phthisis Pul.	" 22 <sup>nd</sup>	76.	
1 <sup>st</sup> Regt B.	" Saml Johnson	Cataracts Chron.	Oct <sup>r</sup> 2 <sup>nd</sup>	78.	
1 <sup>st</sup> Regt B.	Sgt Sgt Joseph Hunt	" "	" 3 <sup>rd</sup>	79.	
140 <sup>th</sup> Regt	Pte John Mulcahy	Phthisis Pul.	" 9 <sup>th</sup>	80.	
82 <sup>nd</sup> Regt	Capt George Wilson	" "	" 10 <sup>th</sup>	81.	
2 <sup>nd</sup> Regt	" John Wheeler	Cataracts Chron.	Nov <sup>r</sup> 1 <sup>st</sup>	83.	
145 <sup>th</sup> Regt	Pte Thos Brennan	Scrubbing	" 8 <sup>th</sup>	85.	
29 <sup>th</sup> Regt	" Joseph Herbert	Mercurial Corrosion	" 10 <sup>th</sup>	86.	
88 <sup>th</sup> Regt	" Joseph Hardy	Cataracts Chron.	" 23 <sup>rd</sup>	87.	
141 <sup>st</sup> Regt	" John Burns	Phthisis Pul.	" 24 <sup>th</sup>	88.	
25 <sup>th</sup> Regt	" Wm McManis	Mercurial Corrosion	" 28 <sup>th</sup>	89.	
5 <sup>th</sup> Regt	" John Swart	Phthisis Pul.	" 28 <sup>th</sup>	91	
25 <sup>th</sup> Regt	" John Carlson	Phthisis Pul.	Dec <sup>r</sup> 24 <sup>th</sup>	92	
1 <sup>st</sup> Regt B.	" Henry Harding	Phthisis Pul.	January 8 <sup>th</sup>	93	
22 <sup>nd</sup> Regt	Capt Thomas Pomeroy	Anemia Acute Chronic.	" 13 <sup>th</sup>	94	
57 <sup>th</sup> Regt	Pte George Conroy	Phthisis Pul.	" 24 <sup>th</sup>	95	
1 <sup>st</sup> Regt B.	" Patrick Brice	Cataracts Chron.	February 2 <sup>nd</sup>	96	
29 <sup>th</sup> Regt	" William Ryan	Cataracts Acute	" 18 <sup>th</sup>	97	
17 <sup>th</sup> Regt	" William Chubb	Cataracts Acute	" 22 <sup>nd</sup>	98	
19 <sup>th</sup> Regt	" James Cahill	Cataracts Acute	" 24 <sup>th</sup>	99	
40 <sup>th</sup> Regt	" George Fowler	Phthisis Pul.	March 2 <sup>nd</sup>	100	
3 <sup>rd</sup> Regt B.	" George Ellis	Phthisis Pul.	" 27 <sup>th</sup>	101	



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
14 <sup>th</sup>	Pte Samuel Reynolds	Phthisis Pulmonalis	1850 14 <sup>th</sup> April	102	Phthisis
51 <sup>st</sup>	John Bradshaw	Catarhus Acutus	19 <sup>th</sup>	103	Phthisis Pul.
2 <sup>nd</sup> Bn 1 <sup>st</sup> Regt	Thomas Brown	Hepatitis Chronica	22 <sup>nd</sup>	104	Phthisis Pul.
48 <sup>th</sup>	Christopher Brennan	Catarhus Chronic	Aug 2 <sup>d</sup>	105	Phthisis Pul.
74 <sup>th</sup>	Edward Suffin	Morbus Cordis	— 3 <sup>d</sup>	107	Dilatation of Heart
56 <sup>th</sup>	John Smith	Hepatitis Chronica	— 4 <sup>th</sup>	108	Hyperostosis of ribs
51 <sup>st</sup>	Robert Ready	Phthisis Pulmonalis	— 5 <sup>th</sup>	110	Phthisis
2 <sup>nd</sup> Bn	William Guilford	Phthisis Pulmonalis	— 21 <sup>st</sup>	111	Phthisis
71 <sup>st</sup>	George Hayman	Paralysis	— 21 <sup>st</sup>	112	Mad. App.
1 <sup>st</sup> Bn	John Markham	Paralysis	— 25 <sup>th</sup>	116	Stroke
68 <sup>th</sup>	Pte James Williams	Catarhus Chronica	— 30 <sup>th</sup>	116	Phthisis Pul.
32 <sup>nd</sup>	James John Haley	Amputation	June 27 <sup>th</sup>	118	After L. H. H. H. H. H.
23 <sup>rd</sup>	Pte David Roberts	Phthisis Pul.	—	119	Phthisis
11 <sup>th</sup> Bn	James Jones	Phthisis Pul.	July 15 <sup>th</sup>	121	Phthisis
18 <sup>th</sup>	George Smit	Catarhus	— 15 <sup>th</sup>	123	Phthisis Pulmonalis
18 <sup>th</sup>	George Weller	Phthisis Pul.	— 25 <sup>th</sup>	124	Phthisis
1 <sup>st</sup> Bn	Patrick Donnelly	Ascites	August 1 <sup>st</sup>	126	Ascites
19 <sup>th</sup>	George Boyle	Ascites	— 2	127	Hyperostosis of ribs
83 <sup>rd</sup>	Michael Miles	Emphysema Chronica	— 5	127	Phthisis
80 <sup>th</sup>	James Elcock	Paralysis	— 13	129	Scrofula
9 <sup>th</sup> Bn	John Lloyd	Valv. Sclop.	— 13	130	Phthisis
32 <sup>nd</sup>	John Brennan	Phthisis Pul.	— 16	132	Phthisis
4 <sup>th</sup> Bn	Frederick John Hocking	Phthisis Pulmonalis	— 18 <sup>th</sup>	133	Phthisis
51 <sup>st</sup>	Pte James Blackburn	Phthisis Pul.	— 20 <sup>th</sup>	135	Hyperostosis of ribs
57 <sup>th</sup>	Thomas Churney	Phthisis Pul.	— 31 <sup>st</sup>	136	Phthisis
26 <sup>th</sup>	James Neill	Hepatitis Chronica	Sept 3	138	Phthisis Pulmonalis
52 <sup>nd</sup>	Cpl James Lyons	Phthisis	— 16	140	Phthisis
84 <sup>th</sup>	Cpl Andrew Cavanagh	Phthisis	— 19	142	Phthisis
86 <sup>th</sup>	Cpl Michael Gough	Phthisis	— 25	143	Phthisis
34 <sup>th</sup>	James Doyle	Valv. Sclop.	Oct 15	144	Scrofula
18 <sup>th</sup>	George Dwyer	Morbus Cordis	— 24	147	Hyperostosis of ribs
18 <sup>th</sup>	John Collins	Catarhus	— 30	148	Hyperostosis of ribs
11 <sup>th</sup> Bn	James Godby	Phthisis	Nov 20	150	Phthisis
25 <sup>th</sup>	John Meel	Morbus Cordis	Dec 1	152	Hyperostosis of ribs
28 <sup>th</sup>	Lawrence Moroney	Phthisis Pul.	— 3	153	Phthisis
52 <sup>nd</sup>	James M. Namora	Catarhus Chronica	— 18	154	Phthisis
30 <sup>th</sup>	Thomas Goodall	Morbus Cordis	Jan 1	155	Hyperostosis of ribs
93 <sup>rd</sup>	James Stewart	Carcinoma	— 6	157	Phthisis
61 <sup>st</sup>	James Lampert	Phthisis	— 10	159	Phthisis



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
1859					
498th	Pte Michael W. Kenner	Phthisis Pulm	22 Jan	159	Phthisis 23
560th	James Maguire	"	12th Feb	161	Phthisis 24
Met. C.	James Hale	"Phthisis Pul Dysentery Ch.	11	162	Phthisis 35
82nd	Edward Stanford	Dysentery	16th	163	Hepatic Abscess
84th	Michael W. Kenner	Phthisis Pulm	18th	165	Phthisis 26
19th	James Stewart	Pneumonia	23rd	166	Pneumonia
79th	John Brown	Hepatitis Ch.	Mar. 10	167	Hepatic Colic
32nd	Henry Jones	Phthisis Pulm	Mar 10	168	Phthisis 27
73rd	Snell Gado	Hepatic Ch.	11	169	Ulceration almost perforating
32nd	Henry Jones	Dysentery Ch.	18	170	Ulceration almost perforating
176th	Capt Wm. Beech	Phthisis Pulm	29	173	no post mortem
133rd	Pte James Carey	Catarrh Ch.	April 14	173	Phthisis Pul.
210th	John Kelly	Hepatic Ch.	5	174	Abscess in Liver
21st	Capt. W. Meggin	Morbus Cordis	13th	175	Aneurism of Arch of Aorta
16th	Pte John Norlan	Catarrh Ch.	20	177	Pericarditis
26th	Thomas Hyde	Phthisis Pul	20	178	Phthisis Pul.
174th	Det. Thomas Kirby	Phthisis Pul	May 4	180	Phthisis Pul.
15th	Pte John McHale	Dysent. Ch.	5	180	Phthisis Pul.
37th	Cd. James Belts	Phthisis Pul	13	181	Aneurism of the Arch of Aorta
31st	Pte Henry Dorbin	Morbus Cordis	20	183	Morbus Cordis from Barbit Pulm
18th	John McHale	Paratyphoid	24th	184	Not examined
60th	Joseph Emery	Injunct. Hemis	28th	185	Not examined
54th	John Gibson	Phthisis	June 10th	188	Phthisis Pulm.
29th	James Griffin	Phthisis	10	189	Not examined
18th	John Schofield	Phthisis	18	190	Phthisis Pul.
68th	Sgt. James Kevin	"	25	191	Phthisis Pul.
83rd	Pte John Cogley	Phthisis Pul	25	192	Phthisis Pul.
25th	Pte. Mathew Kelly	"	28	193	Phthisis Pul.
11th	Thomas Ridge	"	30	194	Phthisis Pul.
93rd	Alexander Thomson	Pulm. self pr	July 4	195	Not examined
74th	Melissa Edwards	Ph thisis	11	196	Phthisis
57th	Cpl Thomas Lynch	Ph thisis	18	197	Phthisis
51st	Pte Mathew Ryan	Ph thisis	Aug 6	198	Phthisis, Bronchitis contracted
26th	James Miller	Dysentery Ch.	7	199	Dysentery Ch.
14th	John Carne	Ph thisis	12	200	Phthisis
25th	Richard Passfield	Idem	12	201	Phthisis Pul.
12th	William Glauane	Idem	13	202	Phthisis
48th	Patrick Collins	Idem	13	203	Phthisis
28th	John Dowling	Catarrh Ch.	22	203	Phthisis & Pneumonia



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
39	1/19 <sup>th</sup> Plt Wm Beard	Hep Chron	1859 2 Febr	204	Liver putrid & app
30	52 <sup>nd</sup> James Morley	Phthisis Pul	11	205	Phthisis 19
31	80 <sup>th</sup> Charles Byrnes	Catarh. Ch.	18	206	Phthisis 20
32	24 <sup>th</sup> Robert Robinson	Phthisis Pul	9 Octr	207	Phthisis 21
33	53 <sup>rd</sup> John Greer	Morbi Cordis	20 <sup>th</sup> "	208	Aneurisma Aorta
34	73 <sup>rd</sup> James Bruce	Phthisis	22 "	210	Phthisis 22
35	2/12 James Riddle	Morbi Cordis	28 "	210	Hypertrophy & dilat
36	84 Engler John Walsh	Dysent. Ch.	3 Nov	212	Stomach Dysent
37	28 Plt Thomas Ryan	Catarh. Ch.	13 Nov	213	Phthisis 23
38	Helms M. Harris	Hepatitis Ch.	13 Nov	214	Liver large & fatty
39	48 Heath H. Am.	Hepatitis Ch.	13 Nov	215	Mucosa in Stom.
40	47 <sup>th</sup> Matthew Kennedy	Catarh. Chron	15 Nov	215	Tubercular Pericard.
41	2/6 Samuel Tunney	Phthisis Pulm.	15 Sept.	217	Phthisis Pulm. 24
42	1/14 John Bird	Phthisis Pulm.	24 Dec.	218	Phthisis Pulm. 25
	51 Thomas Gallagher	Phthisis Pulm.	2 Jan <sup>y</sup>	218	
	77 John Dyson	Phthisis Pulm.	4 "	219	
	100 <sup>th</sup> Jesse Hammaker	Varicella	5 "	219	
10. 14	Sergt. R. Beemker	Phthisis Pul.	6 <sup>th</sup> "	220	
	1/19 Plt James Buckley	Phthisis Pulm.	15 "	221	
	54 Stephen Ryland	Phthisis Pulm.	15 "	222	
	69 W. Halsey	Rheum. Chron.	30 "	223	
	94 W. Gibson	Phthisis Pul	30 <sup>th</sup> "	224	
	66 John Blackhouse	Dysentery Ch.	4 "	226	
	1/24 James Sawcett	Phthisis Pulm.	11 "	227	
	31 Sergt. L. Brady	Hepatitis Ch.	3 March	228	
10. 4	P. J. Williams	Leishman's Con	8 "	229	
41 E	P. John Leaton	Phthisis Pulm.	10 "	230	
	77 William Hyde	Bronchitis Chron	16 "	231	
	81 Henry Glaw	Bronchitis Chron	17 "	232	
	71 Joseph Carter	Dysentery Chron	19 "	233	
	73 George Horrocks	Bronch. Acuta	19 "	234	
	100 David M. Cuthy	Phthisis Pulm.	21 "	235	
	1/1 Thomas Oates	" " "	2 <sup>nd</sup> June		
	91 Pat. Galey	" " "	1 "	237	
	80 Wm. M. Dwyer	Yersinia	11 "	238	
	71 John Mearns	Dysent. Chron	11 "	239	
	69 C. Spalding	Phthisis Pulm.	17 "	240	
	71 J. P. Poyser	" " "	19 "	241	
	71 J. H. Neway	Morbi Cordis	27 "	242	



# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
1/25	1 <sup>st</sup> Lieut. Lewis		April 27	245	
2/21	1 <sup>st</sup> Hamilton Johnson	Pleuro-pneumonia	April 28	246-245	
73	Hugh Rogers	Bronchitis	July 4	246	
1/19	1 <sup>st</sup> Lieut. Smiley	Pneumonia Pul	10	247	
69	John Seabro	"	14	248	
1/3	James Yates	Neur. Chron	16	249	
1/2	John Linnery	Pneumonia Pul	21	250	
77	H. H. Hile	"	24	251	
1/24	John Holmes	"	June 17	252	
1 <sup>st</sup> Lieut.	John Johnston	"	20 <sup>th</sup>	253	
30	George Summerfield	Pneumonia Ch	21 <sup>st</sup>	253	
2/60	George Hicks	Abcess re	Sept 9 <sup>th</sup>	266	

## INDEX.

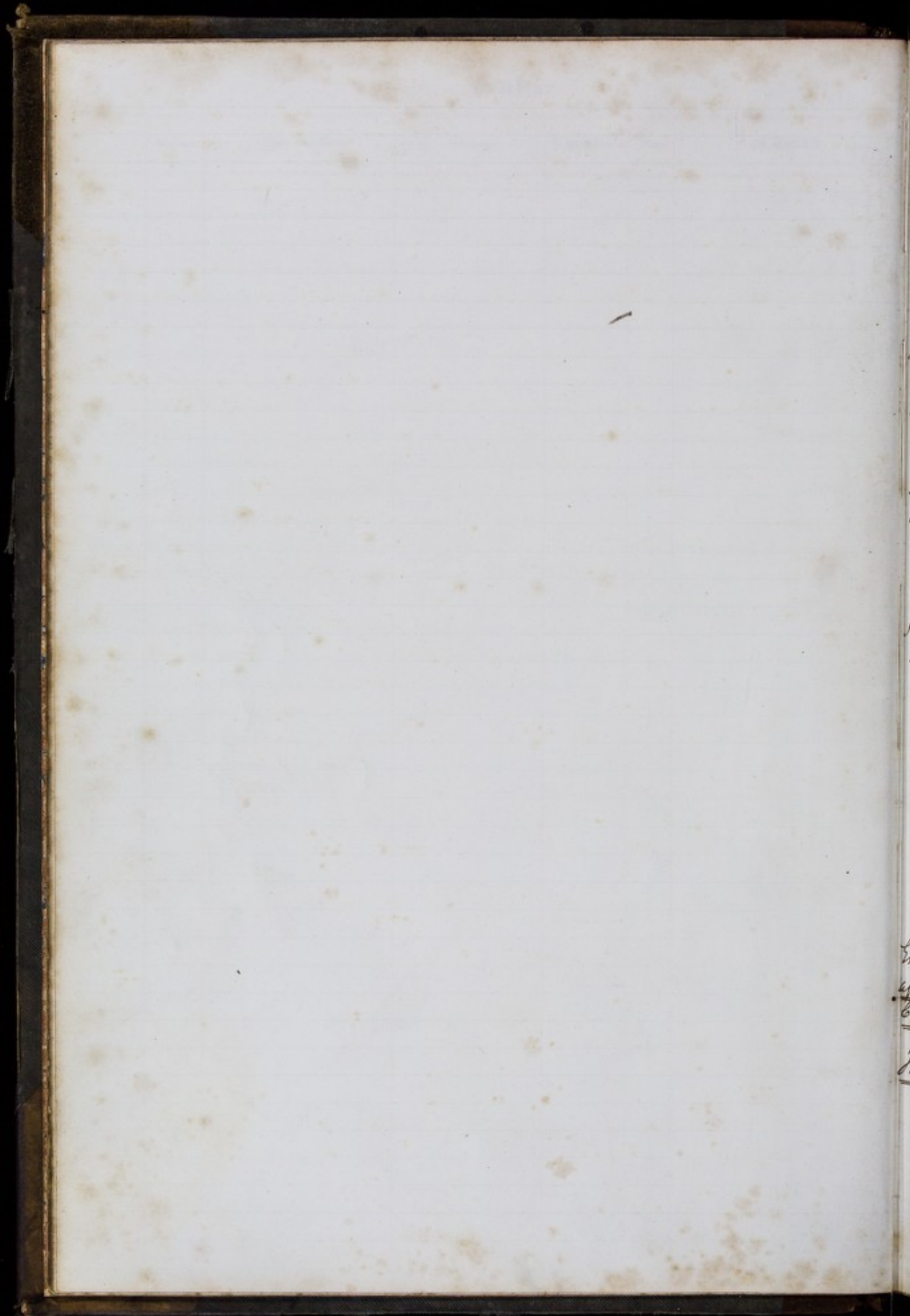
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# INDEX.

Regiment.	Rank and Name.	Disease.	Date of Death.	Page.	REMARKS.
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A Number of Blank Pages Follow, which have not been Photographed.







Age	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Used	Reg.	Fol.
25th	St Charles Hall	39	Ascites	9 Nov 1856	4 Dec 1856	4 months	Crimea	11	390	87

An Englishman. Papermaker. Service 18 1/2 years. 6 years of which in the W. Indies by years in America, 2 years in the Crimea, the remainder at home. Never had Venereal, and I believe a very sober man. Had Yellow fever while serving in the W. Indies, and also Fever and Dysentery in the Crimea.

History About 4 months ago when on his passage home from the Crimea, he observed his feet and legs to be a little swollen. On his arrival in England was admitted into Hospital at Aldershot with Anasarca, the abdomen was tapped & bled topped after 2 months ineffectual treatment. 9 qts 1 pt were drawn off. In 3 weeks after 8 qts.

Present condition On admission into this Hospital he had the following symptoms, swelling of the abdomen, legs and feet. Fluctuation was very distinct and distension uniform. Resonance on percussion over the abdomen. He also bore the mark of tapping, midway between the umbilicus and pubes. Heart action impaired and suffered much from dyspnoea. Appetite middling. Pulse weak and tremulous. Tongue rather dry and furred. Great thirst.

Progress of disease He seemed to improve for a few days after his admission into Hospital, but then gradually began to sink. His appetite became very variable, swelling increased and for a week previous to death, there was no distinct pulsation in the radial artery. His appetite became much worse, and he had difficulty of micturition. Thirst increased. Was then attacked with Diarrhoea which was very troublesome. The day previous to death he had a sort of muttering delirium, and he died on the 4<sup>th</sup> Decr/56 at 7 1/2 a.m. Treatment. Hydrc. col. Sub. Specac. comp. Iodine. co. was painted over the abdomen. A generous diet, Chicken, port wine and a little Brandy. Signed Henry J. Rose Apth Surgeon 2<sup>nd</sup> Fort.

### Sectio cadaveris 4 1/2 hours after death

External appearance Body emaciated. Lower extremities edematous. Abdomen distended with fluid.

Cranium Several ounces of fluid at the base of the brain. About 1 oz of serum in the lateral ventricles. Structure of brain healthy. Weight 2 lb 15 3/4 oz.

Thorax. About 1 oz of serum in the Pericardium. Left ventricle connected to the Pericardium with two old bands of adhesion. The heart somewhat enlarged. Weight 13 3/4 oz. Slight atheromatous deposit in the aorta. 20 oz of clear serum in the right pleural cavity. A few small crude tubercles in the apex of the right lung. Structure otherwise healthy. Left pleural cavity contained 2 lb 1 oz of serum. Surface of pulmonary and costal pleura coated with a thin layer of recently formed lymph. Along the lower margin of the lung the lymph was effused in greater quantities. Structure of this lung perfectly healthy. Weight of trachea and lungs 2 lb 7 oz.



Abdomen. 15 lbs of clear amber coloured serum in this cavity. Liver small, and its external surface irregular rough and modulated. Structure very firm and in an advanced state of cirrhosis. Weight 2 lb 11 1/4 oz. Gall bladder filled with thick blackropy bile. Capsule of the Spleen thickened and opaque. Structure much firmer than usual.

Kidneys External surface of both of a pale colour rough and irregular, and their section presented the first stage of granular degeneration. Weight of right 5 gr. Left 5 1/2 gr.

Stomach and small Intestines healthy. Mucous membrane of large intestines soft and pulpy, but no ulcerations.

N<sup>o</sup> 2

C. S. Piper a. a. s.

Age	Name & Name	Age	Disease	Admit <sup>d</sup>	Died	Duration of Disease	Part of Body	Weight	Height
34	P. Henry Garver	32	Valvular Disease of the Heart	Sept 1886	Dec 1886	1 1/2 yrs.	Heart	2	175
			Pyæmia.						

History An Englishman. by trade a Bookbinder. Total Service 14 1/2 yrs chiefly at home & in the Mediterranean: always enjoyed good health & when a recruit was a strong looking man. He was wounded on the 7<sup>th</sup> June 1855 by a musket ball striking the head of left tibia making its exit on the inner side of the leg fracturing & comminuting the bone, but not injuring the joint; since then he has always been in Hospital, considerable quantities of bone have come away but without any severe pain or loss of health.

Present State On admission. There <sup>was</sup> ~~was~~ a <sup>large</sup> ~~large~~ abscess existed through part of which part of a large sequestrum could be felt with a probe; he progressed very favourably up to the 19<sup>th</sup> Nov<sup>r</sup> when bone in small quantities being thrown off, health was good & he had been taking full diet & 50 gr of Potash.

Progress but on the day mentioned, the report states that he had "head ache & sickness. Faint tongue & constipated bowels," he was ordered to bed & to take a saline aperient, by which he was relieved. Night febrile symptoms however continued. On 28<sup>th</sup> Nov<sup>r</sup>: "His pulse was 100 per minute, tongue coated, skin hot but moist, bowels free, a little increase of discharge from the wound, which was looking healthy; then symptoms under the administration of Salines with small doses of <sup>Opium</sup> ~~Opium~~ & <sup>Opium</sup> ~~Opium~~ but on his coming became a good deal relieved, but on the 25<sup>th</sup> Nov<sup>r</sup> he complained of slight pain in the right Hypochondriac Region, not increased by pressure, a Mustard Cataplasm was applied & he appeared to be regaining his former health up to the 30<sup>th</sup> Nov<sup>r</sup> when after a severe rigor febrile symptoms increased; his manner became excited but stupid, skin hot & dry, tongue brown & furred, pulse small & weak. 80 per min. During the rigor almost imperceptible bowels open very freely; he complained of pain in the right side & giddiness in the head. Stethoscopic examination of chest revealed



nothing abnormal. A blister was applied to the right side & small doses of <sup>leeches</sup> ~~Ammon~~ <sup>perchlorate</sup> given frequently the following day Dec 1<sup>st</sup> having passed a good night he was better in every respect. on the 2<sup>nd</sup> slight feverishness without excitement & with thirst as the most prominent symptoms remained, as he appeared weak Quinine & pill of Port wine was given. on Dec 3<sup>rd</sup> Herpetetic eruption appeared round his mouth without increase of febrile symptoms, skin became normally cool & the pulse improved. The day of his death the eruption had increased, but he appeared otherwise better stating that his appetite was good enough to eat a Mutton Chop however at 3 P.M. he was seized with a very severe rigor. Stimulants were administered, hot water bottles applied to his feet & mustard cake-plaster to the stomach, but he only partially rallied & died at 5<sup>th</sup> P.M. throughout the course of the disease he complained only of slight pain in the right side —

Actio Cadaveris 10 hours after death.

External. Superficial passed away. Body stout & muscular. Skin covering posterior surface of back, face, & neck livid & putrefaction rapidly advancing. Muscles pale & lax. A mark of a blister on the abdomen & a wound on the anterior surface of the left tibia, about 2 inches below the knee. Skin surrounding it adhering to the bone. A venereal eruption on the legs & lower part of face.

Internal. Veins of Pia Mater much congested. Structure of Brain healthy. Thyroid half an ounce of serum in the Pericardium. Slight deposition of granular lymph on the ext<sup>l</sup> surface of right auricle of old formation. Heart — Muscular structure soft & easily lacerated & without any valvula in the cavities or large trunk. The int<sup>l</sup> membrane of these vessels stained. Weight of Heart 12 gr.

Mucous Membrane of Trachea & Bronchial Tubes of a deep purple colour & highly congested, the latter containing some frothy mucous-purulent matter. Right Lung adhering very firmly & universally to the walls of the chest by adhesions of old standing. Base of left Lung adhered very firmly to the Diaphragm. Structure of both Lungs particularly the Right per se with serum & much congested. Weight of Lungs 3<sup>th</sup> 11 oz.

Abdomen. A portion of the convex surface of the Liver adhered very firmly to the Diaphragm by recently effused lymph. Lungs according to this portion on making a section of the Liver a large diffused Abscess was found which contained 100<sup>th</sup> of Pus which was infiltrated throughout that part of the structure of the Liver —



Abdomen - bands of which stretched across the sac there were no defined walls to  
constitute the abscess which appeared to have resulted from the coalescing of several  
minute abscesses. The sac on being opened allowed a large quantity of  
very fatal gas to escape (sulphureted hydrogen). There was a second  
abscess, situated a little to the right of the other & of nearly the same  
size. The rest of the structure of the Liver was soft & friable  
& easily broken up. Weight of Liver 3 3/4

Spleen - Enlarged, softened & much congested. Weight of Spleen 11 1/2

Kidneys - Enlarged & presenting the first stage of granular degeneration. Weight of Kidneys 5 1/4

Stomach - Mucous Membrane congested & dysmored. The whole of the  
Mucous Membrane of Intestine at this point congested in different portions  
to its extent. Mucous Membrane of Large Intestine, soft pulpy  
& easily scraped off, but free from ulceration.

"After a very minute & careful examination & tracing the veins  
of the left leg through the abdomen & others, no sign of inflammation  
- tion could be detected. It is nevertheless the opinion of some  
Pathologists, that in the great majority of cases some trace of  
inflammation of the veins may be found & when they cannot  
the veins affected are supposed to be so small or so obscured that  
they are overlooked. Further that Pus Globules have never been  
detected in the blood of the Pyæmic, & even in the blood of Animals  
which had died from the effect of Pus injected into the veins.  
The Globules of Pus have only once been discovered; & that the  
Pus Globules seen in the great majority of cases to be rapidly  
destroyed, after entering the circulation. This throws considerable  
doubt on the view that the Pus Globules become arrested in the  
capillaries in consequence of their size & thus establish numerous  
foci of inflammation. Mikulski also expresses his opinion  
very strongly against it - He considers that Pyæmia occurs  
not uncommonly as a primitive affection, that is to say that  
Pus is actually formed in the blood itself in consequence of  
a general change of a chemico-vital nature. This is well seen  
in Globular vegetations in the Heart. This supposition accounts  
for cases occasionally occurring in which there are multiple  
abscesses, yet no source of purulent infection can be discovered.

G. Williamson

Staff Surgeon 2<sup>d</sup> C

The Globular vegetations  
determined not to  
contain pus. The  
white fluid in them  
in turn is like pus  
& is called by a  
it is not pus.  
See Gallien's above  
aff. 902. Was only  
preparation - 1872



Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Ward	Regt.	Folio
66 <sup>th</sup>	Color Sgt. Wm Rattle	36	Enteric Chronic	August 22 <sup>nd</sup> 56	Dec 6/56	2 1/2 years	Gibraltar	15	387	67, 90, 127, 148

An Irishman. of 15 years service. of 2 1/2 years has been abroad & the rest at home. Went out to Gibraltar in 1854 & caught cold while he camped there & went into Hospital with Fever, Cough & Diarrhoea & remained there until the 21<sup>st</sup> of June when he embarked for England. On examination of the Chest. There was dullness under the right sub clavicular region. On auscultation there was enormous respiration under left clavicle. much crepitation & rale under right. he coughed a great deal. Tongue covered with a white fur. mucous expectoration. the pulse small & scarcely perceptible. He was given expectorants & Cod Liver oil. On the 4<sup>th</sup> of Sept<sup>r</sup> his pulse was imperceptible, though he looked & fancied himself better. he continued in about this state, taking large quantities of the oil, for several weeks. his pulse being perceptible very seldom. About the 3<sup>rd</sup> Sept<sup>r</sup> he took some Bunk & Ammonia with very slight if any beneficial effect. His appetite continued very good. On the 26<sup>th</sup> Oct<sup>r</sup> he complained of sickness & vomited a quantity of greenish matter. that lasted some time. 3 or 4 days. but on the 3<sup>rd</sup> of Nov<sup>r</sup> he again rallied & continued in about the same state he had been in for weeks before, until the 2<sup>nd</sup> of Dec<sup>r</sup> when his pulse became much stronger than it had been since his admission into this Hospital. on the 4<sup>th</sup> he was taken much worse, his extremities became cold & his pulse again imperceptible. Hot bottles were applied & ether & ammonia given him. and he lingered in this state till the evening of the 6<sup>th</sup> when he died at 8-15"

(Signed) W. M. Milton. L.R.S.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Ward	Regt.	Folio
80 <sup>th</sup>	Pte Martin Moran	29	Phtisis Pulmonalis	10 Oct 1856	8 <sup>th</sup> Dec 56	3 years	India	10	389	81

An Irishman. Soldier of 10 1/2 years service, of which 6 years in the E. Indies, the remainder at home. Has dyspnoea, pain in the chest. Is a tall emaciated looking man. Has severe cough with expectoration. Appetite middling. Pulse quick and weak. On auscultation there is a much crepitation & rale. Expiration much prolonged. Percussion very resonant all over chest. Heart action normal. About 10 days after admission Diarrhoea made its appearance which was kept in check by chalk mixture with opium. He had some allowed him and very nourishing diet.

A week after this he came under my care, the purging had then nearly ceased, the expectoration was puriform. Thirst exceedingly urgent, relieved by Peppery Water. During the 1<sup>st</sup> week Nov<sup>r</sup> Dyspeptic symptoms with nausea troubled him, these were relieved by Bismuth. The cough harassed him incessantly, and on examination large moist rales were heard abundantly over both sides in front. He was too weak for a further auscultation. A few days after the thirst reappeared which subsided by the use of soda water. He got up and seemed better but after a day or two took to his bed again and gradually got weaker. On 3<sup>rd</sup> Dec<sup>r</sup> swelling of the lower extremities was observed, vomiting came on, followed in 2 or 3 days by Diarrhoea, and he

Progress of Case



6  
died from exhaustion at noon on 8<sup>th</sup> December 1856.

Sectio Cadaveris 24 hours after death.

External

Appearance. Rigor mortis not yet passed away. Body much emaciated.

Cranium About an oz. of serum at the base of the brain. Membrane and substance of the brain bloodless. Substance of brain soft. Weight 3 lb 1 1/2 oz.

Thorax. An opaque white spot on the anterior surface of right ventricle of heart. Endocardium of left ventricle opaque and thickened especially at the base of this cavity. Valves and structure of the heart otherwise healthy. Weight 6 1/2 oz.

Trachea and bronchial tubes filled with foamy mucopurulent matter. Mucous membrane soft pulpy and vascular, and thickly studded with numerous small irregular ulcers especially along the posterior surface of the tube. Bronchial glands at the angle of division of the trachea enlarged, and filled with scapulous matter.

Right lung adhered firmly and universally to the chest, by firm adhesions of old standing. Structure of the lung condensed, and sinks in water, and thickly studded with tubercles in various stages of advancement, with cavities of different sizes; two about the size of an orange at the apex and posterior part of lung.

Left lung connected to posterior wall of chest by a few old bands of adhesion. Structure of this lung comparatively free from tubercle, but still there were numerous large clusters in the upper and superior half of inferior lobe, and one small cavity in the former. Weight of trachea and lungs 4 lb 13 3/4 oz.

Abdomen Liver much enlarged. Structure very firm, and presents an advanced state of fatty degeneration. Weight 5 lb 14 oz.

Spleen. rather firmer than usual, the capsule opaque. Weight 8 oz.

Kidneys presented the 1<sup>st</sup> stage of granular degeneration. Weight, Right 4 oz. Left 5 oz.

Stomach and small intestines healthy with the exception of a few small ulcers at the termination of the ileum. Extensive ulceration in the caecum and ascending colon and a few small ulcers in the sigmoid flexure. Mucous membrane of a dark slate colour.

C. C. Piper M.D.

Regt.	Rk. and Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg. Fol.
77 <sup>th</sup>	Pte John Hurley	31	Pulvis Pulmonalis	30 Sept/56	10 Dec/56	2 years	Crimea	10	389 75

An Irish Labourer of 9 1/2 years service, 2 1/2 years in the Crimea, the former part of his service at home.

History In the Crimea he had cough and expectorated blood, but did not go into Hospital, he was again attacked at Aldershot, and obliged to be taken into Hospital where he was blistered and had medicine. He improved a little and was sent here.



Present condition He has a small contracted chest, much flattened with prominence of both clavicles. Mucous rales extending over the upper part of both lungs and considerable mucous expectoration. Cough. No pain. Bowels regular. Heart's action normal. Pulse 84 small weak and compressible. Night sweats. Sputa not tinged with blood.

Progress of case Colloidal Iodine and lately Morphine at night were prescribed, with wine Porter and all the nourishing food he could take. However the cough and wasting of the Body continued and he was further reduced on the 10th November by a severe attack of Diarrhoea which was checked by chalk Mixture. He continued to get weaker and weaker till the 5th Decr. when another attack of Diarrhoea set in, but in spite of medicines, brandy &c. he died at 5 P.M. on the 10th December 1856.

Section Cadaverica 30 1/2 hours after death.

External appearance

Body much emaciated. Marked with the letter D under the left arm.

Cranium

Brain healthy. Weight 2 lb 15 3/4 oz.

Thorax

One and a half oz of serum in the Pericardium. Structure of Heart healthy. Weight 7 3/4 oz.

Trachea

and Bronchial tubes contained a large quantity of mucous-purulent matter, and mucous membrane highly vascular. Very extensive irregular ulceration along the posterior surface of the trachea close to its bifurcation. Bronchial glands very much enlarged.

Right Lung

adhered firmly and universally to the walls of the chest, by adhesions of old standing. Structure completely disorganized by tubercles in various stages of advancement, condensed and sinking in water, and several large cavities in the apex.

Left Lung

free from adhesions. Apex and posterior part of this lung also condensed from tubercular infiltration and a few small cavities in the apex. Weight of trachea lung 5 lb 7 oz.

Abdomen

Liver

healthy. Weight 4 lb 11 1/4 oz.

Spleen

healthy. Weight 10 oz.

Kidneys

The Right was found lying nearly in front of the last lumbar vertebra, a little to the right side in the angle formed by the termination of the small intestines and caecum. This kidney was small and of rather an irregular form. Two renal arteries were given off on the right side, one in the normal position of the renal artery supplying the upper part of the gland. The 2nd artery was given off 1 inch below the first, about half an inch above the inferior mesenteric artery. On the left side 3 renal arteries were given off the highest one inch above the bifurcation of the Aorta passed downwards and forwards. The second given off half an inch nearer the bifurcation passed upwards and backwards crossing the first which was anterior. The third was given off at the angle of bifurcation in the position usually occupied by the Arteria sacra media. All passed to the upper border of the kidney. One large Vein made its exit from the inferior angle of the right



kidney, and entered the left common iliac vein. The right ureter arose from the superior angle of the kidney. Both ureters were pervious and opened into the bladder in the usual manner. There was no supra renal capsule on the right side. Left kidney was much enlarged and its section presented well marked fatty degeneration. Supra renal capsule of this side of large size.

Stomach and small intestines healthy. Very extensive and irregular ulceration in the caecum, ascending and transverse colon. The surface of the ulceration was very rough and ragged and the margins thickened from the effusion of fibrin below the mucous tissue. The ulceration was most extensive in the ascending colon.

C. C. Peiper a. a. s.

Regt.	Rank & Name	Age	Disease	admitted	Died	Duration	Contracted	Ward	Reg. Tol.
20th	Pte Joseph Drake	40	Catastrophic Chronic?	12 Nov/56	11 Dec/56	9 months		10	389

History An Irish Wagoner of 18 months service, of which five months were passed in the Guinea. Says he always had good health till 7 months ago, when shortness of breath came on, and swelling of legs on exertion, for which he was obliged to go into hospital, where his legs were bandaged, and he took medicine which caused increased flow of urine.

Present state. Has an Erysipelas eruption on left cheek of a few days duration. There is an increased impetus at apex of heart below the left nipple about an inch, and a bruit is heard more distinctly at that spot, it can also be heard but not so distinctly over a space covered by a crown piece. The aortic sound is sharp and approaches the character of a click. Inspiratory murmur in both mammary regions is loud and interrupted divided into two or sometimes three. Says he was laid up with Rheumatism for several weeks some years ago, but he cannot tell when. There is no swelling of legs now, no cough, or expectoration.

Progress of case A few days after admission, the swelling returned in his feet, with cough and difficulty of expectorating. A blister was applied to chest and diuretics prescribed. At the beginning of Decr. after he had been on the mend for some days, Dyspnoea with a constantly increasing edema of legs took place, with a diminished secretion of urine and that turbid and high coloured. These symptoms continued unabated in spite of diuretics and other remedies, and on the evening of the 10th edema of the eyelids was observed and he died at 6 a.m. on the 11th Decr. Suffocated.

### Sectio Cadaveris 7 hours after death.

External appearance General edema, particularly of the lower extremities. Numerous small purple spots on the anterior surface of the tibia. Marked with the letter D under left arm.

Cranium About 2 oz of serum at the base of brain. Considerable subarachnoid effusion with opacity of this membrane. Lateral ventricles large and distended with.



serum. Brain otherwise healthy. Weight 3lb 4 3/4 oz.

Thorax. Trachea and bronchial tubes filled with purulent matter. Mucous membrane highly vascular. Structure of lungs healthy. Weight of trachea and lungs 3lb 14 oz. About an oz. of serum in the Pericardium. Heart very much enlarged; and cavities dilated, especially the right ventricle. Walls of left ventricle somewhat thickened. Lining membrane of this cavity near its base degenerated and thickened from endocarditis. Numerous small warty excrescences about the size of millet seeds hanging in clusters from the margins of the mitral valve, and papillary tendon, and also from the free margins of the semilunar valves of Aorta. Coats of the Aorta healthy. Weight of heart 1lb 9 3/4 oz.

Abdomen 2lb 8 oz of serum in this cavity.

Liver healthy. Weight 4lb 9 3/4 oz.

Spleen healthy. Weight 4 1/2 oz.

Kidneys External surface rather rough and irregular appearance, and two small depressions of a white fibrous elastic tissue, as if from cicatrizations. Structure of kidneys generally firmer than usual. Weight, right 6 3/4 oz. left, 6 1/4 oz.

Stomach Mucous membrane of stomach and small intestines of a deep red, and in parts of a purple colour from congestion.

J. C. Piper  
A. A. S.

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Entered	Ward	Reg.	Vol.
34	Pte Patrick Collins	34	Phthisis Pulmonal.	28 <sup>th</sup> Aug. 1856.	14 <sup>th</sup> Dec. 1856.	18 months	In the Crimea	14	388	81

He had 1 1/2 years service, of which 18 months in the Crimea. He was a tall thin man, of a sallow cachectic appearance, and stated that he had emaciated much for some time previous to his admission. He complained of cough and of pain in chest, with a very copious purulent expectoration, which was occasionally mixed with blood. He had spat blood several times to a considerable amount, previous to his admission here. On examination of the chest, it was found much emaciated, the clavicles prominent, and the infraclavicular spaces deep and hollow. The chest moved imperfectly in respiration, and the breathing was accelerated. On percussion, dulness was elicited over the superior halves of both lungs, and in those regions, gurgling respiration and loud bronchophony were likewise heard. He suffered much from night sweats, and had several attacks of colic ligative diarrhoea. On his admission, he for a time improved - afterwards became worse, and again improved a little. He continued in this way, at one time better, at another worse, the disease however steadily advancing, till the 8<sup>th</sup> instant, when he suffered a very severe attack of hæmoptysis - one and a half pints of florid red and frothy blood being expectorated in a few minutes. He now complained of a sensation of great coldness in the chest, and of orthopnoea. The cough was extremely troublesome, and the sputa profuse and semisanguineous. His feet and hands were kept warm with difficulty, and the



debility increased. The pulse was very quick and weak. Three days after the attack of hæmoptysis, the blood disappeared entirely from the expectoration, but he now complained of pains in his bowels which were inclined to become loose. He continued in this state, being able to breathe only in a sitting posture, till the 14<sup>th</sup> instant, when after obtaining a short sleep in the beginning of the night, he was seized with a paroxysm of coughing, blood gushed from his mouth and nostrils, and he fell back and expired at 1 A.M. Treatment consisted in counterirritation externally to the chest, and demulcents, emollients, narcotics & expectorants internally. Cod liver oil and tonics were also prescribed. His appetite continued good during the whole of his illness; he was accordingly allowed generous diet with a liberal supply of wine -

James Bonnyman M.D.  
A. A. S.

Pich's Cadaveris 35 hours after Death.

External

Appearance. Body much emaciated -

Cranium

Thorax.

Membranes and substance of the Brain congested. Weight 3 lb. 2 oz. One and half ounces of serum in the pericardium. Heart healthy. wgt. 8½ oz. Bronchial tubes filled with fluid blood. Right lung adhered firmly, and universally to walls of chest by adhesions of old standing. Superior and middle lobes studded with milium and conical tubercles - in the superior lobe, a cavity about the size of an orange, which contained a quantity of fluid blood. Inferior lobe studded with milium tubercles, but no vomica. Left Lung. Posterior aspect adhered to the thoracic parietes. Structure thickly studded with tubercles, and a few small vomica in the apex. anterior margin of this lung emphysematous. Weight 3 lb. 10½ oz.

Abdomen

Liver. a portion of the convex surface of the right lobe, connected to the diaphragm by an old band of adhesion. Liver enlarged and of a slightly fatty character. Weight 5 lb. 4½ oz. Gallen healthy, wgt. 8½ oz. Kidneys healthy. right 7 oz. left 7½ oz. Stomach healthy. Mucous membrane of the ileum vascular, and numerous large irregular ulcers at its termination. Mucous membrane of the large intestines of a dark slate colour, soft and pulpy; very extensive irregular ulceration in the caput cæcum and ascending colon, and a few smaller ulcers in the Descending colon.

James Bonnyman M.D.  
A. A. S.



Regt.	Rank and Name	Age	Disease	Admitted	Died	Contracted	Ward	Regt.	Fol.
3 <sup>d</sup> Foot	St Thomas Hughes	44	Pneumonia	23 <sup>d</sup> Decr/56	25 Decr/56	Fort Pitt	11	390	118 119
									Duration 7 days.

An Englishman. Trade unknown. Of 1 year service, of which 6 months at Malta, 3 months at Corfu, the remainder in England.

### History

Was sent home invalided from Corfu for Rheumatism, and admitted into this Hospital on the 14<sup>th</sup> Decr. under the head of Ophthalmia Chronica.

He stated that the eyes became inflamed at Corfu nine days before he embarked for England, and on arrival he had the ordinary symptoms of Catarrhal Ophthalmia. An astringent lotion was applied to the eyes which improved them. A few days after admission he complained of cough and cold. He stated that he had had Gonorrhoea several times, that he had lost flesh during the last two years, and had been subject to night sweats for the same period.

### Progress of base

Dulness on percussion on the left side from the base of the lung to the spine of the scapula. Bronchophony and bronchial respiration audible over the same extent of surface. Deficient respiratory murmur, and resonance at the base of right lung. Tactile respiration at the apex of the lungs. Heart sounds normal. Expectoration is thick and tenacious and slightly tinged with blood, but has not the rusty colour characteristic of pneumonic sputa. Pulse 130 very feeble. Tongue clean. Bowels regular. The symptoms in this man's case have been of a very asthenic type, not permitting of depletion or very active treatment.

Antimony in repeated and rather full doses was first administered and tolerance of that remedy established after a few doses. This was followed by Mercury with Hyoscyanus and counter irritants.

Yesterday and to day Stimulents have been had recourse to, the pills being continued.

Decr. 23. Transferred from the Surgical Division to Ward 11 Medical Division At 12 1/2 p.m. on the 23<sup>d</sup>. I found him breathing with difficulty. Cheeks and ears flushed deeply. Pulse 112 irregular and weak. Consolidation of left lung at base, bronchial breathing and some crepitation above.

Expectoration scanty tenacious and tinged a yellowish red colour.

He became delirious during the night. Pulse increased in frequency the next day with delirium and dryness of the tongue, and he died at 4 p.m. on the 25<sup>th</sup>.

Calomel and Opium, and mercurial friction, repetition of blisters, Wine and ammonia were the remedies administered.



# Sectio Cadaveris 32 hours after death.

## External Appearance

Body, stout and muscular

## Cranium

Membranes and substance of the brain much congested. Structure otherwise healthy. Weight 2lb 15 $\frac{3}{4}$ g.

## Thorax

About 1 g of serum in the Pericardium. Cavities of the Heart filled with coagula. Structure healthy. Weight 13 $\frac{3}{4}$ g.

Bronchial tubes filled with purulent matter and the mucous membrane of the air passages highly vascular. Both lungs connected to the parietes of the thorax by recent effused lymph. The inferior lobe of right lung condensed and sinking in water and in a state of grey hepatization. Superior and middle lobes adenotons. Inferior lobe of left lung, and lower half of superior also in a state of grey hepatization. Superior half adenotons. Weight of Trachea and lungs 6lb 5 $\frac{1}{2}$ g.

## Abdomen

Liver healthy. Weight 5lb 2 $\frac{1}{4}$ g.

Spleen do. D. 10 $\frac{1}{4}$ g.

Kidneys do. D. Right 7 $\frac{3}{4}$ g, Left 8 $\frac{1}{4}$ g

C. C. Peper M.D.

No. 9.

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Days	Folio
33.	Sergt. Thomas Kneale	34	Phtisis Pulm.	Nov 13 <sup>th</sup> 1856	29 Dec. 1856	Augt 1856	Fort. Caroline	10	389	109 120.

A Native of the Isle of Man. Tailor. Of 15 years service. 18 months in the W. Indies. 4 years in B. N. America. 6 months in Crimea and Turkey.

## History

In August last was seized with cough and haemoptysis and has been in hospital ever since. Admitted to Garrison Hospital Portsea from "on board ship" Wyant, October 14<sup>th</sup> 1856. Suffering from cough and pain in the left side. Not any haemoptysis. No dyspnoea.

## Present State

He was admitted into this Hospital suffering from cough and pain in the chest, particularly in left mammary region. Expectoration muchropy mucous purulent sputa. Cheeks florid. Emaciation. The chest is flattened. The right side is much more resonant than the left. On the right side below the clavicle the respiratory murmur is harsh and puerile. Absence of respiratory murmur at apex of left lung. Mucous rales abundant below. Behind is heard greater resonance of voice and bronchophony. Appetite good. Tongue clean. Small red spots.

## Prognosis

Before the end of the month he was troubled with epistaxis which came on mostly every night till his death, he frequently made his nose bleed by picking it. hectic fever about this time set in reducing his strength. At the end of 1<sup>st</sup> week of December, the auscultation is bronchial breathing



over scapula on right side. Large moist crepitating rales over left side of chest. Spectorily and gurgling on coughing. Expectoration puriform. Getting weaker. Two or 3 days before death, the cheek bones became prominent, face less florid. He died on the 29th Decr. 1856 at 6 1/2 a.m. difficulty of breathing only having come on an hour and a half before death.

Treatment consisted of expectorants and anodynes, counter irritants, and astringent for the bleeding at the nose.

Section Cadaveris 29 1/4 hours p.m.

External appearance Body much emaciated

Cranium Membranes and substance of the brain much congested. Weight 3 lb 13.

Thorax. Two oz. specimen in the Pericardium. Heart healthy. Weight 7 1/4 oz.

Trachea and bronchial tubes filled with purulent matter and extensively ulcerated. Right lung studded with milinary and crude tubercles especially in the superior lobe, but none of them advanced to suppuration. Left lung adhered firmly and universally to the walls of the chest by a dense adhesion of solid standing. Structure condensed and sinking in water and infiltrated with tuberculous matter in every stage of advancement, and vomica of different sizes. Weight of trachea and lungs, 5 lb 13 1/4 oz.

Abdomen Liver healthy. Weight 3 lb 4 1/2 oz.

Spleen do. 2. 7 1/2 oz.

Right Kidney - 2. 10 oz.

Left do. 2. 8 1/4 oz.

Stomach healthy. Extensive ulceration at the termination of the ileum. Numerous large irregular ulcers in the ascending and transverse colon.

C. C. Piper a.s.

No 10.

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg.	Folio.
72	Pl David Henderson	38	Bronchitis Chron	26 Dec /56	Jan 6 /57	Novr 1852	New Brunswick	10	389	142.

A Scotchman Stone cutter, of 16 years service; served 2 years in Gibraltar, 4 years in W. Indies, and 1 year in Halifax. (N. Brunswick?)

History States that he had an attack of inflammation of the chest at New Brunswick in 1852, which left a weakness of chest, and the symptoms from which he is now suffering.

Present State There are great difficulty of breathing, cough, and a wheezing in the chest, which may be heard standing some distance from him. Expectoration much frothy. His symptoms are mitigated by a warm temperature, and aggravated by cold and damp to which he has been much exposed. Chest cupped in various places anteriorly and posteriorly. Intercostal muscles fall in much during expiration and the abdominal muscles are very much excited in respiration.



Auscultation. Large mucous crepitant rales are heard pretty generally and equally over both sides of chest, and air seems to labour much in entering the lungs, and at the same time produces a wheezing noise. Percussion sound is generally abnormally resonant, except at the base of left lung where it is a little duller. Considerable debility and want of appetite.

Progress of case. The day after admission, the dyspnoea was very urgent, and dry cupping was employed with great relief, besides the administration of Theriac and Ammonia. Various kinds of phona heard all over left lung. Sits up in bed. Stimulating expectorants with a liberal supply of gin were given, but these symptoms continued unabated and he died at 11 p.m. on the 6th January 1857 the dyspnoea being most urgent about an hour before death.

*Section Cadaveris 37 hours after death Weather cold.*

External Appearances. Body not much emaciated. Rigor mortis complete.

Cranium. Brain perfectly healthy. Weight 2 3/4 lb.

Thorax. Heart larger than natural. Wall of the left ventricle hypertrophied. Valvular structure healthy. Weight 12 3/4 oz.

Lungs densely adherent throughout, and with difficulty separated from the parietes of the thorax. Both lungs studded throughout with tubercular deposit, which in many parts had put on a cretaceous form, giving a gritty sensation to the knife, and especially in the upper portions of the lungs. Two or 3 small cavities of the size of a walnut in the apices. Weight of trachea and lungs 4 lb 11 1/2 oz.

Abdomen. Liver substance with commencement of granular degeneration. Weight 3 lb 7 1/2 oz.

Spleen, substance healthy, and two cretaceous masses of the size and shape of peas found in it. Weight 5 oz.

Kidneys. Left healthy. Weight 6 oz. Right: Pyramids somewhat indistinct the capsule readily tearing off. Weight 5 1/4 oz.

Mucous membrane of stomach congested. Peyer's glands in some spots congested, and in two others beginning to ulcerate.

C. C. Piper and

No 11.

Regt.	Rank & Name	Age	Disease	admitted	Died	Amo. Contracted	Ward	Ref.	Folio
98th	W. William May	23	Pthia Pulm.	4 Oct 1856	9th Jan 1857	1 1/4 year	Sheffield	11	390 49, 56, 78, 106, 135.

An English Labourer of 6 months home service. A tall pale emaciated looking man. Volunteered from the Royal North Lincoln Militia and joined the 98th Regt. the 22nd of Feb last.

History

Not long after his arrival he complained of slight cough attended by scanty



mucoous expectoration. Loss of appetite and strength. In April he was admitted into hospital, having pains in his limbs, with cough and the former symptoms. The percussion under the clavicle was not so resonant as natural, and the breathing there was somewhat harsh with slight prolongation of the expiratory sound.

The symptoms increased in severity and he remained in Hospital, cough more severe, sputa purulent and more copious. Perspiration every night. Appetite indifferent. Emaciation and debility. In August he expectorated blood to nearly the amount of a pint and when admitted into this Hospital

Present state he was suffering from acid eructations and vomiting with rheumatism of right hip.

Auscultation on the left side where the breathing approaches the character of cavernous.

Pectorology is audible in each infra-clavicular region, and there the expiratory sound is distinctly prolonged.

Progress of case Soon after admission he had well marked hectic fever, and continuance of vomiting, the latter troubling him at intervals. In the early part of Dec. the auscultation is described as of the same kind as the left but to a less degree.

Treatment. He was treated by expectorants, tonics, spirits, counter irritants, a liberal and nourishing diet, occasionally varied, wine and stout, but the hectic fever cough and expectoration gradually wasted and weakened him, and he died on the 9th Jan'y 1857 at 10 a. m. He had no diarrhoea, the bowels being often constipated.

*Seces Cadaveris 26 hours after death. Weather cool.*

External appearances. Body much emaciated. Rigor mortis passing away.

Cranium Effusion of fluid in each lateral ventricle of brain. Choroid plexus pale. Substance healthy. Weight 3 lb 2 1/4 oz.

Thorax. Five oz. of clear fluid in the Pericardium. Heart healthy. Weight 7 1/4 oz.

Pleura covering the lungs closely adherent throughout to the thoracic and diaphragmatic parietes of chest. The right pulmonary pleura much thickened posteriorly.

The distinction between the lobes effaced in left lung. The substance of this lung in its upper half one condensed mass of tubercular deposit, with an irregular cavity the size of a walnut in the apex. Right lung condensed and small tubercular deposits also existed but to a far less extent than in left lung. Weight of the chest things 4 lb 2 1/4 oz.

Abdomen The peritoneum covering the Liver was also adherent both to the diaphragm and all the neighbouring structures. The substance of the liver was hard, and gave the sensation of cutting flesh when being divided by the knife.

A cyst about the size of a billiard ball was found at the posterior margin and to the right of where the Vena cava passes through the liver. The walls of the cyst are firm and of a fibrous texture, and can be detached from the liver by dissection; it is filled with hydatids or gelatinous matter in the form of small jelly looking cysts and also in layers. There is a second hydatid cyst about the size of a pigeon's egg situated close to the other.



- Spleen Healthy. Weight  $4\frac{1}{2}$  oz.
- Kidneys much congested but structure healthy. Weight of each 6 oz.
- Intestines Peyer's patches enlarged and in one spot beginning to ulcerate. Large dark-coloured irregular ulcers in the descending colon and rectum.
- Mesentery An abundant cheesy looking deposit in the mesenteric glands. The intestines matted together.
- Vertebrae A large psoas abscess containing at least 3 pints of pus on the right side. A smaller one on the left side containing about 8 oz. The posterior parts of the bodies of the 1<sup>st</sup> and 2<sup>nd</sup> lumbar vertebrae extensively diseased, and the intervertebral substances ~~extensively~~ disappeared, the anterior part of 3<sup>rd</sup> lumbar was also diseased.

C. C. Piper M.D.

No 12.

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regist.	Vol.
81 <sup>st</sup>	Pt. Wm. Ewing	32	Morbus Coxæ	19 Dec 1856.	10 Jan 1857.	23 days	Walden	at 3. 175.	234	

History An Irishman by trade a Weaver. Total service 14 $\frac{1}{2}$  years of which he served 12 $\frac{1}{2}$  in Australia. 16 $\frac{1}{2}$  in India during which time his health was good, up to Jan<sup>y</sup> 1855. When he suffered from Rheumatism affecting all the joints, after a time he resumed his duty but the pains were quite left him. In April last went into Hosp<sup>l</sup> at Walden for his Present Disease, an abscess formed near the left Hip joint, which was opened about a fortnight before his arrival at Fort Pitt & nearly a pint of pus was evacuated. First noticed alteration in the shape of the joint 3 months ago and.

Present State On admission the left leg was three inches shorter than the right, the limb much emaciated, cannot bear extension of the knee joint on account of pain. Hip joint much altered in shape the head of the Femur can be felt on the Os pubis, the whole integument around the hip joint was undermined by suppuration & discharge of pus.

Progress of Case On 24<sup>th</sup> Dec<sup>r</sup> an incision was made in the most depending part of the buttock, to afford a more ready exit for pus, great suppuration continued up to 2<sup>nd</sup> Jan<sup>y</sup> when although bedsores had formed no active inflammation was going on, redness & swelling had nearly disappeared. On 5<sup>th</sup> Jan<sup>y</sup> several small pieces of bone came away from one of the bedsores, where the head of the Femur would be seen & felt. On 7<sup>th</sup> Jan<sup>y</sup> his appetite (hitherto good) & his strength began to fail & he died 10<sup>th</sup> Jan<sup>y</sup> at 11 $\frac{1}{2}$  P.M.

Treatment - consisted in keeping him as far as possible in an easy position; with this view air cushions & poultices were tried, but discarded by the patient as only increasing his misery. Poulices of Linseed Meal & the Solution of a Chlorinate were used. No opiate was



- could it be applied for the purposes of exhumation as he could not be on the time touched. He took Quinine & Iron & Calberly Bromine Water. Did at first "hold" with Portulac for the last fortnight, but the children & jelly, eggs &c. as much as he could be induced to take with 4 pills of Port wine daily.

Section Cadaveris. 37 hours after death.

Ext. Appearances. Body much emaciated. - Rigor Mortis complete. - The left thigh had the characteristic appearance of Thrombus Coxarius. - Two openings caused by incisions existed in front one over the Great Trochanter & the other in the middle of the thigh 3 inches below Poupart's Ligament. A deep excavation the size of a crown piece was on the left scapula & a large heat sore on the Sacrum.

Cranium. An ounce of serum at the base of the Brain. - Substance & Membranes of the Brain healthy weight  $3^{\text{lb}} 2\frac{1}{4}^{\text{oz}}$ .

Thorax. Heart. - A considerable deposit of fat on the ext<sup>l</sup> surface of the Pericardium. Heart perfectly healthy. Weight  $9\frac{1}{2}^{\text{oz}}$ .

Lungs. - Higher adhesion at apex of Right Lung. Bands of firm adhesion in various parts of left Pleural cavity. Soft cheesy tubercular deposit scattered throughout the whole of left Lung & more sparingly through the right. Weight  $4^{\text{lb}} 10^{\text{oz}}$ .

Abdomen. Substance of the Liver friable & granular but not to any great degree. Weight  $6^{\text{lb}} 16^{\text{oz}}$ .

Spleen Rather larger than natural. Weight  $1^{\text{lb}} 3\frac{1}{2}^{\text{oz}}$ .

Kidneys. In the right Kidney the Pyramids were ill defined, the cortical substance having invaded that portion of the organ. The same appearance was remarked in the left Kidney but in a less degree. Weight Right  $7\frac{1}{2}^{\text{oz}}$  Left  $7\frac{1}{2}^{\text{oz}}$ .

Stomach & Intestines both Large & Small perfectly healthy throughout.

Rep. Joint Head of Femur carious to half its substance, resting on back on the Sacrum. The Acetabulum showed a tumour & hopelessly caries going on which had eaten its way entirely through the cavity in the centre. There was also commencing caries of the Femur near Trochanter minor & the whole bony structure of the Os Innominatum seemed softer than natural. -



Regt.	Rank & Name	Age	Disease	admitted	Died	Duration	Contracted	Ward	Reg.	File
36 <sup>th</sup>	Pt Thomas Sadler	19	catarrhus bron.	20 Sept. 1856	Feb 3. 1857	8 months	Alderney	11	390	35 68 197 137

History And Irish Cotton spinner of 2 years home service was first taken ill in Jan'y 1856 with Acute Bronchitis from which he recovered but afterwards gradually went away.

Present state When admitted into this Hospital he was extremely emaciated, and complained of his chest and back. He had a constant cough with expectoration. Percussion some good elover thorax. The respiration is loud and bronchial over the whole of both lungs. Tongue clean. Appetite good. Abdomen enlarged, tympanitic on percussion, and somewhat tender.

Progress of case. About the eleventh day after admission the bowels were reported to be much purged, with abdominal pain, the stools were dark shiny and very offensive. This purging of the bowels continued with occasional intermissions for day or two till his death, and sometimes a little blood was mixed with the stools. Nausea and vomiting were often troublesome. He continued to waste and get weaker, and for the last three weeks has kept no food in his stomach. He died at 3 a.m. on 3<sup>rd</sup> Feb.

Treatment Ol. Morrhuae, Plumbi acetat cum Olio, Acid Hydrocyanicum, Mist Lactae co & Capivi, Capri Sulph & Olio, Morphia, Anodyne linemata, Anodyne applications, Wister, Wine brandy, and a regulated nourishing diet.

Sectio Cadaveris 9 1/2 hours after death

External appearance. Body extremely emaciated, a small cicatrix on forehead, and another of same size on the vertex. A large cicatrix on penis.

Cranium Several small depressions on the Cranium corresponding to the cicatrices on the scalp, bone at present not in a carious state. Brain and its membranes perfectly healthy. Weight 2 lb 11 1/4 oz.

Thorax. Trachea filled with frothy fluid, mucous membrane quite pale. Lungs free from adhesions and perfectly healthy. Weight of trachea and lungs, 1 lb 15 oz. Heart exceedingly small but quite healthy. Weight 4 1/2 oz.

Abdomen Liver: convex surface adherent to the diaphragm by adhesions of some standing. Substance of liver exceedingly firm, and in a state of fatty degeneration. Numerous small deposits of tuberculous matter some in a state of softening throughout the substance of the liver. Weight 4 lb 8 1/4 oz. Gall bladder full of dark bile.

Spleen Healthy Weight 5 1/4 oz. Kidneys healthy. Weight right 3 oz. left 3 1/2 oz.

Stomach Healthy, mucous membrane very pale. Small intestines healthy with the exception of prostration at the termination of ileum. Mucous membrane of the large intestines soft pulpy and thickened from much deposit beneath its mucous tunic. Very extensive ulceration of the whole extent from mucous membrane chiefly on the right.

C. C. Piper M.D.



Regt.	Name & Name	Age	Disease	Admitted	Died	Duration	Contracted	Wound	Register	Folio
50 <sup>th</sup>	P <sup>te</sup> Thomas Heywood	30	Felms C.C.	31 <sup>st</sup> Jan 1857	4 <sup>th</sup> Feb 1857	Four days	Fort Pitt, Ga.	15	387.	214.

### History

"This Patient was admitted into the Surgical Division on the 10<sup>th</sup> of January 1857 under the head of Syphilis Concretion. and was treated with the Symp of the Solide of Iron, & occasional Purgatives, on the 26<sup>th</sup> January, he commenced vomiting whatever he took. Which was slightly relieved by Acid: Hydrocyan: & Morphine. When admitted to the Medical Division on the 31<sup>st</sup> he had a dry brown tongue. pulse 100 small & thready. skin hot & dry. he continued vomiting at intervals of an hour or an hour & half, a greenish fluid, he had no tenderness of abdomen, his forehead was hot, & his pupils contracted, but he did not complain of headache, or intolerance of light, his throat also became very sore, & he expectorated with much difficulty a quantity of mucus of a very offensive smell. his urine was very scanty and of a very high color. On the 2<sup>nd</sup> Feb<sup>y</sup> he became much worse, his pulse being then 160 & all the other symptoms augmented, he continued to sink gradually & he died at 8.30 A.M. on 4<sup>th</sup> February.

### Progress of case.

### Treatment

Consisted in blisters, mustard poultices to the back of the neck & to the throat. Nuke & lemons. Brandy. Wine & Perfum internally.  
Sectio Esophagis 32 hours after death.

### External Appearances. Body stout & muscular.

### Cranium.

Membranes of the Brain congested, Structure healthy. Weight 3 lbs 5 oz.

### Thorax.

2 oz of Serum in Pericardium. Heart healthy. Weight 11 oz.

Trachea & Bronchial Tubes filled with purulent matter, Mucous Membrane highly vascular. Right Lung. Superior lobe slightly deformed. Middle & inferior lobes of same lung in a state of hepatization & sinking in water. Left Lung quite healthy. its base engorged with serum. Weight of Trachea & Lungs 4 lbs 11 oz.

### Abdomen.

Liver healthy. Weight 4 lbs 5 oz. Spleen enlarged & friable. Weight 14 3/4 oz.

Kidneys, enlarged & in a state of granular degeneration, some of the tubular portion has been destroyed. Weight left 8 1/2 oz. right 8 oz. Stomach Mucous membrane & all the interior of a dark slate color.

(Signed) W. M. Maitland J. L. S.



Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg.	Fol.
29 <sup>th</sup>	St Andrew Morgan	26	Phtisis Pulm	31 Jan 1857	Feb 4 <sup>th</sup>	2 years	India.	11	390	146 147

An English Labourer of 4<sup>3</sup>/<sub>4</sub> years service, of which 3<sup>3</sup>/<sub>4</sub> years in India, the remainder home.

### History

Had Venereal for which he stated he had been salivated four times. Also had liver complaint in India. Was also taken ill in 1854 with inflamed eyes, afterwards with pulmonary disease and a great swelling of the hands. Was laid up with Rheumatism 12 months ago, and invalided home in May last.

Admitted into Garrison Hospital 1<sup>st</sup> Jan 1857 complaining of pain across the chest, cough attended with thick expectoration, in which way he stated he had been afflicted for nearly two years. Stethoscope detects hyperinflation of the right lung and purrle expiration of right lung. The liver is considerably enlarged. Heart's action increased, palpitation and considerable dyspnea.

### Present state

Admitted into this Hospital 31<sup>st</sup> Jan. He is a pale emaciated man with short quick breathing, and suffers from cough and expectoration. This has been of a colour like dirty brown sugar, but is getting lighter. There is a fulness about right hypochondrium, and dulness on percussion extends over a greater space than natural.

### Auscultation

Percussion sound resonant on right side of thorax, the same in clavicular region of the left, but below this, the sound becomes dull, increasing to the base of lung; posteriorly the dulness is complete. Respiration loud all over right side. On the left side beneath the clavicle the inspiration and expiration are both loud; in the mammary region mucro-crepitant rales are heard, but no respiratory murmur, and in the lower third all is dull. Over the spine of scapula much gurgling is heard on coughing, and gurgling in the fossa above. Has had much pain in left side, and can lie on his back only. Says he is better than he was 5 days ago, and not so short of breath. Has wasted much lately and has perspiration sometimes at night. Tongue inclined to dryness. Thirst. Appetite bad. Pulse quick and feeble. Cannot protrude more than the tip of his tongue, for which he assigns the reason, that two years ago while in Hospital at Dupleing in the hills, on waking one morning, he discovered he could not open his mouth, and it remains so now.

### Prognosis

The following day, the sputa were observed to be partly purulent, and partly sanguineous brown colour. Large crepitant and cooing rales in the upper half of left lung behind and laterally. No amelioration of the symptoms occurred; in two days he became delirious, and on the morning of 4<sup>th</sup> Feb he was observed with features collapsed, skin getting very cold, pulse feeble, voice a whisper and he died at 12<sup>3</sup>/<sub>4</sub> o'clock p. m.

### Treatment

Stimulating expectorants, blisters, ammonia, wine, beef tea, arrowroot and brandy.



Section Cadaveris 24 hours after death.

External Appearance

Body Emaciated

Cranium.

About an oz. of serum at the base of the Brain. Vessels of the Matter much congested. The section of the brain presented a number of bloody points.

Thorax.

About  $\frac{1}{2}$  an oz. of serum in the Pericardium. An opaque white spot on the anterior surface of right ventricle. Heart healthy. Weight  $9\frac{3}{4}$  oz.

Right lung adherent to walls of chest by numerous old bands of adhesion. Structure healthy. Left pleural cavity contained 36 oz of thick milky-looking fluid mixed with flakes of lymph, and the whole surface of pulmonary and costal pleura covered with a thick layer of lymph. Structure of upper lobe healthy; lower lobe sinking in water from compression. Weight of right lung  $3\text{ lb } 8\frac{3}{4}$  oz.

Abdomen

Liver healthy, weight  $3\text{ lb } 8\frac{3}{4}$  oz. Gallen adhered to the surrounding parts, structure firmer than usual from adventitious deposit of fibrine. Weight  $8\frac{3}{4}$  oz. Kidneys very much enlarged and in a state of granular degeneration. None of the tubular structure destroyed. Weight right  $1\frac{1}{4}$  oz. Left  $1\frac{3}{4}$  oz. External surface rough and irregular, structure friable, the capsule tearing off easily. Stomach healthy. Mucous membrane of the small intestine much congested. Large intestines healthy and contained a large tape worm.

C. C. Piper M.D.

NO: 16-

Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Register	Notes.
92	P <sup>te</sup> Walter Wilson	27	Catarrh. Chron.	16 <sup>th</sup> Jan'y 1874	4 <sup>th</sup> Feb'y 1875	one year	In the Crimea	X	391	185-

A Scotch Sailor of 9 $\frac{1}{2}$  years service, of which in the Mediterranean 5 years and 9 months, and in the Crimea 10 months.

He was a tall spare man, with brown hair, grey eyes and sallow complexion. He had a haggard and worn aspect, and the general appearance of one suffering from organic disease. He had had venereal disease, and had been salivated. He stated, that, he had enjoyed good health till February 1856, when, in the Crimea, he caught cold and had not been fit for his duty since. On his admission, he complained of pain in the left side of chest, of cough and slight expectoration. On inspecting the chest, it was found rather narrow and not freely movable. The Breathing was short and accelerated. The lungs nowhere gave out a clear sound on percussion, but the dulness was not well marked; it seemed greater on the right than on the left side. In the right lung, the Breathing was low and indistinct and in the left, tubular breathing was heard in some parts, while in others, loud moist rales were audible. He had a hoarse husky voice. He could not hear percussion over the præcordium. Both sounds of the heart were merged into one prolonged sawing sound, which was well heard



on both sides of the chest, as well as along the course of the large vessels; the bruit was exceedingly well heard at the apex of the right lung. The pulse was regular and of moderate strength, 76 per minute. He complained of dysphagia, and pointed to the middle of the sternum as the spot where the difficulty was experienced. Tongue clean. Bowels regular. Appetite good. The urine was in healthy quantity, slightly muddy, acid, 1027, and gave evidence of albumen on the addition of heat and acid. He was pretty easy during the day, but could obtain no sleep at night, most severe dyspnoea, pain and uneasiness being experienced on his lying down. He continued in this state till the 29<sup>th</sup> January, when all the symptoms became aggravated, vomiting became urgent, and pain was complained of in the epigastrium. The pulse was very quick, small and weak, and he appeared sinking. On the 2<sup>nd</sup> February he rallied, and expressed himself as much better; the pulse, which had disappeared at the wrist, returned and felt of moderate strength. On the 3<sup>rd</sup>, he again became worse, fluid became effused into the abdomen, the feet swelled, the pulse gradually failed, the Breathing became exceedingly oppressed, and the surface cold and clammy. He sank on the 4<sup>th</sup> at 8 P.M. Treatment. On his admission, tonics with expectorants, restoratives and sedatives were administered: Cupping, counterirritants of mustard and Cantharides to the chest and epigastrium. Effluvia of hydropic acid and morphia.

Wm. Braughman M.D.

Appl. Surg. 89<sup>th</sup> Regiment.

### Section Cadaveris 40 hours after Death.

Extern. Appearances Rigor Mortis passed away.

Cranium Membranes and substance of the Brain much congested - a section of the Brain presented a number of bloody points. No fluid in the ventricles. Wgt. 3 lbs. 6 1/2 oz.

Thorax. An ounce of fluid slightly tinged with blood in the pericardium. Heart much hypertrophied and dilated. Blood not coagulated. The semilunar valves of aorta shrivelled, indurated and studded with atheromatous deposit, which deposit also covered the whole of the inner surface of the ascending aorta. Weight 19 oz. Lungs adherent, much congested, but crepitant on pressure throughout. Weight 3 lbs. 14 oz.

Abdomen About 2 pints of a clear serum in this cavity. Liver indurated and of a nutmeg appearance. Weight 3 lbs. 7 oz. Spleen healthy, 8 oz. Kidneys were both in the first stage of granular degeneration. Right 7 oz. Left 6 1/2 oz. Stomach and intestines much congested, in other respects healthy.

Wm. Braughman M.D.

Appl. Surg. 89<sup>th</sup> Regiment.



Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Wound	Regimen	Folio.
54 <sup>th</sup>	Pt Daniel Cain	19	Cutaneous Chem	7 <sup>th</sup> Sept. 1855	14 <sup>th</sup> Feb. 1857	1 year		15.	387	92.116.130 153.157.212

History - Pt Daniel Cain, aged 19 years 54<sup>th</sup> Regt. Service 1<sup>st</sup> year. Enjoyed good health till August, 55 when he suffered from Fever, which continued about 3 weeks, leaving him very weak & unable to do any duty ever since. In February 56 he had a severe attack of Haemoptysis & subsequently many returns of that symptom. On admission into Fort Pitt General Hospital, he complained of pain in his chest. Some cough & expectoration, he was considerably emaciated, pulse 88 small & feeble, appetite variable, had occasional nocturnal perspirations. Respiration under right clavicle rough & a "creaking sound" heard under left. He continued in this state until Oct 7<sup>th</sup> 56 when he had a severe attack of Haemoptysis, spitting up about 1 pint of blood. For about a week after this he continued to expectorate blood, "bright & frothy". His cough then became less troublesome, "gurgling" could be distinctly heard under left clavicle. He perspired profusely at night, his stomach rejected medicine of every kind. In the beginning of this month he came under my care. I found him exceedingly emaciated & helplessly weak, his cough was very frequent, expectoration mucopurulent tinged with blood occasionally, his appetite was poor & his stomach very irritable, pulse quick, weak & compressible. He had no night sweats, nor did he suffer from diarrhoea, he gradually sunk & died on 14<sup>th</sup> February 1857 at 10.20 P.M. - Treatment. Expectorants, Tonics, Cod Liver Oil, light nourishing diet. Wine, Brandy & Anodynes at night.

Mr Killaly Goodwin M.D.

Section Cadaveris 14 hours after death.

General Appearances - Body extremely emaciated. No Rigor Mortis.  
Cranium - Brain & Membranes perfectly healthy. Weight of Brain 2 lbs 13 oz -  
Thorax - Two ounces of fluid in Pericardium. Slight thickening of right half of Mitral Valve. Heart very small. Weight 5 1/2 oz. Lungs - 9 oz fluid in right pleural cavity, 4 oz in left. Lungs firmly adherent to chest wall throughout their whole extent on both sides, lobes fused together, several small cavities in upper half of left lung, substance of lung consolidated with tubercular deposit. Tubercles thickly scattered throughout right lung, in which the disease had not so far advanced as in the left. Weight of Lungs 4 lbs 3 oz -  
Abdomen - Liver of large size, very firm. Gall Bladder empty. Weight 6 lbs 6 oz. Spleen healthy 8 1/2 oz. Kidneys right 4 1/4 oz left 4 1/4 oz. Both mottled externally, capsules not readily turning off, pyramids indistinct. Substance generally pale - Colon mucous membrane of a pale green color, numerous small ulcers, rounded, deep & filled with cheesy deposit. Small intestine. Several patches of congestion appearing in interior on approaching the Caecum, throughout the 3 leaves. Ulcers similar to those found in the Colon, were also, but less numerous & were found in lower third of ileum. Stomach mucous membrane pale. No duodenal empty.

Mr Killaly Goodwin M.D.



Regt.	Rank & Name	Age	Disease	admitted	Died	Duration	Contracted	Ward	Regt.	File
5th Dr. Regt.	Pte Francis Scott	23	Latent hus. Chr.	12th Nov. '56	Feb. 15th '57	5 months	Parish barracks	11	320	106 130 153 159

History

An English Servant of 1 $\frac{1}{2}$  years service all home, has been under treatment for cough and dyspnoea accompanied by expectoration of yellowish matter with dyspnoea aggravated at night and perspiration. His Mother died of asthma and Brother and two sisters died young. States that he has had scarlet fever and been subject to winter cough and twice suffered from dyspnoea before he enlisted but not so severely as now.

Present state

Admitted with cough and expectoration of pain in chest and dyspnoea, the latter at night. Was never strong before enlisting. Has lost much flesh lately. Has no perspiration at night.

Auscultation

Percussion sound is resonant beneath the clavicles, dull in mammary regions of both sides and posteriorly the left side is dull from the spine of scapula downwards, and in same situation copious mucous rales are heard. Inspiratory and expiratory murmur beneath the clavicles coarse and loud, the left short and quick. The two sides of chest are unevenly developed.

Progress

On the 28th of the month he first complained of abdominal pain. About the middle of Dec. he suffered from considerable heat of skin with furred tongue in patches giving it a cracked and den appearance. Bronchophony and garfouillement over spine of left scapula. Great pain and tenderness over upper part of abdomen set in about this time with knees drawn up in bed. The tongue sometimes became quite denuded of epithelium, and at others when there was a mitigation of abdominal pain, streaks of fur were seen to creep as it were along the dorsum of the tongue. At the middle of Jan. great emaciation had by this time taken place, still suffered much pain, with an almost constant dryness of tongue and thirst, and very frequent deep flush on the cheeks forehead and ears. At end of month diarrhoea came on for about 3 days, and the tongue was quite clean, but soon the former symptoms returned, and he continued to get weaker and thinner daily, and he died at 5 a.m. on Feb. 15th.

Treatment

Linapisms. Blisters on chest and abdomen, expectorants, cod liver oil, and various Bismuth, tonics, astringents and lately opiates. A mild nourishing diet, wine & brandy.

Section cadaverica 31 hours after death.External appearance

Body much emaciated. No rigor mortis.

Cranium

A considerable amount of serum at the base of brain. Also considerable subarachnoid effusion. Sections of the brain presented numerous bloody points, the veins of the surface being also congested. Not more than the usual quantity of fluid was found in the lateral ventricles, and the substance of brain firm and healthy. Weight 3 lb 2 oz.



Thorax

Three ounces of a clear straw coloured fluid in the Pericardium. A white spot the size of a sixpence on the apex of heart. Structure healthy. Weight 7 3/4 oz. Right lung free from adhesions. The whole of its substance consolidated by tubercular deposit, portions sinking in water. In the upper lobe were numerous small points, in which the tubercles had gone on to suppuration.

The left lung had adhesions fold standing at the apex, laterally and at the diaphragm. It presented an equal amount of disease in a more advanced stage some of the cavities being of the size of walnuts. Weight of trachea & lungs 5 lb 3 3/4 oz.

Abdomen

The liver was in a state of fatty degeneration, and its veins much congested with blood. Gall bladder distended with thin bile which had stained the neighbouring organs. Weight 3 lb 5 oz. Spleen healthy. Weight 5 1/4 oz.

Kidneys. In both the cortical substance was somewhat pale, but pyramids distinct and capsule readily tearing off. Weight right 4 3/4 oz. Left 5 1/4 oz.

Stomach thickened and congested. Throughout the whole course of the small intestines from the duodenum downwards to caecum, 68 ulcers of various sizes were counted. The larger ones being of the size of crown piece, of ragged irregular shape and excavation with raised warty-looking edges.

The ulcerations had many of them extended to peritoneal coat, which was of a deep livid colour. The caecum coli with ilio caecal valve was one map ulceration. Large ulcers extended round the whole circumference of the transverse and descending colon. Two or 3 smaller ulcers were found at the lower part of Rectum, which was otherwise comparatively healthy.

Mesenteric glands much enlarged.

C. B. Piper M.D.

No 19.

Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Wind	Defec.	Folies
10 <sup>th</sup>	(P) Jeremiah McCurthy	48	Branchitis Chronic	31 <sup>st</sup> June 1857	18 <sup>th</sup> Feb 1858	2 years	Liverpool	15	387	212.

History

An Irishman, a Lab. serv. previous to enlisting, service 19 years. 12 of which he served in India. The remainder at home, his general health had always been good, but he had for years been more or less subject to Asthma. For 3 weeks previous to his admission here, he had been in the Garrison Hospital suffering from an attack of Subacute Bronchitis, which had then assumed the chronic form, on admission he had much Dyspnoea, frequent cough, copious expectoration of viscid mucus brought up with difficulty, mucous rales some heard on both sides of his Chest. he was exceedingly weak, emaciated appetite very bad. On 8<sup>th</sup> February he came under my care, I found him extremely weak, propped up in bed with pillows. his respiration was easier than on admission. Bronchial rales heard on both sides of Chest posteriorly. & Bronchophony between Scapula & Superiorly. in front of Chest respiration was harsh & tubular, expectorated large quantities of thick mucus, he had no appetite, but suffered from great thirst. his pulse was quick & compressible, on the night of the 15<sup>th</sup> Inst. he had a slight

Progress of caseAuscultationProgress of case



attack of Diarrhoea which weakened him very much, but was checked on 16<sup>th</sup> his cough on the 17<sup>th</sup> & 18<sup>th</sup> was much less frequent, but he became weaker & gradually sunk & died on the 19<sup>th</sup> at 6 P.M.

Treatment. Stimulating Enfeeblement, Lungs & Trachea: Blister & Serrapissus to the chest. Wine, Brandy & light nourishing diet.

### Secio Cadaveris. 42 hours after death.

General appearances. Body muscular. Rigor Mortis passing away.

Cranium. Brain. Weight 3 lbs 2 1/4 oz. Substance firm & healthy, some congestion of veins on surface.

Thorax. Heart. Weight 11 1/4 oz. rather large. right side filled with purinous & thin blood. left side filled with tur-bid blood. Valves all somewhat thickened.

Lungs. Weight 5 lbs 6 oz. densely adherent throughout on both sides, requiring the use of the knife to remove them from the Thorax. Trachea & Bronchi much congested, the right lung contained a cavity the size of a Walnut in its lobe, the remainder of the lung thickly studded with tubercles in various stages of softening, in the left lung some numerous excavations & tubercular nodules, in the lobe was an abscess the size of a small egg.

Abdomen. Liver. friable. weight 3 lbs 11 1/2 oz. Gall bladder. distended with thin bile.

Spleen. rather large. weight 12 1/4 oz. Kidneys. healthy. weight of right 4 1/2 oz. of left 5 1/4 oz.

Intestines. healthy.

Mr Killalee Gooding M.D.

No 20

Regt	Rank & Name	Age	Disease	Admitted	Died	Operation	Contracted	Ward	Regt	Folio
98 <sup>th</sup>	Pl. John Plummer	19	Phthisis Pul	4th Oct 56	27 <sup>th</sup> February 57	Unoperated	27 <sup>th</sup> Feb	14	391	212

History

An Englishman Latimer. Volunteered into the 98<sup>th</sup> Regt from the 1st Derby Militia in February 1856. First admitted to Hospital at Sheffield in July last. Then complained of severe Cough, mucopurulent expectoration, pain in the chest and night sweats, with slight diarrhoea. He continued in that Hospital until the 1<sup>st</sup> of October when he was sent to Chatham. Admitted to Fort Pitt Hospital on the 6<sup>th</sup>. He

Present state then complained of all the preceding symptoms combined with much dyspnoea and debility. Percussion gave dullness on both sides

Auscultation beneath the clavicles, best marked on the right side. On that side in the infraclavicular region. Mucous & crepitant rales, Cavernous respirations, & Pectusiloggy were audible. On the left side the respiration was coarse and bronchial with prolonged expiratory murmur. Heart action weak but normal pulse 98. Small

Progress of During the months of October and November these symptoms continued and the patient daily became weaker. In the beginning of December diarrhoea & irritability of the stomach set in and tenderness was felt in the right hypochondrium and lumbar regions. These symptoms



Treatment

somewhat abated in January. But Strecte and debility increased, his infirmities became anasarca, and occasioning much pain, were fructuous. The patient gradually became weaker and died on the 27<sup>th</sup> inst at 11 1/2 PM. Consisted in the administration, of Linn, Cod Liver oil, and expectorants. Bark and acids to check fermenting humors to stop diarrhoea. And light generous diet.

Section Cadaveris. 37 hours after death.

External Appear. Weather Cold and clear. The body was much emaciated feet and ankles oedematous, with numerous fructuous made before death to evacuate the serum. Two large vesicles the size of the palm of the hand one near the right external malleolus the other midway between the leg and ankle of the same leg. No rigor mortis.

Cranium Brain weight 2 lbs 3 ozs. Two ounces of fluid at its base, numerous bloody points in the substance. Structure firm and healthy.

Thorax Heart wt 6 1/4 ozs; Small valves and structure healthy. Lungs and Trachea. Some adhesions existed on the right side of the Chest between the Costal & pulmonary pleura. On the left side the adhesions were confined to the upper part of the lung.

Total wt of Lungs & Trachea 3 lbs 3 1/2 ozs. A cavity the size of an egg was found in the upper and back part of the apex of right lung. The two upper lobes were consolidated by tubercular deposit in the various stages of softening. A few scattered Tubercles in Lower lobes. A cavity precisely the same as that in the right existed in the left lung. Several small shallow ulcers were found in the Trachea.

Abdomen Liver wt. 3 lbs 11 1/2 ozs. The gall bladder contained one oz of pale yellow bile. The liver very pale & in an advanced state of fatty degeneration. Spleen wt 3 1/2 ozs small, substance fleshy. Kidneys both in a state of fatty degeneration. The pyramids being very indistinct and much encroached on by the Cortical portion. The disease was more advanced in the right which weighed 4 lbs Left 1 1/2 ozs. A considerable quantity of fat in the omentum & mesentary. Stomach healthy. innumerable small ulcers penetrating the mucous coat of the large intestine most numerous in the Cecum.

William Barry  
Asst. Assist. Surg.



Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Loss	Regt	Folds
72nd	Pl. Roll	Orysdale	19	Phthisis Pul.	Nov. 16 <sup>th</sup>	Feb 28 <sup>th</sup>	4 months	Fort George	14	391

History

A Scotchman Butler, had emigrated never took increasing enjoyment good health until May 1856 when he caught severe cold with cough and dyspnea and slight hæmoptysis. First entered Hospital in November last at Fort George. On admission to Fort Pitt he

Present state

was pale and emaciated, Chest contracted, clavicles prominent and subclavicular spaces hollow. Respiration shallow, accelerated and abdominal. On the upper lobe of the right lung slight dullness on percussion. The breathing was loud and cavernous slight bronchophony was heard - On the upper half of left lung the breathing was accompanied with a grunting sound. He had severe and incessant cough attended with profuse mucopurulent expectoration, hectic and night sweats.

Insultation

Heart's action was accelerated sounds normal. He complained of tenderness on pressure over the stomach and right hypochondriac region. Pulse 112. The patient became gradually weaker and more emaciated each day. Discharge set in upon the night of this month and continued with greater or less severity up to the day of his death. The integuments on his limbs and trunk became inflamed and sore. He became partially insensible on the 25<sup>th</sup> inst and he died at 12.45 am on the 28<sup>th</sup>.

Progress of Case

Consisted in. Tonics Cod liver oil, expectorants, opiates, astringent and light nourishing diet.

Treatment

Consisted in. Tonics Cod liver oil, expectorants, opiates, astringent and light nourishing diet.

Post mortem 36 hours after death.

External appearance Weather cold & foggy. No rigor mortis, body very much emaciated.

Cranium

Brain wt 5 1/2 lbs. Vessels of the surface very much engorged. The lateral ventricles filled with fluid there being about an ounce of fluid in each. The surface of the brain exceedingly soft.

Thorax

Heart wt 4 1/2 lbs. An ounce of straw coloured serum in the pericardium. The heart and valves healthy. The aorta dilated into a funnel immediately above the semilunar valves but no rupture of the internal coat. Lungs. The pleura on the right side densely adherent throughout and strong adhesions at the apex of the left lung. Lot of lungs & trachea 14 lbs 7 ozs. The substance of the right lung solidified with tubercular deposit (cut portions sinking in water) numerous abscesses filled with cheesy matter throughout the entire lung. The upper part of left lung was honey combed with abscesses of various sizes. The remainder of the lung thickly studded with tubercle. The trachea filled with frothy pus.

Abdomen

Liver wt 5 lbs 5 ozs. in the commencing stage of fatty degeneration. The Gall bladder distended with dark bile. Spleen wt 5 1/2 ozs healthy.



Kidneys Right wt 6 3/4 oz. Left 6 oz. Both healthy. Prostatic glands enlarged. The stomach healthy. In the small intestines the solitary and agminated glands were both extensively ulcerated. Large ulcers existed in the Cecum and in the entire wall of the large intestine.

William Barry

Act Assist Surg

No 22.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Wound	Regt	Folio
91 <sup>st</sup>	St Robert Fraser	37	catarrhus bron	26 Feb 1857	11 <sup>th</sup> March	3 days	In Hospital	11	390	159 175 179

**History** A Scotch labourer of 19 years service for which 16 at the Cape, the remainder home. Was transferred from the Surgical Division where he had been admitted for a chronic indolent ulcer on the inner side of left leg. This had progressed for some under treatment when he was attacked with febrile symptoms cough and expectoration.

**Present state** His breathing is short and quick complains of much pain in right side and front of chest, cough and copious tenacious expectoration preceded by chills and followed by fever. There is great heat and dryness of skin. Tongue much furrowed down the centre. Pulse very quick. Right decubitus.

**Auscultation** Percussion sound is dull in lower half of right side of chest anteriorly and posteriorly. Below the clavicle the respiration is puerile, in mammary region bronchial, and below this dull with the exception of a dry creaking leathery sound over lower half anteriorly and laterally. Respiration loud all over left lung.

**Progress of case** The following day the expectoration had a red tinge. Tongue moist covered with a very dirty white fur. Much thirst. Constant cough. Two days after the pulse rose to 120. He constantly moaning. The next day the expectoration became darker but decreased in quantity. Some corruption of the head. Drowsiness. Two days later abundant loud crepitation was heard in the middle third of the right lung the left remaining free. Pulse 100 full. He improved on the next four succeeding days, the tongue began and continued to clean. The pulse gradually went down to 80. The expectoration lost its red tinge and became less tenacious. He took nourishment better. Large crepitation was heard in the upper 2/3 of the lung bronchial respiration at the lower 1/3 except at the base which still remained dull. On the following day, I found him neglected and half uncovered with cold skin, features sunken and he was almost pulseless. Some additional wine was immediately ordered, and towards evening an immense reaction had taken place, there was great fever, and the expectoration had become rust coloured. He continued to get worse from this check and crepitation manifested itself the base of the left lung, the right remaining pervious to air to the extent of three fingers breadth below the nipple. He died on the 14<sup>th</sup> day after his admission. Cupping followed by blisters, calomel and opium, mercurial friction, cutting the hair sinapisms to nape of neck, wine arrowroot and beef tea. Stimulents during the eclipse.

**Treatment**



Sectio Cadaveris 30 hours after death.

External Appearance Body not much emaciated. Worms complete. Marks of recent chills.

Cranium Two oz. of fluid at the base of brain. Veins of the surface and substance of the brain much congested. The ventricles do not contain more than the usual amount of fluid. Weight 3 lb 7/8 oz.

Thorax One oz. of yellow fluid in the Pericardium. Increased vascularity in the upper part of the external surface of the pericardium. Walls of the left ventricle of the heart thicker than natural, otherwise healthy. Weight 1 lb 1/4 oz.

The left lung attached to the parietes of the thorax by old bands of adhesion posteriorly and inferiorly. The right lung adhered densely throughout. Two uteri with ovaries of the bone in the chorda vocalis and posterior part of the larynx. Left lung intensely congested. The upper lobe of right lung in a state of fatty degeneration with numerous small abscesses scattered through its substance. The anterior portions of the lower lobes were in a far advanced state of disintegration. Weight of ~~both~~ lungs, ~~right 4 lb 2 oz.~~ right 4 lb 2 oz., left 2 lbs 5 3/4 oz.

Abdomen Liver pale and fatty. Weight 4 lb 2 1/4 oz. Spleen when cut presented a mottled appearance, weight 8 1/4 oz. Kidneys congested, the capsule of the left not tearing off readily. Right weighed 9 1/4 oz. Left 9 1/4 oz.

Stomach and intestines healthy.

C. C. Piper M.D.

10 23.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt.	File
29th Corp.	James Willoughby	28	Hepatitis Chron	24 Jan. 1857	11th March 1857	1852	India	11	389	1667 1661 1663

History An English Brickmaker of 67 years service of which 4 1/2 in India, the remainder home. His health became impaired in India in 1852. Hepatitis supervened upon Remittent fever, he was long a patient and in Jan'y 1853 was sent to the Convalescent Depot at Sehgulie. He afterwards rejoined his Regiment, and he states that an abscess formed in his liver, there was a swelling externally in hepatic region, which subsided on its bursting internally, and he brought off a quantity of blood with matter. On board ship coming home last March, a fit of coughing brought on another discharge of pus and blood, and the cough has remained ever since, but the discharge of blood has ceased now for a week.

Present State Marks of fleck bites and seton in right hypochondrium. An eruption of lichen all over trunk. There is a marked dulness over region of the liver which can be felt enlarged at epigastrium.

Auscultation Percussion sound on right side of the chest duller than the left, especially below the nipple, where the lung is condensed, and no respiratory murmur to be heard. Above the nipple as far as the clavicle respiration is well marked tubular. On the left side it is very loud compensating for the right.



Progress of case

Appetite has been very bad. Bowels reported to be regular. Pulse rather jerky. Yesterday the heart was beating evidently, but it is now tolerably quiet. On the 5<sup>th</sup> Feb, the expectoration was tenacious and sanguinolent. Respiration may be heard as he is lying in bed, one inch below the right nipple but still below this spot. On the 16<sup>th</sup> a most rapid and severe hæmoptysis took place in the afternoon, gushing forth in large quantities. He became pale and faint, and the pulse was counted as high as 144. He improved under the remedies employed for a time, but the attacks of hæmoptysis very frequently returned, diminishing his strength daily, the pulse often being very frequent and sharp in its beat. Large moist scales in right lung particularly about middle third. He continued to emaciate and get weaker till the 8<sup>th</sup> March, when tracheal rales were first noticed. The sputa purulent and free from blood. At 9 a.m. on the morning of the 11<sup>th</sup> coughing came on bringing up a few mouthfuls of blood almost depriving him of the power of breathing again. He died at 9.30 a.m. same day.

Treatment

On first a tincture of bark and sulphuric acid, soon after antimony for the hæmoptysis. Also diluted sulphuric acid, a sharp aperient, acetate of lead with acetic acid, Ipecacuanha with Digitalis. Antimony, lead and the acid mixture again in turns, perfect quiet, a cool ward, ice applied locally, food cold which was lately of a light nourishing kind, with a small quantity of wine.

Section cadaveris 50 hours after death.

External Appearances

Body emaciated. Superficial muscles papery away. Marks of sutures and leech bites in the right hypochondrium.

Cranium

Substance of Brain healthy. Choroid plexuses very pale. Weight 2 lb 15 3/4 oz.

Thorax.

Heart healthy. Weight 10 1/2 oz. Right lung densely adherent to parietals of chest posteriorly and inferiorly. Its lower lobe contained a cavity the size of a large orange nearly full of coagulated blood. The whole substance of the lung studded with tubercular deposit, condensed, and portions sinking in water. Left lung also contained tubercular deposit, but the substance not so consolidated as the right. Both lungs adenomatous. Weight of lungs and trachea 4 lb 15 3/4 oz.

Abdomen

Liver pale very much enlarged, the left lobe extending far into left hypochondrium. A large hydatid cyst containing over a pint of clear amber coloured fluid, some flakes of lymph with a large platy hydatid occupied the whole of right lobe of liver, the upper surface of which was strongly adherent to the diaphragm. No communication between the liver and right lung. Spleen healthy. Weight 10 1/4 oz. Kidneys pale, otherwise healthy. Weight of the right 6 oz, left 7 3/4 oz. Stomach and intestines pale but healthy.

C. C. Piper acc.



No 357

Reg Name & Rank Age Disease Admitted Died Duration of Disease When Contracted Was Regd 24th

94 1st Edward Brown 40 Plethoric Pul 14<sup>th</sup> Dec 1856 13<sup>th</sup> March 1857 4 months 14 391

History

An Irishman Blacksmith 22 yrs service of which 18 yrs in the East Indies then at home, enjoyed good health until August 1855 when he was seized with severe hæmoptysis and since then was frequently in Hospital, at Windsor, Plymouth, Cork, Curragh, and Pembroke. When admitted to this hosp too he

Present State

was very much debilitated, and suffered from dyspnoea, severe cough and mucopurulent expectorations, Chest large, dullness

Auscultation

upwards over the upper part of both lungs best marked on the right side. On the apex of the right lung "gurglement" and Pectoriloquy were heard and on the left side the auscultation was cautious and in parts coarse and Bronchial. Heart

Progress of Case

action distinct and regular. After admission the patient continued daily to lose weight and had occasional severe attacks of hæmoptysis, night sweats and diarrhoea. During the month of January and the early part of February he rallied, gained strength and flesh to a considerable degree but for the last three weeks his symptoms became aggravated. He became daily more debilitated and he died on the 13<sup>th</sup> inst

Treatment

at 4 PM. Treatment in the administration of Tonics expectorants, Anodynes Stimulants and light nourishing diet.

Secis Cadaveris 44 hours after death.

Trunk

Body emaciated. Reger Gustis complete. The substance of the brain presented numerous bloody points. Wt 3 lbs 10 oz.

Throat

Mouth healthy rather larger than usual. Wt 14 oz. Left lung adherent posteriorly to the wall of the Throat and the Apex of both the right and left were intimately adherent. Both lungs were filled with Tubercles in the various stages of degeneration. A large suppurative cavity the size of an orange in the apex of the right lung. Wt of lungs & trachea 4 lbs 3 oz.

Abdomen

The liver on being cut gave a grating sound. The gall bladder distended with dark bile wt 1 1/2 lbs 3 ozs. Spleen The covering of this organ is corrugated wt 6 ozs. Right kidney healthy wt 7 1/2 ozs in the left the Cortical substance encroached on the Pyramids wt 7 ozs.

Stomach healthy. Small intestines. Peyer patches were extensively ulcerated. The large intestines were thickened and contained many rough edged irregular ulcers of various sizes.

William Barry M.D.



Regt	Names Rank	Age	Disease	Admitted	Died	Duration of Disease	When Confirmed	When Discharged	Notes
2 <sup>nd</sup> Regt	1 <sup>st</sup> Lynsack	36 yrs	Catarrh (Croup)	March 16	March 21 <sup>st</sup>	Five months	May /56	10	395-1

An Englishman, labourer, 17  $\frac{1}{2}$  yrs service, 10  $\frac{1}{2}$  in the East Indies. Admitted from St. Marys invalids depot suffering from urgent Dyspnoea, debility of the countenance, coldness of the extremities and pain referable to the throat and trachea. States that he was attacked about 10 months ago with inflammation of the larynx in Mauritius and that he had Dyspnoea ever since. Recent symptoms came on about eight days previous to his admission into this Hospital but he deferred coming in as long as possible. His countenance displayed signs of much venous congestion and anxiety. His pulse was small quick and fluttering, Respiration short, frequent and gasping, with the exception of some mucous rales his lungs gave no abnormal sound. The heart action was quick and loud and a "buit" following the first sound was heard at its base and over the great vessels. The liver was felt enlarged and marks of frequent coughing were over that organ. The back part of the Pharynx was congested the Tonsils not enlarged. He expectorated a considerable quantity of thick yellow mucus. For the few days he remained in Hospital these symptoms continued. Debility and Dyspnoea daily increased. On the morning of the 21<sup>st</sup> the inspiration was accompanied by a stridulous sound. His pulse was scarcely perceptible and he died at 12  $\frac{1}{2}$  P.M.

Treatment Consisted in the local application of blisters and in the administration of general Stimulants. Camomile Wine & Brandy.

William Barry. Staff Assist Surg.

At the desire of his wife there was got any Post mortem made.

(Signed) Arch R. Widge way D. M. D. C. C. C.  
Asst. Curator



No 34

Ref Name & Rank Age Disease Admitted Died Duration of Disease When Contracted Place of Origin

94<sup>th</sup> Wm Edward O'Brien 45<sup>th</sup> Pittsboro Pal 14<sup>th</sup> Dec 36 13<sup>th</sup> March 1857 14 months August 1856 14 391  
157

History

An Irishman Blacksmith 22 yrs service of which 18 yrs in the East Indies then at home enjoyed good health until August 1855 when he was seized with severe hæmoptysis and since then was frequently in Hospital, at Windsor, Plymouth, Cork, Cusagh, and Pembroke. When admitted to this hospital he

Present State

was very much depressed, and suffered from dyspnoea, severe cough and mucopurulent expectorations, Chest large. Dullness

Rescultation

noted over the upper part of both lungs but marked on the right side. On the apex of the right lung "gurglement" and

Progress of Case

Protruding low heard and on the left side the respirations was cautious and in parts coarse and Bronchial. Heart Action distinct and regular. After admission the patient continued daily to lose strength and had occasional severe attacks of hæmoptysis, night sweats and diarrhoea. During the month of January and the early part of February he rallied, gained strength and flesh to a considerable degree. But for the last three weeks his symptoms became aggravated. He became daily more debilitated and he died on the 12<sup>th</sup> inst

Treatment

at 4 P.M. Treatment in the administration of Tonic expectorants, Anodynes Stimulants and light nourishing Diet.

Specis Cadaveris 44 hours after death.

Trachea

Body emaciated. Rigor mortis complete. The substance of the brain presented numerous bloody points wt 3 lbs 103.

Throat

Mouth healthy rather larger than usual wt 14 oz. Left Lung. Adherent posteriorly to the wall of the Throat and the Apex of both the right and left were intimately adherent. Both lungs were filled with tubercles in the various stages of degeneration. A large ragged cavity the size of an orange in the apex of the right lung. Lot of lungs & trachea 4 lbs 303.

Abdomen

The liver on being cut gave a grating sound. The gall bladder distended with dark bile wt 1 lb 303. Spleen The covering of this organ is corrugated wt 6 oz. Right kidney healthy wt 7 1/2 oz. in the left the Cortical substance encrusted on the Pyramids wt 7 oz.

Stomach healthy. Small intestines. Peyer's patches were extensively ulcerated. The large intestines were thickened and contained many rough edges irregular areas of various sizes.

William Barry J. M.D.



Reg	Names Rank	Age	Disease	Admitted	Died	Duration of Disease	When Entered	When Discharged	Notes
22nd Reg	1st Lt. Lyncock	36 yrs	Catarrh Uterus	March 16	March 21st	Five months	May / 56	10	395-1

An Englishman, labourer, 17½ yrs service, 10½ in the East India. Admitted from St. Marys invalids depot suffering from urgent Dyspnoea, lividity of the countenance, coldness of the extremities and pain referable to the throat and trachea. States that he was attacked about 10 months ago with inflammation of the larynx in Mauritius and that he had Dyspnoea ever since. Recent symptoms came on about eight days previous to his admission into this Hospital but he deferred coming in as long as possible. His countenance displayed signs of much venous congestion and anxiety. His pulse was small quick and fluttering, Respiration short, frequent and gasping, with the exception of some mucous rales his lungs gave no abnormal sound. The heart action was quick and loud and a "bruit" following the first sound was heard at its base and over the great vessels. The liver was felt enlarged and marks of frequent coughing were over that organ. The back part of the Pharynx was congested the Tonsils not enlarged. He expectorated a considerable quantity of thick yellow mucus. For the few days he remained in Hospital these symptoms continued. Debility and Dyspnoea daily increased. On the morning of the 21st the inspiration was accompanied by a stridulous sound. His pulse was scarcely perceptible and he died at 12½ P.M.

Treatment Consisted in the local application of blisters and in the administration of general Stimulants. Camomile Wine & Brandy.

William Barry. Staff Assist Surg.

At the desire of his wife there was got any Post mortem made.

(Signed) Arch R. Hodge was D. G. Clerk  
Asst. Curator



Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg.	Fol.
89 <sup>th</sup>	St Thomas Regt.	22	Phtisis Pulm	3 <sup>d</sup> Jan'y 157	18 <sup>th</sup> March 157	6 months	Limerick	11	290	131 141 143

An Irish labourer of 2  $\frac{1}{2}$  years service of which  $\frac{1}{2}$  year in the Crimea. Was first taken ill at Limerick 6 months before admission from exposure to wet and cold on a field day. He had cough and pain in right side, with expectoration of slimy yellowish mucus. Had hæmoptysis 4 months ago.

**Present state** He is tall very emaciated with prominent cheek bones, light coloured eyes and most unhappy looking. The scapula stick out, the spinal column curves laterally and backwards, destroying the natural arches, and making the dorsal arch continue posteriorly where it ought to begin to arch forward, so that the dorsal and lumbar vertebra form one large curve. Respiration at night. Appetite good. Cough is very troublesome at night.

**Auscultation** Considerable want of development in anterior part of chest, the ribs very prominent. Right side resonant on percussion at clavicular region, completely dulcified at base anteriorly and posteriorly. In front from the nipple downwards on this side there is an absence of respiratory murmur, behind below the scapula may be heard fine crepitation, and here he suffers pain. In the upper portions of right lung in front and behind, there is pectoriloquy and purring on coughing. Beneath the clavicle the expiration is as long and as loud as the inspiration, which is louder than natural but not so great as the left side where it is of a blowing tubular character all over the lung.

**Progress of case.** On the 24<sup>th</sup> Jan'y during the very cold weather he had severe epistaxis for the day restrained by remedies. The cough emaciation and debility continued, the physical signs also denoted the advancement of the tubercular disease. He was obliged to take to his bed at the beginning of March, his appetite failed him and he died at 6.15 p.m. on the 18<sup>th</sup> inst, several loose stools having been previously passed, and oedema of the feet manifested itself.

**Treatment** Blister, tonics mineral and vegetable, cod liver oil, astringents, a copious nutritious diet with wine and brandy.

### Sectio Cadaveris 42 hours after death.

Weather warm and moist

**External Appearance.** Rigor mortis passed away. Feet oedematous. Body much emaciated.

**Cranium** Three oz. of fluid at the base of Brain. Two drachms in each lateral ventricle. Substance healthy. Weight 3 lbs.

**Thorax.** Heart flabby but otherwise healthy. Weight 7  $\frac{1}{4}$  oz. About a quart of turbid fluid in left pleural cavity. Dense adhesions on right side. Mucous membrane of the larynx ulcerated near the



anterior part of the chorda vocales. Trachea ulcerated throughout, but more especially at the bifurcation of bronchi. The right lung entirely honey combed with cavities of various sized filled with tubercular matter. The left lung in upper lobe contained a considerable quantity of tubercular deposit in a state of softening. Weight of trachea and lungs, 3 lb 4 1/4 oz.

### Abdomen

Peritoneal cavity contained about 2 quarts of clear fluid.

Liver enlarged and greasy. Substance very firm. Weight 5 lb 8 3/4 oz.

Spleen healthy Weight 8 1/4 oz. Kidneys. Right capsule thickened not readily separating, and exposed surface of kidney mottled with yellow patches, cortical substance narrow and pyramids largely developed.

The left in nearly the same condition as the right. The suprarenal capsule nearly three times as large as natural, its cut surface not abnormal, by its pressure it had made an indentation in the kidney.

Weight of right 6 1/2 oz, left 6 3/4 oz.

Stomach. mucous membrane injected in patches.

Small intestines. Peyer patches much ulcerated at lower part of ileum.

A few solitary ulcerations scattered through the remainder of the ileum.

Large intestines. Cecum extensively ulcerated, and numerous small round ulcers throughout the whole extent of large intestines to anus.

C. C. S. J. Esq.  
M.D.

Mr. 25

No.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg	Esq.
75	Mr Charles Adams	20	Phthisis Pulm.	28 Feb <sup>r</sup> 1857	April 11 <sup>th</sup> 1857		Chatham	10.		

An Englishman, Labourer, one month service, never had venereal or took mercury. Had admitted to the Garrison Hospital on the 2<sup>nd</sup> Nov<sup>r</sup> 1856. Then complained of cough, dyspnoea, & night sweats, he continued under treatment there until the 28<sup>th</sup> Feb<sup>r</sup> 1857 when he was admitted to this Hospital. He then suffered from extreme debility & emaciation, harsh cough, profuse expectoration, and night sweats, his chest was small, contracted, & fixed, the breathing being principally abdominal.

### Present state

Well marked dulness existed over the upper lobes of both lungs, and the breathing & voice were bronchial. On the left side beneath the clavicle loud gurgling was audible and the patient himself complained

### Auscultation

that he experienced a sensation of something rattling on that side

Respiration dorsal. Heart's action increased, Pulse small, 90.

Bowels regular. The patient was unable to get up since he was admitted and he daily became weaker. On the 11<sup>th</sup> March his legs became edematous, and his entire body anasaricous. A bad sore formed over

### Progress of case.

the sacrum on the 14<sup>th</sup> of April, and he complained of irritability of the stomach. Sore throat, increased cough & expectoration. From this date the patient became



daily more debilitated, he was insensible on the 16<sup>th</sup> and died on the 17<sup>th</sup> April 1857, at 11 A.M.

Treatment.

Treatment consisted in Tonics, Bl. Mucilage, expectorants, counter-irritants, and generous diet.

Section Cadaverica 25 hours after death.

External appearances. No Rigor Mortis, extreme emaciation. Inferior extremities edematous. A large bed sore on the sacrum.

Cranium. Membranes and Brain healthy, weight 3 lbs.

Thorax. The Pericardium contained about 3 oz of straw colored serum. Heart, healthy, weight 6 3/4 oz.

Lungs. Ulceration existed in the Trachea. The left lung was entirely adherent to the parietes, its entire substance was consolidated with tubercular deposit. A large cavity existed in the posterior part of the superior lobe. The right contained several scattered tubercles in the crude form through its substance, weight 2 lbs 13 oz.

Abdomen. The peritoneal cavity contained about 2 1/2 pints of serum. Liver enlarged, pale, soft, fatty, gall bladder distended with dark bile, weight 3 lbs 13 oz.

Spleen, healthy, weight 7 1/2 oz.

Kidneys, healthy. The right weighing 5 3/4 oz the left 6 oz.

The small intestines were found ulcerated throughout their entire extent, the ulcers large, ragged nearly surrounded the gut, and had penetrated through the two internal coats. The large intestine was also extensively ulcerated, the caecum coli was one mass of disease. The mesenteric glands were much enlarged, and infiltrated with tubercle.

Signed. W. Bang. L. A. S.



Regt	Name + Rank	Age	Disease	Admitted	Disch	Duration	Contracted	Ward	Regt	Vol
89th	Pte. William Burke	39	Althini pneumonia	11 Sept 1887	Apr 30 1887	Three years	March 54	No 15	393	43.

Present State

Auscultation

Prop of Arteries

Treatment

This patient was an Irish Labourer 19 1/2 years in the service 3 of which were spent in the West India Co in Canada & in the Mediterranean and 2 in the Crimea. On admission he stated that his health had always been good up to March 1854. He then had Fever twice in the Crimea and in the August following he had an attack of Haemoptysis. Cough ensued and since then his health has been declining. On examination I found him much emaciated and extremely weak. His chest was resonant on percussion. Clearly prominent respiratory murmur on the left side was rough & expiration much prolonged. On the right side at the apex of lung gurgling and Bronchophony were heard and lower down the expiration was coarse & tubular. His cough was frequent expectoration copious and mucopurulent appetite bad. He had action rapid pulse weak. Bowels relaxed. Scarcely came on the day after his admission but was checked. He had no tenderness of the abdomen. He daily became worse and died April 26. 1887.

Treatment Expectorants Tonics Antiseptics and externally Cocaine Vintars

J. H. Goodwin M.D.

Regt	Name + Rank	Age	Disease	Admitted	Disch	Duration	Contracted	Ward	Regt	Vol
85th	Capt. Robert Basterville	42	Rheumatoid	Mar 19 57	22 Apr 57	14 Months	Feb 1858	14	389	

Abstract of the fatal case of Capt. Robert Basterville 85th Regt. A

History

Present State

This patient was admitted into Ward No 14 Medical Division on the 19th March 1857. His history was to the effect that he had had several attacks of Rheumatism during the last eight years and since the last attack about a year since he had been unable to perform any duty in consequence of pain in the region of the heart and palpitation. He had been under treatment for some time at Dorset. On admission he was suffering greatly from dyspnoea and palpitation without any pain however. His face was blanched and lips blue. Pulse full but so quick as I could not be counted. Quite unable to make



The slightest exertion. The impulse of the heart could be heard and felt over every part of the Thorax Anteriorly and posteriorly. And a loud bellows sound Auscultation readily distinguished when the pectus contracted, in the back of the Costa. And by the day upwards could be heard in the Carotids. For a short time after his admission the symptoms appeared to improve. On the 4<sup>th</sup> April Progress of disease the feet became edematous and he was again worse.

The disease extended upwards daily and affected the hands & arms. On the 11<sup>th</sup> he spat up about 3oz of blood and from this time he became rapidly worse and died on the 22<sup>nd</sup> April. The treatment consisted in endeavoring to relieve the most distressing symptoms by the Administration of Digitalis, Hyoscyamus, Morphia and Antispasmodics.

No 30

J. R. Johnson Acting and Surgeon

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg.	Fol.
59 <sup>th</sup>	St Francis Taylor	20	Phthisis Pulm	3 May /57	8 May /57	12 months	Hong Kong	11	390	243

History An Irishman for employment having 4 1/2 years service, of which in Hong Kong 2 1/2 years was first taken ill in May last year with hæmoptoeic cough and expectoration followed by debility. He has been in Hospital several times, the hæmoptoeia frequently recurring and he has continued to get worse to the present time.

Present State When admitted his breathing was very short and laboured, face cold and clammy, pulse quick and irregular, cough very urgent, with much frothy and purulent sputa. No sleep. Indigestion. Very little appetite. Cannot lie down. Fingers ends club-shaped.

Auscultation Percussion sound resonant over both sides of chest anteriorly and posteriorly on the right side much dulness about the scapular region. In front and behind on the right side much tubular breathing with rales varying in sound, from the spine of scapula downwards. On the left, crepitation gurgling, pectoriloquy, and sonorous rales in abundance posteriorly. In front nothing but crepitation.

Progress of case By the administration of stimulents of Ether and Anodynes, with Wine brandy, hafftea and arrowroot, he survived for 3 or 4 days, but on the evening of the 7<sup>th</sup> he became worse, the lips turned white, features contracted and bedded in cold perspiration, extremities cold, pulse small quick and irregular. He continued to sink and died from exhaustion at 1 1/4 p.m. on the 8<sup>th</sup> May 1857.



# Section Cadaveris 23 hours after Death.

## External Appearances

### Cranium

### Thorax

### Abdomen

Rigor mortis complete. Not much emaciation.

About 2 oz of serum at the base of brain, and 1 oz in lateral ventricles. Structure healthy. Weight 3 lb 10 oz.

Heart healthy. Weight 10 1/2 oz.

Trachea and bronchial tubes contained frothy purulent matter.

Right lung adhered to the walls of the chest posteriorly by several firm bands of adhesion, the whole structure infiltrated with milium and crude tubercles, and a few small corns in the superior lobe. Left lung adhered firmly and universally to the thoracic parietes by adhesions of every old standing, and its structure in precisely the same state as the right. Weight of trachea and lungs 4 lb 8 1/2 oz.

Liver

Spleen

Kidneys

Stomach

Intestines

Healthy

Weight 3 lbs. 8 oz.

Right 4 1/2  
Left 5

S. S. Piper M.D. & J. P. Surgeon.

No 31

No.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Time of Death
415	Mr Geo. Gogrove	32	Phthisis Pulmonalis Dyspnoea Acute	27th Feb 1857	10th May 1857	73 days	Crima	10 30 80

## History

An Englishman. Baker. Service 13 1/2 years. Was first admitted into Hospital in the Crimea on the 25th March 1856. with Acute Catarrh which afterwards assumed a chronic form, he was then sent to Gen. San. He was discharged from Hospital in April 1856. and continued at his duty (that of a servant) until December. since which time he has been under treatment. On his admission into Hospital in Dec. he suffered from Congl. Dyspnoea, with muco-purulent expectoration, he had dulness over the upper lobe of the left lung, the right was resonant on percussion, there was Bronchophony beneath the left clavicle, and upper part of left lung. On the right side the respiration was coarse & sibilant. Heart's action accelerated, sounds normal.

## Progress of case.

The first six weeks after admission, he got much worse, the cough was very frequent & violent, very troublesome at night, he had also profuse night sweats, expectoration muco-purulent and copious, but never tinged with blood. he was always very easily affected by change of weather. Latterly his condition appeared to be ameliorated, he had better nights, and the profuse perspiration had entirely left him, he also appeared to be gaining a little flesh, and was much livelier. On the 10th May while standing



Termination

over the fire, warming his medicine previous to taking it, he was seized with a fit of coughing, and spat up a small quantity of arterial blood. it was immediately followed by a violent gust which poured out of his mouth nostrils, he immediately sank exhausted, and was dead in five minutes.

Treatment

Treatment. In the first instance, Expectorants & cod-liver Oil. afterwards, Diluted Sulphuric Acid, Sedatives & Antidotes.

Sectio Cadaveris 25 hours after death.External appearance

Face Mark's complete, very little emaciation, marks of Scarificator on the front of the chest.

Examinations

Brain was about 1 lb 5 oz. at the base of the brain. & trachea in the lateral ventricles. substance healthy & bright & the base.

Thorax

The Pericardium contained 4 oz of fluid.

Heart healthy, weight 11 1/2 oz.

Right Lung, adherent to the parietes of the chest, cellular structure filled with blood, probably during the act of inspiration.

Left Lung, very firmly adherent throughout, by old standing bands of adhesion, the whole substance solidified, and sinking in water (from chronic pneumonia) the inferior lobe had parts becoming softened, and breaking up.

There was extensive atheromatous deposit in the Arch, and descending Thoracic Aorta. An aneurism about the size of a Billiard ball arising from the anterior surface, of the descending portion of the Thoracic Aorta, and firmly attached to the left Bronchial tube, into which it burst by two apertures about 1/4 of an inch in diameter. The Aneurismal sac did not contain any fibrinous clots. At the margin of the Aneurism were several small aneurismal pouches.

Abdomen.

Liver

Spleen

Kidneys

Stomach

Intestines

Healthy

Weight

{ 4 lbs 11 1/2 oz.

10 oz.

{ right 5 1/2 oz.

left 8 oz.

John Wood  
Staff Appt Surgeon.



Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	From Regt.	Notes.
74 <sup>th</sup>	Pt Michael Moran	39	Wetters Pulmonary	3 <sup>rd</sup> April	23 <sup>rd</sup> May			10	1895.

History An Irishman of 22<sup>nd</sup> years service, was sent to this Hospital to be treated as having suffered several attacks of Hemoptysis.

Present state On admission his chest denoted the following physical signs. It appeared naturally on inspiration, but there was decided dulness under both clavicles. The respiration on both sides was loud & Bronchial, accompanied in the right infra-clavicular space by coarse crepitation.

Auscultation Pectoral fremitus existed on that side. There was consolidation of the left lung to some extent.

He complained of night sweats, harsh and frequent cough with profuse expectoration tinged with blood, debility, and great dyspnea, his pulse was 120, and very weak.

Progress As the fine weather advanced, he appeared to improve for some time, until about a fortnight since (10<sup>th</sup> May) when he received a severe shock at the sudden death of a comrade, at which time he went to bed, and never recovered his normal health afterwards. He died at 4.10 Clock A.M. 23<sup>rd</sup> May 1895.

Treatment Treatment. Cod Liver Oil. Cough Mixtures, Sedatives, & Counter irritation.

Section Cadaver 32 hours after death.

External appearance Body stout, and muscular, Rigor mortis not passed away.

Cranium About 2oz of serum at the base of the Brain, Ventr. of pia mater and substance of brain congested, & sometimes healthy. Weight 3 lbs 3oz.

Thorax. One oz of serum in the Pericardium.  
Heart somewhat enlarged. Weight 11oz.  
Trachea & Bronchial tubes, filled with froth, purulent matter, and the mucous membrane highly vascular. The Right Lung adhered firmly, and universally to the walls of the chest by adhesions of old standing, pleurae & costal pleura very much thickened, and between the two at the lower & posterior aspect, was found a considerable quantity of coagulable lymph mixed with serum. Superior & middle lobes thickly studded with tubercles, and portions condensed, and sinking in water, and several small cavities, a few crude tubercles were found in the upper half of upper lobe. Left Lung also adherent firmly & universally to the thoracic parietes numerous milium tubercles, in the upper lobe, and superior half of inferior lobe. Lungs generally congested. Weight of Trachea & Lungs. 4 lbs 12oz.



Abdomen Structure of Liver healthy. Weight 3 lbs 7 oz.  
Spleen healthy. Weight 6 1/2 oz.  
Kidneys healthy. Weight Right 5 oz.  
 Left 3 1/2 oz.  
Stomach & Intestines healthy.

John Wood  
 Staff Appt Surgeon.

No 33

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	How Regt	Notes
10 <sup>th</sup>	R. Thos. Letson	23	Tumour	1856 4 <sup>th</sup> January	1857 31 <sup>st</sup> May	3 1/2 years	England	1	

Abstract of the fatal case of <sup>11</sup>R. Thomas Letson 10<sup>th</sup> Regt Admitted 4<sup>th</sup> January 1856 And died 31<sup>st</sup> May 1857. Disease Tumour. Duration of disease 3 1/2 yrs.

Regt Letson, of Leamington Spa, Warwickshire, at home; Admitted into the Garrison Hospital Southampton 2<sup>nd</sup> Sept<sup>r</sup> 1856 complaining of pain in his limbs and joints, which he stated he had suffered more or less from for 3 years. He had also at the time of admission a small swelling between the hip joint of right side and the tumour, which did not then annoy him much, but shortly after, it became enlarged and painful. In Nov<sup>r</sup> the tumour increased in size, & became hard though not very painful, and appeared attached to the bones of the pelvis. A hard swelling was also perceptible within the pelvis by pressing the fingers over the anterior part of the crest of the ilium. He was transferred to the General Hospital Port 1<sup>st</sup> 11<sup>th</sup> Jan<sup>y</sup> 1857.

The swelling of the hip continued to increase towards the anterior and superior spinous process and also upwards into the hypogastric region and across to the umbilicus; at the anterior spinous process it is very prominent & elastic. It appeared to be of medullary sarcomatous tumour occupying the whole of the right side of the pelvis protruding through the ilium and iliac crest forming a large protuberance over the iliac spine and femoral artery, causing atrophy of the limb and lancinating pains, it also pressed on the bladder causing incontinence of urine. It is evidently of malignant character; it is at parts cystic, especially at the anterior part of the hip, and it is more firm and of a medullary consistence; It has likewise the appearance of a mass suffering from malignant disease. A small abscess had also formed on the external angle of the right hip.

On the 24<sup>th</sup> May, fluctuation being very distinct in the hip immediately behind the superior and anterior spinous process, an opening was made into it with an abscess lancet and fluid arterial blood was discharged but no pus: On inserting a probe it was found to enter a lower cavity or sac filled with blood. The aperture was closed and a compress applied.



On examining his chest, Nothing unusual was found with the exception of the respiration being a little rougher under the left clavicle; difficulty of retaining his water continued; <sup>and the secretion of sweat and perspiration</sup> ~~the lower extremities~~ were also continued especially the right.

During his residence in Hospital he daily became weaker, and his Appetite failed and he gradually sunk on the 21<sup>st</sup> May at 4 P.M.

Treatment. Nourishing diet, tonics, Anodynes, and Alteratives.

### Section Cadaveris 24 hours after death.

Externally Appeared. Body very much emaciated, lower extremities adematous. A very large tumour on swelling up the right hip & abdomen.

Considerable Subarachnoid effusion; Membranes of brain congested. Section of brain presented a number of bloody points; Substance of brain softer than usual, but no disease in it, None at the part corresponding to the tumour on the lower

Cranium.

Thorax.

On removal of tumour the surrounding heart healthy.

Mucous Membranes of the trachea and bronchiales tubes congested. The left pleural cavity contained <sup>the</sup> a mass of serum deeply tinged with blood. Numerous Medullary <sup>2</sup> = any Strophuleous deposits varying from the size of a pea to as small as Apples situated immediately below the pleura covering the lungs, they were of different consistence, some being firm and Chubby, others breaking up, of <sup>the</sup> small size were distributed throughout the structure of the lungs. Strophuleous matter was deposited in the bronchial glands also at the bifurcations of the trachea.

Abdomen.

Liver, Spleen and Kidneys healthy.

Stomach and intestines healthy, and the latter filled with hardened feces which could not pass through the valves.

A very large Medullary Sarcomatous tumour larger than a human skull occupied the whole of the right hip, it seemed to be attached to the <sup>right</sup> ilium and sacrum, the greater part of both bones were destroyed or involved in the disease; On making a section of the tumour it presented all the Characters of Medullary Sarcoma, but some parts it was of a brain like Appearance interspersed with Spicules of bone, at other parts it was soft and breaking up, and again there were several cyst-like portions which were filled with fluid and sanguineous - luteal blood. On placing a portion of it under the field of the microscope, Cancer cells were evident of the usual Medullary Spindle shaped and cuneate character.

J. Williamson  
Staff Surgeon 2<sup>d</sup>



Regiment	Name & Rank	Age	Disease	Admitted	Died	Duration	Contusion	Wound	Regist	Folio
99th	Mr Patrick Sheridan	29	Phthisis Pulmonum	May 19.	June 1857	18 Months	Australia	1/4	389	

Abstract of the fatal case of Mr Patrick Sheridan. This patient was an Irishman 27 1/2 years since he joined he had served in Australia. His history was that about 18 months ago he had Haemoptysis which had frequently occurred. On admission he had Cough with mucopurulent expectoration no emaciation. Chest tolerably well formed. dull on percussion and small crepitations existing over both lungs particularly the left. The heart's action was much accelerated but the sounds were indistinct by the turbulence in the lungs. He had great dyspnoea face and hands much congested pulse 110 and weak. On the following day the dyspnoea had increased and he was unable to lie down the congestion remained and his countenance bore a very anxious expression. On the evening of the 23<sup>rd</sup> he was somewhat delirious from the circulation of morbid blood through the brain face and ears much congested and great difficulty in expectorating. Could not get any sleep, from this time to the 29<sup>th</sup> he remained much in the same state. The pulse being 120 and very weak and the dyspnoea so great as to prevent him lying down. On that day he slept a little but was delirious. In the evening he rose the very much which appeared to alarm him. On the 30<sup>th</sup> he was able to lie down and the dyspnoea was less. The congestion about the face then no longer continued and there was constant oozing of blood from the nose. On the 31<sup>st</sup> he slept a great deal but towards evening he became delirious. On the morning of the 1<sup>st</sup> June he was partially insensible and blood was coming from the left ear as well as the nose. The pulse was very quick the dyspnoea excessive and it was evident that he was sinking he died at 2 o'clock.

The treatment consisted in the administration of expectorant, Calomel and externally Leeches. Stimulents - Wine & Stimulents towards the end.



Section Cadaver 22 hours after Death

External  
Appearance

Rigor Mortis not passed away. Lower extremities a dematous body not much emaciated

Cranium

About an ounce thick of serum at the base of the Brain slight subarachnoid effusion. Membranes of Brain present a number of bloody points. Choroid plexus congested. Structure of Brain healthy weight 3lb 5 3/4

Thorax

Superior vena cava in Pericardium Heart enlarged by 4 Annuli and Venae dilated and containing about 3 1/2 fluid blood. Left side of heart empty. Muscular structure and Valves healthy weight 11 1/2

Trachea & bronchial tubes contained frothy mucopurulent matter and the mucous membrane highly congested particularly at the bifurcation of trachea. Both Lungs connected to the walls of Thorax by adhesions of Pleura standing. Anterior margins of Lungs emphysematous. Pleurae congested. Right Lung an empty cavity about the size of an orange in the apex & numerous villous tubercles. Most of the lobes but none advanced to suppuration. Left Lung a cavity about the size of a large apple in the apex empty and bronchial tube could be seen entering it. Both lobes thickly studded with villous tubercles and some opened & broken up weight 4 lb 10 1/2

Abdomen

Size of 1/2 of serum in the cavity. Viscera healthy weight of Liver 2lb 13 1/2 spleen 1 lb 9 1/2 Right Kidney 7 1/2 Left 7 1/2

G. W. H. Johnson  
Acting Asst. Surgeon

No 35

Regt.	Name and Rank	Age	Disease	Admitted	Died	Duration (Disease)	Contracted	Ward	Reg.	Fol.
43.	Stephen Parker	35	Cerebral Chron.	June 8/57	June 8/57	12 months	Bangalore	D.	392	

An English labourer - melancholic temperament - sallow complexion - 14 yrs. service, of which 6 1/2 at the Cape of Good Hope, the remainder in India.

Had a cough since December last, but it was slight for a long time. He did not complain of it till May, when he was admitted into hospital. Since then with the exception of a month, during which he was treated as a convalescent, he has been always in hospital. His symptoms were at first those of chronic catarrh, but they gradually assumed those of Phthisis.

At the present time he lies very uneasily in bed, moaning with pain,

History



Present state.

chiefly referred to the left side, relieved by pressure increased by coughing, which is almost incessant. Expectoration a quantity of mucus-purulent matter. Skin hot and dry. Pulse rapid and feeble. No appetite; nausea; profuse perspiration; dyspnea.

Auscultation.

Percussion found over whole of left side dull; on right side not so resonant as natural. Crepitation heard over whole of left lung, coarse rhonchus at upper part anteriorly; pectoriloquy over spine of scapula. Some crepitation in inferior half of right lung. Bowels free.

Progress of case and Treatment.

A large blister was immediately ordered to be applied to the chest on the left side, and some nourishment consisting of wine, arrowroot and beef-tea, but greater dyspnea came on; pulse becoming weaker and more rapid, with coldness of feet, and he died at 6.40. p.m.

Section Cadaveris, 42 hours after death.External appearances.

Body not much emaciated, rigor mortis complete.

Brain.

Slight subarachnoid effusion, adhesions between the arachnoid & dura mater on each side of longitudinal sinus.

Structure of brain healthy - weight 3 lb. 7 oz.

Thorax.

About one oz. of fluid in the pericardium; heart healthy, weight 13 oz. Lungs adhered firmly & universally to thoracic parietes by strong adhesions of old standing. Mucous membrane of left Chorda Vocalis ulcerated on the posterior aspect. Bronchi filled with frothy sanguinolent mucus. Right lung highly congested; its upper part thickly studded with military & coarse tubercles; the cut surface exuding a quantity of frothy bloody fluid. Left lung - upper lobe in a far advanced stage of disorganisation, consolidated, and having a cavity the size of a nutmeg in the upper part; this lung also was much congested. Weight of trachea and lungs, 5 lb. 8 oz.

Liver.Kidneys.Spleen.Abdomen.Stomach and small intestines.

Large intestines - A few small dark coloured ulcers with ragged and raised edges in caput coli. Mucous follicles in sigmoid flexure enlarged and surrounded with a patch of injected mucous membrane, some of them beginning to ulcerate in their centres.

A tape-worm 13 feet 6 inches long, was found in the small intestines.

B. C. Piper



Reg	Name & Rank	Age	Disease	Admitted	Date	Duration	Location	Was	Now	File
R. E.	M. Edwards Lt. M. Kenison	24	Hypochondria Frenzy	June 9/57	June 19/57	6 days	Fort Clinton Military Prison Cott.	Admitted Hosp.	100	80.

This man was sent from New Garrison Hosp. into which he had been transferred from Military Prison Fort Clarence.

The reason of such transference is given in letter dated 7 June 3. P.M. written by the Surgeon of that Prison: from which the following is abstracted.

"I have the honor to request you will receive into Garrison Hospital for further treatment M. Edwards Lt. M. Kenison R. E. who was brought before me yesterday forenoon by Warden Cooper who told me that he had shown symptoms of insanity. He answered my questions incoherently. Told him an Englishman, and saw him at 4 P.M. his answers being still incoherent. Refused Purgative Pills then he showed, and refused to take a Purgative Draught. Keeping his teeth clenched. At times he is quiet and will answer questions, at other times he acts like a maniac.

He was admitted into Garrison Hosp. between 3. & 4 P.M. on 7 June, and was then very sullen, & refused to answer questions.

He refused to take Medicine, and on an attempt being made to cup him, he became furious: - and at times extremely violent and dangerous while there.

He was admitted into Sumner Hospital Fort Pitt on the morning of 9 June, and the following entry from the register written at the time shows his state on admission.

"He is very sullen & obstinate. It is quite impossible to draw any answer from him. He continued during the first night of his admission very noisy, picking and knocking at the doors and windows.

On the morning following admission was also sullen or taciturn, answered many questions rationally, from him wildness about the eye was observed. no fibrile disturbance no congestion of head. pulse of natural strength & frequency. Report of pulse date in Evening is "Much gentler and more obedient. was then ordered Calomel ʒi.iii. to be taken at bed time, and a Purgative Draught in the morning 11 June. Reported when slightly better during the whole night, appears now quite an altered man. eye less wild. answers more subdued and unobtrusive. Answers to questions are now perfectly rational, nor does he attempt to dispute anything. Acknowledges he is married with 3 children. Found to be marked with letter D.



June 12. "Abbeus quite rational still some wildness about the eye. no increased heat of scalp. Bore free Tongue clean: humidus. Pulse 98.

June 13. "Spoke in" yesterday afternoon appeared looking to some one out of the window using very bad language. Shortly afterwards observed to say most bitterly. Still quite somnolent during the night, this morning a great much calmer but wildness about the eye. Says he is constantly hearing his brother calling him "Fair Devil" - Pulse frequent 110. no increased heat of scalp or heatting of carotid arteries. Skin cool. Tongue clean & moist. Bore freely speaks for language.

Seen at 3 P.M. because he had refused what he food. At my desire however he immediately went and eat the same. Brought especially under notice at about 6<sup>40</sup> P.M. in consequence of the having upon spoke in with the other patients. He was then examined, and as his head appeared better than natural, supposed from his having been lying on the floor he was ordered to walk and then was apprehensive, he held tight to the head. a foot Bath of Hot Water, and Ruyetian Powder. About 7<sup>40</sup> I was called to him by an orderly. I found him worn into profusion, and with a mark of erythema round the neck. I immediately opened the trachea, and endeavored to inflate the Lungs. I afterwards held him in the external Jugular Vein, and tried Man. h. Hall. Sufferings.

It may be stated that during the greater part of the afternoon he was in constant conversation with one of the Medics, and then appeared more cheerful and rational. - Between time of his going to bed and the asphyxiation he was visited 4 times by the Medics but who did not observe any change in his pulse or manner. J. Gray M.D.

Like Cadaverous. 67 hours after death

Body very short and muscular: - Right Testis passed away. Erythema very invading the neck about half an inch in breadth, and from the effect of a wet. a little more marked on left than right side.

External

Abbeus

An opening in front of the neck about an inch in length communicating with the trachea between Thyroid and Cervical Cartilages: Another opening at the lower part of neck opening into left external Jugular Vein



Head.

Membranes and substance of Brain much congested. Section of latter presented many bloody points. An unusual quantity of serum at base of Brain on the Ventricles. Nothing remarkable in the internal surface of the Skull. Weight of Brain 3lb. 9 $\frac{1}{2}$ g.

Chest

Structure of Heart Healthy. Cavities Empty. Weight 12 $\frac{1}{2}$ g. Trachea & Bronchial Tubes contained large quantity of dark fluid blood. - Mucous Membrane at base of Tongue and Larynx, and ampullae of dark red color and highly congested. An opening on each lung through the Cisternal Cartilages and 2 first rings of Trachea.

Right Lung bound by old clauding and adherens to the walls of the chest.

Left Lung free from adhesions. - Both lungs of a dark purple color and filled with blood. Weight of Lung & Trachea 3 $\frac{5}{8}$  lb.

Abdomen

Liver Healthy. Weight 3 $\frac{1}{2}$  lb. Spleen healthy weight 4 $\frac{1}{2}$ g. Kidneys right healthy weight 5 $\frac{1}{2}$ g. Left healthy 6 $\frac{1}{2}$ g. Lungs & subcutaneous Healthy.

Wt. 3 $\frac{1}{2}$ g

Regt.	Rank & Name	Age	Disease	Admitted	Wound	Duration	Entered Ward	Regt.	Yr.
82 <sup>nd</sup>	Pt. George Warner	26	Phthisis & Ulcer of the left leg	17 <sup>th</sup> Aug 1857	Same	18 Months	174		

## History

Pt. George Warner, Admitted into this Hospital from the Manchester Hospital with Phthisis & Ulceration of the left leg. He first became affected in the Chest in the Crimea. It was shortly afterwards admitted into Hospital 30<sup>th</sup> Sept 1856, at Brompton for disease of the lungs & ulceration of the left leg also sore throat, the result of Secondary Syphilis. - At that time he presented the following symptoms. - Great emaciation, with frequent profuse expectoration, considerable dulness beneath the clavicles, hoarse vocal resonance, both lungs studded with tubercles. Nocturnal perspiration. Acute fever well marked. He had two unsightly looking ulcers, one on the inner, the other outer side of the leg (left). The ulcers continued to spread notwithstanding the various treatment adopted. He had also ulceration of the throat, which was ascribed to the Secondary Venereal Complaint. He was treated with both Liver Oil & Iodide of Potassium, local applications to the ulcers &c. &c. with little or no benefit. At Brompton he was treated for the same complaints with very little benefit, as the disease made rapid progress in the Chest. He was removed to this Hospital 1<sup>st</sup> Aug 1857.







Cranium cont. On opening the right lateral ventricle a fibinous ~~clot~~ was found to extend throughout its entire length & downwards into the third ventricle & from that into the fourth and then in all probability it became effused over the base of the skull. Partially also a rupture of the locus perforatus medius took place so as to allow of the effusion on the lateral plate & Tentorium. The structure of the brain was softer than natural. No Arteriosclerotic or bony deposits were found in any of the cerebral arteries. The rupture most likely took place from the choroid plexus of right ventricle. -

### Thorax.

Three ounces of yellow fluid in the Pericardium. Heart rather small, right ventricle contained fibinous clots. The left dark & coagulated blood. Structure of the heart healthy. Trachea & bronchial tubes contained a large quantity of dark fatty granular matter. An elevated depression immediately below the right vocal chord, mucous membranes of bronchial tubes highly congested. Inferior lobe of right lung connected to the walls of the thorax by adhesions. Posterior surface of inferior lobe also adhering to the chest by old standing adhesions. Structure of the lungs healthy except some oedema of posterior surface. Left lung connected to the thoracic parietes, by a few bands of adhesions one of which connected <sup>to the chest</sup> and corresponding to this externally, both muscle & integument were found of a vivid colour & contiguous to this in the substance of the lung was found an irregular foul Ulcer containing dark foetid pus. Several other small circumscripted Abscesses were found in the structure of the inferior lobe. - The structure of the lungs surrounding these Abscesses was perfectly healthy. It is probable that the pus was taken up from the ulcer of the leg or Cervical Vertebrae or inflamed veins in these situations, and conveyed to the heart and became arrested in the capillaries of vessels of the lungs & there formed Abscesses.

### Abdomen.

Liver. Weight of lbs 3 of very much enlarged, structure very fine & presented the true fatty characters. A serophalous deposit about the size of a Plum was situated on the convex surface. The Liver extended to near the cost of the Pleura on right side & into the left Hypochondriac region & in the middle as low as the Umbilicus. The Gall bladder was filled with thickropy dark bile.

Spleen. Enlarged weight 13 ounces

Kidneys. presented the first stage of granular degeneration none of the tubular portion being sclerotized.

Intestines. Mucous membrane of the small Intestines congested, but particularly in the Ileum, where it was



Abdomen Cont. of a very dark fuscous colour. Mucous membrane of <sup>large</sup> ~~small~~ Intestines, soft & pulpy and of a dark slate colour.

No. 38.

Regt.	Rank & Name.	Age.	Disease.	Admitted.	Died.	Duration.	Contracted.	Mod.	Register.	Vol.
				1857.	1857.					
87th.	Pte John Turner.	30	Catarrhus chronicus.	June 6.	June 18.	18 months.	India.	G.	77.	221.

### History.

### Present state and Auscultation.

An Irishman, of 9 years service, of which 8 in India; a fellow unhealthy looking soldier. Was first admitted into Hospital in India in January 1856, for a pulmonary affection, and has been under treatment several times since. Has had frequent hemoptysis, and suffered constantly up to the present time with cough, expectoration of mucous-purulent matter, emaciation, dyspnea, and perspirations.

He is suffering from the above symptoms; and auscultation shews dullness on both sides of the chest, more on the right side, and mucous-crepitus beneath both clavicles, below the respiration is bronchial. Lungs enlarged.

### Progress of case.

Ten days after admission he was found suffering from urgent dyspnea, pulse 120; face covered with warm moisture. Sits up in bed. Respirations 54 in a minute. Increased dullness on percussion in both lungs posteriorly, with abundant fine crepitation in lower halves; some tubular respiration in the right lung. He continued to get worse, the face became dusky, nails purple coloured, pulse more rapid and feeble, and he died suffocated at 5 a.m. on the 18th of June 1857.

### Treatment.

On admission, expectorants, cod-liver oil, and anodyns, and during the acute attack, local abstraction of blood by cupping, and blisters, calomel and opium, mercurial ointments, and the administration of wine, beef-tea and arrowroot.

### External appearances.

#### Cranium

#### Thorax

#### Abdomen

### Sectio cadaveris - 18 hours after death.

Subject not much emaciated; marks of blisters on anterior part of thorax. Rigor mortis not quite passed away.

Membranes and structure of the brain healthy; slight congestion of arachnoid on upper surface of the brain. Weight 3lb. 4½ oz. ½ oz. of serum in pericardium. Heart healthy, weight 12½ oz. Strong adhesions between pleura pulmonalis and costalis of both lungs; apex of right lung consolidated, containing milary tubercles and small cavities; posterior part congested. Apex of left lung contained milary tubercles; posterior part slightly congested. Liver of dark colour and slightly congested, wt. 4lb. 13g. Spleen, kidneys, stomach, and large and small intestines healthy.



Regt.	Rank & Name.	Age.	Disease.	Admitted.	Died.	Duration.	Contracted.	Med. Register.	Folio.
43rd.	W. H. F. Farnham.	35.	Septicæmia et Furunculæ Arter.	June 17. 1857.	June 19. 1857.	7 months.	Bangalore.	D. 392.	72-75.

History.Present State,  
and  
Anamnesis.

An English Labourer, of 17½ years service, nearly all in India. A stout, thickset man, of moderate height, and of good health till Sept. 1856, when he was treated in hospital for popliteal aneurism in left leg, by a bandage applied from the foot upwards to middle of thigh. A thoracic aneurism was soon after discovered, which increased in ratio with the diminution of the other. ~~On examination high 17th June~~  
Complains of aching pains in trunk and limbs. Popliteal aneurism entirely disappeared and flexion of leg completely restored. Pulse PP, and with a slight rebound. Pulsation perceptible in right third intercostal space, just to the right edge of the sternum, immediately following the impulse of the heart. A loud bellows murmur heard behind sternum, along the course of the Aortic Arch. Complains of sensation of constriction in æsophagus during deglutition, but never had any hæmoptoe. Lungs healthy.

Progress of Case.

On the morning of the 19th of June, he expressed himself quite comfortable, and had nothing particular to complain of. After sitting quietly in the ward all the morning, he went out and began conversing with his comrades. Presently he cried out that he felt faint and wanted to go in. Grasping the arm of a neighbour, he almost instantly became insensible. He was quickly brought in and placed upon a bed, eyelids closed, pupils contracted and insensible to light, no pulsation either at the wrist or heart. The respiration became irregular, and was twice revived by cold water and friction. The pupils now dilated, the jaw fell, and after a few convulsive gasps he died, without having once given a sign of consciousness. He had not been upon orderly duty, nor had he undergone any exertion.

Alexander Frederick Bradshaw,  
Staff Assistant Surgeon.

Section Cadaveris-

External appearances. Body stout, muscular, with a quantity of adipose tissue beneath the integuments. Rigor mortis not quite passed away. Marks of cupping in the epigastric region.

Brain.

Healthy, but rather paler than natural. Membranes also healthy, the usual quantity of serum in the arachnoid spaces, weight of brain 3lbs. 5oz.

Thorax.

Heart healthy, except slight thickening of the edges of the aortic valves. Slight dilatation of the ascending portion of the Aorta, with catenariform atherosclerotic deposit in the coats of the vessel, the surface of which was rough.



Abdomen - and irregular. Lungs healthy and slightly emphysematous. Liver healthy, surface pale in colour, wt. 3 lbs. Spleen healthy, rather smaller than natural. Kidneys healthy, weight 4 1/2 oz. each. Stomach and large and small intestines healthy. A worm of the species *Ascaris lumbricoides*, was found in the course of the small intestine.

An Aneurysm, about the size of an orange was found, situated on the anterior surface of the Aorta opposite the Sabac axis. The opening between the artery and sac was of an oval form - the opening from above downwards being greater than laterally, the former being about an inch and half in extent. The rupture had taken place anteriorly by an irregular ragged opening behind the stomach. The sac was nearly free from coagula, a few fibrous bands being only found in it. The walls of the sac at several places were very thin and on the point of rupturing. Atheromatous deposit - although in a much less degree - was observed in the branches of the artery. On the left popliteal artery was found a small obliterated aneurysm, about the size of a marble, filled with pale, rather soft, fibrous coagulum. This fibrous clot extended up the artery for about 3 inches and was found adherent to the coats of the vessel, and becoming smaller and more taper as it descended towards the sac, where the artery was completely obliterated. The artery below the aneurysm was completely occluded with a dense coagulum.

No. 440

Regiment	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regts	Total
8th	Pte Rudy Hoorlebe	27	Dysentery Chronic	June 5. 57	June 20	3 Years.	India	14	389	

### History

The patient was an Irishman eleven years in the service of which eight had been passed in India. Whilst in India he had repeated attacks of Intermittent Fever and about three years ago he contracted Dysentery for which he was long time under treatment. but he never quite recovered and the disease remained to a certain extent up to the present time. On admission he was greatly emaciated and exhausted and purged frequently.

### Present State

but he did not pass any blood nor had he any pain in the Abdomen. he was unable to take any food. For a few days after his admission the purging ceased and he improved slightly. but on the 15th the return returned and was as bad as ever and the patient became much weaker. The purging continued with slight intermissions until the 20th when he died.

### Progress of Disease

The treatment consisted in the administration of Vegetable and Mineral Antiseptics with a

### Treatment



light & nutritious diet  
 Sictis Cadaveris 33 hours after death.

External Appearance

The body much emaciated. Integuments of a green color. The Brain and Membranes healthy. Slight effusion at the base of the brain which was rather softer than natural. Weight 8lb. 6 oz.

Brain

Thorax

Half an ounce of serum in the pericardium. The heart flabby and the cavities filled with dark clotted blood particularly the left ventricle. Lungs healthy. Weight 9 oz.

Both Lungs adherent at the inferior and posterior parts to the vessels of the heart. Their structure was healthy. Weight 8lb. 10 oz.

Abdomen

Liver & stomach, weight 3lb. Spleen healthy but rather larger than natural. Weight 9 oz. Kidneys granular. Uterus & the right much enlarged. Stomach and small intestine healthy. Numerous granular. The whole of the large intestine soft & flaccid and the solitary glands enlarged & ulcerated and surrounded by a dark slate colored ring. which in the recent state had probably been vascular. The mucous membrane generally of a dark carbonaceous color.

John H. Johnston. S. & S.

No 41.

Regiment.	Rank & Name.	Age.	Disease.	Admitted.	Died.	Duration.	Contracted.	Ward.	Register.	Folio.
97 <sup>th</sup> Regt.	1 <sup>st</sup> John Conlon	29	Paralysis	June 15 <sup>th</sup> / 56	June 29 <sup>th</sup> / 57.	1 Year	England	15	393	26.

History

This patient was an Irishman of two months service, admitted under the head of Chronic Rheumatism, was suffering great pain in the head, particularly at night, & he had a peculiar idiotic expression of countenance; about four days after his admission he became unconscious & the right side of the body was paralyzed & the right eye protruded, he suffered much from Hiccoughs and eructations, for sometime during his illness. The Bowels were never acted upon except by medicine.

Present State

He remained in a half unconscious state for a considerable time, but in April he improved - The eye became protruded & he continued better for about a month when he again got worse & the muscles of deglutition became



partially Paralyzed, & the difficulty of Swallowing became extreme; from constant lying in bed, he got bed sores, from the irritation of which & the inability to take much nourishment he became much worse & he died on the 20<sup>th</sup> June 1857.

### Treatment.

The Treatment consisted chiefly at first, of Counter irritation, by means of Blisters, to the back of the neck, and cupping & latterly by giving Tonics & as much nourishment as he could take.

### Sectio Cadaveris. 48 hours after death.

External Appearances. Body very much emaciated. Rigor Mortis passed away.

#### Cranium.

"Very extensive serous effusion at the Base of Brain & below the Arachnoid Membrane. - The Membranes & substance of the Brain rather pale. - The Lateral Ventricles enlarged and seemed recently to have been distended with serum but had become emptied on taking the Brain from the Cranium. - The whole of the Right Corpus Striatum softened & broken up into a yellowish pulpy substance as is usually seen in apoplectic effusion of old standing. - The Left Corpus Striatum is also softened and of a yellowish colour, but not to the same extent as that of the right side."

#### Thorax.

Two & a half ounces of Serum in the Pericardium. The Heart healthy, Weight 9 oz.

Both Lungs very closely adherent to the walls of the Chest by adhesions of old standing. The Trachea & Bronchial Tubes filled with frothy purulent matter. The structures of both Lungs thickly studded with Miliary & Conch Tubercles, and several small abscesses, particularly in the apices of the Lungs. The Tubercular deposit was not so far advanced or extensive in the Inferior Lobes.

#### Abdomen.

Liver healthy Weight 2 lbs 15 oz.

Spleen softer than natural & darker colour. Weight 3 oz.

Kidneys healthy, Weight. The right 4 3/4 oz. The Left 5 1/4 oz.

Stomach healthy. Extensive ulceration in the Cecum & ascending Colon.

Robert A. Ellis.



Regiment Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Place	Register	Folio
61 <sup>st</sup> R. John Raby	31	Chronic Pulmonary	June 6 <sup>th</sup> 57	July 3 <sup>rd</sup> 58	2 years	India	14	389	132.0147.

History of Soldier An Englishman, a labourer, 8 years service of which 7 years in India, and the remainder at home.

Medical History of Patient. In September 1855, had Chronic Catarrh, since which he has been 5 times in Hospital with the same complaint but previous to that time had good health.

History of Present Disease. About two years ago had Intermitting Fever and subsequently pain in the chest with Dyspnoea severe enough, and expectoration but no haemoptysis, but the Sputa occasionally tinged with blood. The chest resonant with dullness on percussion under both clavicles, with cavernous respiration in the left side, under the clavicles, the remainder of the chest resonant, and the vesicular murmur pure, and in some parts tubular. He has also had severe Diarrhoea for the last 6 months, with pain across the lower part of the abdomen, and in the right Hypochondrium, with slight enlargement, the gradually became worse and expired at 7 p.m. without standing all treatment. Diarrhoea continued and also cough and expectoration.

Treatment Consisted in counterirritants, astringents for the Diarrhoea Cod liver oil, expectorants, tonics, sedatives, &c.

#### Section Cadaveris 6 hours after death.

External Appearances Body much emaciated, rigor mortis not passed away.

Cranium Brain healthy, weight 2lb. 12oz.

Thorax 2 1/2 oz serum contained in Pericardium. Heart healthy weight 12oz.

Trachea & Lungs weight 3lb. 9oz.

Right Lung, Large irregular cavity in the apex, and several others of smaller size in the middle lobe, structure of lung thickly studded with tubercles, in various stages of advancement. A portion of the inferior lobe which was free from tubercular infiltration, presented a fleshy hepatized appearance as if from inflammatory action in first stage, the pulmonary tissue being infiltrated with serum, and in some parts with lymph exudation, portions of it sinking in water, and other parts floating, on the serum being compressed out of it.



Thorax continued  
Abdomen

Left Lung in almost the same state  
Liver weight 5 lb 12 oz. Structure firm and granular, and presented the ordinary fatty degeneration.  
Kidneys. Right 4  $\frac{3}{4}$  oz in weight. First stage of granular degeneration none of tubular portions yet affected. Left weight 5  $\frac{3}{4}$  oz in more advanced stage than right.  
Spleen weight 8  $\frac{1}{4}$  oz healthy.  
Stomach healthy.  
Peyer's Patches enlarged and ulcerated.  
Mucous Membrane of whole course of large intestines extensively ulcerated.

Spencer Boyd Libb.

No 43.

Ref.	Name	Age	Disease	admitted	Died	Duration	On board	Ward	Register	Folio
116 D.	M. John Gaulty	40	Dysentery	29 May 1887	11 July	4 months	On board ship	14	342 p	119.

History of  
Soldier

An Irish laborer, 21 years. Service of which, 2 in West Indies, 2 in Jamaica, 8 in the East Indies, and the remainder at home.

Medical History  
of Patient

Has not had any previous disease, fatal disease commenced at sea on the way from Europe to India.

History of  
Fatal Disease

On admission he was found to be suffering from constant evacuations from the bowels, intermingled with blood. There was considerable tenderness on pressure along the course of the descending Colon. And patient was labouring under great debility. And appeared to be a "Worn out subject." During the progress of the disease several remedies were had recourse to but without success. The patient being one day better and the next worse.

Treatment

The treatment consisted of Astringents, Tonics, Demulcents, & Alteratives, combined with generous diet.

General  
Appearances

Licetis Cadaveris. 19 hours after Death (weather warm)  
Body greatly emaciated, marks of blisters on abdomen

Cranium  
Thorax

Brain and membranes healthy. weight 2 lb. 14 oz  
Pericardium contained  $\frac{1}{4}$  oz serum  
Heart healthy. weight 7 oz.



Thorax  
Continued  
Abdomen

Lungs generally healthy with the exception of slight congestion in inferior and posterior lobes of both.  
Liver slightly granular and congested weight 3lb. 903  
Spleen slightly congested otherwise healthy weight 4 1/2 53.  
Kidneys Right in the first stage of granulation weight 603  
Left in the same condition as right weight 603.  
Stomach healthy.  
Intestines Small healthy as far as the ileum below which there was ulceration along the whole tract, but particularly towards its termination.  
Large Intestines Marks of ulceration throughout the whole course.

Spencer Boyd Gibb

No 44.

Ref	Name & Rank	Age	Disease	Admitted	Died	Duration	Location	Ward	Register	Folio
87	M. John Haddock	30	Catarrh. etc.	June 5 1857	July 13/57.	2 years	India		397	12. 72.

History of Soldier. He had been in service of 4 years service, of which the first at home & the last three in India.

Medical History Patient. In Decr. 1855 while under, while under treatment for Intermittent Fever, he was attacked with acute Bronchitis & pain in right side of chest on taking a full inspiration. Symptoms continued the same up to the 14th of following January when increased dyspnoea came on with inability to lie on left side, the cough becoming more troublesome particularly at night, with full respiratory murmur, & copious white glairy expectoration. Subsequently the dulness became more marked, & vesicular murmur diminished & slight crepitant rales occasionally below both clavicles; respiration in the left lung free & mucopurulent expectoration. He lost flesh greatly & complained much of weakness. These symptoms continued with varying severity. He was finally moribund & Chatham.

Present State On admission he complained of great dyspnoea, accompanied with frequent cough, & mucous-purulent expectoration. Mucous rales audibly over the anterior & posterior part of the chest. Countenance flushed, skin dry, pulse quick & weak, tongue coated with white fur, bowels constipated, sounds of heart normal, but hurried.

Progress of Case Was cupped soon after admission, & derived a little relief. Presently the dyspnoea became more urgent, cough very troublesome



Spots red coloured & prominent. Abundant crepitation over lower half of both sides of the chest behind, larger crepitation in front, with bronchial respiration beneath the clonches between right & costal cartilages. His subsequent complaint was chiefly of great & increasing debility, restlessness, tremulousness, & copious, easily raised spots prominent. Cold perspiration occasional vomiting, bowels generally constipated, rapid & sharp pulse, frequent flushings, & progressive emaciation.

#### Treatment.

The treatment consisted in the use of cod liver oil, mineral acids combined with vegetable matters, Asthenia, sedation during the at night, occasional stupor, & occasionally, cough, & Carotina increased.

#### Termination of Case.

His debility steadily increased since his admission, abundance of opiate stimuli, & liberal diet, failed to suit his capricious appetite, & finally after a transient but marked amelioration of all his symptoms, he slowly sank, & died from exhaustion at 1/2 past 11 a.m. July 13/57. During the twenty four hours preceding his death, he voided neither urine nor feces, the latter not even with a catheter!

### Sectio Cadaveris. 24 hours after death.

#### External Appearance

Body considerably emaciated, signs of mortification.

#### Cranium

Brain rather soft & as well as the meninges healthy, weight 3 lbs 5 oz.

#### Thorax

The cavity of the heart contained a few fibrinous coagula, the margin of aortic valves considerably thickened. No atheromatous deposit in arterial coats, nor any disease of endocardium.

Lungs & Bronchi filled with frothy mucus. Apices of both lungs connected to the chest by a few old bands of adhesions, the anterior half of both lungs emphysematous but otherwise free from disease, the posterior half of both highly adenomatous. Weight 4 lbs 15 1/2 oz.

#### Abdomen

Liver healthy Weight 2 lbs 10 1/2 oz.

Right Kidney in an advanced stage of hydatidism, the external surface presented a rough & mottled appearance. The section showed destruction of the whole of the tubular portion of the organ, with numerous small cysts about the size of cherry stones (probably dilated infundibula) situated near the concave margin, Weight 4 1/2 oz. The left kidney presented the same appearances, but in a less advanced stage, & the cysts not so numerous. Weight 4 3/4 oz.



Spleen healthy weight 82.

The bladder contained about one fluid ounce of turbid urine, with numerous oil globules floating in it, & depositing flocculent albumen. upon the addition of Potash Acid.

Small Intestines - several large embryonated potatoes of the mucous membrane near the end of the ileum, & a small diverticulum in the lower third.

Large intestine healthy.

The whole tract of the mucous membrane of a dark slate colour, & the small intestines more particularly tinged with bile.

Signed Alex. Frederick Broadhead.

Staff. Asst. Surgeon.

J. M. Herbert

A. A. Surgeon.

No. 45

Regt Rank & Name	Age	Diseases	Admitted	Died	Duration	Contracted	Wound	Regt	File
Sgt. M. W. Tinsley	20			Luckily at St. Mary's Hospital July 23 <sup>d</sup>					

History of Soldier. An Englishman, labourer. 8 years and 9 months service of which in the Crimea 10 months, Mediterranean 5 months, 4 months in the Cape of Good Hope remainder at home.

Medical History. States that he always enjoyed good health until he went to the Crimea, when he was attacked with Diarrhoea for which he was in Hospital one month after this he was again admitted with Catarrh of Rect. and was one month in Hospital when having lost much flesh and being much debilitated, and this disease having become chronic, he was sent from the Crimea to our Hospital on the Don Peninsula, for change and further treatment. where he remained for 3 months when his health was much improved. On his voyage from Liberator to the Cape of Good Hope he was again attacked with Catarrh, and since his arrival has become much worse, and having now been in Hospital for 83 days, and not improving but on the contrary continuing to lose flesh & strength continues and not being likely to improve or be fit for the performance of active (milit.) duty, he is recommended to be Invalided. Signed W. Gilborne Surgeon Sgt. Regt



Lectus Cadaveris 26 hours after deathExternal.Appearance.Cranium

Body stout and muscular

Brain about 203 serum as the base of Brain. Hemorrhage of the Brain very much congested, and a section of Brain presented a number of bloody points, no unusual quantity of serum in lateral ventricles. Choroid Plexus and velum interpositum congested. Structure of Brain healthy weight 3 lb 103.

Thorax

Pericardium contained 103 of serum tinged with blood. Heart normal weight 1103.

Lungs Right Lung adhered firmly and universally to walls of chest by adhesions of long standing. Several large irregular cavities, containing fluid blood, situated in the Apex, and a few of a smaller size throughout the remainder of the lung. Surface generally studded with milium and cork tubercles. The external surface of this lung presented a number of depressed puckered lines, at the apex as if from former cavities which had contracted.

Left Lung Apex of left lung also united to the Thoracic Paries by a few old bands of adhesion in other respects this lung is in nearly the same state as the right but the cavities are hardly so numerous. Weight 4 lb 703.

Abdomen

Liver of a very dark slate color, soft and putrefaction commencing. Weight 3 lb 303.

Spleen healthy weight 703

Stomach healthy

Kidneys healthy weight 503 each

Small and Large Intestines healthy.

The whole of the abdominal organs were found much congested.

Spencer B. Giff M.D.



Regt	Rank	Age	Discharge	Admission	Discharge	Duration	Contracted	Ward	Reg <sup>no</sup>	Notes
5	Pt John Marshall	30	Philippine	July 6/57	July 25/57	Two years	Mauritius	14	2924	117

History of  
S. D. Liver

Medical  
History

History of  
Fatal Disease

External  
Appearances  
Head.  
Thorax

Abdomen

An English Labourer, 10 years Service, 9 of which in the Mauritius, in 1855 admitted into Hospital with severe cold, and soon after had severe attacks of Hemoptysis, but was soon discharged, again admitted October 1856, with cough and mucopurulent expectoration, On Auscultation. crepitation over left lung especially at its apex. Suffered from frequent attacks of Hemoptysis, became much emaciated.

On his admission into this Hospital in July he had well marked symptoms of Phthisis, suffering much from Dyspnea, and racking cough (Did not complain of much pain)

As the disease advanced the symptoms became aggravated, he gradually became weaker, and a few hours before his death, he suffered from Orthopnea, and died at 4 o'clock am on 25 July 1857.

Treatment, consisted in Decan. Decoris, Morphia, counter-irritants, and a nourishing diet, with Stimulants as Wine & Brandy.

Section Cadaveris 8 hours Post Mortem, Body much atrophied, Rigor Mortis well marked, Brain healthy, weight 2 lbs 1/4 oz, Tip of straw colored fluid in the Pericardium, Heart healthy, weight 14 oz, Left lung contracted, full of Vomicæ, which run into each other freely, at apex a large cavity, which contained 3 oz of pus, Right lung, a Vomicæ at upper portion of lower lobe, Both lungs filled with millary and crude tubercles,

Liver healthy, weight 3 lbs 1/2. Kidneys in the first stage of granular degeneration, weight of right 5 oz 1/2 Left 4 oz. Stomach healthy. Large & Small intestines healthy,

William Collins



Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt.	File
29 <sup>th</sup>	Pl. Rich. Reeves	24	Dysent. Chron	14 July/57	31 <sup>st</sup> July 1857	2 years	Burmah	G	398	26 45

History

An English Labourer of 5½ years service, of which in India nearly 5 years, of a very sickly appearance and emaciated, has had Dysentery for nearly 2 years which he contracted in Burmah. Has had Hepatitis also. Has been leeched freely on abdomen.

Present State

At the present time is much purged with very little straining. Stools which were at one time white and fothy are now very thin and watery, not containing any blood or mucus. No pain in abdomen since landing. Tongue somewhat denuded of epithelium. Pulse small weak and quick. Skin very harsh, dry and cracked.

Progress of case

This man continued to get weaker and thinner daily till the 25<sup>th</sup> when he was noticed to be coughing. Respiratory movement deficient on left side of chest. Epigastric region very tender on pressure. Crepitation soon after manifested itself in lower half of left lung, and some was heard in the right. Sputa tenacious and mucopurulent. Skin became hotter. Pulse fuller and more rapid, and he died from exhaustion on 31<sup>st</sup> July 1857, at 5 a.m.

TerminationTreatment

Hydr. & Croc. combined with Dover's powder, astringents, consisting in turns of Gallic acid, Kino, Catechu, Opium, warm moist applications to abdomen, astringent caustics, rubefacients and latterly stimulating expectorants. Diet of fluid and light nutritious character with a liberal allowance of wine.

Sectio cadaveris 7 hours after death. Weather hot.

External Appearances.

Body very much emaciated. Nails mostly complete. Cicatrices of old ulcers upon left tibia. Marks of blisters on abdomen.

Cranium

About 1½ of serum at the base of Brain. Subarachnoid effusion on surface of both hemispheres. Substance healthy. Weight 2 lb 9½ oz.

Thorax.

About 1½ of serum in the Pericardium. Heart healthy. Weight 8½ oz. Trachea and Bronchi filled with fothy fluid. Right lung free from adhesions, much congested, exuding a quantity of fothy bloody fluid from its cut surface, the upper lobe tied three small vessels but no tubercles; in lower lobe there were numerous milky tubercles scattered through its substance, and its lower part was hepatized, and portions sinking in water. Upper lobe edematous. Left lung universally adherent to the walls of thorax by firm old bands of adhesion. Upper lobe edematous free from tubercles; lower lobe thickly studded with milky



Abdomen.

Tubercles and presenting the same character as on the right side.  
Weight of trachea and lungs, 4 lb 14 oz.

Liver universally adherent to the tissues surrounding it. Substantia  
enlarged and looked like nutmeg when cut. Weight 4 lb 7 1/2 oz.

Spleen adherent in same way of dark color, Moribund healthy Wt. 6 1/2 oz.

Kidneys. Right healthy. Weight 7 oz. Left. Supracapsular capsule  
enlarged, and indurated. Kidney elongated pale, in an advanced  
state of granular degeneration. Capsule tearing off with difficulty.  
Weight 6 3/4 oz.

Small intestines. In the upper portion very congested, and appeared  
to be smeared with blood, surface scraped off. Mucous membrane  
flavous part thickened and congested, becoming somewhat pulpy.

Large intestines. Caput caecum etc. congested. Mucous membrane  
of whole extent pulpy and thickened. Anus. Stomach healthy.

G. B. Piper M.D.

No 48.

Ref.	Rank & Name of Disease	Admitted	Died	Duration	Contracted	Ward	Age	Sex
6th P. R. M.	Pte Denis M. C. Culliffe 30 Phthisis Pulmon.	Aug 2. 57	Aug 2. 57 1st P. M.	from June 56	India	II	398	57

History

This man appears to have been in Hospital in India for quotidian ague on more than one occasion and had an attack of pneumonia in May 1856: he was afterwards readmitted for the same in June and from the abstract it is seen the name of the disease was changed to Phthisis Pulmonalis. He suffered from cough, Dyspnoea a sense of weight in chest, and latterly purulent Sputa, Crepitation & absence of respirations on left side of chest with Bronchophony. Puerile Respiration on right side

Termination

Aug 2. He was told off to II Ward this morning. he said he was not in any pain, not worse than usual his cough bad at times with some expectoration. Appetite good, quiet pulse. He was walking about during the day. At 10 or a few minutes after in the evening I was sent for as he was throwing up blood. On reaching the Ward I found he was just dead. I was shown nearly a pint full of coagulating blood. He was observed to get out of bed and go to the window at the end of the ward for water to drink and on returning asked some one to help him as he felt faint and then immediately vomited the



Blood, fell back and expired at 10 $\frac{1}{2}$  P.M.

Sectio Cadaveris 14 hours after death

External appearance Rigor Mortis well marked Body Muscular  
Cranium More than 1 oz. of serum at base of brain and  $\frac{1}{2}$  oz. in the lateral ventricles — Brain healthy Weight 3 lb. 3 oz.  
Thorax There were 3 oz. of serum in the Pericardium Heart healthy Weight 12 oz. — Trachea and Bronchi filled with frothy blood down to the minute ramifications and cellular structure of the lungs but more especially in the left — Left lung adherent laterally to the walls of the chest by old bands and in posterior part of the apex was a large cavity — the right lung much congested with deposit of Miliary tubercles in apex. Weight of Trachea & lungs 3 lb. 14 oz.  
Abdomen Liver congested otherwise healthy Weight 4 lb. 1 oz. Spleen healthy, Weight 9 $\frac{1}{2}$  oz. Stomach contained a quantity of food not digested mixed with about half a pint of semifluid blood No lesion Kidneys healthy weight right 5 $\frac{1}{2}$ , left 5 $\frac{3}{4}$  oz. Intestines healthy

L. C. Piper  
Anst.

No. 49

Regt.	Rank and Name	Age	Disease	Admitted	Died.	Duration	Contracted	Ward	Reg.	Folio
84 <sup>th</sup>	Capt. John Bell	34	Dysent. Chron.	June 8 <sup>th</sup> 56	9 <sup>th</sup> Aug 57	From 1856	India	D	392	36

Sister

Fatal case.

An English Laborer, spare made, and delicate appearance temperate habits suffered from acute dysentery at Ranpore in September 1856. Since then was frequently admitted into hospital with diarrhoea and pain over the region of the liver. The disease assumed a chronic form and as the symptoms did not improve under treatment he was invalided to England on 5<sup>th</sup> Jan. 1857. He has 14 years service 13 of which have been spent in India the rest at home. An emaciated sallow looking man, bears marks of louse bites and blisters. Has taken mercury several



Present state.

Progress of Case.

times. Never had venereal disease. He complains of severe prickling pain along the course of the Colon, increased by pressure. Relieved by warmth. Bowel moved frequently during the day and at night. Great tenesmus, with the feeling as though a red hot ball were to be expelled. No purser faeces are voided, nothing but pus or mucous or slimy mucous & blood. Pulse 80. Soft. Skin cool and soft. Tongue rather dry, with brown red fur. He continued to improve slightly until about 26 June, when the bowels became more relaxed with pain in abdomen, with tormina and tenesmus he passed some florid blood and the face became anxious. From that time the symptoms were belated. Two days alike being rather better one day after a good night's rest. When the next he would be troubled with nausea vomiting, making use of scarcely any food and frequent attacks of purging mixed with blood and with severe pain in the abdomen. He became gradually weaker and more emaciated, complaining of thirst but no appetite until the 4<sup>th</sup> August. When he became very low, from successive attacks of Diarrhoea. He talked a little on the 6<sup>th</sup>, after this he gradually sank, and died at 4 o'clock P.M. on the 9<sup>th</sup> of August.

Treatment.

Treatment consisted of Leeches, fomentations, mucous, Astringents, Nitrate of Silver, enemata. Ipecacuanha and Opium. Castor oil and Anodyne enemata, Vegetable bitters, Infus. Antim. Pot. Iod. to Abdomen. Acetate of Lead and Opium. Acid Nit. Acid Tinct. Benzoin (India). Lin. in Port Pitt. Tinct. Sassa. Tinct. Catechu. Tinct. Opio. Sct. Ricini. Cupri Sulph. Opium. Sct. C. C. C. and Puls. Doveri. Gallic acid. Vegetable tonics and ammonia. Acid Symplocydia. Anodyne enemata, with liberal diet. With wine and brandy.

Section Cadaveric 14 hours after death

External Appearance.

Cranium.

Body much emaciated. Spots of Purpura on the chest and legs. Eryth. mortis well marked. Substance of the brain and its membranes healthy.



Thorax.

About  $\frac{1}{2}$  oz. of serum in the lateral cavities -  
 A large quantity of tubercular effusions -  
 About 2 oz. of serum in the pericardium -  
 Adhesions between the pleura pulmonalis and  
 costalis. Lungs somewhat congested on their  
 posterior aspect. No deposition of tubercles  
 Heart fatty on its exterior -

Abdomen.

Liver somewhat enlarged. Spleen and kidneys  
 normal from a healthy - Small intestines  
 healthy except near their termination where  
 there are a few superficial ulcers - Caecum  
 & part coli enlarged structure healthy -  
 Colon towards its termination much  
 thickened. Large deposit of fat on its  
 exterior. Mucous membrane marked  
 by several transverse ulcers -

No. 59.

Regt.	Rank & Name	Age	Disease admitted	Died	Duration	Entered Ward	Regt.	Folio
43	Mr. William Ward	32	Insensibility 2 July 57	13 Aug. 1857	beginning 1856	6. of S. Hope L.H.	180	132

History.

By abstract of base Ward is represented to have led, during the last five years  
 a very intemperate life, and towards the end of 1855, whilst at the Cape, his  
 habits changed suddenly from those of intelligence and activity, to those of  
 listlessness and indolence - In the beginning of 1856 symptoms of softening of  
 the brain were apparent; subsequent to which he experienced several severe epileptic  
 fits -

From this time the powers of his mind appear gradually to have become  
 weakened - from being an excellent clerk, he lost the power of writing a simple word  
 was unable to remember the names even of his comrades, and when spoken to,  
 could only reply in a whisper - On admission into the Lunatic Asylum  
 Fort Pitt, he was in an extremely emaciated, debilitated condition - as helpless  
 as an infant - passing every thing under him - requiring to be fed - unable to  
 swallow any thing but liquids - covered with numerous bed sores - never made  
 the slightest attempt to answer any question; and lay utterly regardless of every  
 thing passing around him, constantly grinding his teeth - Left eye lost in  
 1845 by Ophthalmia -

Treatment

For some few days after admission here, he seemed to improve by  
 remedies used - as Water bed - cod liver oil, and quinine, and nutritious  
 stimulating diet -

Latterly, though not affected with Cough or diarrhoea, he gradually -



became daily weaker and weaker - his power of deglutition more and more impaired and died on the 13<sup>th</sup> Instant in a complete state of marasmus.

Section Cadaveric 16 - Hours after death -

External Appearances - Body extremely emaciated - very slight rigor mortis - bed sores on the sacrum and hips, and slight abrasions on the spinous processes of the ilium - A cicatrix of old standing on the centre of the left Cornea.

Cranium - Arachnoid generally opaque and at parts thickened - a large quantity of serum effused into the cavity of the Arachnoid, especially at the base of the brain - Lateral ventricles very much dilated, and distended with serum as also the 3<sup>rd</sup> & 4<sup>th</sup> - the 5<sup>th</sup> Ventricle was likewise in the same state - Velum interpositum and Choroid plexus adherent to the optic thalami and adjacent parts - brain otherwise healthy.

It appears to have been a case of chronic inflammation of the Arachnoid - and membrane lining the ventricles - Weight of Brain  $2\frac{1}{2}$  lbs.

Thorax - 1 oz of serum in the Pericardium - weight  $8\frac{1}{2}$  - Superior lobes of both lungs studded with tubercles, none of them advanced to suppuration - Weight of Lungs - Trachea & Lungs  $5\frac{1}{2}$  -

Abdominal viscera healthy - Weight of liver  $2\frac{1}{2}$  - Spleen  $5\frac{1}{2}$  - Kidneys - left  $6\frac{1}{2}$  - right  $5\frac{1}{2}$  -

Thomas Knight  
Surgeon

Mr 51

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Page	Folio
233	Pt James Henry	22	Phthisis	18 June 57	14 Aug 57	Ten months	Canterbury	No 10	395	173

History - No Abstract received. An Englishman - a Bricklayer. Had served one year - place of service Canterbury. When admitted into Fort Pitt Hospital he was of a delicate appearance - had a narrow contracted chest, fixed on Inspiration; the apex of right lung dull on percussion, left side more resonant. There is loud mucous crepitation extending more or less over the superior lobe of right, with cavernous rales & pectoriloquy. The left lung is more healthy, but the breathing there is bronchial. Respiration is hurried & the heart action quick - there is considerable emaciation. He has a troublesome cough with mucopurulent expectoration; appetite bad; bowels ~~regular~~ rather relaxed & pale & ill; sleeps badly & perspires freely at night. He gradually lost strength from the date of admission up to the day of his death; fearfulness increased approaching



Aphonia. Rectic Fever set in, debility became extreme & he sank on the 14<sup>th</sup> August 1857 at half past eleven o'clock p.m.

Treatment: Corroated in the Administration of Cod Liver Oil; nourishing Diet with Wine & Ammonia. Tonics & Alteratives.

Section Cadaveris. 12 Hours after Death.

External Appearances. - Considerable emaciation. Purpuric spots on abdomen & legs.

Cranium. - About 3<sup>ozs</sup> of Serum in lateral Ventricles. Weight of Brain 3<sup>lbs</sup> 3<sup>ozs</sup>.

Thorax. - Four ounces of fluid in cavity of Pericardium. Weight of Heart 8<sup>ozs</sup>. Mucous membrane of the larynx & trachea thickly studded with small Ulcers. Apex of both lungs adherent to the walls of the Chest. Cavity found in apex of right lung. The lungs generally infiltrated with tubercles & numerous cavities of various sizes in both lungs, & the structure condensed & sinking in water.

Abdomen. - The Liver presented the true fatty character & was of a pale yellow colour. Weight 4<sup>lbs</sup> 11<sup>ozs</sup>.

Spleen enlarged. Weight 11<sup>ozs</sup>.

Kidneys. left 6<sup>ozs</sup>. right 7<sup>ozs</sup> & showed the commencement of incipient fatty degeneration.

Stomach healthy. A few Ulcers at the termination of Jejunum but in course of Ileum they became numerous & larger presenting a worn cotton appearance, and the corresponding peritoneal surface was studded with minute deposits of Lymph. The whole of the Mucous surface of the large intestines covered with large & well defined Ulcers.



Regt	Rank & Name	Age	Discharge	Admitted	Date	Duration	Location	Throat	Regt	Throat
27	William Davis	21	Discharged	June 9	Aug 22	18 months	India	11	346	28.

History of Soldier

Medical History

Present State on Admission

Progress of Case.

History of Fatal Disease

Treatment.

External Appearances Cranium Thorax

An Irish Shoemaker 34 1/2 years service. 3 years in India rest at home.

An emaciated looking man, first attacked December 1855. with cough and pain in chest, became worse and on the voyage home from India cough increased and sputa became mucopurulent.

When admitted and on examination. Thorax a narrow bulging of ribs laterally on right side, Clavicles prominent, Infra Clavicular spaces flat, on Percussion. dulness in right clavicular region. on Auscultation. expiratory murmur produced, loud sonorous mucous rales with the inspirations. Prolonged expiration in mammary region with bronchophony, Want of expiratory murmur posteriorly, at base of lungs mixed with expectoration, Pleural breathing in left side.

His health continued much the same until the 23<sup>rd</sup> when he suffered from Diarrhea and feverish symptoms.

In a few days these abated and he seemed to improve, but again Diarrhea came on and continued until his death. He suffered much from Flatus in the Intestines, At about this time he gradually became worse, the symptoms were aggravated and Epithrosis set in (which weakened him very much).

On the 21<sup>st</sup> of August he complained of constant vomiting and severe pain in Abdomen, Extremities cold. Pulse 120 small, weak, Continued thus until the morning of the 22<sup>nd</sup> when the Pulse became intermittent, Extremities colder and bathed in clammy sweat. Nature could no longer hold out and he expired at half past 8 o'clock A.M.

Treatment.

Prescribed in Cod Liver oil. Vegetable bitter tonics, 572 dr of Zinc & salicin night sweats, Antispasmodics & carminatives, Astringents. Anodyne draughts, Prussic acid, Counter irritants, & free & generous diet with Wine & Brandy.

Septic Cadaveris. 32 hours. Post Mortem

Body considerably emaciated.

Brain & membranes normal. weight. 3 lbs 4 1/2 oz.

Heart healthy. weight 8 1/2 oz. Right Pleura adherent, inner surface of trachea & Larynx presents the normal appearance.



Abdomen

Small cavities observed in apex of right lung, and several small vomica seen through its substance. And many tubercle generally effused throughout the substance of both lungs. Usual congested appearance at base of left lung. No vomica but many tubercle seen in right. Weight of Larynx trachea & Lungs 2 lbs 13 oz. Liver much enlarged. Weight 3 lbs 13 oz, usual of same color & fatty liver of Phthisis, Gall bladder full of bile. Spleen - rather larger than usual. Weight 8 oz. Kidneys - Right weighing 7 oz. Left 6 1/2 oz. Section gives a decided granular appearance, fatty degeneration having commenced.

Stomach - large & fatty otherwise normal. Patches of ulceration observed in upper portion of small intestines, together with effusion of tubercular matter on its peritoneal surface. The same appearance presented in large intestines from Cecum downwards. Mesenteric glands found enlarged, and on section found filled with cheesy matter.

William Ellis -

Regt	Rank	Name	Age	Disease Admitted	Dead	Duration	Contraction	Ward	Reg.	Notes
4 <sup>th</sup>	Corpl.	R. Bright	28	Phthisis 28 April 57	Sept. 22	3 <sup>mo</sup>	Burnia	15	393	64

History of Soldier.Medical History of Patient

An English Labourer previous to entering the Service. Period of Service 10 years of which 1 1/2 years were spent in the Burnia & Corps. The remainder at home. While in the Burnia he had an attack of Diarrhoea; for which he was sent to Scutari & invalided to Corps. While under treatment there he began to suffer from cough & pain in chest & in August was sent home to perform light duty which he did until Feb. 1856 when he was sent on detachment to Compton Fort. He was also under treatment for Phthisis at Belfast for a short time.

History of Fatal Disease

When admitted into Fort Pitt Hospital he was very weak & emaciated with cough & mucous expectoration; night sweats; pain in right side of chest, which was more prominent than the left. On physical examination the upper part of right lung was resonant, but lower part was quite dull; the upper lobe of left side was dull on percussion; tubercular



76

breathing was distinct over the upper lobe of left side, & pectoriloquy with gurgling rhonchus over the superior lobe of right lung; heart's action very quick. His symptoms gradually progressed & he became much weaker & died at 5 o'clock p.m. Sept 2<sup>nd</sup> 1857 from exhaustion.

Treatment

This man was treated like other Phthisical patients, receiving a generous diet with stimulants, Cod-liver oil internally with nitro-muriatic acid for night sweats; opiates, Antispasmodics & Hydrocyanic acid for the cough & counter irritation.

Ex. Appearance

Cranium

Thorax

Abdomen

Section Cadaveric 19 hours after death.

Body considerably emaciated; both feet were cedematous.

Venous of the Placenta more congested than usual.

Weight 3<sup>lbs</sup> 6 1/2 oz.

Heart. One ounce of fluid in Pericardium. Slight opacity of endocardium in left Ventricle. Mitral valve slightly thickened & granulated: weight of heart 7 oz.

Lungs. Adhesions of old standing between pleura costalis & pulmonalis on both sides, more especially the right at the apex; numerous small ulcers on the posterior aspect of trachea & bronchial tubes. Left lung congested. A very large vomica occupied the superior lobe of right lung; both were infiltrated with tubercles in all stages of formation. Weight of lungs with larynx & trachea 3<sup>lbs</sup> 15 oz.

Liver enormously enlarged - presented the appearance of fatty degeneration. Weight 7<sup>lbs</sup> 4 oz. Gall Bladder large & distended with light coloured bile.

Spleen enlarged. capsule of convex surface thickened & cartilaginous - weight 11 ounces.

Kidneys. Granular degeneration was observed commencing in both. Weight 8 ounces each.

Stomach. Normal.

Large Intestines. A few small ulcers were visible extending from caecum in a direction downwards. Tubercular deposits were met with in the solitary & agminate glands of the small Intestines.

And<sup>th</sup> M. Porteous M.D.

Staff Asst. Surgeon.



Regt	Rank & Name.	Age	Disease	Admitted	Disch	Duration	Contracted	Ward	Reg <sup>t</sup>	Folio.
35th	R. Hume, West	23	Rheumatism Chronic.	26 <sup>th</sup> July	Sept 5 <sup>th</sup>	12 Wks	India	15		

## History of Soldier.

An Englishman, a Labourer. 3 years service of which two years in India, the remainder at Home.

## Med. History.

Shortly after arriving in India was admitted into Hospital with a foul Chronic Ulcer of leg - he then suffered from very severe Rheumatism affecting all the joints, afterwards under treatment for inflammation, & enlargement of the Spleen to which has succeeded Chronic Rheumatism.

## History of Local Disease.

On Admission into this Hospital was in a very delicate state. The chest was much contracted & very dull on percussion. The respiratory murmur very indistinct & a short hacking cough, he had also nearly lost his voice, no doubt from previous ulceration about the Glottis. A few days after admission he caught a fresh cold, the voice became worse, indistinct, suffered from great dyspnoea; the cough increased accompanied with mucopurulent expectoration & was forced in consequence to keep his bed. Although all kinds of remedies were employed he did not improve, became weaker & expired on the morning of the 5<sup>th</sup> September 1857.

Section Cadaveric performed next day at 12 o'clock.

## Head.

Membranes of Brain slightly congested - otherwise healthy. Weight 3<sup>lls</sup>.

## Thorax.

Heart healthy. Weight 8<sup>oz</sup>.  
Trachea & Bronchial tubes filled with mucopurulent matter; superior lobe of right lung Emphysematous - the middle & inferior lobes in a state of grey hepatization, condensed & sinking in water - left lung superior lobe healthy - inferior lobe congested & edematous. Weight of Larynx Trachea & Lungs 5<sup>lls</sup> - very extensive ulceration of the whole of larynx, & epiglottis almost entirely destroyed.

## Abdomen.

Liver healthy. Weight 3<sup>lls</sup>.  
Spleen healthy. Weight 2<sup>oz</sup>.



1/3

Kidneys healthy - left  $7\frac{1}{2}$  oz. Right  $6\frac{1}{2}$  oz.  
Mucous membrane of the Small Intestines congested but otherwise healthy.

Signed -

Romy M<sup>c</sup> Reece

Asst Surgeon 8<sup>th</sup> Regt.

Sept 8<sup>th</sup> 1857.

No. 55

Regt.	Rank & Name.	Age.	Disease.	Admitted.	Died.	Duration	Contracted	Ward	Regt.	Folio.
69 <sup>th</sup>	R. Francis Mechi	20.	Pneumonia.	July 13 <sup>th</sup> 57	Sept 17 <sup>th</sup>	16 months	Bombay	11.	398	24.40.

History of Soldier.

A Scotchman, a labourer. Service  $3\frac{1}{2}$  years in W. Indies remainder at home.

Med. history.

He contracted disease on boardship. He had cough & expectoration, pain in front of chest, on deep inspiration. He had haemoptysis a month previously. He has lost flesh strength and appetite and sleeps badly at night. Dulness on right side, mucous rales and bronchial respiration and also vocal resonance.

Abstract

This man suffered from an attack of Pneumonia, of lower lobe of right lung, which seems to be hepatized. He has lost much flesh & strength and does not seem to improve.

History of fatal disease.

Since this man's admission into hospital on 12<sup>th</sup> July he gradually became worse, in spite of treatment. The cough and difficulty in expectoration increased, sometimes his bowels would be confined for three days and then Diarrhoea would set in. The night sweats were profuse, they generally alternate with the diarrhoea. He had sores & hemorrhoids & was greatly emaciated.

Treatment.

His treatment consisted in the administration of Cod liver oil, Antipneumonia, Astringents to stop the diarrhoea & night sweats, and also sedative draughts at night, but in spite of these remedies he gradually sank and died on 17<sup>th</sup> at 6 $\frac{1}{4}$  A.M.

Section Cadaveris - 24 hours after death.

Cranium.

Brain weight 3lbs 5oz. External surface healthy, drier than natural probably from exposure. Substance of organ, as also ventricles healthy. Cerebellum healthy. Slight opacity of Pia Mater exists between the optic Commissure & pons varolii.

Thorax.

Right lung has thickening with adhesion of the pleura, over the posterior surface. The upper lobe externally has a discolored & gangrenous aspect, is soft & fluctuating to the touch. On section a large cavity is found occupying the apex & extending towards the middle of the lung, communicating with several smaller



cavities, all filled with purulent & softened tubercular matter. Left lung has pleural covering healthy. Surface of organ is divided into numerous lobes of a pale pink & white appearance, with darker patches intermixed. The lower lobe externally is dark colored. The whole organ imparts a crepitating sensation to the fingers on being squeezed between them. On section, the apex contains a cavity of the size of a pigeon's egg, lined by a distinct deposit & filled with softened tubercular matter. Traces of tubercular infiltration exist throughout the lung & a frothy sanguineous fluid exudes on pressure of the substance of lung between the fingers.

Heart small, externally healthy, weight 7oz. Mitral valve thickened, with slight vegetations on its auricular surface. - Orifice is of natural size. Tricuspid, aortic & pulmonary valves & orifices natural & competent. Rest of organ healthy.

Abdomen.

Liver weight 3lb 1/2oz. Of normal size, but surface dark colored, apparently from congestion. Peritoneal covering healthy. Substance of organ congested, otherwise healthy. Gallbladder healthy, containing bile. Spleen healthy. Kidneys, weight 5 1/2oz. Congested, otherwise healthy. Stomach & duodenum healthy. Jejunum - peritoneal surface entire, appears discolored from congestion & extravasation. Mucous surface near commencement presents several small ulcers, (with elevated edges) non perforating: two larger ulcers are seen about the middle, & various patches of a similar nature cover its lower third. Ileum has its mucous surface more covered than jejunum by the same kind of ulcers, which contain matter of a cheesy appearance, probably tubercular. Cecum has its mucous surface much congested & discolored & covered with similar ulcers, but of smaller size than in Ileum & jejunum. Colon is sparingly affected, while the coats of the sigmoid flexure are much thickened throughout, much discolored & eroded by many sinuous & irregular tubercular ulcers, communicating with each other, but non perforating.

Rewald Home Bell, M.D.

1156.

No.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Reg.	Chgo.
215	1st Lt. P. A. Dallas	20	Tubercular imp. ans.	6 June 1857	Sept 17 <sup>th</sup> 1857	18 months	Rangoon		24	75

Medical History

An Irish labourer of fair complexion, slight growth & scrofulous diathesis. On the 18<sup>th</sup> of Sept. 1856 suffered from chronic chest disease, and ulceration of the glands of the neck. On the 24<sup>th</sup> of same month had acute Dysentery & these symptoms continued without any amelioration until the 30<sup>th</sup>, when a portion of mucous membrane of the rectum, four inches in length was discharged in a state of mortification. Continuation of the fist producing stricture followed this. When admitted he suffered from Fistula in ano; the opening in the bowel being above the strictured part.

Present State 8 June 1857



The chest was found confined & on examination dulness on percussion was detected on the left side beneath the clavicle, there was also tubular respiration & increased vocal resonance between the scapulae. Symptoms not so marked on right side. Had repeated attacks of diarrhoea accompanied by tenesmus. From the day of admission there was a constant discharge of pus from the Fistula. There was considerable emaciation & great prostration of strength. On the 12<sup>th</sup> of July 1857, dropsical effusion into the abdomen was observed. Both legs now became oedematous. About the 28<sup>th</sup> of Augt. an improvement was noticed, the diarrhoea being checked, & oedema being less; but the discharge from the fistulous wound still continued.

About the 1<sup>st</sup> of Sept<sup>r</sup> the oedema increased & extended to the Scrotum. Pressure had produced abrasion of both legs; & two abscesses formed along the course of the Scrotum. These abscesses having opened, the drain of the system was so great, that the patient began to sink under it. <sup>Medicated oil</sup> The pulse became daily more feeble. He continued in the state till the morning of the 17<sup>th</sup> when he expired.

Treatment.

He was treated with Calomel & Opium, leeches, fomentations; and for dysentery, Ipecacuanha, Purgative mixtures, and pills of various sorts have been administered for the diarrhoea. Bark & Opium enemata and Anodynes administered to allay pain. On the 19<sup>th</sup> July 1857 the fistula was laid open & the narcotic draughts continued. Dietetic as Squills, Digitalis, were given to reduce the oedema; & latterly stimulant draughts, containing ammonia, were given. During the whole period a full & generous diet was allowed with liberal allowance of wine, gin, brandy, &c.

Section Cadaverica.

External Appearance

The body evidently of a man about 23 years of age. Greatly emaciated. Skin of whitish hue. Hair of light color; & generally of a scrofulous appearance. The chest was of small capacity. There was Fistula in Ano, as well as a fistulous opening on the side of the Scrotum.

Cranium

On taking out the Brain I found its weight to be 49 ounces. There was no effusion of lymph on the Dura mater or other membranes of the Brain. On making a section I found it perfectly healthy, & no effusion into the ventricles, save the usual quantity of fluid. Very slight congestion of the vessels.

Cerebellum Healthy.

Thorax

About an ounce & half of serum was found in the Pericardium. Weight of Heart 8<sup>1/2</sup> oz. Exterior of heart covered with a layer and out of fatty deposit. The endocardium of the right & left valves were quite normal, as was the internal surface. Both sides of the heart were covered with a thin layer of fatty deposit. The weight of the lungs together was 2lb. 11 oz. In the apex of the left lung there was a collection of miliary tubercles. In the inferior part of the lower lobe of same lung, was a deposit of tubercular matter of a shaggy consistency, as also slight congestion. In the apex of right lung was also tubercular deposit of matter similar to that in the left. The opposite surfaces of the Pleura were adherent in a great many parts by bands of lymph, & there was a shaggy deposit in several places, the result of old inflammatory attacks.



Veins

Weights 4 1/2 lbs. Abnormally enlarged, but not congested. Of rather a pale hue.

Spleen

Weights 9 1/2 oz. Healthy. Kidneys 4 1/2 oz. Each. Perfectly healthy.

Patches of ulceration were observed in the lower part of the Stomach, the first being about four feet from the termination of the Stomach. Besides, there were extensive of great congestion along the course of the feet.

In the large intestine there were several old cicatrices of ulcers, commencing about 8 inches from the Ileo-cæcal valve, forming two strictures with small passages through each. There was also considerable congestion of the lower part of the Colon.

The Rectum was completely obliterated about four inches up from the anus, by ulceration. There were no ulcers below it, but there was congestion. The fistula communicated freely with a large cavity, of which the anterior part of the Sacrum & Coccyx formed one side, the posterior part of the feet, the other. The sacrum was carious in great part, there was an opening in the back at a point opposite to where the sacral canal of the bone. The stricture portion of the feet lay close to the diseased bone.

Engelbrecht's Brandt's name.

Regt Name No + Name	Age	Diseases	Admitted	Disch	Duration	Discharged	Wood	Regt	Cells
58 <sup>th</sup> Regt John Johnson	28	Paludism	1854	Sept 25	15 months	New Zealand	20	392	176

Med History. An Irish Labourer, of eight years service, of which in New Zealand five years. He remained at home. He had Syphilis of a weak but inoculated appearance. In 1852 while on duty with his Regiment, after exposure to cold, he was attacked with severe Cough and Dyspnoea, and fits of hæmoptoe. The urgent symptoms abated but he never regained health. He afterwards lost flesh and strength, and was unable to perform any duty.

Present State. On arrival here, he was very emaciated, with weak and rapid pulse, suffering pain in right side, urgent dyspnoea, heat of skin, dullness on percussion under 10th ribs, more marked on right side. Abundant mucous expectorations all over the right side, viscid, frothy of a fair character. Mucous rales in upper half of left side. Vocal resonance increased more especially on right side of chest. The same sounds heard posteriorly. The acute symptoms were relieved in a couple of days. Then diarrhoea set in with soreness of throat and loss of voice. A very hoarse cough, with frequent spasm, night sweats and hectic daily wasted him and he died on the 22<sup>nd</sup> Sept. at 6 p.m.

Treatment. Blister, Opium, Anodyne enemata - Poterius consisting of Spirit of Wine, and Catechu, Decoct of Lead with Spirit. Bismuth, Life Pills, Colic, and liberal diet.



Section Cadaver - twenty hours after death -

External Appa.

Body emaciated to an extreme degree - Low subcutaneous adipose tissue -

Arteries -

Cerebrum

The Scalp, Cerebrum, dura mater, Arachnoid, pia mater, together with the cortical and medullary substance of both cerebrum and cerebellum, all perfectly healthy - The quantity of serous fluid somewhat increased within the Arachnoid - There was no notable ventricular effusion - Weight of brain,  $\text{Hs } 3 \text{ Oj } 3\frac{1}{2}$  -

Heart -

Weight of Heart,  $\text{Oj } 10\frac{1}{2}$  - External appearance somewhat pale, valves normal - No increase of serous fluid within the Pericardial sac - Lungs healthy -

Tongue, Normal - No roughening, or ulceration can be observed. Trachea, & Bronchial Tubes filled with a purulent sanguinolent fluid -

Right Lung - The Pleura of upper part of lung adherent posteriorly - The two upper thirds of substance of right lung thickly scattered over with tubercular deposits, which present themselves in every stage of development - Numerous bronchi seen in the apex of same lung - The largest being of the size of a walnut - The lower third of this lung is subnormal -

Left Lung - The Left Lung presents likewise numerous tubercular deposits throughout its entire substance - A bronchus, the size of an orange may be observed at the apex of this lung. Smaller bronchi also met in the middle and lower part - The lower third like the right is subnormal -

Liver healthy - Weight,  $\text{Hs } 3 \text{ Oj } 6\frac{1}{2}$  - Gall bladder normal -

Kidneys healthy - The Capsule however somewhat adherent to both to substance of organ - A few loose tubercles were found deposited in the cortical substance of right kidney -

Stomach healthy - Lower part of Esophagus congested, also extensive congestion of middle third of Stomach - No ulceration -

Large irregular ulceration of the Cecum as also of the ascending Colon, involving for the most part the whole circumference of the Canal. The remainder of alimentary Canal comparatively healthy -

All other organs and tissues apparently normal -

I am to Landale M. D.



Regt	Rank & Name	Age	Liberal	Admitted	Dis	Duration	Contracted	Ward	Regt	Choi
1st Bn 11th	1st Lt. Samuel Silver	22	Captaincy class	12 <sup>th</sup> June 1857	1857	4 months	Albion	10	395	123

Medical History

An English labourer, total service 2 1/2 years - all at home - had long suffered from chronic catarrh, in Hospital often for slight colds, in January 1857 had a more serious attack than usual, from which however, he recovered sufficiently to resume his duty. In April he was again admitted into Hospital with cough and copious expectoration, night sweats and loss of sleep. On admission into Fort Pitt Hospital his chest was found narrow and badly formed, infra clavicular spaces sunken and dull on percussion, respiration bronchial, no vomica can be detected, no hamoptyses, pulse quick, Appetite good bowels regular -

Progress of Case

July 10<sup>th</sup>. Night sweats very severe, appetite variable -  
 August 22<sup>nd</sup>. Tubular breathing heard in the apices of both lungs. expectoration mucopurulent.  
 August 29<sup>th</sup> cough continues - is gaining strength a little.  
 Sept. 6<sup>th</sup> does not feel so well today, on auscultation pectoriloquy was heard at the apex of left lung - dulness of percussion at apex of right lung. has slight diarrhoea  
 Sept. 21<sup>st</sup> is very weak and the diarrhoea begins to be very troublesome. There are evidences of a cavity in the apex of right lung; he cannot rest on his right side, and a bed sore soon formed on his left trochanter. The cough prevents his sleeping, and the diarrhoea became very troublesome and only slightly amenable to treatment which was varied in hopes of checking it - but he sunk and died on the 2<sup>nd</sup> of October at 3 1/2 o'f. a.m.

Treatment

Good diet; cod liver oil as long as he could take; expectorant and demulcent cough mixtures; astringent pills & mixtures, of acetate of lead. Chalk mixture, Rins, Catechu &c. were tried to check the diarrhoea but none succeeded satisfactorily. Port wine and brandy were given in the latter stages.

Lectio Cadaveris - 21 hours after death.

External Appearance

Body very much emaciated, thorax small and flattened.

Cranium

Brain healthy, weight 2 lbs 15 oz.

Thorax

On opening the pericardium 8 ounces of fluid was found in it.  
 Heart healthy - weight 8 1/2 oz. The true Chorda vocalis of the left side had on it an ulcer about the size of a pin's head; and a large ragged ulcer was found at part of trachea and just above its bifurcation; In the upper lobe of right lung anfractuons cavities had formed, in the left lung the disease had not advanced so far, but plentiful deposits of miliary tubercles were found in its substance. the exterior was congested.

Abdomen

Liver somewhat hypertrophied but otherwise healthy. weight 4 lbs 6 oz.  
 Spleen healthy. weight 8 oz. Right Kidney healthy - weight 5 oz. Left Kidney healthy - weight 5 oz.



weight 2 1/2 oz. Most of the jejunum was healthy, but near its termination a small ulcer was found; the entire of the ileum had patches of ulceration on it. The coats of the large intestine were much thickened, and had depositions of tubercular matter on them - In the ascending part of colon a portion of the mucous coat about 5 1/2 or 6 inches in extent was one mass of ulceration, and the cellular coat had numerous depositions of tubercular matter, of the size and shape of small hazel nuts, in its substance.

72-59.

Joseph Marmaduke Taylor. M.R.C.S.

No.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt	Relie
1857-58	Staff Surg. 1st Hunt	45	Enteric fever	18 <sup>th</sup> Sept 1857	12 <sup>th</sup> Oct 1857	6 months	Chatham	11		

Medical History. An Englishman of 26 years service, of which 11 years in North America, the remainder in England. A middle sized man of dark complexion. States that he never had any chest affection until the present attack which commenced about six months ago as a slight cold. Never had any hæmoptoeis.

Present State. He now complains of Dyspnoea, cough and difficult expectoration. Has no acute pain but a soreness in the episternal region on deep inspiration. Coughs very badly. Can lie on both sides equally well but finds most relief on his back. He is much emaciated. There is universal dulness on the left side. Rales & rhonchi distinctly audible on the greater part of the chest but more especially on the left side. Sounds of heart feeble & quick, lungs confined and hypæcœmic covered with a dark fur.

Progress of Case. His cough became rapidly worse after admission, Sputum mucopurulent and very tenacious, tongue always very brown in the centre and the pulse weak. On the 27<sup>th</sup> Sept. typhoid symptoms set in, he had low muttering delirium, tongue mahogany colored and very dry, pulse faint & thready, bowels relaxed and he suffered great prostration. Notwithstanding the exhibition of wine, ammonia and generous diet he sank rapidly and died on the 3<sup>rd</sup> October 1857 at 7.45 A.M.

Treatment. Counterirritation to the chest. Expectorants, Anodynes and lathyrus Wine, Ammonia, Sulfur &c.

Section Cadaveris. 27 hours after death.

External Appearance. Body emaciated.

Cranium. Slight congestion of External Surface of the brain. 2 drachms of fluid in each lateral ventricle, Structure healthy. Weight 3 lbs. 2 oz.

Thorax. About 1 1/2 oz fluid found in the sac of the pericardium. Right Cavity of the heart distended with venous blood, a fibrinous clot extending from right ventricle into the pulmonary artery. Valves and structure of the heart healthy. Weight 8 oz. Larynx filled with frothy mucus.



No ulceration. Lung did not collapse on the thorax being opened, on the contrary were distended and filled with blood. The apex and almost the entire external surface of the right lung were covered with a thick coating of lymph. On cutting into the substance of the lungs they were found stuffed full of milium tubercles. No bronchitis could be detected - weight  $7\frac{1}{4}$  lbs.

### Abdomen.

Liver rather larger than usual and considerably congested. Spleen normal - kidneys healthy - Stomach and intestinal canal healthy with the exception of Peyer's glands which were prominent and surrounded by some congested vessels. No absolute ulceration.

71° 60.

Robert L. Heard, M.D.

Regt	Rank & Name	Age	Disease	Admitted	Dischd	Duration	Contracted	Ward	Regt	Notes
140th	P. John Muleahy	28	Phthisis	28 <sup>th</sup> Feb. 1857	14 <sup>th</sup> Apr. 1857	14 months	Chatham	15	393	24th

### Medical History

An Irishman, laboured before enlistment, with  $9\frac{1}{2}$  yrs at date of admission, of which nearly 8 years had been passed in India, & the rest at home.

From the history of the patient it would appear that he had enjoyed good health until the close of 1855 when he was attacked by Rheumatism for which he was invalided from India and in August 1856, whilst at Chatham, he was seized with an attack of acute hepatitis, which in time assumed a chronic form. Well marked symptoms of phthisis then set in, as cough, night sweats, & debility, with pains in the right side & Rheumatic pains in the extremities. He was now admitted into Fort Pitt Hospital. On admission he is reported to have been suffering from cough, expectoration, & debility. He was much emaciated & had night sweats. On a physical examination the chest was found contracted & tender beneath the clavicle; left side tolerably normal on percussion; respiration harsh & quick; on the right side there was scarcely any motion or inspiration, except at the upper part - dulness on percussing all the lower part of the side, and no respiratory sounds heard except slight tubular breathing in lower part, well marked in upper when bronchophony existed. Expectoration mucopurulent, but he stated that he had never spit blood. During the first month he became more emaciated, better set in, but was accompanied by diarrhoea & the sputa became streaked with blood. On the 5<sup>th</sup> of April, having complained of severe pain in right side, a slight bulging of the intercostal spaces was observed, and on the 17<sup>th</sup> of May he is reported to be suffering a good deal of pain at its lower part, where there was a formation of matter under the integument, and it was surrounded by inflamed skin, the abscess being thick when he coughed. On the 22<sup>nd</sup> of May the abscess burst, there was a pint of dirty looking pus escaped, mixed with air bubbles on coughing. From that period to the 22<sup>nd</sup> of June, between two & three pints of matter were discharged in the twenty-four hours, when another abscess, had formed in the vicinity, burst into the old one.



Medical Hist. After his health greatly improved till an attack of diarrhoea came on about the 20<sup>th</sup> of July, which increased the debility, from which he never rallied; and he died on the night of the 7<sup>th</sup> of October.

Treatment. On admission collections of urine & feces sent, combined especially, at a late period with opiate, which sometimes had to be administered in large doses.

R.N. Delist. Stiff lungs. 2<sup>nd</sup> class.

Section Cadaveris 24 hours after death.

General appearance. The body was emaciated, left leg oedematous; there was an opening between the 6<sup>th</sup> & 7<sup>th</sup> ribs of the right side, from which pus had been discharged: the 7<sup>th</sup> rib was carious to a small extent on its outer surface, communicating with the discharging cavity.

Cranium. Brain healthy. There was slight injection of the vessels of the pia mater. Not more than the usual quantity of liquor in ventricles. Weight 2 lbs. 14 oz.

Thorax. The right lung was almost universally adherent to the pleura, by strong thick effusion of lymph. The opening between the 6<sup>th</sup> & 7<sup>th</sup> ribs communicated by a small aperture with the lung which adhered to the walls of the chest. The right lung was diminished in size. There were milky tubercles in its apex, and some dispersed through the substance generally. There was not, however, any disintegration of its tissue, or suppuration of the tubercles. No cavity existed. In the apex of the left lung there was also some tubercles in the milky condition. It did not exist in either lung to any considerable extent. Weight 3 lbs. 9 oz.

Heart. Small & pale, otherwise healthy. Weight 7 oz. ounces.

Abdomen. Liver considerably enlarged, being 5 pounds 12 ounces in weight. It was affected with well-marked fatty degeneration; of a light yellow color; and having a granular rough, scaly, feeling under the finger. Gall bladder normal.

Spleen somewhat enlarged; weight 10 oz. ounces. Structure normal, the capsule only being somewhat thickened.

Kidneys each 5 oz. ounces weight. Normal in structure; a little more fatty than usual about the hilum.

Stomach healthy: along the course of the jejunum & ileum there was only the ordinary some slight patches of injection, but no ulceration. In the large intestine nothing unusual. There was considerable fatty deposition in the appendix epiploicae.

Ensign MacShane

7166

Regt	Rank & Name	Age	Diseases	Admitted	Disch	Duration	Contracted	Wound	Regt	Station
2 <sup>nd</sup>	Corps George Wilson	23	Rathfriland	28 <sup>th</sup> Aug 1854	10 <sup>th</sup> Oct 1854	1 Year	Aldershot	15	393	206

A Scotchman, servant before enlistment & in the 2 1/2 years service of which 8 months were before Sebastopol and the rest at home.

He is reported to have been, on some previous & there. He is a looking man, with a flat. He has a prominent clavicle and ribs and rounded finger nails. In October 1856 he caught



Medical  
History

a severe Cold whilst on guard at "Walden". And has been suffering from Cough and expectoration since that period. On Admission he is reported to have been suffering from Cough and Cries. Irritable expectoration, dyspnoea, Night Sweats and Diarrhoea.

On examination the right side of the Chest was found to be very flat, with scarcely any action of the lung on that side except at its base, at its apex there was supposed to be a cavity with mucous rales and cretation. He was greatly debilitated. No Chest complaint accompanied this Case. In a short time the hip and Sacrum became sore by pressure which increased his suffering. Night sweats became more frequent and profuse. Diarrhoea accompanied by occasional pains across the abdomen. Though kept in Chest by medicine frequently attacked him. Emaciation rapidly proceeded. When an attack of Hemoptysis on the night of the 4<sup>th</sup> came on and he lived no less than a week from that date.

## Treatment

Astringents & Opium for the Cough and Diarrhoea. And given an O generous diet.

J. McLeod  
Staff Surgeon 2<sup>nd</sup> Cl.<sup>g</sup>

"Sectio Cadaveris" 18 hours after deathGeneral appearance

Great emaciation

Cranium

The Brain weighed 325 gr. Shrunken healthy, a little more flaccid than natural in ventricles. Its Membranes were perfectly normal.

Thorax

Extensive ulceration about Centre of trachea extending downwards. Adhesions over the right lung and a large quantity of pus escaped from a cavity at apex of right lung. But both presented the same appearances when cut into being one mass of disease.

Pericardium contained 103 of serous fluid. The right side of heart contained a large quantity of blood. Otherwise healthy. Weight 12 oz.

Abdomen

Liver healthy, weighed 153

Spleen healthy weighed 12 1/2 oz

Lungs slightly congested and presented the first stage of granular degeneration, weight of each 6 oz

Stomach healthy. Duodenum congested and enlarged with bile. No ulceration of it. but ten ulcers found in jejunum about its Centre. Another near its termination. Numerous and extensive patches of ulceration of ileum of various sizes, also of the "Cecum Coli"

Ulceration also of the ascending Colon and of the remaining portion of large intestines

Edw. J. Estrange M.D. 2, W



N<sup>o</sup> 63.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Particulars	Month	Day	Year
2 <sup>nd</sup> Regt	Capt. Chas. Mather	40	Cutaneous Chorea	1854 2 <sup>nd</sup> July	1857 1 <sup>st</sup> Nov	3 Years	Case of back Stiffness	Dec	11	1857

**History** An English Labourer of 18  $\frac{1}{2}$  years service of which in the East Indies 6  $\frac{1}{2}$  years, and in the Cape 6 years, the remainder at home. Had fever and Ague on first arrival in India but afterwards remained well till 1854 when from macking in the wet and lying on damp ground at the Cape he contracted a Cold first in the lungs then in the Chest. He suffered from Bronchitis and has since been liable to Cough, pain in Chest and shortness of breath with much expectoration which have continued up to the present time. Has spat up much blood at times and lost flesh and strength.

**Present State** Emaciated and weak. Finger ends Chubbied. Has a hollow Cough. Purulent expectoration Night Sweats. Variable appetite. Can lie only on the right side.

Left Sub Clavicular region much flattened. Percussion sound generally duller on the left side than the right. Respiration loud and bronchial all over the right side in front, and mixed with a few mucous râles under the Clavicle. On the left some Crepitant râles are abundant from Apex to below. Mammae where Crepitis of Medium size is heard. Pulse quick and skin hot.

**Progress of Case** Having contracted a Cold on the voyage home, he was suffering much pain on the left side, this was relieved by the application of a blister. He improved for a time, but Cavities formed, and he continued to lose flesh and strength. During the last 2 months the bones were occasionally much relaxed. He gradually wasted and during the last few days of life took no solid food. He died on 1<sup>st</sup> November at 9.45 a.m.

**Treatment** Expectoant, Blisters Anodynes, and Astringents of Opium and a State of Good Vegetable Astringents a good Diet and Wine.



Lectis Cadaveris 34 hours after death  
External Body much emaciated with great flattening  
 appearance in the Sub. Clavicular Region

Cranium Brain healthy. Weight Lbs 2. 14 oz

Thorax Heart healthy. Weight 8 oz. Above the  
 Aortic valves there were Atheromatous deposits  
 Larynx healthy. Weight of Larynx, Trachea,  
 and Lungs Lbs 3. 5 oz.  
 On cutting into the Thorax there were found  
 to exist strong adhesions of old standing  
 between the Pulmonic and Costal Pleura  
 on both sides.

Right lung was of a livid. Color and infiltrated  
 throughout its substance with numerous  
 miliary tubercles - In the Apex of

Left lung there was found a large uni-  
 locular Cavity the extent of which was  
 about 3 inches in diameter and about the  
 same in breadth and the Bronchi appeared  
 to terminate abruptly. The Cavity was  
 bounded by purulent infiltrated parenchyma  
 and contained pus of variable consistence.  
 Through the whole of the lung were found small  
 Cavities involving its substance and the  
 periphery of this part was slightly emphysematous.

Abdomen Liver pale. Weight 2 Lbs 15 oz

Kidneys healthy. Right weighed  $4\frac{1}{2}$  oz left 4 oz  
 Spleen normal with the exception of its  
 Capsule which was considerably thickened  
 weight 9 oz.

The Mucous Membrane of the Stomach presents  
 marks of obvious Congestion in the neighbourhood  
 of its Cardiac orifice. No ulceration

The Mucous Membrane throughout the Small  
 intestine natural. but that of the large  
 intestine was soft, pulpy, and readily  
 scraped off with the finger -

James Jackson M.D.



No. 63

Age	Rank & Name	Age	Disease	Admitted	Discharge	Contracted	Ward	No.	File
45 <sup>th</sup>	P. H. Brumby	22	Septicæmia	31 <sup>st</sup> Oct 1857	8 <sup>th</sup> Nov 1857	Chatham	10	41	64

**History** An Irish Labourer of 2 years service. Admitted 31<sup>st</sup> October 1857 with slight pyrexia. Pulse 90. Tongue parched and foul. Has had shivering fit. Left side of face swollen and red accompanied with oedema. Slight headache. Bowls costive. On the 1<sup>st</sup> November the face hyperæmiated. Tongue dry and cracked at the apex. Headache less. Bowls not well moved. 2<sup>nd</sup> November. Erysipelas spreading. It has left the cheek almost entirely. 3<sup>rd</sup> November Erysipelas creeping along the forehead and scalp. Small vesicles are formed on the Pinnæ of the Left Ear. Fares a little during the night. 4<sup>th</sup> November. Pains continued. Pulse 110 small and hard. In the evening there was great difficulty of swallowing. Bowls moved twice. Pulse still quick. 5<sup>th</sup> November. Pains still continued tho' it is said to be much better and calmer. Continued the same way on the 6<sup>th</sup> and became insensible. On the 7<sup>th</sup> there was suppression of Urine. Pains still continuing became worse during the day. On the 8<sup>th</sup> November. Abdominal tympanitic Tests covered with Sordes. Subcutaneous. Pulse very quick and weak. The Patient continued in this state and began to sink fast. He expired at 2.30 p.m.

**Treatment** Salines. Emphatics and Effluvia. Draught. Tonics. Stimulants. Incremental Alterations. Local Applications of Potate of Silver at first. Laterally Mercurial Ointment. Turpentine Liniment. Brandy Wine Beef Tea. Purgatives. He was on Opium Diet until Death. Sectio Cadaveris 96 hours after death.

**General Appearances** Body stout and muscular.

**Cranium** A small quantity of fluid found in the Lateral Ventricles. Membranes Congested. Weight 3<sup>lb</sup> 4<sup>oz</sup>.

**Thorax** Bronchial Tubes much congested and filled with Mucus. On making a section of the Lung, a considerable quantity of frothy fluid escaped. Posterior portion of Right Lung more congested than its fellow, but floats in Water. Also considerable adhesions noted between the Pleura Costalis and Pleura Pulmonalis. Weight 2<sup>lb</sup> 1<sup>lb</sup> 1<sup>oz</sup>. Heart healthy. Large fibrinous Clot in the Right Ventricle. Weight 8<sup>oz</sup>.

**Abdomen** Liver slightly Congested. Weight 2<sup>lb</sup> 13<sup>oz</sup>. Spleen healthy. Weight 4<sup>lb</sup> 1<sup>oz</sup>. Both Kidneys found in the 2<sup>nd</sup> stage of granular degeneration. Weight of Right Kidney 6<sup>lb</sup> 0<sup>oz</sup>. Left Kidney 5<sup>lb</sup> 0<sup>oz</sup>. Stomach healthy and large. Its contents Congested.

S. H. S. M.



N<sup>o</sup> 640.

Age	Sex	Name	Age	Disease	Admitted	Discharge	Contracted	Third	Ref	Other
29 <sup>th</sup>	M	Dr. Joseph Herbert	24 <sup>th</sup>	Thickened	19 <sup>th</sup> July 57	10 <sup>th</sup> Aug 57	15 months	East Indies	2	179/153

A Irish labourer 4 years and 8 months in the service of which 2 years and 10 months in the East Indies the rest at home —

History.

Is a most emaciated and worn out looking patient was admitted into Archibald for the 1<sup>st</sup> time, with his present obscure disease at St. Mary's on the 11<sup>th</sup> of June 1856, his disease at that time was entered under the head of Scurvy, there was great stiffness of the limbs and difficulty in stooping with well marked fullness of the left lumbar

Symptoms of Disease

and iliac regions, these and other symptoms, together with the constitutional disturbance indicate the commencement of Abscess in the Psoas muscle. When admitted into Port. Pitt had a continuous discharge from a sinus situated on the external and superior part of the right thigh immediately under the head of the bone about 3/4 of matter comes away each morning. When pressure is made the patient places one hand anteriorly over the course of the Psoas muscle the other posteriorly only along the back of the buttock. He has no pain at the head of the Femur when it is rotated. The probe only enters the course of the Abscess for about half an inch and draws.

Progress of Case.

He has gradually sunk since admission from the profuse discharge, in the latter part he almost totally lost his appetite and could hardly be induced to take his wine, his stomach being very irritable. A tendency to Quinsy was also present. Obvious swelling of the legs supervened for the last three

Treatment

weeks. In the earlier part of the disease was Serues, blisters and general counter irritation. Iodine, Iodide of Potash & Sarsaparilla, alteratives tonics, laxatives and generous diet. In the latter part, Tonics, Opium at night to induce sleep and quiet pain. Hydrocyanic acid to lessen irritability of the stomach. Astringents to check Diarrhoea and generous diet &c &c —

Section Cadaveris 28 hours after DeathCranium

Several ounces of serous effusion at the Base of Brain considerable subarachnoid effusion. The membranes and substance of the Brain pale and bloodless otherwise healthy weight 3lb. 9oz —

Thorax

One ounce of Serum in the Pericardium. Heart healthy weight 10oz. Bronchial tubes contain frothy mucus. Right lung adhered firmly and universally to the walls of the Chest by old standing adhesions Left Lung free from adhesions a few larger superficial deposits at the apex of this lung structure otherwise healthy.



Abdomen. Liver very much enlarged and presents fatty degeneration in an advanced stage, weight 6 lbs. 13 oz. Gall bladder full of viscid bile. Spleen a little enlarged, but healthy weight 4 lb. Right Kidney - enlarged presents fatty degeneration weight 9 oz. Left Kidney also enlarged, somewhat fatty weight 6 oz. Stomach normal. Small intestines normal. Large intestines healthy.

External appearance. Body very much emaciated a cicatrix over the great Trochanter of the right side and a deep sinus extending upwards for a considerable distance towards the Hip joint around which there is considerable thickness of the soft parts surrounding it. On tracing the sinus it was found to lead upwards below the Gluteal Muscles through the great ischiatic notch into the pelvis and became connected with a large lumbar abscess situated in front of the Lumbar Vertebra the bodies of which were carious. The abscess also extended downwards into the left Psoas and Iliacus muscles as far as Pouparts ligament, and in front of the sacrum. Some small portions of which were also diseased. Both Hip joints were perfectly healthy.

Charles J. Mathew. Medical Candidate

No. 65

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt	John
88 <sup>th</sup>	1 <sup>st</sup> Lieut. Hardy	33	Bathurst's	9 <sup>th</sup> Nov <sup>r</sup> 1857	23 <sup>rd</sup> Nov <sup>r</sup>	12 months	Spined	15	402	1838

History An Irish labourer of 18  $\frac{1}{2}$  years service. of which two years in the Crimea, 3 years in Gibraltar, the remainder at home. Had fever followed by cough in the Crimea from which he recovered. The cough returned in May last with an attack of Haemoptoe on Field day which has remained up to the present time with only slight expectoration.

Present State On admission he had profuse night sweats, muco-purulent expectoration, quick pulse, great emaciation, and debility. In right clavicular region pectoriloquy, and cavernous respiration. On the left side abundant muco-purulent sputa all over the lung. No diarrhoea.

Progress He gained a little strength a few days after admission, but a change for the worse took place on the 22<sup>nd</sup> Nov<sup>r</sup>. Dyspnoea was urgent, the nostrils were expanded, voice became weaker, and the intercostal spaces were observed to fall in with each inspiration. Pulse small quick and weak. Tracheal rales commenced in the evening. He died at 6 am on the 23<sup>rd</sup> inst.

Treatment Counter-irritation, expectorants, and stimulants. Ether, Opium, Wine &c.  
Section Cadaveris 30 hours after death.

Ext. Appearance Body slightly emaciated, otherwise correct.



Cranium Membranes injected. considerable quantity of serum at the base of the brain. Section presented a number of bloody points. Brain otherwise healthy. Weight 3 $\frac{1}{2}$  lb 6 $\frac{1}{2}$  oz.

Thorax An ounce of serous fluid in the pericardium. Heart slightly enlarged. right cavities filled with fibrinous clots. Structure healthy. Weight 11 $\frac{1}{2}$  oz.

Lungs. connected to the walls of the chest by adhesions of old standing. A small ulcer at the posterior angle of the right vocal chord. Mucous membrane of Bronchial tubes highly vascular, and contained mucopurulent matter.

Right Lung. superior and middle lobes very much indurated, with considerable deposit of Tubercular matter, and several Cornices scattered throughout. In inferior lobe a few clusters of crude Tubercle, with structure very much congested.

Left Lung. in very much the same condition as the right

Weight of Trachea, Lungs &c. 3 lb. 5 oz.

Abdomen Liver of natural size, and healthy. Weight 3 lb. 2 oz.

Kidneys. of normal size and healthy. weight of each 6 $\frac{1}{2}$  oz.

Spleen. healthy. weight 7 $\frac{1}{2}$  oz.

Stomach. healthy.

Small Intestine. somewhat injected; several of Peyer's Patches enlarged and ulcerated.

Large Intestine. also injected. Considerable ulceration of Caput caecum, and the mucous membrane along the remainder of the gut was soft and pulpy.

No 66.

Byng. Geo. For and M.D.

Reg <sup>t</sup>	Rank & Name	Age	Diseases	Admitted	Died	Duration	Contracted	Hard	Reg <sup>t</sup>	Price
71	Offr John Burns	21	Phthisis	Oct 13 1857	Dec 2 1857	August	India	11	399	51,87 11 6

History A scotch lin smith of 3 $\frac{1}{2}$  years service, of which at Malta 4 $\frac{1}{2}$  years, in Crimea 1 $\frac{1}{2}$  years. Had a slight attack of Fever in the Crimea and a severe attack of Hemoptysis in August last, since which time he has been constantly under treatment for Cough, loss of flesh and strength.

Present State Tall emaciated and anemic, breathing hurried, pulse small and rapid. Skin hot and dry, bowels constipated. Expectoration puriform. Tenderness over left front of Chest. Resonance on right front, dull on left. Weight approx fine mucous rales respiration elsewhere tubular. At left apex coarse mucous rales, elsewhere harsh and tubular respiration. Vocal thrill most distinct on right. Heart's sounds audible. Night sweats, and flushed cheeks.

Progress of case Nothing improved him; & seemed to give him any alleviation. The cough troubled him incessantly and he gradually lost flesh and strength till the time of his death at 20 min past 10, A.M. 24<sup>th</sup>

Treatment Cod liver oil, Anodynes, Opium, expectorants, blisters and of purgative salines, wine, & nourishing diet.



Lectio Cadaveris 36 Hours after Death

89-

Cranium

Brain healthy, Weight 3 lbs.

Thorax

Folds of serum in Pericardium - Heart small, Weight 3½ oz.

Mucous Membrane of Bronchial tubes congested and filled with purulent matter.

Right Lung

Connected to the walls of the Chest by several old bands of adhesions. Structure of the superior and middle lobes thickly studded with miliary and crude tubercles, and numerous small cavities. Several clusters of crude tubercles in inferior lobe, but none of them in a state of suppuration. On opening the left pleural cavity, a quantity of air escaped, and an aperture was found on the lateral part of the superior lobe, in communication with a tubercular cavity in the substance of the lung. The posterior aspect of the lung, was adhered by the pericardium of the thorax and the rest of the lung and pleura costalis was coated by a thick layer of lymph. Structure of this lung completely disorganized, from tubercles, in their different stages of advancement and, cavities of various sizes. Weight of Larynx, trachea and Lungs, 5 lbs and 3½ oz.

Abdomen

Liver, Slight Hypertrophy. Weight 3 lbs 3½ oz.

Spleen, Healthy. " " 3½ oz.

Stomach healthy

Intestines

Lower portion of Ileum ulcerated -

Large intestines congested -

67

Regt	Rank & Name	Age	Disease	Admitted	Disch	Duration	Embarked	Place	Regt	File
25 <sup>th</sup>	W. Mich. Manning	34	Thickened	26 <sup>th</sup> Nov	1854	2 years	East India	110	398	96.

Previous History

A Soldier of thin and delicate appearance, has for the last two years, been unable to perform any arduous Military duty, and has lately been employed as Hospital Writer, has confessed organic disease of the Heart, Suffers from constant palpitation and Dyspnoea & cough attended by a well marked bruit over heart and large vessels, is nervous and debilitated and unable to perform any duty, is in consequence recommended for discharge. Irritability attributed to Tropical Climate and Constitutional Predisposition.

History on Admission

A labourer previous to enlistment, 17 years ago, has been in the East India, during the greater part of that time. About 2 years ago first noticed the Palpitation and Dyspnoea from which he suffered severely. No marks of treatment. Thin and anemic looking, of the nervous temperament. Action of Heart violent, 110 beats per minute. A bruit distinctly audible over the base of the organ. The pulsations visible in the Carotids and lower portions of Subclavian Arteries.



left decubitus. Chest does not expand much with inspiration. No distinct evidences of disease of Lungs.

### Progress of Case

Saw him on the 28<sup>th</sup> at 10 a.m. was still much the same. did not complain at that time of any pain in the region of the heart. thought he was getting thinner and losing flesh. Saw him at 6 p.m. found him sitting up in bed, complaining of Dyspnoea & Palpitation. did not consider himself worse than formerly. pulse 100 & strong. Inspiration hurried, great excitement of heart action. Menstruation quiescent. saw the whole surface of the Lung, consequent on the effusion of fluid suddenly into the Bronchial tubes. He had been frightened, because of another patient near him having had a fit and fallen down in the Ward, had taken his supper very well a short time previously, and had not complained. The heart action gradually got weaker and the Dyspnoea more urgent till his death at 6-45 p.m. three quarters of an hour after I was first called to see him.

### Treatment

Tonic of Iron and Gentian, Digitalis and Vin. Serravallo internally. Cross hipping over the region of the heart.

### Section Cadaveric 42 Hours after death

#### Ext. Appearance

Body stout and Muscular.

#### Cranium

Meninges and substance of the Brain much congested. weight 3 lbs.

#### Thorax

In situ of Liver in the Pericardium.

Heart generally very much enlarged, cavities dilated and found quite empty. of blood. slight opacity of internal lining membrane of left ventricle. Mitral Valve healthy. Semilunar valves of Aorta, considerably thickened at their margin. Extensive deposits of hemorrhagic matter along the whole course of Aorta. Arch of Aorta much dilated. weight 1 lb - 2 oz.

Lungs, did not collapse on opening the chest. The apex of both lungs adherent to Wall of Chest by adhesion of old standing, old even Membrane of Lachia and bronchial tubes. highly vascular.

3<sup>rd</sup> of Liver in left Pleural cavity. Structure of both lungs nodular. weight of Lungs, Lachia, & lungs 4 lbs 5 oz. Two or three deposits of chalky matter in the apex of both Lungs.

#### Abdomen

Liver very much congested weight 3 lbs 9 oz.

Spleen rather small weight 3<sup>rd</sup> lb.

Kidneys 3<sup>rd</sup> each healthy.

Stomach. Membrane rather vascular. otherwise healthy.

Intestines. healthy.

Alfred Hall. 122 St. Mary St. RA



Regt Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt	File
5 <sup>th</sup> R <sup>g</sup> John Cook	28	Phthisis Pul <sup>is</sup>	Nov 9 <sup>th</sup> 1857	Nov 28	June 1857	Preston	15	402	1636 46.

History An Irish Labourer, of 11 $\frac{1}{2}$  years service, of which 9 years in the Mauritius, the remainder at home. of sickly appearance. states that he was quite well 3 months ago, but soon after a cough came on, yet he remained at duty till a month ago. He had purulent expectoration and lost flesh.

Present State On admission he suffered from Cough dyspnoea and expectoration of a fothy mucopurulent character. Want of resonance on percussion on the left side of Chest. Mucopurulent râles from the clavicle to the base of the Lung, respiration very brief at the apex. Some sounds heard on right side but not so extensively. Pulse small & quick. Tongue clean. Bowels regular.

Progress of Case He was reported as moaning much in his sleep, cough continuing as violent. A week after admission urgent dyspnoea came on with great sensation of tightness. Four days later he could not lie down in bed, constantly moaning, skin clammy, some congestion of face, hissing râles all over the Chest. He was temporarily relieved by remedies, but appetite altogether left him, and he lost flesh and strength fast, taking brandy only for sustenance. During the remaining seven days of life, the breathing became gradually hurried and shorter, pulse also smaller and quicker & weaker, and the skin cold and bluish. About 3 days before death oedema of eyelids and then of forehead came on gradually increasing and closing up his eyes. He died at 8 P.M. on 28<sup>th</sup> November.

Treatment - Expectorants of Squill &c ammonia, wine brandy, several blisters on Chest.

### Lectio Cadaveris 40 Hours after Death

External Appearance - Body emaciated

Cranium - Brain healthy - Weight 3 lbs 17

Thorax About  $\frac{1}{2}$  oz of serum in the Pericardium, Right cavities of heart filled with fibrinous clots left ventricle filled with like coagula. Weight 11 $\frac{3}{4}$  oz. Both lungs adhered firmly and universally to the walls of the Chest. Trachea and bronchial tubes filled with purulent matter and the mucous membrane highly congested. Right Lung. A regular cavity occupying nearly the whole of the apex of this Lung, and the remainder of the superior lobe, and the whole of the middle and upper third of the inferior, thickly studded with tubercles in various stages of advancement. Left Lung also filled with crude tubercles and numerous small irregular sinuses. Weight of Trachea and Lungs 5 lbs.

Abdomen Liver healthy Weight - 4 lbs 5 oz  
Spleen healthy " " " 8 oz  
Right Kidney - Weight 4 $\frac{1}{2}$  oz Left Kidney Weight - " 4 $\frac{1}{2}$



Stomach somewhat congested. I found one small ulcer at the lower part.  
The lower part of large intestine presented much tuberculous deposit.

C. C. Phipps  
M.D.S.

Age	Rank and Name	Age	Disease	admitted	discharged	Duration	Contracted	Days	Height
25 <sup>th</sup>	P <sup>te</sup> John Colton	31	Phthisis Pulmonalis	24 <sup>th</sup> Nov. 1856	24 <sup>th</sup> Dec	13 months	Manchester	11	396 170

Previous History. An Irish Baker of six years' service; of which part (I cannot ascertain how much) appears to have been spent in India. He rest at home. Was unmarried. Was of tuberculous predisposition, and strenuous aspect. Of temperate habits, and correct in behaviour. Was taken ill in November 1856 with the usual symptoms of Phthisis Pulmonalis. The tuberculous diathesis was not called into activity by vice or intemperance. The Phthisical symptoms became aggravated, and the Phthisis itself was steadily on the increase from that time up to the time of his admission here. He was sent over here from Dover, on 24<sup>th</sup> Nov. 1857.

Present State. On admission he was thin, emaciated, and of a hectic appearance. There was a cavity of considerable size in the upper part of right lung, as indicated by the presence there of large loud crepitant-sounding, and bronchophony under the right clavicle, and the usual signs of tuberculation &c. There was on the corresponding side bronchial and coarse breathing. He had suffered considerably from the journey.

Progress of Case. After admission he was very restless, and continued so almost to the end. He rallied a little from the effects of the journey, but still continued to grow weaker and weaker. About the middle of present month the cough became much more troublesome, and the dyspnoea urgent - such as to occasion him for the most part to remain sitting up in bed. For the last few days his strength has been visibly on the decline; and his countenance has become decidedly hydropic. Breathing was effected with great difficulty. His days grew his bowels began to grow troublesome. Yesterday he was very uneasy, restless, and fidgety; no position seemed to afford him the desired relief. His strength was now fast spent. He gradually sunk till twelve o'clock last night - at which hour he died.

Treatment. In the early stages of affection the treatment consisted in expectorants and cod-liver oil internally, and blisters to the chest externally. Being very restless on and after admission here, he was allowed every night a soothing hyaline draught; this had to be continued nightly to the last, as he couldn't rest without it. About a week after admission he got a little Quinine as a tonic. More recently he was allowed an anodyne cough mixture. He had generous diet and stimulants; and subsequently an ample supply of Opium in the shape of Morphia, &c. In addition to internal allowances he was also provided with various external comforts.



Sectio Cadaveris - 3 1/4 hours after death.

External Appearances Body much emaciated.

Cranium. Considerable sub-arachnoid effusion, and also at the base of the brain. Brain healthy. - weight 3 lb.

Thorax. Heart healthy. - weight 7 oz. - Both lungs adherent, firmly and universally to the walls of the chest - by firm strong adhesions of old standing - Structure of both lungs completely disorganized by tubercles in their various stages of advancement, and cavities of different sizes - particularly in the superior lobes. Trachea and bronchial tubes filled with purulent matter, and the mucous membrane highly congested; and numerous small ulcers on the posterior aspect of the trachea at its bifurcation - Weight of Larynx, and trachea, and lungs 5 lb.

Abdomen. Section of Liver presented fatty degeneration. - Weight 5 lb. 8 oz. - Gallies healthy. - weight 6 oz. - Kidneys healthy. - weight of right 4 oz. left 6 oz. Stomach healthy - Peyer's patches in the lower third of ileum enlarged, and many of them ulcerated - Extensive irregular ulceration in the Caecum and Ascending Colon.

H. Reid, M.D.

No 45.

Regt	Rank and Name	Age	Disease admitted	Sex	Duration of disease	Work	Regt	Julien
21st Regt	Plt. Henry Harding	22	Phthisis palmomata	Male	From June 1858 at 1st Regt	in Ireland No 15	402	17.24.63

History An English laborer of 5 1/2 years service of which 2 years in the Crimea and the remainder at home. An emaciated & hectic looking man. Stated that he had had diarrhoea & fever in the Crimea - was in hospital at the Furragh for cough afterwards at Colchester till his removal to this hospital.

Present State On admission his chest presented marks of recent blistering - suffered from harassing cough and purulent expectoration. profuse night sweats and a quick pulse. much pain in the right side of chest which is dull on percussion with muco-purulent rales & cavernous respiration distributed in upper 2/3<sup>rd</sup> of lung. Dulness coarse breathing and some crepitation on left side. Finger ends Profuse of case Club shaped - Bad rest at night. The acute symptoms from which he suffered on admission were relieved by blisters and palliatives which were occasionally repeated. The Phthisical symptoms progressed and indicated the formation of cavities



in the lungs. He gradually wasted and a few days before death had urgent dyspnoea and oedema of the extremities. He died on 8<sup>th</sup> of January.

Treatment. Blisters. Expectorants. Cod liver oil. anodynes. the emulants of Ether and Ammonia

"Sectio cadaveris" 12 hours after death.

**External Appearance** Body emaciated. Major mouth complete. Marks of blistering on chest.

**Cranium** About 2 oz of serum at base of brain. Veins of its surface congested. Sections presented numerous bloody points. About 2 Drams of serum in lateral ventricles. Otherwise healthy weight 3 lb 4 oz.

**Thorax** Heart small weight 7 3/4 oz. Trachea full of frothy purulent matter. Mucous membrane highly vascular congested and thickened. Lungs adherent to walls of chest superiorly and posteriorly on both sides. Right lung. The whole structure infiltrated with tubercular matter in various stages of softening with a cavity the size of a small orange in the apex. Left lung in exactly the same condition as right with portions of the base indurated and sinking in water. Weight of trachea and lungs 6 lbs.

**Abdomen** Gall bladder full of bile. Liver in a state of commencing fatty degeneration. weight 3 lbs 4 oz. Spleen healthy weight 10 1/2 oz. Kidneys healthy. weight of right 6 oz. of left 6 1/2 oz. Stomach healthy. Small intestines. Peyer's glands enlarged, in some spots congested and in two places beginning to ulcerate. Large intestine. A few small ulcers with raised edges about the caecum apert coli.

Signed

C. C. Piper

A. M. S.

No 71

Regt	Rank and Name	Age	Served	admitted	Died	Duration	Contracted	Ward	Regt	Folio
25 <sup>th</sup> Regt	Capt. Thomas Power	39	Americans	Arctic	Shore					

Invalided and sent to Chatham, total service 21 1/2 years of which 14 years in the best and the remainder at home. Disability, shortness of breath and worn out which first became apparent in December 1855 when stationed at Windsor, attributed to exposure to cold in the discharge of his duty.



and was not aggravated by vice or misconduct. Has at various times since 1855 been under treatment in Hospital for about two months. Died suddenly at St. Mary's Barracks Brompton.

Section Cadaveris 27 hours after death.

External appearances. Body stout and muscular.

Cranium. Brain healthy.

Thorax. The pericardium contained 4 ounces of serum. Heart considerably enlarged and aortitis detected. Aortic Vesp. Arch of the aorta much dilated and thickly studded with ethmoidal and bony deposits. A large aneurism, the size of an orange situated on the posterior part of the Thoracic Aorta, and the surface of the third, fourth and fifth dorsal vertebrae were clanked from pressure, opening between the vessel and sac was of a circular form and about 2 inches in diameter. The aneurism sac burst into the right Pleural Cavity in which were found large clots and many parts of fluid blood. The lungs were perfectly healthy. The abdominal viscera healthy.

No 72

G. W. M. Mason  
Staff Surgeon R.C.

Regt	Rank and Name	Age	Disease	admitted	Died	Duration	Contracted	Wt	Regt	Notes
51 <sup>st</sup>	Mr George Conboy	20	Phthisis Pulmonalis	15 Nov 1857	24 Jan 1858 6 1/2 A.M.	1856	In Ireland	10	401	101-109-204

History An Irish Labourer of three years service of which in Malta 1 year, Has been ill 9 months with cough and expectoration, and has gradually wasted away.

Present State Complained on admission of severe cough with copious purulent expectoration; slight pain of the left side of chest. Night sweats, Quick pulse. Hectic fever. Depression under left clavicle, and dulness on percussion over a large extent of surface. Slight dulness under right clavicle. Respiration puerile on right side. Bronchial breathing and gurgling rales on left side at upper part of lung.

History of case About the middle of present month had diarrhoea for a few days, which was checked by remedies. Legs and ankles became oedematous and face blanched. The latter symptoms with increasing dyspnoea continued till his death on 24<sup>th</sup> Jan at 6 1/2 A.M.

Treatment, Treatment consisted of cupping over upper portions of chest. Counter irritation, Expectorants Anodynes and Diet.

Section Cadaveris 72 hours after death

External appearances Body much emaciated, Lower extremities oedematous.

Marks of Scarificator on Chest.

Cranium Surface of brain congested Sections of it presented numerous



ced points. A slight quantity of serum in lateral ventricles. Weight 3 lb 3 oz.

*Thorax* Heart a small oval white raised spot at apex of left ventricle. A large fibrinous clot in the right ventricle. Left full of half coagulated blood. Weight 10 oz. Trachea full of frothy bloody fluid. Bronchial glands much enlarged. Both lungs full of tuberculous matter, in an advanced state of softening, more particularly the left, which also contained two small cavities in its apex, one of which had a condensed sac, cutting like cartilage. Weight of trachea and lungs, 5 lb 11 oz.

*Abdomen.* Liver much enlarged and very fatty weight 5 lb 15 oz. Spleen firmly adherent to the diaphragm, structure pulpy. Weight 1 1/2 oz.

Kidneys large, sections showed absorption of tubular part, and the cortical consisted of yellow deposit. Fatty. Weight of right 8 1/2 oz, Left 9 oz.

Stomach and small intestines healthy, with the exception of a few coils of latter adherent to one another from old Peritonitis. In large intestine the caecum coli presented numerous ulcers. All the mesenteric glands appeared enlarged.

C. C. Piper.  
A. A. S.

No 43

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Contact	Ward	Regt	Folds
1 <sup>st</sup> Batt 1 <sup>st</sup> Regt	Pte Patk Driscoll	44	Bubonic Chm	Nov 14 1857	Feb 2, 1858 at Fort Pitt 15 min past 9 A.M.	1 year 4 mo		15	402	39

An Irish Laborer, 20 1/2 years' service, of wh. 14 1/2 years at Gibraltar, 2 1/2 in West Indies, 3 years in North America, 2 years in Crimea & the rest at home.

Was in Hospital in the West Indies with Diarrhoea.

The disease commenced with cough and night sweats; diminished respiration under right clavicle, increased vocal resonance under both. Time of inspiration increased. Crepitus under right axilla laterally, dulness on percussion under left clavicle, vocal resonance. Respiration purulent with mucous Rales in right mammary region, mm. Co. purulent expectoration, pain in chest, tightness in mammary regions, dyspnoea and consti-



pation. Symptoms relieved by best expectorants and Porter. Discharged Invalid Nov<sup>r</sup> 21<sup>st</sup> 1857.

Readmitted Jan<sup>y</sup> 9<sup>th</sup> 1858. Dyspnoea and cough increased with frothy expectoration, weakness excessive. Sputa hard to expel, Breathing short and difficult, pulse weak and fluttering. Died Feb<sup>y</sup> 2<sup>nd</sup> 1858.

Treatment. Expectorants, Opiums, Tonics, Diuretics, Vesicants, and Meat wine, gin & ether.

Samuel H. Hays

Medicine Candidate

Body not examined. M.

1074

Age	Rank and Name	Age	Sex	Admitted	Dis	Location	Contracted	Ward	Regt	Folio
29	Pte William Ryan	23	Male	15 Nov <sup>r</sup> 1857	at 12 o'clock home 18 <sup>th</sup> Feb <sup>y</sup> 1858	65 Days in Chatham	14	398	139	

History An Irish man - Member, 3 months since, (during last 12 months) complained of occasional cough and spitting of blood, 4 days before admission the cough became more severe in character.

Present State On admission of cough and expectoration tinged with blood, pain over right pulmonary region, auscultation revealed large moist rales throughout upper lobes of each lung, percussion somewhat dull.

Progress of Case Improved under treatment up to 20<sup>th</sup> January 1858, when the expectoration was less and chiefly confined to upper lobe of left lung. Skin cool, pulse 84, expectoration less. Night Diarrhoea, still improved a little up to 30<sup>th</sup> January when expectoration was detected at base of right lung, percussion decidedly dull over roots of lungs behind, in front large moist rales were audible over apex of lungs but sound on percussion clear. On 3<sup>rd</sup> Feb he became weaker - pulse 116, wandered much in his sleep, cough distressing - expectoration profuse and very frothy, continued much in the same way occasionally appearing somewhat better up to 16 Feb when he became much weaker, on 18<sup>th</sup> he could rapidly countenance became anxious and covered with a cold perspiration, pulse and heart's action became gradually weaker until he died at 12 o'clock noon.

Treatment - Externally, Cross Cupping, Blesties, Sinapisms, Sactor Liniment and Cotton Oil Liniment.

Internally, Sactor Liniment, Mercury, and Stimulants & Expectorants, with Tonics and other Stimulants.

Actio Cadaveris 23 hours after death.

External appearance, Body much emaciated,

Examination Considerable subcutaneous effusion, Pleurae somewhat



Brainium.  
Thorax

Congested, healthy, weight  $3\frac{3}{16}$  lbs

Pleurocardium contained Hæmorrhage of Serum, Heart healthy weight 9 ounces, Mammæ Membrane of Rarities and Bronchial Tubes kind Congested, and filled with purulent matter, Both Lungs adherent considerably and unusually to Thoracic Pleura by adhesions of old Strudling, joint weight  $3\frac{1}{2}$  lbs. Membrane thickly studded with thickening and crude tubercles and Mammæ of Various Sizes, particularly in the apex of both lungs, and otherwise Condensed.

Abdomen

Liver presented advanced stage of fatty degeneration, weight  $3\frac{1}{2}$  lbs, Spleen, healthy, weight 9 6 ounces.

Kidneys, presented 1<sup>st</sup> stage of granular degeneration now advanced in left than in right, joint weight 44 ounces.

Intestines, Thyroid patches, enlarged and numerous Melænas with thickened edges along the arch of Pleura but particularly towards the terminations, Glässer ulcerations in the Pæst. Cecum and in the remainder of the large Intestines, Mesenteric glands enlarged and contained Scrophulous matter.

Wm. J. J. J.

Staff Assistant Surgeon,

No 75

Regt	Rank and Name	Age	Service	Admitted	Died	Duration	Contracted	Ward	Regt	Notes
19	Th. William Oker	23	Artillery Gentles	12 February 1858	11 Feb 1858 23 <sup>rd</sup> Feb 1858	10 Days	In Chalkham	14	398	187

History

An English Sailor of 3 weeks Service, 3 days before admission had a rigor followed by headache - Congl and Society of protection tinged with blood.

Present state

On admission there was Dyspnoea which obliged him to sit up in bed, hoarseness of chest - fear of a dusky hue - Lips very livid - A Cough (cold) heard throughout both lungs - expectoration very scanty and frothy - Temperature gave a clear sound - he had a dry distressing cough - Tongue coated - Skin hot and dry -

Progress of

Pulse full and firm (120 per minute). From date of admission to 18<sup>th</sup> Feb he continued in the same way, on that day had slight Dyspnoea, the Dyspnoea and Cough was somewhat relieved, on 19<sup>th</sup> the breathing became again oppressed - fear more livid - the motions passed almost unobstructed Dyspnoea continued very urgent up to 22<sup>nd</sup> Feb, when he died at 11 P.M.

Treatment

Umbilical Cupping, Leeches, Blisters and Haipiesian, Stimulants, Pector. Emetic, Mucous and Stimulant Expectorant, Potentially, Noto Cadaveris 24 hours after Death.

External appearance

Body stout and muscular,

18<sup>th</sup> Dec

Veins of Trunk Congested, Section of Pleura presented a number of



Examination Thorax. Bloody points. Structure otherwise healthy. weight 3th 3 ounces.  
Heart. Structure soft and flabby, tinged of a dark color from imbu-  
 -tion and cavity filled with black coagula and clots of fibrin, weight  
 10 1/2 ounces. Numerous branches of trachea and bronchial tubes highly  
 vascular and filled with punctate matter. Both lungs free from adhesions  
 and the anterior margins highly emphysematous, posterior aspect of  
 both lungs congested from position, weight of lungs trachea and lungs  
 3th 9 ounces.

Abdomen. The whole of the structures of a dull purple color from congestion  
 and imbibition of the coloring matter of the blood and rapid decomposition  
 was taking place in all the organs of the body. Liver healthy weight  
 3th 10 oz. Spleen healthy weight 8 ounces. Kidneys, both congested  
 healthy in structure, weight of right 5 oz. of left 6 oz. Intestines, pale,  
 mucous membrane easily torn off.

J. P. J. J. J.  
 Staff-Surgeon.

No 46

Age	Rank and Name	Age	Disease	admitted	Sex	Duration	Contracted	How	Age	Notes
19	F. M. M. M. M.	25	Septicemia	12th 14 1858	23rd 14 1858	14 days	In Chatham	14	398	188

History An Irish Soldier of 3rd Regt. arrived about fourteen days before admission  
 slight in a damp bed - after which he had rigors followed by headache - difficulty  
 of breathing - cough and expectoration.

Physical On admission his face was flushed - tongue coated - pulse quick and full,  
 (100 per minute) skin hot and dry - numerous vesicles heard throughout both  
 lungs, particularly - anteriorly numerous, also heard throughout right  
 lung, dry rales throughout left lung. Percussion gave a clear sound of left  
 latently on right lung below the axilla where the sound was duller than

Progress of Case. On opposite side, the temperature up to the 10th Feb, when the smaller  
 bronchial tube was extensively engaged, similar cold heard on, vibration  
 of bronchial ramification, then was pneumonia and pain in junction of  
 abdomen, from that date he wandered much in his sleep and when spoken  
 to answered in an incoherent manner, also complained of headache, on  
 the 22nd Feb, pulse increased in frequency and became very weak (130), post-  
 ulation in sleep, difficulty of breathing became extreme and continued  
 to the morning of 23 when he died at 4.30. A.M.

Postmortem. Respiration - Coarse Coughing - Lungs - Blistered and emphysematous, extremely  
 distended and abundant expectorant, externally,  
 Stomach - Cadaveric 20 hours after death.

General appearance. Body stout and muscular.

Examination Membranes of brain very much congested and also substance of brain lost



*Examination* *thoracic healthy - weight 3<sup>lb</sup> 10<sup>oz</sup>*  
*Heart healthy weight 12<sup>oz</sup>* Trachea and Bronchial Tubes very highly  
 vascular and filled with secretions. Both lungs adhesion firmly and  
 universally to the thoracic parietes by adhesions of old standing, but  
 especially on the right side where the pleura pulmonalis covering  
 the superior lobe has thickened and seen cartilaginous, & function of  
 lungs completely prevented in their function as such - but otherwise  
 healthy. Lungs floated in water, weight of lungs 3<sup>lb</sup> 13<sup>oz</sup>  
*Examination* *Liver healthy - weight 3<sup>lb</sup> 11<sup>oz</sup>* Gall bladder filled with thin watery  
 bile - *Spleen healthy - weight 4<sup>oz</sup>* Kidneys healthy weight  
 of right 5<sup>oz</sup> weight of left 5<sup>lb</sup> 3<sup>oz</sup>; Testicles healthy though at-  
 tached to the superior vena cava with bile, and a deratulation  
 in lower third of scrotum.

J. P. J. J. J.  
 Assistant Surgeon.

Ex 77

Regt Rank and Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Age	Folio
70 Platoon Leader	32	Phthisis Pulmonalis	Feb 4 <sup>th</sup> 1858	March 8 <sup>th</sup> 1858	8 months 40		15		

*History* An English Soldier, 15<sup>th</sup> years, living in Bengal  
 surrounded at home, returning from India 18 months ago. Lived good health  
 previous to his return to England. Had no chest symptoms until 8 months  
 ago, when he was attacked with Cough and frequent vomiting.  
 4 months ago (lost blood and has since lost sleep). Has been in  
 Greenwich Hospital for last 4 months.

*Present State* when admitted was much emaciated, a percussion left clavicle  
 and upper sternum region, some dull, particularly the dulness  
 extended to lower edge of Scapula, & right side sternum region  
 dull. Respiratory murmur absent on left side especially, and  
 lungs, ribs, & below. On right especially coarse crepitations, fewer  
*Physical Case* small and frequent, & faint frequent murmurs. Feb 26 and  
 jangling heard under right clavicle. From this date he gradually  
 sank and died 8 months at 8<sup>1/2</sup> A.M.

*Treatment* Opium and Cod Liver Oil - with Tincture and wine,  
 Siccio Cadaveris 36 hours after death.

*General appearance* Body very much emaciated. Mark of old Syphilitic ulcer with  
 discoloration & part of tooth missing.

*Examination* Most two masses of fibrin of base of Brain, considerably paler than  
 effusion - Section of Brain presented a number of bloody points.  
 weight 3<sup>lb</sup> 1<sup>oz</sup>

*Lungs* Heart healthy. Considerable catarrhous deposit on the coats of



**Thorax** the Aorta with a few Stalks of Ossicles, deposit. Weight of heart - 11 <sup>oz</sup>/<sub>2</sub>,  
Trachea and Bronchial Tubes filled with foetory purulent matter  
and the Membr. Mucosa Vascular.  
**Right Lung** adherent firmly and universally to the Wall of the  
Chest by adhesions of old standing. **Left Lung** open and posterior  
also adherent. Both Lungs thickly studded with Cere  
Tubercles and Vessels of Viscous Size - particularly in the apices  
Weight of Lungs 3 <sup>lb</sup>/<sub>13</sub>  
**Abdomen** Vesicae healthy, Weight of Liver 3 <sup>lb</sup>/<sub>5</sub>  
— of Spleen 5 <sup>oz</sup>/<sub>2</sub>  
— of Right Kidney 5 <sup>oz</sup>/<sub>2</sub>  
— of Left Kidney 6 <sup>oz</sup>/<sub>2</sub>

No 78

Mr. J. J. J. J.  
Staff Assistant Surgeon.

Regt	Rank and Name	Age	Disease	Admitted	Disch	Duration	Contracted	Ward	Exp	Fee
38 <sup>th</sup> Regt	Pte George Ellis	18	Rhthm's Pulmonary	Decemr 16 <sup>th</sup> 1857	March 27 <sup>th</sup> 1858	17 months ago	15	15	102	60.

**History** A Irish-man educated at the Hibernian Military School Dublin, was in  
the service 2 years and 11 months the entire of which was spent at  
home. he was an emaciated lad of fair complexion and light  
brown hair and did not suffer from any previous illness but  
enjoyed good health up till October 1856.

**Present state** On Admission he complained of cough and pain in right side  
and had mucous-purulent expectoration. On Examination there was  
dulness beneath the clavicle especially on right side, hyperinflation  
on both sides beneath the clavicle with Bronchophony and Bronchial  
Respiration. Pulse full, lips and extremities of fingers livid, sounds  
of heart regular, impulses weak.

**Progress of Case** In the progress of case the following additional symptoms showed  
themselves. Profuse perspiration at night, Diarrhoea, Dyspnoea,  
quick & frequent pulse, body covered with clammy perspiration and  
in this condition he continued till his death on the morning of the  
27<sup>th</sup> March 58 at 12 1/2 A.M.

**Treatment.** Expectorants & anodynes with Port, wine, eggs & Cod-liver-oil, externally  
the perspirations were met by acids & the Diarrhoea by opiate astringents.  
Post mortem 38 hours after death.

**External appearance.** Of a very delicate & slight frame & body extremely emaciated.  
**Cranium** Coronal suture of fluid at the base of the brain and about 10<sup>oz</sup> in  
the lateral ventricle. Weight of brain 3 <sup>lb</sup>/<sub>3</sub>.

**Thorax** Heart healthy, weight 9.3 Muscles Membranes of the Trachea and  
bronchial tubes highly congested & filled with mucous-purulent matter.



**Thorax** Both lungs connected to the walls of the chest by strong old bands of adhesion and their structure thickly studded with Philian and crude tubercles and a few small bronchi in the apex - weight of lungs 3 lbs 33.

**Abdomen** Local causes of clear serum in the peritoneal cavity.

Liver - healthy - weight 2 lbs 103.

Spleen " " " " 63.

Right kidney " " " " 73.

Left kidney " " " " 53.

Stomach healthy numerous small oval ulcers at the termination of the Pylorus and Pylorus patches enlarged - extensive large, irregular ulceration along the whole of the large intestines - Mesenteric glands enlarged and filled with serofluous matter.

Robert Speer

Medical Candidate.

Regt	Rank and Name	Age	Disease	admitted	Disch	Duration	continued	Was	Regt	Disch
I										
43	Mr. Chas. Reynolds	38	Phthisis	3 <sup>rd</sup> Dec 1853	1853	6 months	ago	15	102	

An English laborer of 18 years service of which  $3\frac{1}{2}$  years at Cape  $4\frac{1}{2}$  years in North America and the remainder at home.

**Present state** When admitted was tall & emaciated, complained of cough and to cold which he said had been coming gradually on for last six months, cough worst at night, had pain on right side of chest, lay on left side, had haemoptoe when cough first began, expectoration mucous-purulent & tinged with blood & watery formula.

**Physical signs.** On Percussion there was well marked dulness beneath clavicle on right side & extending two fingers breadth beneath nipple, superiorly on same side was large settlement whilst inferiorly respiration was feeble. On left side respiratory murmur was feeble.

**Progress of disease** As disease advanced he had night sweats, diarrhoea, headache, indigestion, appetite & vomiting. He 23 March had great depression from this time he never rallied but continued gradually sinking till his death on the morning of the 1<sup>st</sup> April at 7<sup>1/2</sup> A. M.

**Treatment** Expectorants, & sedatives to alluvial cough, acid, to check diaphoresis, opiate adjuvant to check diarrhoea, anodyne, to relieve pain, Hyposcoris to procure sleep, & cod liver oil, wine, Porter, Brandy & eggs to impart strength give tone, & color & prevent emaciation.



*Sectio Cadaveris - 30 hours after death.*  
 Body much emaciated.

External  
 Appearance  
 Cranium

Brain healthy weight  $3\frac{1}{2}$  3 3

Thorax

Both lungs connected to the walls of the chest by old bands of adhesion and their structure studded with miliary and Coud tubercles & several small vomicae especially in the apices. Height of Larynx trachea and lungs  $4\frac{1}{2}$  10

Abdomen

Liver enlarged & mottled & of a mottled appearance, Spleen much enlarged and firmer than usual, weight 11.3 3 Kidneys presented the first stage of fatty degeneration. Stomach healthy several small oval ulcers at the termination of the ileum and along course of large intestine.

*Signed J. H. M.*

No 2.

Regt Rank and Name	Age	Disease	Admitted	Died	Duration	Location	Wt	Height	Regt
51	Mr John Bradshaw	23	Catarrh of Lungs Pneumonia	30 <sup>th</sup> January 1880	April 19	79 days	Chatham	10 257	401

**Present State** An Englishman of about 6 fortnights service at home when admitted was suffering from Catarrh which he thinks he contracted about a week ago. He complains of Cough and pain in the chest and side which get worse towards night.

**Physical Signs** There is wheezing respiration heard over all the chest with weakness of respiratory murmur at the base of the lungs. Creaking sound and more permanent crepitant rales in the upper three fourths of left lung. Loud bronchial respiration over the right side. Loud bruit in right subclavian immediately below the clavicle.

**Progress of Disease** He gradually got worse with occasional deception appearance of amendment. He suffered much from night sweats the cough got worse, the expectoration more persistent with occasional tinges of blood. The dyspnoea increased and he gradually got weaker until the morning of the 19<sup>th</sup> of April when he was seized with a violent attack of Asphyxia and died within ten minutes.

**Treatment** He was cupped, blistered and had other forms of Counter Irritation employed externally, and expectorants and Anodynes were administered internally as they were required. His diet was good and nutritious and varied according to the changes of the disease.

*Sectio Cadaveris 32 hours after death*

Cranium

Brain rather softened in texture from partial decomposition but otherwise presenting no morbid alteration of structure, weight 3 lbs 8 oz

Thorax

The left lung adhered strongly to the thoracic parietes; its upper lobe was converted into a large anfractuous cavity containing some coagulated blood; the lower lobe also contained numerous vomicae, and was throughout infiltrated by tubercles. In the upper and middle lobes of the right lung were also numerous cavities of



## Thorax

Various dimensions, and these two lobes were otherwise consolidated by tubercular deposits; the lower lobe was quite normal and pervious to the air weight of lungs 4 lbs 4 oz

Heart Considerable deposit of fat on the surface of the right ventricle. but in every other respect the organ presented a healthy appearance

## Abdomen

Liver rather pale in colour, but healthy in consistence and appearance weight 1 lb 13 oz

Spleen enlarged weight 1 lb 13 oz

Kidneys Weight Left 10 oz, Right 8 oz The former healthy the latter pale and mottled exhibiting commencing degeneration

Stomach and Intestines presented no particular morbid change of structure

John Atkinson

No 3

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration	Location	Ward	Regt	Folio
25th Regt	John Brown	34	Hepatic Affection Complicated with Dyspepsia	16th March 1858	22nd April 1858	5 Mths.	Librarian	14		

A English Card Binder of 11  $\frac{1}{2}$  years service, of which 5 years in previous history Librarian, Crimea & Mediterranean & remainder at home, had only been 3 times in hospital previous to his fatal illness twice in 1851 with Pleurisy and once in 1854 with Rheumatism, had always enjoyed pretty good health till Decr 1857 when he was admitted into hospital at Librarian in consequence of Debility, Dyspepsia, Epistaxis and Purpura which he had felt for some time previously coming on.

On admission to this hospital he presented an emaciated appearance & worn look, complained of pain extending up left side to shoulder - particularly when coughing; of tenderness over region of liver which was enlarged & could be felt below last false ribs & of Epistaxis; on inspection his body was seen covered with spots of Purpura which appeared & disappeared assuming a flitting character; his bowels were irregular; heart action weak & after exercise bruit de soufflet was audible; the mucous membrane covering mouth, tongue & lips was very pale.

As the disease advanced he had frequent attacks of Epistaxis; Dyspepsia, headache, impaired vision & giddiness till on 19th April having had a severe attack of hæmorrhage he lost so much blood that from its effect, he never rallied but continued sinking till his death on the morning of 22nd April at 2.30 P.M.

The treatment consisted in administering tonics especially iron, acids mineral & vegetable & in regulating the bowels by aperients and astringents. To keep up strength he also received wine, porter, eggs, & Brand's &c.

Section Cadaveric 26 hours after death.

Brain remarkably pale, dry & rather firm, no fluid & scarcely in the ventricles, nor in the spinal canal weight 3 lbs 5 oz.



Thorax Heart presented on its surface numerous purpuric spots, its structure was otherwise healthy though flabby weight 13.<sup>3</sup>  
Lungs Softened tubercles & abscess in the upper lobes of both lungs neither of which however had contracted adhesions to the thoracic parietes, the remaining lobes of both were oedematous & the trachea at its bifurcation was filled with frothy mucus. Weight 3lbs 12 3  
Abdomen Liver remarkably pale but healthy in consistence and structure weight 3lbs 13 3  
Spleen healthy weight 7 1/2 3  
Kidneys remarkably pale but healthy weight of right 7 3 weight of left 8 1/2 3  
Stomach presented some ecchymotic spots about the Cardia; but it was in other respects healthy as were also the intestines

M.D.  
Robert Gordon Spence

No 4

Regt	Rank	Name	Age	Disease	Admitted	Disg	Duration	Contracted	Woo	Hr	Folio
4 <sup>th</sup>	Private	Christopher Evans	32	Catarrhus bron	March 16 1858	May 2 1858	3 months	Giberaltia	14	405	

Previous History An Irishman of 11 1/2 years service, 5 years in the German Garrison at Giberaltia. He remained at home, while on duty in Giberaltia last December he got wet, after which he first complained of cough, dyspnoea and pain across the chest, since that time he has been constantly suffering from Catarrh, but has never had haemoptoe.

Present State He was described as a pale emaciated man, on examining the chest there was dullness on percussion under the left clavicle at the apex of the right lung there was cavernous respiration at the apex of the left, mucous roneshus Pulse small & quick. He was the subject of Tetanus in Dec.

Progress of Disease On the 24<sup>th</sup> of March he expressed himself as feeling quite well, had no cough or expectoration, but slight dyspnoea on exertion and the physical signs had nearly disappeared. From this time he appeared to be progressing up to the 16<sup>th</sup> of April when he had a severe attack of haemoptoe. The blood coming up in clots (It was at this time that the weather became much colder) After this attack he became weak & feverish, The following day his chest was examined & he is described to have gurgling under the left clavicle and on the right side there was bronchial respiration with a blowing murmur, on the 16<sup>th</sup> the feverish symptoms had all passed away and he was expectorating freely, as much as usual.



fluid, from this time he progressed satisfactorily up to the 26<sup>th</sup> April when the Medical Officer found him propped up in bed, suffering from extreme dyspnoea, Respirations 30 Pulse 110 very feeble. His cough was severe with considerable expectoration. Diarrhoea now commenced but was easily checked. On the 27<sup>th</sup> he was seized in the evening with extreme dyspnoea with a hot pungent skin, quick & very feeble pulse & scarcely perceptible voice, after this he never thoroughly subsided but went through attacks of character & gradually sank, dying at 4 am on the 2<sup>nd</sup> of May 1858. — R W Berkeley

Section cadaveris 36 hours after death.

Canium

Brain healthy, weight 3 lb 10 oz

Larynx exhibits superficially and posteriorly in the vicinity of the choroid vessels two well marked ulcers. Trachea healthy in structure but clogged with viscid mucus

Thorax

Heart. Healthy in its muscular and valvular structure,

pulmonic and aortic semilunar valves healthy and free from deposit. Right ventricle filled with clots of blood. Weight 3xiii Lungs bound to thoracic parietes by bands of false membrane, apex of superior lobe of left lung especially, has received a complete investment, section through superior lobes of both lungs, at their apex especially present tubercles in their embryonic condition & thickly studded; also tubercles in their soft or crumb condition at the apex of superior lobe of left lung are two well marked abscesses; The middle & inferior lobes of right as well as inferior lobe of left lung, present a slightly congested appearance. Weight of Larynx Trachea Lungs 4xii + 3xix

Abdomen

Liver, healthy. weight 4xv + 3iv

Spleen, soft weight 3xiii

Right Kidney, healthy weight 3viii

Left Kidney, healthy weight 3viii

Small Intestines, healthy presenting only slight vascularity in the region of the glandulae agminate, & prominence of the mucous glands.

In the colon of large intestine may be observed several ulcers situated on the side of the intestine most anterior (i.e.) opposite to mesocolon

Signed Robert Spence

Richard William Berkeley.  
Medical Candidate



Age	Rank and Name	Age	Disease	admitted	Died	Duration	Location	Ward	Age	Sex
74	Pte Edward Laffin	37	Myocarditis	May 3/58	3 May	Seven months	India	2		

Abstract of fatal case of Private Edward Laffin 74 Highlanders aged 37 years. Admitted into this hospital 3<sup>rd</sup> May 1858 and died 3<sup>rd</sup> May 1858 at 9.45 P.M.

A labourer of 19 1/2 years service of which 4 years were served in the E. India 2 1/2 in the West India 2 1/2 years at Cape of Good Hope 3 1/2 years in America & remainder at home he enjoyed pretty good health till Nov 16/57 when he was admitted into Hospital at Cannanore for violent palpitation of heart accompanied with dyspnoea & for which he was in hospital 4 days on 22<sup>nd</sup> Nov following he was again admitted into same hospital for Carditis in which the right and left side of heart were implicated the first being evidenced by pulsation of jugular vein and the second by permanent bruit with second sound of heart whilst in hospital at Cannanore the treatment consisted of topical bleeding over region of heart by leeches of counter irritation by means of blisters of plaster of Belladonna over precordial region & constitutionally of Digitalis Antimonial Quinine & preparation of Iron.

On admission at this hospital he appeared to me as a man of non constitution but not emaciated he had violent palpitation over region of the heart & was somewhat intoxicated half an hour after admission I found him lying in the hospital hall with pulse gone at distal extremities quite cold pupils fixed & breathing almost imperceptible the treatment adopted was that of pulling him into a warm bed applying warmth to extremities Caloplasma Sinapi to precordial region and an Anemonia & Camphor draught internally.

Examination Substernum of heart healthy no abnormal effusion into ventricles weight 3 lbs 4 oz.

Heart Dilatation at commencement of arch of the Aorta & extensive atheromatous deposits in its coats Aortic valves thickened weight of heart 14 1/2 oz.

Lungs Very much congested the structure otherwise healthy 2 lbs 3 oz of effusion into left pleural cavity.

Abdomen Liver weight 3 lbs 1 oz healthy.

Spleen Healthy weight 7 oz.

Kidney Presented the second stage of granular degeneration weight right 5 oz left 6 oz.

Stomach and intestines healthy.

J. M. Collins



No 6

Regt Rank and Name	Age	Disease	admitted	died	Duration	Contracted	Was	Regt	Folio
56 <sup>th</sup> Private John Smith	37	Hepatitis Chronic and Abdominal Tumor <i>Hyperaemia of Intestine</i>	March 4 <sup>th</sup> 1858	May 4 <sup>th</sup> 1858	2 years	Greece	14	405	

**Previous History** Private John Smith aged 37 years An Englishman of 14½ years service of which, he served 5 years in the West Indies. 4 months in the Crimea the remainder at home. When in the Crimea owing to exposure to cold he had a severe attack of dysentery but did not go into Hospital for it. About 15 months since while at the Curragh a tumor suddenly presented itself, in his right side; painful to the touch & very hard, situate immediately below the liver. He went into Hospital where he remained for a month under the treatment of counter irritation to from which he derived no benefit (about this time when carrying a heavy weight he felt something give way in his side) he was then sent to Chester where the tumor was described as situate in the right hypogastrium, hard to the touch, even on the surface, with pain on pressure, his bowels were constipated with flatulence & his appearance was sallow. On admission into Fort Pitt Hospital in November 1857. The tumor was described as very large situate in right hypochondrium, having a smooth surface and rounded edges, painful on the least pressure. At this time he suffered intense pain & could not undergo examination. Anodynes & other palliatives were administered until the 13<sup>th</sup> when he was seized with nausea & vomiting, was feverish with a quick small pulse & complained of intense thirst, he was then described as exhibiting the countenance of cancerous cachexia, sallow and anxious looking, his stools almost of a black hue, thin and flattened out, on this day he was examined by the Principal Medical Officer with the Staff Surgeon & treatment by Glysters and Enemas was recommended. after the institution of this treatment he for some time made considerable improvement & the pain in the tumor sensibly diminished. This treatment combined with the internal administration of laxatives he continued up to the 22<sup>nd</sup> of Feb. on the whole improving slightly & was discharged for a month. On the 9<sup>th</sup> of March he was readmitted into Fort Pitt Hospital, when he was described as having a more anxious expression of countenance, which was very sallow. Tongue whitish & dry. Tumor larger harder & more painful. He had constant diarrhoea & was very restless, after being in the Hospital a day or two the diarrhoea was arrested but the pain in the tumor still continued. From this time to the 2<sup>nd</sup> of May various plans of treatment were pursued, with but temporary benefit & he suffered much



sometimes with brow pain at others, hoarseness, sickness, diarrhoea & pain in the tumor up to the evening of the 2<sup>d</sup> of May when he was seized with shivering & increased pain in the tumor. On examining it the next morning it was not so well defined; the abdomen was slightly tympanitic, he laid in bed with his knees drawn up, low but with no anxiety of countenance at 4 a.m. on the 4<sup>th</sup> he was seized with a shivering attack. The Orderly Officer was called to him and administered a composing draught after which he expressed himself relieved, but soon after fell into a state of stupor, with his head low in bed, breathing stertorously & perspiring profusely, skin slightly jaundiced. Respiration 40 Pulse 118 scarcely perceptible, in this state he remained he remained up to a few minutes before he died, this occurred at 3 P.M. on the 4<sup>th</sup>.

Section Cadaveris 20 hours after death. Atmosphere dry. Rigor mortis absent, no marks of decomposition.

Cranium Dura Mater & Arachnoid healthy.

Brain There was considerable serous effusion at Base of Brain as also a good deal of subarachnoid effusion. Weight 380<sup>g</sup>. The Brain structure and its membranes were excessively anemic. Ventricles healthy.

Thorax Pericardium healthy & containing about 2 oz of serum.

Heart weight 13<sup>g</sup>. There was a large opaque spot on anterior surface of right ventricle & one of smaller size at apex of left. Its right side was filled with fibrinous clots, otherwise it was healthy.

Larynx & Trachea Healthy.

Larynx Trachea & Lungs weight 384<sup>g</sup>.

Pleura There were 20<sup>g</sup> of serum with a few flakes of lymph in right pleural cavity but no adhesions.

Lungs The structure of both lungs was healthy, with the exception of posterior part of right base, which was adematous from position.

Abdomen Liver healthy. Weight 486<sup>g</sup>.

Spleen, weight 12<sup>g</sup> somewhat enlarged and rather more soft and pulpy than usual.

Pancreas healthy.

Kidneys Right weight 7<sup>g</sup> in the first stage of granular degeneration none of the tubular structure having yet disappeared. Left weight 6<sup>g</sup> in the same condition but exhibiting a small cyst near its convex border.

The whole of these organs were pale & bloodless, owing to the patient's anemic condition.



The tumor was found to be owing to cancerous disease of a portion of the large intestine at the commencement of the ascending colon which was firmly adherent to the abdominal parietes, It would seem that two contiguous knuckles of intestine had become adherent to each other, and that a perforation had then occurred between the two portions, & on opening the intestine at that part it was found filled with a number of villous ovoid growths in which ulceration was commencing, the intestine however was not <sup>imperforate</sup> at that part, On removing the tumor about 2 oz of purulent fluid escaped apparently situated behind the iliac fascia but not connected with the os ilii

The right iliac vein was healthy.

The left iliac vein as also the femoral to the lower third of thigh was filled with a dense clot which was adherent to its coat, but the saphenous vein was healthy.

R. W. Berkeley—

No 7

Regt Rank and Name	Age	Sex	Admitted	Died	Duration	Contracted	Ward	Repts	File
31st Regt Foot	33	Male	Admitted 3rd May 1854	Died 8th May 1854	5 Months		15	402	

Native of Sabara, 13 1/2 years, several of which 5 years in the Mediterranean, 5 years in West India, 1 year in N. America, 1 1/2 years in China and the previous history of Remains at home.

On admission at the hospital he states that he never had any serious illness before present history, that he then suffered from pain in chest, cough & expectoration of 3 months duration & that his expectoration was purulent and mixed with blood. He was tall & somewhat emaciated, had a broad flattened chest right subclavicular region hollowed & hollow on pericardium than on left, potentes & loud, Murmur rare, heard over apex of right lung & on the corresponding part of left with vocal resonance.

As the disease advanced he suffered on 7th Decr from something, on the 6th Feb he had night sweat, on 10th from great pain in right subscapular region chiefly on inspiration (& over the same region auscultation detected small crepitation) On 12th small crepitation was heard over most of left side whilst over the apices of both lungs gurglement was well marked.

He continued improving from the placebo employed till 26th March when hectic fever set in from this period he sank daily, obtained no sleep at night, had a weak & rapid pulse, throat sore, continuous & often became hoarse, till on the morning of 8th May he expired at 9 a.m.

He continued in the employment of antipneustics generally & locally of counterirritation at the feet & of palliation, & tonic brand the place of the disease.



Notes Cadaveria 4-2 hours after death.

Body much emaciated, rigor mortis scarcely perceptible.

External Appearance

Depression under both scapulae, most marked on the left side.

Cranium

Brain healthy, lateral ventricles contained about  $\frac{1}{2}$  of fluid weight of brain  $3\frac{1}{2}$   $5\frac{3}{4}$

Pericardium contained  $3\frac{3}{4}$  of fluid. Heart healthy weight  $1\frac{1}{2}$   $2\frac{3}{4}$

Thorax

Bronchial tubes filled with mucus-purulent matter - a few slight bands of adhesion on the right side of chest. Left lung adhered firmly & universally to the walls of the chest by adhesions of old standing. Both lungs studded with milium and chloride tubercles and masses of various sizes particularly in the apices.

Abdomen

Liver - right lobe crumpled to the diaphragm by firm old bands of adhesion, structure healthy. Gall bladder contained  $1\frac{1}{2}$   $3$  of bile weight of liver  $1\frac{1}{2}$   $2\frac{3}{4}$ . Spleen healthy. Kidneys healthy weight of right  $7\frac{3}{4}$  weight of left  $6\frac{3}{4}$ . A few small ulcers near the termination of the ileum also several oval ulcers with thickened edges in the caecal caecum and ascending colon.

(Signed) John Bradshaw  
Copied by Robert Spence.

No 8.

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Regt	Folio
3 <sup>rd</sup>	Pl. Wm. Guilfooy	23	Phtisis Pulmon.	Feb 26 <sup>th</sup>	May 21 <sup>st</sup>	9th days 3-10	Shorncliffe	10	4114	

Previous History William Guilfooy is native of Ireland. (County Carlow) was Vaccinated, never had small pox. Has served 5 years and eight months in the Service. He at home He was employed lately as acting Paymaster. Always enjoyed good health until last November when he caught cold at Shorncliffe Camp

Present History Since November last to the present he has been laboring under a severe cough with copious expectoration, no Hemoptysis. There is flattening of the chest which is somewhat contracted, Respiration deficient Dullness on percussion, Expiration prolonged. Cardiac sounds normal.

Progress of Disease In the 16<sup>th</sup> of May he spat up a quantity of blood, which greatly weakened him. May 18 complains of Headache and slight Diarrhea cough troublesome on the 20<sup>th</sup> of May he again spat up a quantity of blood which left him quite exsanguined. On the 21<sup>st</sup> of May at half past three on the morning he coughed up about two quarts of blood from the effects of which he died instantly

Termination

Treatment Consisted of Counter Irritation by Blister and Croton oil. Linnæus Cod Liver Oil. Mixture containing Hydrocyanic Acid, Sulphuric Aka with Nutritious Diet also Wine and beer



# *Section Cadaveris. 42 hours after death*

*External Appearance* Body much emaciated, Rigor Mortis scarcely perceptible. Depression under both clavicles most marked on the left side.

*Cranium* Brain healthy, no fluid contained in Latent Ventricles. Weight of brain 3 $\frac{1}{2}$  83.

*Thorax* Pericardium contained 33 of straw coloured fluid. Heart healthy. Weight 45. Bronchial tubes filled with mucopurulent matter. Lungs. Left adhered firmly and extensively to the walls of the Chest by strong adhesions of old standing. A large Torus (empty) at apex of left Lung. Both Lungs studded with military and Conde tubercles.

*Abdomen* Liver structure healthy weight 3 $\frac{1}{2}$  43. Gall bladder healthy contained  $\frac{1}{2}$  3 of bile. Spleen structure healthy weight 13 $\frac{1}{2}$ . Kidneys healthy weight of right 4 $\frac{1}{2}$  3. of left 5 $\frac{1}{2}$  3. Intestines a few small ulcers with slightly thickened edges in the Caput Caecum and ascending colon.

*John W. Bradshaw*

No. 9

Age	Rank	Name	Disease	admitted	Died	Duration	Location	Ward	Regt	File
38	Private	George Heywood	Paralysis	Oct 24 <sup>th</sup> 1827	May 21 <sup>st</sup> 1858	42 years	Penninsula	15		402

## *Section*

*History* Abstract of fatal case of Private George Heywood 71 Highlanders admitted into this hospital 24<sup>th</sup> October 1827 and died May 21. 1858. At 5:30 PM. A Scotchman labourer previously enlisted aged 38 admitted from Chatham into Fort Pitt hospital Chelsea on the 18<sup>th</sup> July 1816 for paralytic where he continued as a patient until 18<sup>th</sup> October 1827 when owing to his previously having given daily manifestation of mental aberration and having in consequence thereof brought forward accusations against the Medical servants of that institution it was deemed prudent to transfer him to Fort Pitt hospital and accordingly he was admitted on the 24<sup>th</sup> of the same month in the year 1827 as related above. It appears that in the year 1812 this patient while in the Peninsula with his regiment became subject to occasional pain in right side & shoulder which however was not so severe as to prevent him performing his duty, in 1814 he lost the use of his inferior extremities which he attributed to cold and which was in a short time afterwards followed by a similar affection of his upper limbs but in a less degree.



Not long after the attack he was seized with intermittent Tremor and awareness of pain in right side accompanied with purging, tension & torment. This was soon succeeded by derangement of intellect for which Conjointly with other ailments he was bled, blistered and subjected to the influence of Mercury. On admission into hospital at Chelsea he complained of pain of head, right side, loins and lower extremities, with want of power of the latter attended with considerable febrile excitement for which abstraction was had recourse to & purgatives, Mercurials & otherwise administered with external stimulating applications. This treatment was persevered in till 26<sup>th</sup> July 1816 when he became suspicious by his medical attendant of imposture. From this period till 20<sup>th</sup> Decr 1816 no attention was observed in his disease except the superintention of Phlegm & Obstinate Constipation of his bowels the latter of which was temporarily alleviated by mild aperients and the electric fluid. From October 1818 till December 1820 nothing particular or additional worthy of remark occurred, his appetite then being good, and the Constipation of his bowels which was undiminished being regulated by occasional laxatives. From May till December 1821 the Muscles of his lower limbs are recorded as being rigid, Capable of vigorous voluntary Contraction, unassisted, & difficult of flexion either from volition or long quiescence. His back and Sacrum continued free from excoriation but his bowels were still Constipated. From Jan<sup>y</sup> 1822 till September 1827 he continued much in the same state as related above and no further reports on this case in this interval have been recorded. From September 1827 till 18<sup>th</sup> October 1827 he frequently gave instances of mental aberration in charging the Medical Servants, of York Hospital with recently introducing wanton and pleasure-devoided torments into the Hospital & in declaiming daily & nocturnally against such supposed malpractices to the annoyance & serious disturbance of the other Patients. During the interval last mentioned no further change worthy of remark was observed in this Patient's case than the mental aberration just mentioned for at this period the paraplegia is still reported as existing in the lower limbs, & its extension & seizure on the Muscular fibre of alimentary Canal causing uneasy sensation in the bowels, & Obstinate Constipation & of the Patient's solicitation for Op of Rhin which gave him immediate relief. In consequence then of his declaiming impressions, mental aberration, & implements being a declaimer & rest-disturber, it was deemed fit to transfer him to another Hospital which was Port Pitt on the date and year mentioned above. On Admission into this hospital on 24<sup>th</sup> Octr 1827 he is reported as having complained much of fatigue from his journey, but looked fresh next morning; had a slow but regular pulse, lower limbs unassisted, extended & inflexible, low heat, Muscles rigid, stout about body, upper extremities muscular, discontented & wished much to violate the Hospital regulations by indulging in smoking. On 26<sup>th</sup> October 1827 his general

Admission



- General health is reported as good on Jan<sup>y</sup> 8<sup>th</sup> 1828 as completely bed-ridden, on Feb<sup>y</sup> 9<sup>th</sup> as having still obstinate constipation, having only two defecations in the course of six days. On Feb<sup>y</sup> 25<sup>th</sup> as having good appetite & not losing strength, & on April 6<sup>th</sup> as still bed-ridden but not having fallen off in flesh. On April 15<sup>th</sup> 1828 his disease is reported as incurable, bowels still constipated, on Dec<sup>r</sup> 31<sup>st</sup> he remains bed-ridden exhibits a bad temper & again he is reported incurable. The Medical Registers being now unattainable in which this Case is further reported on we pass over 30 years of this Patient's <sup>history</sup> ~~history~~ Symptoms. Unnoticed & we find him next on 12<sup>th</sup> March 1858 as an unenviable old Man, irritable in temper, abusing the neighboring patients for ingratitude, or for importunity & wishing to obtain his daily allowance of wine & gin. On 14<sup>th</sup> March 58. he complained of acute pain over hypochondriac region & extending thence to right and left hypochondriac regions. On 26<sup>th</sup> March on a Quercus examination to which he was even made adverse his limbs even found much emaciated, inflexible, & that any attempt to bend the joint, would cause Agony, ankylosis was absent. On 28<sup>th</sup> he complained of incontinence & obstruction to the passage of his urine which was formerly relieved by Catheterism. On 5<sup>th</sup> April his urine was found ammoniacal, the bowels constipated. He continued much in same state till 19<sup>th</sup> May when it became evident that he was sinking rapidly, his countenance had now assumed a cadaverous hue, his breath was urinous, next day he became drowsy, incoherent in his expressions, his memory failed him, his intellectual powers had become childish, his breathing short and quick, pulse had become imperceptible at the wrist, & these untoward symptoms, having become aggravated in intensity he expired on the 21<sup>st</sup> May. 1858 at 5<sup>1</sup>/<sub>2</sub> O'clock P. M.
- Treatment The treatment was palliative consisting in the exhibition of wine, gin, M<sup>d</sup>. Rh<sup>us</sup>, Powder containing Potassate Nitrate of potash, and Solids and nourishing food.
- Section Cadaveric 48 hours after death.
- External Body extremely emaciated, great toes of both feet very much distorted, turned outwards & the phalange. Completely dislocated from the Metatarsal bones, phalange of the 1<sup>st</sup> and 5<sup>th</sup> toes of the right foot turned upwards, and outwards towards the dorsum & the phalange of the same toes on the ~~left~~ <sup>right</sup> foot pulled downwards & inwards towards the sole of the foot.
- Cranium About 1 1/2 ozs of serum at base of brain, a large quantity of serum effused below the arachnoid membrane covering the brain, lateral ventricles. Containing about 103 of serum, structure of brain healthy, weight 2 lb 93. Membranes & substance of the spinal marrow satisfactory.
- Thorax. About an ounce of the serum in the pericardium, a considerable quantity of adipose matter deposited below the coronal membrane covering the heart,



Cavities of heart filled with black semi-coagulated blood, structure of heart otherwise healthy. Weight — Arch of the Aorta dilated & atheromatous matter deposited below the internal coat, very extensive ossified deposits in the coat of the Abdominal Aorta, also in the iliac, femoral, & tibial arteries & their branches & to a less extent in the arteries of the superior extremities. Both lungs connected to the walls of the chest by a few old bands of adhesion, structure healthy with the exception of slight oedema; surface of lungs presented a black mottled appearance from carbonaceous deposit. Weight 14 lbs 2 oz — ...

Abdomen On opening this cavity the urinary bladder was found to extend as high as the umbilicus and was distended with fluid, the transverse colon of the colon and stomach were found situated between the convex surface of the liver and the diaphragm & the liver was compressed and showed marks of indentation. Liver very small and numerous small cysts varying from size of a pea to that of a walnut were found distributed throughout its substance particularly on the convex surface & free margin of the right lobe. Gall bladder distended with black, thickropy bile and projecting for about 3 inches below the margin of the liver. Weight of Liver 9 lbs 5 1/2 oz —

Spleen very small, structure otherwise healthy. Weight 3 3/4 lbs.

Kidneys infundibular pelvis & very much distended & filled with foetid urine mixed with pus. Section of kidneys showed several small small cysts chiefly along convex surface. Weight — Right 5 1/2 oz. Left 5 1/2 oz.

Stomach healthy. Intestines also free from disease — the bladder containing more than 3 lbs of thick purulent & excrementitious foetid urine. Coat of the bladder much thickened & dilated. 11 sacs about the size of pullets eggs situated in the lower fundus and another of the same size at superior fundus & numerous others of smaller size all along the posterior aspect of the bladder. Prostate considerably enlarged and the middle lobe projecting somewhat into the orifice of the urethra so as to obstruct the flow of urine. Urethra sound & free from stricture. Cartilages covering the bones forming both knee joints absorbed leaving the bony structures exposed, the same had taken place but to a less extent in the hip & shoulder joints. The other joints were free from disease. The hamstring muscles were perfect as also every other tendon, none having been divided for the purpose of malinquerie as had been supposed.

Of late years George Hayward would never allow anyone to examine him & therefore would not have his urine drawn off, which appears to have been the immediate cause of death, from the absorption & circulation in the blood of urea, along with putrid decomposed urine & purulent matter.

Signed) J. Williamson

P. Spencer.



No 10

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Contracted	Was	Regt	Folio
1st										
Regt	Corpl. James Markham	43	Suicide	—	25th May 1858	Commenced suicide at St Mark's Barracks	—	—	—	—

Total service 24½ years. Apparently of a robust constitution and in vigorous health. died from a suicidal wound of the throat while labouring under Sclerium Tremens at St Mark's Barracks on the 25th May. 1858.—

Actio Cadaveris. 48 hours after death.—

External appearance

Body stout, muscular, well formed. A large gaping wound of the throat hawking the thyro-hyoid space, severing the Epiglottis at its base, opening into the pharynx, dividing constrictors &c. Also the rectus capitis anticus major and longus calli muscle of the left side down to the spine, opening into the external carotid of the right side at its origin. not wounding the internal carotid or jugular vein of this side. dividing the common carotid artery of left side nearly through, and the jugular vein completely.—

Cervicis Brain congested on its external surface. Internal structure healthy. No effusions into the ventricles Weight 3½ lbs

Thorax Half an ounce of serum in pericardium. Heart healthy, weight 3oz. Lungs congested posteriorly slight pleuritic adhesions at the apex of each, also slight deposition of milium tubercles. Weight 3½ lbs.

Abdomen Liver healthy weight 3½ lbs.

Spleen healthy but rather small. Weight 3oz. Right Kidney <sup>healthy</sup> slight fatty degeneration. Weight 5oz. Left Kidney <sup>healthy</sup> slight fatty degeneration. Weight 5oz. Intestines healthy.

Signed) G. Williamson  
Staff Surgeon 2nd Cls.

No 11

Regt	Rank and Name	Age	Disease	Admitted	Died	Duration	Contracted	Was	Regt	Folio
68	Pt James William	28	Catarhus Crur	Nov 7/57	May 30/58	214 days	Crimia	10	407-4	

Private James William, aged 28 yrs. An Irishman 68 Regt. 19 years service three of which he served at Malta; two in the Crimea and ten in Cephalonia. He was admitted into Hospital in the Crimea in December 1857 with Bronchitis produced by exposure and hard ship



In February and March he was also under treatment in the Crimea for the same affection. In August 1856 at Cephalonia he was attacked with Cough. In May 1857 he had a similar attack, and has remained under treatment since that period.

Present Condition On the Seventh of November he was admitted into Fort Pitt Hospital with a severe cough, frothy sputa, Pulse 84, night sweats, dullness under right Clavicle, Respiratory murmur weak, and Voice Resonant in that locality, Crepitations heard occasionally there, Respiration under left Clavicle puerile. He had slight Hemoptysis much emaciated, has suffered from effusion into right knee joint which is still not completely absorbed.

Progress Nov. 14<sup>th</sup> Had a large fluctuating tumour in the upper and outer part of left thigh not painful while at rest but becomes so on the slightest motion. Nov. 20<sup>th</sup> The abscess was opened, and thus escaped from it a large clot (evidently caused by the rupture of some small vessels) and which must have been the cause of the formation of the abscess, a considerable quantity of pus also escaped. No improvement in knee joint. Feb. 1<sup>st</sup> The wound still continues to discharge a quantity of sanious pus. No pain in knee joint. March 10<sup>th</sup> Knee still painful. The muscles of thigh are wasting, and consequent loss of power. Apr. 1<sup>st</sup> Unable to walk with crutches. A tendency to Diarrhoea. Apr. 26 Diarrhoea increased much worse in every respect. The abscess still discharges pus. May 25<sup>th</sup> No appetite greatly emaciated. Speech indistinct. He lingered on in that state without taking any food until May 30<sup>th</sup> when he expired.

Termination Counters Irritation by Blister and Saturelentic Rubment. Cod Liver Oil, Astringent Misture, Nutritious Diet. Brandy & Wine.

Treatment Section Cadaver 16 hours after Death.

External Appearance Body greatly emaciated, Rigor Mortis scarcely perceptible. Depression under both Clavicles, more marked on the left side. An opening from the abscess on upper part of right thigh.

Cranium Brain healthy, no fluid in lateral Ventricles. Weight 2<sup>lb</sup> 14<sup>oz</sup> 3.

Thorax Pericardium contained 23 of fluid. Heart healthy - weight 43. Bronchial tubes filled with mucopurulent fluid. Both lungs adhered firmly and extensively to the walls of the Chest by strong adhesions of old standing. Both lungs studded with Milium and Crudo tubercles.

Abdomen Liver healthy weight 3<sup>lb</sup> 3<sup>oz</sup> 3. Gall Bladder healthy contained 43 of bile. Spleen healthy weight 103. Kidneys. Right in first stage of fatty degeneration weight 63. Left healthy weight 63. Intestines, there were several large ulcers with thickened edges and depressed centres observed in the Ilium, and ascending Colon also in the Caecum.

John Bea & Son, S. J. P.



Regt Rank and Name	Age	Disease	Admitted	Died	Interim	Contracted	Ward	Age	Follow
					8 Months				
32nd Lancers	John Healy	14	Amputation	11 July 1858	27 Jan 1859	22 Days	5 Sept 1857	25th 1854	212

John Healy 32<sup>nd</sup> Regt. at 14 admitted into Hart Pitt Hospital on the 11<sup>th</sup> Jan 1858 Limb Amputation, Total service 8 years & months of which 4 years in India & the remainder at Home, the only illness he had in India was dysentery. Was wounded at Lucknow on the 5<sup>th</sup> Sept 1857 by a round shot which carried away the right hand & shattered the bone of the Forearm Amputation of the Forearm was performed immediately afterwards. Gangrene Suppurative, Amputation in the upper third of the Arm was performed at the Cape Road 8 days & months after the first operation. On admission into this Hospital there was thick purulent discharge from the stump, did not complain of pain in it, it was swollen red & tense appetite impaired & bowels constipated. On the 17<sup>th</sup> of Jan matter formed on the inner side of the stump, distinct fluctuation could be felt, appetite was better but continued to improve until the 23<sup>rd</sup> instant, when the stump suddenly became very painful, red & more tense, and was unable to bear the weight of the dressed pants; had no sleep on the night of the 23<sup>rd</sup>, on the 24<sup>th</sup> incision was made in the stump, dark coloured coagulated blood was discharged, man in a very moribund state, pulse slow, surface cold, pain in the stump not so acute, in the night there was oozing of blood which was restrained by the application of cold, 25<sup>th</sup> morning came on, complained of thirst, bowels not opened since the 23<sup>rd</sup>, rather threatening having taken large doses of purgative medicine on the 24<sup>th</sup>, on the 26<sup>th</sup> man in a weak state had retention of urine, on the night became comatose and died on the morning of the 27<sup>th</sup>, at 4 O.C.D.M.

Treatment Local Lined Med. pants & Linen internally with opium & medicine every second day, since the symptoms of gangrene came on the local treatment was ice, wine &c internally.

Post Mortem

Section Cadaveris 12 hours after death

Cranium. Brain healthy, Thoran. Heart empty, blood pale & destitute of colouring matter. Lungs, oedematous, but otherwise healthy.

Abdomen. Outer surface of the right lobe of the liver adhering to the diaphragm by old bands of adhesion, a few slight depressions resembling what has been thought to be cysts in the liver. The other viscera in the cavity were healthy with the exception of being pale & bloodless. Venis healthy.

Stump tense & swollen with several incisions on it, and from two of them large coagula projected; it was of a very fetid & gangrenous smell. On cutting into the stump a large cavity was found to extend from the extremity of the bone, up along the inner



side of the scilla, as far as the first rib, completely dissecting the axillary vessels & nerves and likewise the muscles of the arm & shoulder which joint had been opened into by absorption of the capsular ligament - the cartilage covering the head of the humerus & glenoid cavity being discoloured by the blood but not diseased. The blood vessel from which the blood was poured out could not be detected even by careful dissection, showing how difficult or almost impossible it would have been to find the vessel in the living subject, even with the assistance of hemorrhage from the vessel. A small portion of the extremity of the amputated humerus was bare & carious, which was probably the origin of the suppurated inflammation & suppuration, causing ulceration of one of the blood vessels & consequent hemorrhage, followed by a gangrenous state of parts & death from exhaustion.

Signed) Edward H. Jeffers M.D. Asst Surgeon

No 13

Regt Rank and name Age Disease admitted Date Discharge Contracted War or Civil

20 <sup>th</sup>	Pte David Roberts	18	1858	1858	Feb 27 <sup>th</sup>	June 5 <sup>th</sup>	5 months	Chatham	15
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History. A Welsh Blacksmith, 7 months service, 5 of which he was under treatment in this Hospital first in the Pitt but subsequently in 15 Ward having been transferred under the head of Chronic Arthritism of left shoulder joint on April 25<sup>th</sup> 1858. On admission at this Hospital Admission, on February 14<sup>th</sup> 1858 he stated that he suffered from pain in left shoulder joint, an inability to perform any movement of the joint accompanied with a state of general debility, anorexia, dry cough, and an unaccountable emaciation of whole body. On his transfer to Ward 15 on April 25<sup>th</sup> 1858 he stated that he always had enjoyed good health till December 1857 when his present and fatal illness commenced. He appeared at that time as a lad of delicate frame, scrupulous constitution, much emaciated, and not all fitted for the active duties of a soldier. Complained still of pain in left shoulder joint on moving it and of a deep seated gnawing pain when the joint was at rest, of loss of power in the limb, having been unable to extend forearm, or arm, or to execute any movement which called the joint into exercise. - On examination the muscles of the joint and limb were atrophied but there was no swelling or redness, his chest was badly developed, but perspiring at this period only elicited a slight comparative dullness



over left infraclavicular region, whilst auscultation did not at this period reveal any abnormal sound; his pulse was quick, the sounds of heart low and heard distinctly in infraclavicular regions, had night sweats, tongue furrowed and appetite still impaired. On his transfer to 15 Ward a seton was introduced into left arm, which for a short time much benefited him, relieving the deep seated pain in the joint and diverting the purulent inflammation of the joint from the lungs, no change worthy of remark occurred in his case till the 11<sup>th</sup> May 1883 when owing to imprudent exposure he caught cold which was followed by cough attended with mucous-purulent expectoration and creaking and crepitant rales over whole of the chest. From this period during the disease of the lungs became well marked of disease for despite of all remedies, crepitation over base of left lung continued, which advanced upwards so rapidly and merged itself so fully in the deposition of tubercular matter that on 4<sup>th</sup> June following, cavernous respiration and pectoriloquy were heard over left infraclavicular region whilst over right side were feeble respiration and crepitation. The subsequent symptoms were, on the 10<sup>th</sup> May a recurrence of his former night sweats, persistence of cough and purulent expectoration whilst the shoulder joint had now become easy, on 17<sup>th</sup> he had pain over left side or 23rd hectic fever set in, expectoration tinged, on 27<sup>th</sup> pulse continued very quick and weak, on 31<sup>st</sup> tongue red at tip and along centre, but furrowed along the margins. On June 4<sup>th</sup> cavernous respiration detected beneath left axilla or 15<sup>th</sup> gurgillment and mucous rales over front of upper back over left infraclavicular region and crepitation over left inframammary region, whilst over the right infraclavicular region percussion was dull and over right mammary and inframammary regions respiration was feeble. On 19<sup>th</sup> complained of pain in his bowels and felt faintish, on 26<sup>th</sup> had diarrhoea, eyes bright and pupils dilated and on 27<sup>th</sup> felt very weak, pulse scarcely perceptible, countenance and lips pale, covered with a clammy sweat in which he continued till his death on the eve of this day at 5 1/2 P.M.

Treatment. Local and constitutional. The first consisting in the introduction of setons and the application of counter irritants to the joint and subsequently the administration of Cod liver oil and tonics and lastly anti-hectic mixtures, emetics, expectorants, astringents and narcotics.



Scotia Cadaveris. 38 hours after death.

Cranium. Slight subarachnoid effusion. Brain healthy. Weight 2 lb. 13 oz.

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

Both lungs connecting to the walls of the chest by old bands of adhesion, structure of both completely disorganized, particularly the superior lobes by tubercles in their various stages of advancement and cavities of different sizes. Weight 3 lb. 13 oz.

Abdomen. Liver healthy. Weight 2 lb. 12 oz.

Spleen healthy. Weight 6 oz.

Kidneys healthy. Weight of right 3 oz. Left 4 oz.

Numerous small oval ulcers along the course of the ileum, especially near its termination. Extensive ulceration in caecum and ascending colon. mucous membrane of the remainder soft and pulpy. A sinus in deltoid leading into the left shoulder joint, the cartilages of which were ulcerated and the bone at some places exposed.

Signed J. G. Williamson  
Staff Surgeon 2<sup>nd</sup> Clasp

No 14

Right Hand and Hand	Age	Sex	Admission	Discharge	Contracted	Ward	After	Notes
11 <sup>th</sup> Dec	33	Male	June 16 <sup>th</sup> 1858	July 13 <sup>th</sup> 1858	Contracted	Jan 7 <sup>th</sup> 1858	X	404
11 <sup>th</sup> Dec	33	Male	June 16 <sup>th</sup> 1858	July 13 <sup>th</sup> 1858	Contracted	Jan 7 <sup>th</sup> 1858	X	404

History. A Melchman. Shoemaker by trade. Service 2½ years, of which time, he served 8 months in Australia, the remainder at Home.

While in his imprisonment from New South Wales, had occasional cough, but without pain or fever, & attributed to slight epistaxis. Was treated with the administration of Quinine, but after arrival in England, was admitted as 25<sup>th</sup> of Feb<sup>y</sup>, being affected with symptoms of Bronchial irritation.

Discharged apparently well on 25<sup>th</sup> April, but returned to Hospital 2 days after the following being the symptoms present; - cough, pain in left side of chest, some profuse expectoration, dyspnoea; emaciation, night sweats, & rapid pulse.

There's great dullness of percussion over left side of chest with Bronchial Rales, & the moist crackles & softening tubercles. On the right side the Respiratory Murmur is audible with occasional



Schlect piles.

On admission into General Hospital, the Present following Phenomena were observed: - History Flattering, under both clavicles, more marked under left. Percussion dull under right clavicle. & on applying the Stethoscope, loud mucous rales are heard. Has a short constant cough, with great dyspnoea; skin hot & dry; pulse rapid. Bowels slightly costive; & cannot sleep at night without taking an Enderby's Emulsion (prosepering).

Progress Continuing in much the same state in June 20th. No improvement. Cough & dyspnoea become very troublesome. Pulse quick & weak. June 22nd. Last night the Respiration was very laboured, cough still very troublesome, & a blister was applied. This morning he says he can breathe more freely, and that he feels stronger.

From this date he continued in a pretty comfortable condition until the evening of the 27th July, when the Pulmonary symptoms became more severe, patient very weak & prostrate, perspiring profusely, pulse small weak & rapid, polydipsia urgent, skin hot. Termination He gradually sank from this date, ultimately expired at 3 P.M. on the 12th July, his death being preceded by an attack of Diarrhoea.

Treatment. - Spectrums. Disphinctus. Sedatives - Antispasmodics - Cod. liver oil. Counter-irritation. Glycerine Diet. Wine & Brandy.

Section Cadaverica: - 46 hours after death.

External Appearances Much emaciated & pallid. Rigidity imperfect.

Cranium Dura Mater to bones at vertex. Brain somewhat soft. No effusion into ventricles, or subarachnoid spaces. Weight 3 lbs. 5 oz.

Lungs. Pleural adhesions very extensive on both sides. On the left, the pleura was thickened to the extent of 1/6 of an inch, there was some effusion amounting to 6 oz. Apices of both lungs studded with coarse tubercle, & several abscesses were observed. Lung substance anteriorly & at apex friable; posteriorly considerably congested but of a former consistence. No great injection of Bronchial membrane. Trachea & Larynx healthy. Weight of lungs 8 lbs. 12 oz. Heart: - Quite healthy. Weight 11 oz.



Abdomen. Liver healthy. Weight 3 lbs. 4 oz. Spleen healthy. Weight 6 oz.  
Kidneys: Left presents a slight tenderness & fatty  
 degeneration. Weight 5 oz. Right healthy. Weight 5 oz.  
 Large and Small Intestines healthy. No ulceration  
 detectable.

Chas. Rathay M.D.  
 Staff of St. George's.

No 15

Ref.	Name & Rank	Age	Disease	Admitted	Died	Contracted	Duration	Mark	Regimen	Notes
9 18 <sup>th</sup>	George Dunbar	31	Catarrh. Acute	Jan 4/58	July 15/58	Jan 1858	6 Mors. 15 Days	X	404	

Previous History An Irish laborer; of 8 years service at home. Patient states that he contracted a cold about 4 days ago, preceded by pigoas.

Present History On admission into Hospital, he complains of a very severe cough especially at night, but no pain, thirst, or much expectoration. Bowels open. Tongue clean. Pulse quiet.

Upon examination. Left supra-sternal region much flattened. Respiration beneath clavicles very much & at termination often moist rales are audible. The respiration is also loud. Respiration on right side not so loud. Action of heart very much more forcible than natural. Left side does not expand so well. There's some of left leg.

Progress of Disease His improvement became apparent on the 26<sup>th</sup> Jan. 58. Getting got purging, ribs at the end of inspiration. Bronchial breathing & Bronchophony under the left clavicle. Weakness & emaciation continue. Patient continued in a sort of chronic condition up to the 4<sup>th</sup> May, when he began to complain of tenesmus & diarrhoea. July 10<sup>th</sup> Diarrhoea urgent. Aphthous spots have made their appearance on tongue & lining membrane of mouth. Emaciation & weakness continue to increase. July 14<sup>th</sup> Growing weaker. Pulmonary symptoms much more. Flying pains throughout whole chest. July 15<sup>th</sup> Monrond. Min covered with a cold clammy sweat. Respiration laborious. Pulse almost imperceptible. Lips & tips of fingers livid.



Expire at 11.45 a.m.

Cod liver oil - Alteratives -  
Treatment Sedatives - Antispasmodics - Astringents -  
 Expectorants - Counterirritation - Tonics - Purgatives  
 and emetics Diet with Wine and Brandy.

Petio Cadaveris; - 24 hours after death

External Appearance Body very much emaciated. Rigidity not perfect.

Cranium Brain healthy. No effusion into the Ventricles. Weight 3 lbs.

Thorax. Extensive adhesions of pleura on both sides. Both lungs very far advanced in a state of suppurative degeneration. Inferior portion of Right lung congested & somewhat hepatized. A large number of cavities observed containing pus. Lobes infiltrated & granular Weight 4 lbs. 6 oz. Heart; - External appearance pallid. Valves & structure healthy. Weight 4 oz.

Abdomen. Liver enlarged, in a state of fatty degeneration Weight 4 lbs 4 oz.

Spleen normal.

Kidneys. Both in a state of advanced fatty disorganization. Left weighs 4 oz. Right 5 oz.

Small Intestines congested & a few points of ulceration detectable.

Large Intestines greatly congested, & present on external surface of ulcerations.

Chas. Rathay M.D.  
 Staff Surgeon

No 16

Regt	Rank & Name	Age	Disease	admitted	Died	Duration	War	Regt	Tells	Regt
18 <sup>th</sup>	Pte George Willey	23	Phthisis. Pulmonary	January 9 <sup>th</sup> 1858	July 25 <sup>th</sup> 1858	4 <sup>th</sup> Mo 19 Days	15	402	49	

An English Laborer, Total Service 3 years, of which he served 5 Mths in Malta, the remainder at home. He did not suffer from any disease until the commencement of the fatal one, which commenced in Malta on the 1<sup>st</sup>



of October 1856.

When he was admitted he complained of cough, but chiefly of pains in knees arising from varicose veins.

There was dulness on percussion of right front of chest in upper third, mucous rales mixed with bronchial breathing, bronchophony under right clavicle and puerile respirations on left side. From this time the symptoms of phthisis became gradually more developed. He lost flesh, and became weaker. On 22<sup>nd</sup> February he began to sweat at night and colliquative diarrhoea set in. In the latter end of March he rallied a little, got a little stronger and the night sweats left him.

On the 31<sup>st</sup> March, Bronchophony and marked dulness over apex of right lung existed, on the 15<sup>th</sup> of April there was a change for the worse, and he has continued getting weaker and sputtering gradually ever since. The colliquative sweats and diarrhoea returned and all the checks for the time by remedies always returned as soon as these were discontinued. On June 30<sup>th</sup> Cough was very severe he had night sweats and diarrhoea. Auscultation disclosed the symptoms of cavities at apex of right lung.

July 2<sup>nd</sup>. First complained of bed sores. These were kept in check by means of application of collodion and use of air cushions.

July 4<sup>th</sup> Diarrhoea and sweating set in most severely. Diarrhoea was checked by remedies but sweating continued.

July 17<sup>th</sup> Auscultatory signs of cavities at apices of both lungs. Sputtering gradually, no diarrhoea.

He died on July 25<sup>th</sup> at 3 o'clock P.M.

Treatment - consisted of Tonics, Iodide Potassii, Astringents.

Counterirritants. Cod Liver oil, Sulphuric acid. Expectorants &c.

Teichs Cadaveris: - 21 hours after death.

External. Great emaciation. Bed sores over the hips and sacrum.

Appearance - B

Brain - Brain very much congested. slight effusion into ventricles weight. lbs 2 of 13

Thorax - Heart, weight 3 1/2. appearance healthy.

Larynx & Trachea healthy.

Right Lung. extensive adhesions of pleura, no effusion in pleural cavity. cavities and abscesses through entire substance of right lung.

Left Lung. adhesions of pleura at apex, effusions in pleural cavity to amount of 3 1/2. cavities and abscesses in substance of apex.

Weight of both lungs lbs 4 of 2.

Abdomen - Liver weight lbs 3, of 7, healthy, Spleen weight of 9.



Healthy, Right Kidney, weight, oz 6, contained a large abscess, filled with pus and cheesy matter, Left Kidney, was healthy. Healthy. Intestines healthy.

John A. Leach

Staff Assistant Surgeon -

No 15 17

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Ward	Age	Sex
1317	Pt Pat Gormelly	42	Ascites	July 20 <sup>th</sup> 1858	August 1 <sup>st</sup> 1858	31 days	D	397	

An Irish labourer previous to enlisting has served 21 1/2 years of which 9 1/2 was in North America the remainder at home. In 1827 when in North America he was attacked with bronchitis, which never quite left him. He came into hospital at Fort Pitt on the 20<sup>th</sup> July suffering from bronchitis and ascites.

The ascites first showed itself when on board ship on the 1<sup>st</sup> July. his limbs & scrotum are very oedematous. Loud sonorous and subsonant rales were heard all over chest. Sounds of heart masked by the rales, but natural. Never had suffered from Rheumatism. Urine scanty & high colored.

He never rallied after his admission but sank gradually. The treatment was first Diuretics & stimulating expectorants latterly stimulents. viz Brandy Carb Ammonia & warmth to his feet. Died on Sunday Morning August 1<sup>st</sup> 1858 having been 11 days in Hospital.

Section Cadaver - 52 hours after death

Cranium - Slight congestion of brain, no fluid in ventricles weight 2 lbs 2 oz

Thorax - Great adhesions of Pleura to ribs particularly on right side Abscess in apex of right lung Left lung full of tubercles weight 3 lbs 14 oz heart healthy Effusion into Pericardium 1 ounce & half weight 11 oz

Abdomen - Three Quarts of fluid in Abdomen. Liver healthy weight 2 lbs 8 oz Right kidney lobulated & smaller than natural weight 3 oz Left kidney very large weight 10 ounces both are unhealthy being paler than natural Spleen healthy weight 6 oz Intestines healthy

Horatio Scott

Staff Assistant Surgeon



N<sup>o</sup> 18

Reg <sup>t</sup>	Rank and Name	Age	Disease	Admitted	Died	Duration	Ward	Registrar	Folio
19 <sup>th</sup>	Private George Boyle	26	Ascites	13 July 1858	2 <sup>nd</sup> August 1858	10 Months	N <sup>o</sup> 11	466	82

In Irishman & previous to enlistment by profession a tailor, of 3 years service, which were passed in the Crimea, India and at home. In September 1857 while on his way to India he was attacked with acute Rheumatism, on which soon supervened Pericarditis and Endocarditis.

On arriving in India he was constantly subject to pain over the Cardiac, severe palpitation with dyspnoea and extreme debility on account of which he was subsequently invalided. During the passage to England matters went on from bad to worse. Ascites set in, and when he was admitted to this Hospital the swelling of the abdomen was extreme. On percussion over the Umbilicus and Epigastrium a clear sound was elicited, but in the Lumbar Region along with dulness on percussion there was decided fluctuation perceptible. He complained much of coldness of the feet and legs, which on examination were found to be anæsthetic. While the penis and scrotum were œdematous and much distended. The action of the Heart was tumultuous and a bruit was distinctly heard with the first sound.

He was ordered strong Luncies and Hydropic Cathartics, but the dyspnoea increasing he was tapped in the scrotum and a large quantity of fluid withdrawn, which had the effect of temporarily relieving the dyspnoea, but only temporarily, for the fluid again accumulated, he was again tapped with the same results three days afterwards. The Lungs now became œdematous, and moist râles were heard over the whole chest. On the 30<sup>th</sup> the dyspnoea increasing the lips became livid, and on the 2<sup>nd</sup> August he expired at 4 A.M.

Wm Macartney M.D.  
Medical Candidate

Post Mortem examination at noon on 2<sup>nd</sup> August 1858

External appearance } Laidity of face, general œdema, mark of recent peritonitis abdominal  
Head } Brain normal, serum in the Ventricles and at the Base  
Thorax } Lungs, œdematous, Heart. (Pericardium contained about 3ij of serum.) ~~enlarged~~ color  
of ~~liver~~ pale. Mitral valves had some deposition which increased their thickness and impeded their due action  
Abdomen } Liver, normal, spleen larger than normal. Pithney's incipient degeneration. Large and small intestine had marks of former disease. - Fluid yellow pink in the cavity of the Abdomen.

signed P.D.  
H.M.

N<sup>o</sup> 19

Reg <sup>t</sup>	Rank and Name	Age	Disease	Admitted	Died	Duration	Ward	Registrar	Folio
83 <sup>rd</sup>	Private Michael Kurlaw	25	Dysentery Chronic	4 <sup>th</sup> May 58	5 <sup>th</sup> August 1858	4 months	N <sup>o</sup> 11	406	819, 58, 70

An Irishman and previous to enlistment by profession a laborer, of phlegmatic temperament and moderate conformation. Of 5 1/2 years service, 5 of which were passed in India, the



Remained at home. Between October 1836 & November 1837 he suffered from Intermittent Fever and seems seldom to have been out of Hospital on account of Chronic Rheumatism, for which he was eventually invalided to England on 24<sup>th</sup> November 1837. While on the passage he was seized with acute Dysentery which gradually became Chronic. When admitted into this Hospital on the 4<sup>th</sup> May 1838 he was much emaciated, his skin was dry and of a yellow color, his eyes were sunken, his pulse small and weak and he stated that during the 24 hours previous to admission he had been purged as often as thirty times. From his admission until his death the Register is composed of annotations of alternate relapses and deceptive improvements of statements relative to the varying number of stools in the 24 hours, of the presence or absence of Blood in them, of the appearance & disappearance of Mucine and Tenesmus, which only show the gradual manner by which death was brought round, without anything of interest added with respect to the features of the disease or the power of medicine in controlling it. From a review of the treatment the several Gentlemen through whose hands the patient in the course of the disease passed, seem to have exhausted all the remedies of repute in Dysentery with the exception of Enemata which do not appear to have been employed. Among the different medicines which were administered may be particularised the following. Opium & Hyd. c. creta Nitrate of Lead and Opium, Sulphate of Copper and various mixtures containing chalk Catechu & Opium.

### Post Mortem examination five days after death

I External Appearances. The body was much emaciated but decomposition was but slight.  
II Cranium. On removing the Calvarium the Meninges of the Brain were found normal with the exception of the under surface of the anterior lobe of the left hemisphere where the two layers of the Arachnoid were adherent by bands of plastic lymph, which however, judging from their consistence were not of recent formation. The Base of the Cerebrum itself was of diminished consistence being reduced almost to a pulp: both the cortical & medullary portions of the Cerebellum and the remainder of the Cerebrum were quite healthy. The amount of serum in the ventricles was not ascertained. The weight of the whole organ was three pounds 4½ oz.

III Thorax The right Lung weighing 16 8 oz. was found extensively adhering posteriorly and by its apex to the Costal pleura. On cutting it, the superior and middle lobes were found to contain numerous small tubercular cavities, the largest of which was about the size of a pea. The inferior lobe was infiltrated with serum all along its posterior margin, capitating and exuding a frothy serum fluid when pressed with the finger, its anterior margin was slightly emphysematous. Left Lung, the adhesions were confined to the apex, where there existed two cavities, the larger of which was the size of an egg, while the smaller was as large as a walnut.

The Heart weighed 5½ oz. was healthy in texture and perfect in its valvular arrangements. The ventricles contained a small quantity of fluid black blood without any coagula.

IV Abdomen. The stomach and the small intestines were distended with gas, while



The Colon contained a small quantity of faeculent matter, which was thin and of a yellow color. The stomach and small intestines as far as the middle of the ileum were much thinned but otherwise healthy. at the last named point the mucous membrane was covered with light red patches of enlarged vessels, and at the caecum the bowel suddenly became of a diffused deep violet color. while in the descending colon and sigmoid flexure several abscesses were found in the mucous membrane, some of which were half an inch in diameter. The Liver weighed 2 lbs 14 1/2 oz was healthy in texture, its large vessels were full of fluid black blood, but on careful examination no abscess nor morbid deposit was observable.

The Spleen weighed 1 lb 4 oz. was much indurated, being harder and less friable than the Liver, having almost the consistence of healthy kidney.

The Kidneys weighed 5 oz each, they were full of dark colored blood seemingly the result of sagillation, in other respects they were normal.

J. M. Macdonald M.D.  
Medical Candidate

9220

Reg <sup>t</sup>	Name & Name	Age	Disease	Admitted	Died	Duration	Ward	Regis <sup>r</sup>	Notes
00 <sup>th</sup>	Private Jas Elcock	27	Paralysis	June 26 <sup>th</sup> 1850	Aug <sup>th</sup> 13 <sup>th</sup> 1850	10 weeks & half	15	400	

Personal History James Elcock 27 an Englishman. Born 21<sup>st</sup> May<sup>th</sup> of this year & a half since. Six months of which term Africa has vaccinated, a groom, admitted into Hospital June 26<sup>th</sup> 50. First landed on board the "Cape of Good Hope" when at the forecabin he suddenly seized and fell down, on his arrival in Africa was admitted into Hospital when he remained six months, during which he recovered somewhat the use of his limbs, he has blinding & numbness at present suffers from

Present History Hemiplegia with retention of urine, could speak tolerably well, walks imperfectly, has severe pain in abdomen his features are in no way distorted, more raw of the arm than leg on the affected side, had retention of urine on several occasions with painful micturition & great pain in lower part of abdomen, obtained relief from blistering the sacrum & administration of opium with introduction of catheter & warm baths, these symptoms varied considerably up to his admission into Ward 10, when he was transferred from the latter to Ward 15 his symptoms then

Progress of case presents the follow<sup>g</sup>, the bowels obstinately constipated, face flushed, muscles of face drawn to right side, tongue coated, incontinence of urine, on 11<sup>th</sup> August he felt better & able to retain his urine, face not so flushed, bowels were acted on 12<sup>th</sup> the complaint of retention of urine but was relieved by catheter, penis swollen & a glutinous discharge from glans. The muscles of face drawn to right side & the general position of the body inclined to same side, imperfect articulation, passed a large quantity of urine during the morning & incontinence of urine of face, on the 13<sup>th</sup> he was unable to swallow & rejected medicine, passed urine freely but without power, breathing slightly stertorous, eyelids half open, face pale, ate nothing about five p.m. in the evening he became more & evidently moribund, the muscles of face a good deal contracted, breathing stertorous, discharge of thin yellowish matter from mouth, he died at half 5 P.M. same day.

Treatment The treatment consisted in administration Cat<sup>h</sup> opium, head shaved & cold application with blistering.

Post Mortem by amputation eighteen hours after death

External Appearances A strong muscular man & well formed.

Cranium Considerable sub-arachnoid effusion about an ounce and a half of serum at the base of the brain lining of pia mater congested, sections of brain presenting a number of blood points. Lateral occipital



## Thorax

## Abdomen

distended with serum. brain otherwise healthy, weight three pounds. three ounces —  
 Heart weighed ten ounces, valves were perfect, slight deposition of fat on anterior surface  
 of right ventricle, slight thickening of the ventricular walls. Lungs, weight 2<sup>lb</sup> 6<sup>oz</sup> 3<sup>gr</sup> a good deal congested,  
 Liver weight 3<sup>lb</sup> 6<sup>oz</sup> healthy in appearance & of its normal size.  
 The Left Kidney weighed six ounces slightly congested, The right Kidney weighed  
 five ounces & half, there was no appearance of congestion.  
 The spleen weighed 5<sup>oz</sup> 3<sup>lb</sup> & half & perfectly normal & healthy.  
 The stomach weighed half a pound contained about two ounces of thin serous fluid  
 the mucous coat presented patches of congestion. The intestines were healthy with the  
 exception of Colon & part of Caecum which presented an ulcerative condition.

No 21

John Lloyd  
 Medical Candidate

Regt	Rank & Name	Age	Place & Date	admitted	Duration	Ward	Regd Date	Died
1 <sup>st</sup> Grenadier	Pte John Lloyd	24	Val. Selph. Aug 2 <sup>nd</sup> 1858	12 months	3	186		13 August 1858

History. An Englishman by trade a Bricklayer 7 years in the service of which  
~~he served~~ he served six in India. Wounded August 12<sup>th</sup> 1857 by a musket  
 ball, before Delhi. The ball entered in front of the right axilla & escaped  
 through the upper and posterior part of the arm. Both surfaces of the wound  
 healed, but when passing from Calcutta the wound was re-opened, which  
 is now a sloughy ulcer.

General health indifferent and of a scorbutic tendency.

On the 3<sup>rd</sup> Oct. he complained of dysentery; the wound looked sloughy, the  
 tongue coated, gums spongy, complaints of pains in the back, side &  
 loins especially in the right hypochondriac region.

On the 7<sup>th</sup> Oct the dysentery had increased this cough was troublesome, the  
 sputa were purulent & very tenacious, on listening to the chest sounds of  
 all kinds were to be heard perfectly masking the heart's sounds; Pain  
 in the right side. Pulse small & quick. Epistaxis so considerable as  
 to weaken him greatly. Slight diarrhoea.

August 8<sup>th</sup> Diarrhoea still continues, appetite very bad, dysentery  
 cough the about the same.

August 9<sup>th</sup> He still suffers from diarrhoea, very restless at night, seems  
 to be in every respect worse.

August 10<sup>th</sup> Complains greatly of pain in the right side, appetite very  
 bad, suffers much from vomiting.

August 11<sup>th</sup> Bowels not open to day. his face looks anxious, eyes are  
 sunken, Pulse very weak & quick, appetite entirely gone.

August 12<sup>th</sup> Bowels not open for 48 hours, is getting very low, complains



quality of pain in left side, cough much expectorating thick, foamy, spata.

August 13<sup>th</sup> During last night did not sleep at all, seems much worse, pain in side increased, looks very anxious, groans with each expiration; Pupils do not readily act, skin cold & clammy; Pulse 100 very small & weak; Heart's action not audible from the loudness of the rhonchi, its impulses too small to be felt.

8 $\frac{1}{2}$  P.M. He showed all the symptoms of approaching death; the breathing was stertorous, eyes turned up motionless, eyelids half closed, lower jaw dropped &c. skin cold & covered with perspiration, pulse scarcely to be distinguished. Pupils still not open.

At 4 past P.M. he expired.

Treatment? The treatment has consisted of blisters to the side.

Diaphoretics & tonics. Diet, buttermilk for his hair loss and St. Pissini for the subsequent constipation. His diet has been of the most nourishing description. Beef tea & wine & Sully, also food as long as he would take it.

### Post Cadaveris 20 hours after death.

I External Appearances. The aperture of entrance of the ball about an inch in diameter was observed to be situated on the front of the right shoulder and, on inserting a probe, it was found to penetrate backwards between the upper part of the shaft of the humerus and the large vessels & nerves in the axilla none of which were injured and passed as far back as the integuments on the posterior fold of the axilla where the aperture of exit was seen to be closed. The tract of the ball was of a dark color and in a sloughing state and contained three small pieces of necrosed bone. A portion of the shaft of the humerus on its inner side about two inches below its head was bare and denuded of periosteum and canous. There is also a depression in this situation from loss of bony structure where the ball had caused a partial fracture.

II Cranium. Membranes of brain much congested, the brain otherwise healthy. W. 3 lb.

III Thorax. There were 5 oz of serum in the pericardium; Heart healthy. W. 11 oz. The mucous membrane of the larynx, trachea and bronchial tubes, as far as they could be traced into the lungs of a deep purple color and highly congested. The right pleural cavity free from adhesions. The left pleural cavity slightly connected to the walls of the chest from a scanty effused lymph, a thin coating of which covered the inferior lobe. On making a section of both lungs they were found adenomatous; several small foci the size of a bean containing deposits of pus were found in the substance of the inferior lobe of the left lung, and the surrounding substance was somewhat condensed. W. 4 lb. 4 oz.

IV Abdomen. The liver was much enlarged and of a dark slate color, the structure



the structure being otherwise healthy; the gall bladder was filled with a thin watery bile. W. 6 lb. 14 oz.

The spleen was also greatly enlarged, the structure being soft and easily broken up. W. 4 lb. 4 oz.

The kidneys were very much enlarged & presented the appearance of granular degeneration in the second stage, none of the tubular portion being as yet affected. W. R 16 oz. I. 13 oz.

The stomach and intestines were slightly congested, and of a dark livid slate color from a carbonaceous deposit.

John Henry Jeffcoat  
Medical Candidate.

No 22

Reg <sup>t</sup>	Rank & Name	Age	Diseases	Admitted	Duration	Bed	Food	Reg <sup>t</sup>	Notes
32 <sup>nd</sup>	Private John Wheman	26	Phtisis Pulmon.	July 27/1850		Aug 16/50	15	4000	

### History

John Wheman 436 in Dickman, Private 32<sup>nd</sup> Reg<sup>t</sup> of Sig. Guard & help service at home during that period, admitted into Hospital on 27<sup>th</sup> July 1850 being previously at the Garrison Hospital since 24<sup>th</sup> April. On his admission he presented an emaciated appearance, lips bloodless and eyes swollen. On stethoscopic examination there is symptoms of a cavity existing on left side & tubercular deposit on right side with bronchial respiration expectoration purulent & very copious, night sweats & purging, troubled with phib. also Ischuria in lens, action of heart normal, third finger of right hand removed at junction of first & middle phalanx.

### Progress of Case

On 30<sup>th</sup> July the purging not so violent but the cough nothing improved, on the 1<sup>st</sup> Aug<sup>st</sup> passed a restless night, on the 5<sup>th</sup> the night sweats continued & purging too. On the 11<sup>th</sup> when again perspired there was dulness with cavernous rales & pectoriloquy bronchophony, expectoration fetid & tinged with blood, pulse much & quick, night sweats heaviest, countenance anxious, skin a little eructed, sleep disturbed, on 15<sup>th</sup> felt easier but weak, bowels still loose. On 15<sup>th</sup> passed a restless night, requested his draught, slight haemoptoe, cavernous respiration, pectoriloquy, heints action audible over a large extent. Complained of ringing in ears, pulse small & frequent, bowels better. On 14<sup>th</sup> passed a pretty good night. On 15<sup>th</sup> coughed a good deal during night time, expectoration profuse & frothy, general dulness of body, of a low temperature, much bluish, drowsiness. On 16<sup>th</sup> bowels were a little relaxed & a cold perspiration over thoracic region, countenance pale & anxious, had a severe attack of dyspnea last night, pulse still frequent cavernous respiration, throat sore, put slightly & unable to articulate, he is perfectly insensible, this consciousness continued to the moment of his death which occurred at seven & 1/2 P. M. same evening.

### Treatment

The treatment consisted of expectorant, Iodine, counter irritation, sedatives & generous diet with liberal allowance of wine.

John Geo. Davie  
M.C.



Recto Cadaveris 42 hours after death  
Body much emaciated and pallid rigidity imperfect.

Ext<sup>l</sup> AppearancesCraniumThorax

Veins of Pre-morta Congested, no effusion into ventricles, weight of brain 3  $\frac{1}{2}$  lbs.  
About 20 ounces of serum in pericardium, firm coagulum in both ventricles, in the left a fibrous clot extending up the course of great vessels, weight three quarters of a pound.  
Pleura pulmonalis & costalis adherent extensively particularly at upper portions of both lungs, numerous abscesses about half an inch in diameter occupying the posterior portion of pleura costalis & involving the adjacent intercostal muscles a large quantity of serum in pleural cavity, bronchi in apices of both lungs filled with purulent matter & tubercular deposit in other sections of their substance bronchial tubes much dilated & filled with tenacious mucus, weight 5 lbs 13  $\frac{1}{2}$  lbs.

Abdomen

Peritoneum rather pale in colour, stomach distended with flatus otherwise normal in appearance weight 6  $\frac{1}{2}$  ounces -

Liver very soft & friable, gall bladder distended with bile & nothing enlarged weight 2  $\frac{1}{2}$  12  $\frac{1}{2}$  lbs. The Spleen anterior surface presented a dark & congested appearance weight 9  $\frac{1}{2}$  lbs. - The right kidney very pale & soft consistence weight 6  $\frac{1}{2}$  lbs. The left same appearance weight 7  $\frac{1}{2}$  lbs. - Intestines pale & distended with flatus presenting color and rectum presenting several ulcers on their mucous coat & hemorrhoidal vein enlarged and broken.

John F. Davidson

Medical Candidate

At 23

Page	Name and Name	Age	Admitted	Died	Duration	Contracted	Ward	Page	Notes	Remarks
47	Thompson, J. S. Hollway	18	July 21 <sup>st</sup> 1858	18 <sup>th</sup> August	13 months	At home	1st	105		At home

History

John Hollway admitted for the first time into Hospital for an attack of Hemoptoe and complaining of all the symptoms of incipient Phtisis, rapid pulse, hectic flush, night sweats, spitting scanty and purulent, after remaining in Hospital for a short time he went to his friends on leave for 5 months and during that time regained some of his former strength and flesh, after a short time he was again admitted into Hospital on the 17<sup>th</sup> April/58 having shortly before had an attack of Hemoptoe - Examination of the chest, bronchial Rattle was very audible in the left subclavicular and mammary regions - with evidence of tubercular matter breaking up, some 6 coughed up 7  $\frac{1}{2}$  oz of streaked blood 7<sup>th</sup> 1858 with a quantity of purulent matter mixed with it 5<sup>th</sup> Bronchial Rattle in right subclavicular region most expectorated mucus in supra clavicular space 27<sup>th</sup> Diarrhoea set in and continued for several days.

Treatment

Counter Irritation by Scaton repeated application of olei Turp. - Internally Pill Scilla Pill Opium. Potass acetate. Mist Crota C. Quina Solut. & Acorn.



*Empyema acetabuli* General Diet Miss Porter.  
On his admission into Fort Pitt Hospital July 21<sup>st</sup> 1858. he complained of  
cough pain in the left Mammary region night sweats and all the symptoms  
of an advanced case of Phtisis he had become very much emaciated &  
sometimes complained of Palpitation of the heart. Expectoration was small &  
thin, comparative dulness beneath the left Clavicle. Signs of cavity  
at the posterior part of the left lung. Heart sounds normal  
August 1<sup>st</sup> from this date he gradually became weaker and more  
emaciated the cough preventing his sleeping well at night and producing  
pain in the chest and dyspnea which were partially relieved by the  
application of Turpentine stupes. 4; on the morning of the 7<sup>th</sup> he  
was unable to get up and appeared to breathe with great difficulty,  
he could not lie on his back but sat up as that position gave him the  
greatest relief, in the evening the dyspnea had not become any better  
ordered him a draught of Chloric Ether. he died on the morning of  
the 18<sup>th</sup> August.

### *Section Cadaveris 22 hours after death*

#### External Appearance

#### Cranium

Greatly emaciated. the rigidity of the body was nearly complete.  
Meningeum and substance of the brain slightly congested -  
weight 3 lbs 4 oz -

#### Heart

#### Lungs

Healthy weight 9 ounces

The Pleuronic membrane of the lungs was slightly congested  
especially at the base part, extensive adhesions of both  
Pleura at the posterior part. a large bronchus existed at the  
upper and posterior part of each lung that in the right lung  
being about the size of a walnut. Quantities of tubercles  
were scattered through the parenchyma of each lung, both lungs  
broke down very easily under pressure but more especially the right  
weight of lungs 4 lbs 7 oz

#### Liver

Healthy with the exception of a small Hydatid on the anterior  
part of the right lobe weight 3 lbs 8 oz

#### Spleen

#### Kidney

#### Stomach

#### Intestines

Healthy weight 7 ounces

Right, healthy weight 6 ounces, Left, 6 ounces -

Normal

Healthy

Fort Pitt

August 23-1858

James Wilson M.D.

Medical Candidate



No 24

Regt	Rank & Name	Age	Admitted	Died	Duration	Contested	Disease	Days	Age
51	Private Joseph Blackburn	100	August 6 <sup>th</sup> 50	Aug <sup>t</sup> 25 <sup>th</sup> 50	<del>4 weeks</del> 4 1/2 years	Valencia	Yellow Fever	15	400

## Previous

## History

An Englishman. At 100, been employed as Piece in a Cotton Mills, has been up to the period of his admission with the exception of an attack of Rheumatic fever four years past, has been in the service only six months, about 2<sup>nd</sup> July was in the Hospital of Valencia. Contracting of Pneumonia for which he was bled.

## Present

## History

Present symptoms are strongly indicative of acute disease, there is increased action over left ventricle & cardiac region in general, strong bruit de soufflet, dyspnea, homophony, pallor in left subclavian region, bronchophony & some pectoriloquy, pulse small & frequent has had vomiting, expectoration fetid - on 8<sup>th</sup> Sept was very low and depressed the vomiting somewhat diminished - on the 9<sup>th</sup>, strong bruit, pulse small & quick, countenance anxious, slept better, slight homophony, on 10<sup>th</sup> he expressed himself better & had a good night's sleep, the dyspnea not so frequent, pulse still quick, heart action not so violent, the 12<sup>th</sup> slept better, dyspnea diminished, legs not so

## Progress

of

## Case

broken or painful, pulse still small & quick, yellow tinge of skin, conjunctiva similarly colored, stools regular, expectoration fetid & tinged with blood of a thin yellowish consistency, on 13<sup>th</sup> passed in rather night having ejected his bowel brought, conjunctiva still yellowish, but slight homophony, pectoriloquy & cavernous expiration over left side, on 14<sup>th</sup> got a favorable night, the difficulty of breathing lessened, yellowish tinge more apparent, feet & ankles now became swollen brought last night, on 15<sup>th</sup> 16<sup>th</sup> his sleep was alternately good & indifferent, the yellowish becoming of a purplish hue & face kind of general brownness, the conjunctival vessels inflamed, breath offensive, wished his head to be very low, breathing less hurried, on 17<sup>th</sup> the face became almost purple & emphysematous to the touch, the dyspnea even expectoration offensive, wished his head to be still below the level of the body, on 18<sup>th</sup> he did not wish to be disturbed, the entire surface of the body now became of a purple hue, eyelids completely closed & face very much swollen, on 19<sup>th</sup> the body & conjunctiva greatly swollen & assuming a yellowish color, heart action low, his protruded over the bed on his face, lips & eyelids greatly enlarged, on 20<sup>th</sup> days he died with after the brought & felt no pain, his countenance, the deep purple much more pronounced, his stools under him last night for past two were very dark & almost black in colour.

## Termination

Termination of a similar type, every day a diffused shon of colour on the surface of the body, then are low, walls hard & rigid, still the same brownish & yellowish area in throat, the pulse can scarcely be distinguished from the broken condition of the arm, he is perfectly conscious & continued in this state up to 4 P.M. in the afternoon, the dyspnea becoming frequent & urgent at twenty minutes past four he succumbed his death being preceded by a copious discharge from the bowels.

## Treatment

The treatment consisted of expectorants, sedatives, antispasmodics & general diet with a very liberal allowance of wine & brandy.

## Sectio Cadaveris 17 hours after death

## External

## Appearances

Body yellowish, soft and emphysematous to touch, integuments over scapulae bones, the anterior surface of thorax & lower apex of a purple hue.



Cranium

The membrane adherent to upper surface of each hemisphere throughout its whole length close to longitudinal fissure. Lines of fluid in each lateral ventricle, structure healthy  
Weight 3  $\frac{1}{2}$  lb

Thorax

See right pleural cavity 25  $\frac{1}{2}$  of fluid of a deep orange red colour - in left 12  $\frac{1}{2}$  of same, both extensively adherent to upper surface of pericardium & base of diaphragm. Pericardium adherent to pericardium & generally enlarged. Pericardium encased in a yellowish colour & evidently suppurative - weight 1  $\frac{1}{2}$  2  $\frac{1}{2}$  lb. Bronchi filled with tenacious mucus & of yellowish colour uniformly coating the trachea & bronchi, divided hepatized at base of left lung. No appearance of tubercular deposit. Weight 2  $\frac{1}{2}$  11  $\frac{1}{2}$  lb

Abdomen

Peritoneum of yellowish tinge 21  $\frac{1}{2}$  of fluid of an orange red colour in abdominal cavity. Upper surface of liver found adherent to under surface of the diaphragm. Gall bladder fully distended with a thickish black fluid resembling coffee grounds. Right lobe of liver extensively congested & inner lining of hepatic vessels minutely discoloured, weight 2  $\frac{1}{2}$  15  $\frac{1}{2}$  lb. Spleen the peritoneal coat closely adherent to diaphragm, much indurated. Weight 6  $\frac{1}{2}$  lb

Right kidney normal weight 6  $\frac{1}{2}$  lb. Left same condition weight same - Pancreas much enlarged -

The lower end of Stomach & Caecum & whole of Colon were pulpy, much thickened & intimately congested here & there covered with hemorrhage in spots.

August 24<sup>th</sup> 1850

John F. D. Davis  
Medical Candidate

Regt	Name and Name ago	Disease contracted at	Place	Duration	Entered	Ward	Regt	Notes
57	Rivett, Thomas Henry	23	Pat. Palace July 26 <sup>th</sup>	Left 31 <sup>st</sup> 8 months	Dec 57	14	105	

Young soldier of strenuous diathesis contracted his present disease during some inclement weather in the month of December 57. He was then undergoing his rifle instruction at the rifle range at St George's Bay. An examination of the chest gives positive evidence of the existence of Tubercle & as he has acquired sufficient strength within the last few months to enable him to undertake the voyage it is considered desirable to send him to England for change of climate. He is a man of good character and his disease is solely the result of climate and exposure acting on a constitution hereditarily predisposed.

An Irishman Porter, service 5 years of which 18 months in the Crimea & Spain in Malta the rest at home. Right arm. Pulmonary symptoms much better. is very much emaciated and feels very weak in diaphragm now. Physical signs. Chest flat & narrow considerable depression over suprasternal & infrasternal regions.

July 20<sup>th</sup>  
Recent Condition



Percussion dull over the apices of both lungs in some situations the respiratory murmur is harsh and feeble and attended by Gargoulement mucous and subglottic rales. Posteriorly respiration is somewhat tubular no great increase of vocal resonance expansion of the chest equal on both sides heart impulse and sounds feeble no marks of strabismus  
27<sup>th</sup> Pulmonary symptoms continue same no night sweats appetite better. Sleeps well.

From the 25<sup>th</sup> till the 30<sup>th</sup> he suffered from severe attack of diarrhoea which weakened him very much

August 21<sup>st</sup> till 26<sup>th</sup> During this time he suffered from alternate attacks of constipation and Diarrhoea the latter sometimes very difficult to control. 25<sup>th</sup> The feet became edematous and cold, complained greatly of weakness. During the night of the 21<sup>st</sup> he suffered from severe attack of dyspnea caused by the accumulation of sputa in the lungs consequent upon weakness.

He died on the morning of the 30<sup>th</sup> at 8.15. His treatment while in this Hospital consisted in Iodine and medicine given to act as astringents upon the bowels counterirritation to the chest & Good diet Wine Brandy &c.

James Wilson M.D.  
Staff apt. Surgeon

*Sectio Cadaveris*  
48 hours after death.

External appearance

Great emaciation

Cranium  
Thorax

Brain Healthy Weight 3lb. 4 oz.

Heart Healthy. Rather small. Weight 6 oz.

Trachea extensively ulcerated especially near the bifurcation Both Pleura were adherent near the upper and anterior parts.

At the apices of both lungs there were two large firm tubercles with many tubercles scattered thru the parenchyma of each lung and also tubercles undergoing softening. Weight 3lb. 7 oz.

Abdomen

Liver very much enlarged and presenting that peculiar form of fatty degeneration so common in patients dying of Phthisis. 6lb. 4 oz.

Gall Bladder very much distended with bile. Spleen healthy 6 oz.

Kidneys right healthy weight 6 oz. left slightly enlarged weight 7 oz.

Intestines slightly ulcerated at the rectum.

James Wilson M.D.  
Staff apt. Surgeon

Forst Pitt  
Sep 2<sup>nd</sup> 1858.



Age	Rank and Name	Sex	Origin	Admitted	Died	Duration of Illness	Brand	Page	Notes
26	Private James Neil	Male	Highland Chance	Aug 6	Sept 1826	Sept 1826			

The Indian of 27 years service, of which  $5\frac{1}{2}$  was passed in China, 3 months in India, 3 years in Gibraltar, 14 in Canada, 3 years in Bermuda, & the remainder at home. States that during the last 12 months he has been becoming gradually thinner. On percussion the Apices of both lungs are found abnormally dull and on Auscultation the inspiratory murmur is found harsh and the expiratory murmur prolonged and abnormally loud. In the right subscapular region coarse crepitation is audible. He coughs both day and night & spits scarcely any. The expectorated sounds are normal but accelerated, he complains of severe pain in the right hypochondrium aggravated on pressure and coughing. His appetite is bad but he sleeps well. He remained in this state until the 20<sup>th</sup> when the pain was so much relieved that he felt it only during the act of coughing. He had diarrhoea which readily yielded to an ordinary astringent mixture 22<sup>nd</sup> He feels himself much better has had no return of Diarrhoea complains of want of appetite 23<sup>rd</sup> has had distressing singultus during the night which prevented him from sleeping - ordered a mixture of Nitro-Muriatic Acid, combined with the Calumba, and a draught of Nitric Ether and Condurmaria to be taken at once. Soon the singultus continued - ordered powders of Soda & Calumba. Imperfect fermentations in the abdomen. Evening neither the draught nor the powders have any power in controlling the hiccup. Ordered mixt. of Opium in Ag. Menth. and Tr. Card. 24<sup>th</sup> He is much better has passed a comfortable night the hiccup is again returning. Ordered to repeat the draught. 25<sup>th</sup> Singultus continues but he no longer suffers from sudden inflation of the stomach with gas. 26<sup>th</sup> The hiccup continues. Hydrocyanic acid was resorted to, but without affording relief. Chloroform was administered both by draught & inhalation with the effect of quieting the hiccup for a time. He now complains of severe dyspnoea arising suddenly from the distension of his stomach with gas. 27<sup>th</sup> The hiccup continues. Hydrocyanic acid was resorted to in vain. Alkalies were now administered. He having now had acid vomitings, the Carbonates being avoided on account of his incapacity for suffering Carbonic acid gas, thereby increasing the dyspnoea. From this time up to the 30<sup>th</sup> he was in turn given Calomel & Opium. Tinct. Antispasmodic - Volatile oils Aromatic spirits of Ammonia and Mustard pastilles & Belladonna plaster were applied to the Epigastrium but of them all none of them seemed to have any beneficial effect except opium and that only while he continued under its influence. 30<sup>th</sup> The hiccup is occasionally present only he has had one return of the vomiting. He looks very weak, the tongue is red and pretty moist he complains of soreness of the fauces. Same Evening tonight he is much worse has had great dyspnoea during the day the breathing is gasping the tongue red dry the pulse is small weak and about 90 per minute. The impulse of the heart cannot be felt but on Auscultation - the sounds are more distinctly heard on the right side than on



the left of the sternum in the infra clavicular region on both sides there is heard rhonchi and large crepitation. He has eaten nothing during the whole day and has a return of the diarrhoea 3 or 4 chalky stools to be taken after each stool.

31<sup>st</sup> This morning he is much better the breathing is easier the tongue moist the singultus gone he has passed a very good night but this morning the diarrhoea has returned. Ordered Pectoral and Splanchnic.

Sept 1<sup>st</sup> This morning he is much better the breathing is easier the tongue moist the singultus gone he has passed a very good night but this morning the diarrhoea has returned. Ordered Pectoral and Splanchnic.

Evening - He has been wandering in his sleep. The voice is husky - the breathing deep and sighing and old fistula for which he was treated in Canada has broken and discharging a little, the hiccup almost the pulse 108 per minute and very weak. Ordered an ounce of beef tea and Rhine to be given immediately. Wine and Beef tea also to be given in small quantities from time to time by the Mouth -

2<sup>nd</sup> He has slept well but better there is no return of diarrhoea and hiccup breathing less sighing the pulse very small and cannot be counted. The beef tea and wine to be continued as yesterday.

3<sup>rd</sup> He has had three stools during the night he is very weak the features sharpened the eyes sunk pupils dilated cannot speak. Stimulants were ordered but he expired as he died at 8.30 p.m.

Wm H. Mercantour M.D.  
Staff Assistant Surgeon

### Section Cadaveris 64 hours after death

External  
Appearances

Much Emaciated

Cranium

Dura Mater adherent along Superior Longitudinal Sinus Weight 2<sup>lbs</sup> 3<sup>ozs</sup>

Thorax

Pleurae, Extensively adherent on right side Left merely at Apex.

Lungs

Right. A large Cavity extending from the superior to the inferior lobe passing over the middle which at least was not so much disorganized and projected into the Cavity. It contained a large quantity of tubercular matter.

Heart

Left Tuberculous at Apex (Weight 6<sup>lbs</sup> of both) with small Cavities <sup>cont</sup> through.

Abdomen

Liver Cirrhosis or Nutmeg Liver throughout except the Lobulus Quadratus a mass of Fat or Wax.



Kidneys, Right & Left Both healthy Weight of each 60 grs.

Spleen Small Healthy Weight 7 grs

Stomach Healthy

Intestines Small. Numerous tuberculous Ulcers the size of a shilling or half a crown at intervals of three or four inches throughout these intestines

Large Transverse and Descending Colon much contracted from cicatrization and submucous deposit  
Mucous membrane much thickened

Mesenteric Glands, Masses of tuberculous deposit hard & cheesy

John W. Lee Marshall  
Medical Candidate

No 27

Regt	Rank & Name	Age	Disease	Admitted	Duration	Disch	Contracted	Ward	Height	Weight
112	52	Captain James Lyons	23	Phthisis	June 17 1850	5 months	16 Sept 1850	12 April 14	415	

Previous History

Present History

An Irish Volunteer of 5 1/2 years service; from of which he served in the East India, never complained of sickness, debility or lamination previous to enlistment. He now presents a sallow complexion with impaired constitution & debilitated frame, much emaciation on examination his chest presented an emaciated appearance, large ribs quite distinct with the intercostal spaces depressed, percussion elicited a dull sound over the entire chest more especially over the left subscapular region, auscultation reveals the presence of bronchiae in both lungs but in a more advanced stage in apex of left than of right, heart sounds normal & slight functional disturbance manifested with regular increase from exertion, prostration of course & slight exertion of 1000 moderate temperature, no diarrhoea or hæmoptoe, by prostration scanty & mucous purulent & sanguineous without odor, appetite & strength much impaired; there were but a few dried discharges on state manifest about his chest & a slight enlargement of size of the cervical glands, had dysentery in India for 5 months from which he retired cured, had also palpitation last lately recovered but at present in a very weak & prostrated state of health. This patient was previously admitted into the Garrison Hospital on 13th April suffering from cough, prostration, nocturnal perspiration, loss of flesh & consequent debility, anorexia &c. which symptoms indicated serious organic disease of the lungs. He had hæmoptoe, was treated there by sedation, hygienic means, Iodine, cod liver oil. Made rapid & nutritious food, by then was referred to this Hospital



Progress  
of  
Case

on the above date when he remained up to the period of his dissolution the progress of this case was of the ordinary character which Phthisical patients generally exhibit namely hæmoptoe occasionally with alternate hæmaturia, frequent dyspnoea, profuse nocturnal perspiration, capricious appetite, insatiable thirst instead of stomach. Complete nocturnal rigors & edematous condition of feet such were the varying symptoms from the period of admission to within a few days of his death, he then rallied somewhat & the urgency of his symptoms were slightly mitigated, finally his appetite utterly failed & nothing remained to support & prolong existence but a very liberal administration of strong stimulant - by night large doses of Morphine were given to procure sleep combined with antispasmodics in draught, on the 14th Sept an violent chill occurred indicating the rapid decline &

Termination

within the previous day these symptoms were obvious, such as loud bronchial rales, with aphonia & thick viscid phlegm filling up trachea & bronchial tubes with inability to get rid of it, pulse small weak & intermittent with a constant desire to urinate, in this state he remained perfectly conscious up to 11 1/2 P.M. same day when he expired.

Treatment

Treatment consisted of sedation, expectorant, antispasmodics, counter irritation Cod Liver oil, generous diet & a liberal allowance of wine, brandy & lemonade.

Electro Calaveris 24 hours after death

Exh

Appearance

Cranium

Thorax

Abdomen

Body presents extreme emaciation, no discoloration - rigors mostly imperfect - nothing abnormal observed, brain weight 2 lb 3 1/2 -

Heart healthy, a fibrous clot existing in both ventricles weight 8 ounces - Trachea & Larynx extremely ulcerated posteriorly particularly below it - little above its bifurcation.

Lungs very much adherent especially at right apex and inferiorly to diaphragm, a quantity of serum in Cavities.

Lungs presented large rounded apices with tubercular infiltration weight 4 lb - 12 ounces

Pleurae healthy 3 1/2 ounces of straw coloured fluid in Cavities -

Liver healthy weight 2 lb - 4 ounces

Spleen normal weight six ounces

Right Kidney healthy weight 6 ounces - Left 10 1/2 ounces in weight

Intestines hardened feces in colon with patches of ulceration extending to rectum.

Wm. J. C. Davison  
Sept Surg 26th Calaveras



No. 28

Regt	Rank and Name	Age	Disease	Admitted	Discharge	Died	Concluded	Ward	Regt	Expire
14	Sgt Andrew Harnage	35	Phthisis	June 11/50	Indian Mts	Sept 19/50	August 14			

Previous History

As Irishman, previous to enlistment a Clerk, Service ten years, the whole of which time he served in India, vaccinated in right arm, temperament lymphatic. This patient has been ill for last 12 months attributed to effects of climate & fatigue not aggravated by him or misconduct. first complaining of cough & dyspnoea from over exert of chest & esp. by perforation, observed his sputa streaked with blood, perspiris profusely nightly, lunation since disease commenced great. There was no hereditary predisposition previously by any equal health. The physical signs presented on examination the follow

Present History

Chest very full: dyspnoea over supra & infra claviculae regions with marked perspiration note dull over apex of lung, especially right one, respiration rough & accompanied by abundant mucous rales also coarse crepitations, vocal resonance increased amounting almost to bronchophony below right clavicle hyperaemia here in right side. heart impulse strong otherwise normal, sounds natural, the above phenomena most distinctly heard in right side, these signs & symptoms varied considerably during the period of his illness having been attacked with "Dyspnoea" or "as" on some few occasions, otherwise they were

Progress of Case

presented nothing to be commented on beyond ordinary cases which phthisical patients generally run, as last prominent symptom exhibited early during the progress of the disease it was combated by the most active & energetic measures notwithstanding which it made rapid strides to the period of his dissolution retaining consciousness to the moment of his death which occurred at half past five on the morning 19<sup>th</sup> September

Treatment

Treatment consisted of tonics, sedatives, expectorants, antispasmodics counter irritants given on with throughout with a very liberal allowance of wine & brandy & lemonade

Wm. J. D. M. D.  
Asst Surgeon 26<sup>th</sup> Cornwallis

No Post Mortem



No 29

143

Regt	Name	Age	Disease	Admitted	Discharge	Contracted	Ward	Regt	Folio
86.	P <sup>te</sup> Michael Geoghegan	28	P <sup>te</sup> H. Pulm.	Nov <sup>r</sup> 1857	18 Month	Sept 25/58	B	409	5.

P<sup>te</sup> Michael Geoghegan at 21. 86 Regt. admitted into the General Hospital at Fort Pitt on the 25<sup>th</sup> Nov<sup>r</sup> 1857 with an attack of Diarrhoea. He suffered from this attack for some time and on the 7<sup>th</sup> Dec<sup>r</sup> was attacked with Erysipelas of the face from which he did not completely recover till the following April during that time several abscesses formed about the head and face which were treated by free incision. On his recovering from this attention was first directed to the chest from his having caught cold. On Examination nothing remarkable was observed about the form or movements of the chest, over the Sternum about the top in the marks of atelectasis, on percussion there is slight dulness from about the junction of the 3<sup>d</sup> Costal arch with 4<sup>th</sup> rib on the left side and extending to about the same point on the right and upwards to the Sternoclavicular articulation. The respiratory murmur is muffled by bronchial breathing in the lower portion of the chest the breathing is also bronchial. Heart sounds quite natural. He continued in this state and on the 4<sup>th</sup> of June was again attacked with Erysipelas from which he recovered in a few days. The cough is very troublesome and there is extensive dulness at the apex of the left lung. Sept 4<sup>th</sup> low murmur. rales and rattle at the apex of the left lung. on the 12<sup>th</sup> of this month he appeared to rally greatly but the improvement was more apparent than real. Sept 15<sup>th</sup> he now gradually got better daily and was only kept alive by the free administration of Stimuli with Nutrition Diet. He died on the morning of the 20<sup>th</sup>. His treatment consisted in Cod Liver oil Nutrition Diet Stimulants. Tonics & Sedative draught at night.

Sicco Cadaveris

2 Days after Death.

External Appearance	Great Dissection
Cranium	Brain healthy. Weight 2 lbs 15 oz
Thorax	Lungs and Trachea both healthy
	Plura both most extensively adherent
	Lungs many Cystics in upper lobes of both. Superiorly tubercles numerous and of various consistencies. Weight 5 lbs 30 oz
	Heart healthy weight 10 oz
Abdomen	Liver healthy gall bladder distended with bile. Weight 3 lbs



Spleen  
Kidneys  
Intestines

Healthy height 5 $\frac{1}{2}$   
Look healthy left weight 7 $\frac{1}{2}$  right 5 $\frac{1}{2}$   
Healthy slightly ulcerated at the lower part

Fort Pitt October 1<sup>st</sup>  
1858

James Wilson M.D.  
West Surgeon 3<sup>rd</sup> Buffs

No 30

Regt	Rank and Name	Age	Sickness	Admitted	Duration	Died	Contracted	Ward	Page	Folio
34	C <sup>o</sup> Owen Doyle	24	Wet Sallop	31 August 1858	11 months	18 October 1858	Bampong	2		

C<sup>o</sup> Owen Doyle 34<sup>th</sup> Regt aged 24 Total service 1 $\frac{1}{2}$  of which 4 months in Malta 1 year in the Crimea and the remainder in India. Wounded at Bampong 26 November 1857 by a musket ball which entered the right side of the chest 4 inches to the outer side of right nipple between the 6<sup>th</sup> & 7<sup>th</sup> ribs about 2 inches under the right axilla and passed inwards and backwards between the 10<sup>th</sup> and 11<sup>th</sup> ribs posteriorly where it lodged under the skin and muscles about 2 inches from the spinous process of the vertebrae where it was cut down upon and removed. The ball on entering the chest fractured the 7<sup>th</sup> rib and on making its exit fractured the 10<sup>th</sup> rib. The usual symptoms attendant on wounds of the lungs presented themselves. The man stated that air passed out of both wounds, and he spat up blood for a long time after. - Soon after the wound he was attacked with pneumonia of the wounded lung and for many days he suffered considerably, ultimately all symptoms of this disease subsided. The wound healed, but he still suffered from cough, dyspnoea and slight pain in right side of chest.

Admitted into Fort Pitt Hospital from India on the 16<sup>th</sup> August 1858. Wound healed, complained of cough and shortness of breath. There was nothing abnormal to be detected in the right lung or along the supposed track of the ball.

Discharged the 18<sup>th</sup> August 1858 to Saint Marys Banacks to await Inspecting documents. Readmitted 31 August complaining of pain in the chest generally, but more especially over left side of chest and also slightly over the seat of the old wound. Respiration hurried expectoration abundant and mucus purulent. Percussion clear over right side of chest, vocal resonance in the inferior lobe of right lung and along the track of the ball. Dullness on percussion in left sub-clavicular region. Respiratory murmur diminished and crepitation distinctly audible. Pulse strong 86 and respiration 24 in the minute. Cough very severe, was cupped and blistered and an liniments administered. - 8<sup>th</sup> September The exit wound



opened and several small pieces of bone were taken away, complained of great pain especially on the left side of the chest, pulse 80, respirations 28 per minute, wound discharging freely, heat of the pus and air escaped on expiration and on coughing.

9<sup>th</sup> Felt very weak and there was a very foetid smell from his breath, expectoration very profuse and purulent and of a very disagreeable smell. These symptoms continued up to the 20<sup>th</sup> when they began to improve and he seemed somewhat better and was able to get out of bed and go about altho still troubled with cough and purulent expectoration, and the discharge from the wound posteriorly had almost ceased.

24<sup>th</sup> Sept. Was feverish, pulse high, tongue coated, had a pressing pain in the left subclavicular region and could not expectorate so freely as before. The force of his breath and sputa returned as bad as ever and the matter expectorated was of a thick dark stringy character. There was murmur respiration over superior part of left side of chest with dullness on percussion at the inferior part. On the right side of the chest the percussion was clear with only a few murmur notes, but the patient was in too exhausted a state to be accurately examined.

All these symptoms continued much the same and he gradually became weaker and on the 9<sup>th</sup> October the discharge from the wound still remained very profuse and foetid and air escaped very freely from it on coughing. - He gradually sunk and died on the 15<sup>th</sup> October, eleven months after the wound.

The treatment consisted in the administration of antimonial, cupping, Counterirritation, *Aether Sulph. Amoniac. Aromatic. &c.*

### Actio Cadaveris. 20 hours after Death

External Appearance. Body stout and well formed. *signa mortis* not passed away, muscles generally firm and of the usual healthy appearance. There is a cicatrix on the right side of the chest 4 inches below and to the outer side of right nipple, and there is a small depressed aperture on the posterior part of the right side of the chest about 2 inches from the spinous processes of the scapulae, the integument around which is of a livid color.

Cranium. About one ounce of fluid at the base of the brain, slight subarachnoid effusion; veins of pia mater congested, structure otherwise healthy. Weight 3 lbs 5 oz.

Thorax. The usual amount of serum in the pericardium. A fibrous coagula not softened in the right ventricle, left side of heart empty. Structure of heart healthy weight 12 ounces.

Right Lung. Adhered firmly and universally to the walls of the chest by adhesions of old standing, more loosely along the anterior



margin of the lung than posteriorly. Structure of this lung perfectly healthy, crepitated, except a small portion of the inferior lobe close to the track of the ball which will be more fully described after wards. The left bronchus having been tied and on introducing the nozzle of a pair of bellows into the trachea the right lung was found to expand perfectly and air to rush out externally at the posterior aperture, or that of exit of the ball, showing that there was a free communication between the trachea and the wound on the chest. — The aperture of entrance of the ball was marked by a cicatrix 1/2 inches below and to the outer side of right nipple. When it entered the thorax between the 6<sup>th</sup> and 7<sup>th</sup> ribs and seems to have passed backwards and to have made its exit between the 10<sup>th</sup> and 11<sup>th</sup> ribs and where the ball as stated in the report was cut down upon and removed soon after being wounded. On introducing a probe through the posterior or the exit aperture it was found to proceed for 1 inch in the muscular substance external to the thorax and then to enter the pleura and to wound the lung superficially. From this a sinus extends for 3 inches <sup>for the distance of the lung</sup> forward to the entrance aperture now closed. This sinus is larger than a common quill and is lined by a distinct membrane which can be dissected off. Several bronchial tubes are seen to enter it. There are two small pieces of fractured ribs about 1 inch each in length lying in the sinus in the chest close pieces of wound to the aperture posteriorly, and a portion of the 10<sup>th</sup> rib is also bare and bone was found recovered.

*in a proper manner* This lung generally as already stated is perfectly healthy except in the *his piece of the* inferior lobe for about two inches surrounding the track of the ball where his death while the pulmonary tissue is condensed, sinking in water and in a state are supposed to be grey hepatization. The remainder of this lobe is not at all condensed *have come from or altered in structure.* Besides the direct track of the ball there is — the rib, another sinus branching upwards and outwards from the posterior part of the sinus and situated in the condensed portion of lung. This is also lined by a distinct membrane with bronchial tubes opening into it. The lung seems to have recovered from the previous attack of inflammation, except <sup>along the track of the ball and</sup> where the bone had become necrosed and kept the posterior wound open and discharging. The fractured ribs united and are not much displaced; that at the entrance of the ball projects somewhat inwards and must have produced considerable irritation to the pleura and lung.

Upper half of the Left lung. Superior lobe adhered to the walls of the chest by a adhesions of old standing. Inferior lobe adhered to the thoracic parietal lymph of a more recent date, a coating of which fringed it and covered its lower margin. Structure of the <sup>upper half of the</sup> superior lobe entirely destroyed & broken up forming a large irregular cavity and filled with a dark foetid fluid, having several <sup>off the</sup> larger bronchial tubes entering it.



the whole of which was in a state of gangrene. Inferior half of the same lobe in a state of gray hepatisation as also the upper half of inferior lobe which was condensed and sunk in water, the remainder of this lobe was as dematous but otherwise free from disease.

Abdomen, Liver healthy, gall bladder filled with dark bile weight of Liver 366 gts. Spleen healthy, weight 119 gts. Kidneys healthy weight of right 8 and left 8 1/2 ounces. Stomach and intestines healthy. Bladder empty and contracted. Veins as far as they could be traced were found healthy and the larger veins filled with dark coagula and at parts fluid blood but no fibrinous clots softened in their cavities nor pus globules were detected. All the joints were healthy. This was at first thought to be a case of Pyemia where the pus globules or blood poisoning had excited inflammation in the left lung resulting in Pneumonia and Gangrene, but as stated above none of the other morbid appearances usually found in cases of Pyemia could be discovered.

Our knowledge of all the circumstances connected with, and the Pathological appearances resulting from poisoning of the blood in cases of open Gunshot wounds is not yet complete, so that this case may still require more minute information on the subject be classed under the head of Death from Pyemia. - Or whether it is to be attributed to an accidental attack of Pneumonia unconnected with the wound altogether. - It is also remarkable that the inflammation should have attacked the sound lung and not the one already in a state of disease.

In whatever manner the fatal result is to be explained, there can be little doubt that the wound in the chest influenced in a most serious and baneful manner, the last fatal attack of Pneumonia, terminating in Gangrene of the lung.

*W. Williamson M.D. Surgeon*

No 31

Regt	Rank and Name	Age	Disease admitted	Duration	Died	Contracted	Wound	Regt	File
10th Regt	J <sup>r</sup> G. Berriman	42	Morbus Cordis	Oct 22	Since 1854	October 24 1858	Oct 2 1854	15	400 114

Previous History

J<sup>r</sup> G. Berriman an Englishman by birth and previous to enlistment a farmer. He has served for 20 years and 10 months, the greater part in India and the remainder at home. This patient had not been in a good state of health for some years having suffered from Chronic Rheumatism while in India on which account he was only able to perform light duties in his regiment. In the year 1854 he was included to Det. Pitt with an attack of Rheumatic Fever which was attended with heart complication and since that period he has



suffered from palpitation, dyspnoea, and some amount of cough. He had also lately become much emaciated and broken down which may in some way be accounted for by his long residence in India. Disease has not been aggravated by vice or misconduct.

Present History

He appears much exhausted and broken down. He states that he suffers from pains of a Rheumatic character which are worse at night. Bowels open. Tongue clean. Pulse natural but sometimes intermittent. He suffers from cough and some dyspnoea. Upon examining the chest which was well formed but much emaciated a clear sound was produced by percussion, and upon applying the Stethoscope mucous râles were heard beneath the right clavicle. Heart sounds accompanied by a diastolic bruit.

Progress of case.

On the day following that of admission viz on the 23<sup>rd</sup> he complained of a pain at the lower part of the Abdomen which was attended by vomiting. This pain became worse and worse - it was relieved by steady profluence and support and during the latter hours of his life he kept his hand constantly on the spot. The pain was very severe - but during the last few hours it seemed much easier. The Tongue was clean throughout. The Bowel rather constipated. The pulse pretty strong at first gradually became weaker and weaker until death ensued. The was rapid but the chest expanded well. The surface and extremities became very cold during the last few hours and attempts to vomit were frequent.

Treatment At first before the pain in Abdomen the case was treated as one of chronic Rheumatism by Iodide of Potassium &c.

When pain in Abdomen came on warm fomentations, stimulants and emetics

No 32 *No post mortem* Fort Pitt October 31<sup>st</sup> 1858  
C. F. Lynde I.A.S.

Regt	Rank and Name	Age	Disease	admitted	Duration	Died	Contracted	Ward	Regt
18 <sup>th</sup> Hussars	Pte John Collins	20	Fatal Colic	21 <sup>st</sup> October 1858	10 days No post mortem	30 October 1858	India	14	465



## History

149  
An Englishman of healthy appearance who enlisted on the 3<sup>rd</sup> of last April into the 10<sup>th</sup> Hussars. He has done very little duty on account of a severe illness which he contracted soon after he entered the army, and subsequently on account of quick riding giving him violent palpitation of the heart.

## Medical history

He was admitted into Hospital at York suffering from Acute Rheumatism in which notwithstanding the administration of Alkali &c the heart soon became implicated. After this he was always subject to palpitation and shortness of breath and also to severe attacks of dyspnoea. A week before his admission here he was readmitted into the Hospital at York with a squamous eruption over his body, and from thence he was removed to come to Fort Pitt.

## Progress of case

Upon his admission here his pulse was small, weak & intermittent. His bowels were open and his tongue clean. There was an eruption of a squamous character over the arms and legs and he complained of palpitation, dyspnoea and of occasional fits in which he almost became asphyxiated. The chest was well formed and clothed with flesh - it expanded well and upon percussion a clear sound was produced. The heart's action was much increased and the 2<sup>nd</sup> sound attended by a bruit. On the day following his admission he had one of his attacks of dyspnoea, from which he recovered and felt pretty well with the exception of slight cough and pain in the lower part of the left lung in which crepitation might be heard. From this time he got on pretty well until the night of the 29<sup>th</sup> of October when another paroxysm came on of the same character as the last and in this he died at 1 pm.

## Treatment.

At first two tonics with small doses of digitalis and during the attacks Chloro Ether and stimuli both by mouth and enema. Dry cupping and turpentine stupes were applied.

## External aspects

Lectio Cadaveris 24 hours after death  
Rigor Mortis still present - Blue spots in patches all over the body, more particularly in the axillae and on the hands and legs which were swollen.

## Cranium

Dura Mater healthy and not over vascular - a slight serous effusion beneath it. Arachnoid healthy in parts, while in others as along the Dur Longitudinal fissure it was thickened and had a good deal of yellowish green lymph.



deposited beneath it - the quantity of subarachnoid fluid was normal - pia Mater healthy as also the brain - the ventricles contained a normal amount of fluid - the brain weighed 3lb 3oz.

Throat

Lungs congested at the base and in the first stage of hepatisation - weight 4lb - pleura adherent to walls of throat in patches on both sides.

Heart

Pericardium contained 3 ounces of fluid & was non-adherent. The heart greatly diseased with fibrin deposits around the mitral valve which was almost entirely closed, there were one or two patches of ulceration in the valves and both auricles especially the left exhibited signs of previous Endocarditis. Ventricles were healthy. Weight 1lb 3oz.

Abdomen

Liver slightly congested - weight 4lb 3oz. Spleen enlarged - left weighed 2oz right 10oz.

Spleen 11oz

Pancreas appeared of harder consistence than natural. Intestines healthy.

Wm Pitt October 31/50. C. F. Lyne  
S. G. S.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Remarks	Ward	Page
1st	Dr James Godby	21	Phthisis	Octbr 1856	Three weeks	November 20th 1856	Hospital	14	410

History

An Englishman of 3 years and six months service all of which was at home. He was first taken ill in August 1857 while stationed at Hopton and died of Phthisis Pulmonalis on November 20th at 12 a.m. in the 15 ward at Wm Pitt. He attributed his illness to the effects of having worn wet clothes, the consequence of which was a severe cold, which obliged him to go into Hospital. He has either been in Hospital or has attended it as a convalescent ever since the date of his first illness & has suffered from cough & great debility - has had an attack of Hemoptoe & has lost flesh.

Upon admission his skin was hot, his pulse was small weak & rapid, his breath rales, his breath was short and he suffered from a troublesome cough attended with mucopurulent expectoration. He perspired



a good deal at night but slept well: he was very weak and much emaciated. Physical signs were dullness on percussion under both clavicles, and very deficient expansion of the chest more especially on the left side. At the apex of the left lung there are ~~no~~ evidences of a vomica; numerous rales, pectoriloquy &c.

Progress of case.

In the progress of this case there was an attack of haemoptysis on the 9<sup>th</sup> of November, which however soon ceased, and seemed to have given temporary relief to the cough & breathing. In its other details this case presented the other features of the disease - the cough & debility became worse - the pulse very rapid - and during the last few hours the aphthae so common in this disease were present about the fauces.

Treatment

Cod-liver oil was given with a sedative cough mixture & small doses of Morphia at night: a diet consisting of chops, wine, milk &c. When Haemoptysis came on bread & Opium. and the wine was discontinued for 2 days.

Head -  
Chest

Post Mortem Rigor mortis passed away.  
Brain and its membranes healthy - Brain weighed 3lb. Upon removing the Sternum, very strong adhesions were found to exist, and a large quantity of partially organized lymph. was found over the pleurae on both sides. Half an ounce of fluid was contained in the pericardium. and both it & the heart were healthy; the latter organ weighed 11 oz. The lungs weighed 6lb 11 oz. and at the apex of the left a cavity as large as a hens egg existed, and tubercles were scattered all over and in various stages. The right lung was infiltrated with yellow tubercle in masses.

Abdomen.

Organs of this region healthy with the exception of the small intestines in which some ulcerations existed.

Liver  
Kidneys

Healthy, weight 4lb 10 oz.  
Healthy - Left weighed 7 oz and the right 8 oz.

Int Pitt November 20<sup>th</sup> 1850  
C. F. Lyman M.D.



No 34

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt
J	25 <sup>th</sup> Private John Neil	40	Mabius Cordis	Nov. 17 <sup>th</sup> 1858	Not known	Dec. 1 <sup>st</sup> 1858	Not known	10	L11

**History.** Private John Neil, an Irishman, aged 40, was admitted into the General Hospital, Fort Pitt, Nov. 17<sup>th</sup> 1858. He had 15 years' service, of which 15 were in the East Indies. The time and place at which he contracted the disease, and therefore, its duration, are not known. No abstract was brought by the patient, and nothing definite could be elicited from him.

**Symptoms.** General debility, small quick pulse, pain in the chest, expectorations, cough and copious mucous-purulent expectoration. The tongue was coated and there was diarrhoea. Haemoptysis came on three days before death, and continued more or less until the last. The action of the heart was tumultuous, and plainly visible over the whole left chest. Retention of urine was an occasional symptom.

**Physical Signs.** On percussion, the cardiac dulness was much more extensive than is natural. Auscultation revealed a double bruit.

The sound, on percussion over the whole back part of the chest, was very dull, in front tolerably resonant.

Auscultation revealed cooing sounds and pectoriloquy behind at the lower part of the left chest.

**Progress.** Occasional improvement only, took place in the onset.  
Post Mortem, 5 days after death.

Body well-formed, muscular and comparatively slightly emaciated.

**Head.** Vessels of dura mater considerably congested over the hemispheres.

Arachnoid passing over the sulci, white and opaque.

Contents of cranium otherwise healthy. Weight of brain 5lbs. 6oz.

**Thorax.** On the left side, old adhesion between the parietal and visceral pleurae.

Pericardium contained 5oz of Serum.

Heart very much hypertrophied, with dilatation. Weight 1lb. 11oz.

Mitral valves thickened.

Aortic valves, slightly thickened along the free edges.

Aorta. atheromatous deposits extensively scattered over it.

Lungs. Both oedematous and engorged with sanguineous fluids.

Posterior lobes of the left lung solidified. Weight of lungs 4lbs. 10oz.

**Abdomen.** Peritoneum contained 4oz. of Serum.

Stomach and intestinal canal healthy, with the exception of the descending colon, which presented thickening of the mucous membrane and cicatrices of old ulceration.

Liver, granular in texture, and of nutmeg colour; considerably indurated.

Weight of liver, 5lbs.



Kidneys. The incipient stage of granular degeneration was presented. In the right one was found a deposit of cheesy matter, the size of a bean, in process of softening.

Weight of right Kidney 10 oz. of left one, 4 oz.  
Spleen was found very dense in texture. Weight 6 1/2 oz.

Port Pitt December 8<sup>th</sup>  
 1858  
 O. Martin  
 S. A. I.

No 35

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Days
28 <sup>th</sup>	Private Lamine Narrooy	22	Tubercis Pulmonis	Decr 7 <sup>th</sup> 1858	Since July 1857	Decr 8 <sup>th</sup> 1858	Malta	15	418

History

Private Lamine Narrooy 28<sup>th</sup> Regt. an Irishman, 3 years and 4 months in the service, of which 1 year and 8 months was spent at Malta and the remainder at home. He was admitted into the General Hospital at Port Pitt on the 7<sup>th</sup> of December last having been forwarded from Dublin suffering from Tubercis Pulmonalis. From the abstract which was sent with him it appears that he has been in Hospital frequently since the 7<sup>th</sup> of September from Cough. And that from last July until he was sent to England, he had been under treatment for Cough and the other symptoms denoting abundant Tuberculous Consumption. On his arrival here he was in a greatly debilitated state and constant Cough with profuse expectoration, great difficulty of breathing - like marked hectic with a rapid feeble pulse.

Inspection on admission.  
 Physical Signs

On Percussion there was dulness under the right and left subclavicular regions, the dulness was better marked on the right side. On applying the Stethoscope to these regions respectively a diffused Murmur Respiratory Rale was audible on the right side, while on the left, gurgling with rattling rales was present. - Owing to the debilitated state of the patient the posterior portions of the lungs were not examined. He died this morning after his admission Decr 8<sup>th</sup> 1858.

Post Mortem 2 days after death.

Brain

The Brain was found healthy in every respect and weighed 14 1/2 oz.

Thorax

On opening the Cavity of the Chest, there were old standing adhesions attaching the Rara pulmonales & Pleurae; these adhesions were chiefly along towards the posterior surface of the lungs. The Pleuro-peritoneal Contusion 1 1/2 oz. of thin coloured fluid.

Heart

The Heart was observed to be smaller than natural, of a pale colour, flaccid, & fatty. The Valves were perfect in every respect and it weighed 10 oz.

Lungs

On removing the lungs and making an incision into the left, a cavity as large as an orange was discovered near the apex, it contained fluid of a reddish colour, and some purulent Anasarca; and communicating with one of the larger divisions of the bronchial tubes. The walls of the cavity were firm & were studded with yellow tubercular matter, the lower lobe was free from tubercles, but contained a large quantity of dark venous blood - Near the apex of the right lung



Right Lung have also found three cysts, each as large as a walnut, and presenting a similar appearance to that found in the left. Isolated tubercles in different stages of softening were found in the middle and lower lobes of the same lung. Weight of lungs 6 pounds.  
 Liver Healthy weight 4 pounds  
 Spleen Normal weight 12 ounces  
 Right Kidney Right Kidney healthy, and weighed 5 ounces, the left appeared too somewhat congested and weighed 6 oz.  
 Stomach and intestinal Canal of a pale colour but nothing abnormal could be detected.

G. A. Macleod -

Fort Pitt December 11<sup>th</sup> 1858

No 35

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Entered	Ward	Regt
82	W. James W. Karna	34	Enlarged Ovaries <u>Brucella</u>	November 7 <sup>th</sup>	1858	December 18 <sup>th</sup>	India	11	106

Mr. History The Indian of 15 years service of which 9 years he spent in America, 1 year in India, and the remainder at home. On the voyage to India he got an attack of Bronchitis but soon got well under appropriate treatment. Had another attack of the same nature, and was under treatment, in hospital at Calcutta from the 13<sup>th</sup> June 1857 to the 26<sup>th</sup> of June 58. When he was discharged to his duty, soon after he got Chinkha and was some weeks under treatment. Was again admitted into hospital on 28<sup>th</sup> of March suffering from Congestive Bronchitis with hepatic enlargement accompanied with indigestion and great debility. Admitted into the General Hospital at Fort Pitt on the 7<sup>th</sup> of November on his arrival from India -

Symptoms on admission Cough, profuse frothy expectoration, great dyspnoea. Temperature 98 - Appetite bad. Chest resonant on percussion. Scattered wheezes and sonorous crackles audible over the chest, vesicular murmur indistinct, bronchial respiration, well marked particularly over the anterior surface of right lung. Moist crepitation heard over the anterior and posterior surfaces of left lung. Any change in the natural appearance, during the few days we had first the suppressed interest, but urgent dyspnoea and was often thought to be on the point of death. The expectoration became purulent and toward the close it was with difficulty he could get it up. He died on the 18<sup>th</sup> December 1858.







profuse perspiration, Cold skin was very tense over the inferior  
 extremities strong pulsations of the carotids and  
 jugulars. Heart's action very feeble, and the pulse  
 weak, and could scarcely be detected.  
 Auscultation revealed a <sup>doubtful</sup> systolic murmur. Enacting the first series  
 symptoms of the heart. Brown & only and high colour.  
 These symptoms continued much the same  
 till November the 22<sup>nd</sup> when the dyspnoea  
 became more urgent. Palpitations more frequent  
 and stronger. Her circulatory system was had  
 nearer to which gave rise to a large amount  
 of serum. Brown was passed from freely out  
 to the fearful diarrhoea he was taking.  
 These symptoms varied very slightly till  
 December the 22<sup>nd</sup> when he was attacked  
 with pain in the right side frequent coughing  
 and vomiting. On examining small crepitation  
 were heard at the base of the right lung.  
 The murmur was heard louder at the left  
 apex and 4th rib. Cardiac dullness was  
 increased towards the left side. Pulse had  
 shut. Characteristic water hammer stroke.  
 These symptoms became more vomiting  
 become more constant and a large amount  
 of serum aged from the legs which seemed  
 to give him some relief for the time. Cough  
 became more acute and lasting. Urgent  
 dyspnoea both continued with continued  
 vomiting and symptoms of albumin set in  
 at night Jan 1<sup>st</sup>. On visiting him this morning  
 heard that he had passed a very bad night  
 but he appeared quite tranquil. Pulse  
 was very weak and irregular he seemed  
 to be gradually sinking and about an  
 hour and a half after my departure  
 from the ward he expired.

Inquest. Consisted of Microscopical Dissection of Gall  
 Liver & Spleen. Dissection of Cerebrum  
 & Medulla



*Scitis Cadaveris* 32 hours after death  
 Lungs extremely solid and atonic.  
 Considerable subarachnoid effusion about  
 2g serum at the base of the brain.  
 Membranes and substance of the brain opaque.  
 Lateral ventricles dilated and contained  
 about 1g of serum weight of brain 3 lbs 6g.  
 Trachea and bronchial tubes contained  
 frothy mucus and the mucus glands are highly  
 congested.  
 Highly congested and gorged with an an-  
 blood but otherwise healthy weight 3 lbs  
 10g.  
 Heart. Presented great general hypertrophy and  
 dilatation margin of the ventricular wall slightly  
 thickened. Semilunar valves and valves of the  
 aorta healthy weight 13g.  
 Abdomen contained 3 lb of serum.  
 Liver enlarged. Structure firm and presents  
 fatty degeneration weight 3 lb 8g.  
 Gall bladder filled with thick viscid bile.  
 Spleen healthy weight 9g.  
 Kidneys presented the second stage of granular  
 degeneration weight of right 3g left 5g 10g.  
 Stomach and intestines healthy.

J. M. Duncan M.D.  
 Dr. C.

1838

Regt.	Rank and Name	Age	Disease	Admitted	Duration	Died	Cause	Ward	Regt.
93d	1st Duncan Stewart	36	Carcinoma	12 <sup>th</sup> Sept <sup>r</sup> 1857	15 months	6 <sup>th</sup> Jan <sup>y</sup> 1859	In India	W. 2.	181

1st Duncan Stewart, 93<sup>d</sup> Regiment, 10 years & 2 months service in Canada, the Crimea and India. In September 1857 on landing in India a pustule which had appeared on the dorsum of the penis ulcerated to a great extent and took on a carcinomatous appearance. The whole affected part was removed by the knife and the wound healed up, but the disease returned and had taken away all but a vestige of the penis when he was admitted into this Hospital in September 1858. He suffered excruciating pain, but it was more over the penis and up the cords than in the open sore; it was most severe towards evening. The treatment which has been followed has been the administration of sedative and anodyne medicines, and a tonic now and then for a short time, with the local application of opiate fomentations. In some time



back his strength has been rapidly and visibly diminishing and he died on the morning of the 6<sup>th</sup> of January 1859 at half past five.

Post mortem Examination 30 hours.

- External appearances.** The body was very much emaciated and at the symphysis pubis there was a deep circular cavity in place of the penis, where the disease was situated. The cavity did not encroach on the scrotum and its circumference was not larger than that of a penny-piece, though it was of considerable depth.
- The cranium.** On opening the cranium and cutting into the brain, it was found rather paler than usual and the conditious substance was somewhat thin. There was also about half a drachm of a gelatinous fluid in the lateral ventricles; otherwise the organ was perfectly normal. It weighed 24<sup>1</sup>/<sub>2</sub> oz.
- The thorax.** The lungs were found rather congested, exuding bloody froth when a cut surface was squeezed. and at their apices were found some hard fibrous knots having somewhat the appearance of carcinomatous formations. Together with the larynx and trachea in which was found nothing remarkable, these organs weighed 24<sup>1</sup>/<sub>2</sub> oz. The heart was natural and healthy in every respect, and weighed 8 oz.
- The Abdomen.** The liver was large, very firm and convex, and appeared rather cirrhotic when cut into; it weighed 34<sup>1</sup>/<sub>2</sub> oz. The kidneys were healthy; the right one weighed 5 oz, the left 5<sup>1</sup>/<sub>2</sub> oz. The spleen was quite healthy and natural in external appearance, but when cut into was found to be very friable; its weight was 8 oz. The stomach was very much congested about the middle of its course; and the rectum was found filled and distended with impacted feces.

Robert Lindsay, M.D.

For Pitt, 9<sup>th</sup> Jan<sup>y</sup> 1859.

No.	Name and Name	Age	Disease	admitted	Duration	Died	Entered	Had	Age	Sex
4101	Private James Thompson	34	Prostatic Carcinoma	Jan <sup>y</sup> 9. 1859	10 months	Jan <sup>y</sup> 10. 1859	England	15	408	186

**Medical History** Total Suffer 10 months, at home. About a month after admission he was seized with hæmoptoe, cough, and general fever, he became comatose in 14 days and returned to his duty. In June last he was again admitted into Hospital for a return of his former symptoms, and great loss of flesh. He exhibited in a marked degree the characteristics of the Prostatic Diathesis. From the extreme general debility which existed during his short stay in this Hospital no minute examination could be made. His breathing was oppressed, and the cough was troublesome and persistent. Vocal resonance existed over different parts of the anterior aspect of chest, but especially beneath the clavicles of both sides, and great tenderness of the parietes was complained of on the least touch. He suffered from profuse night sweats, and his appetite had entirely gone. The expectoration indicated tubercular softening. He died on the morning of the 10<sup>th</sup> January 1859 suffering apparently no pain. Squatissimus M.



*The Cancerous Stomach*

The whole of the Pains was destroyed by cancerous ulceration and at the symphysis of the pubis, there was a deep circular ulcerated cavity extending down to the bone, but the integuments of the scrotum remained entire. In the apices of both lungs were found a few small firm deposits of a cancerous character.

The ulcerated surface on the pubis was mostly rough and nodulated with fissures separating them, filled with a pulpy caseous matter. The edges of the ulcerated parts were very much indurated and the integuments cut through were in some places nearly an inch in thickness, composed of fat, deposited in hypertrophied areolar tissue. Microscopic examination. A small portion examined microscopically, showed a confluent mass of epithelium or epidermic scales split into fibres and matted together. Scarcely kind produced no change in them.

Another portion exhibited groups of well formed epithelial cells, round oval or many sided from pressure containing nuclei.

The portions removed from the lungs showed the same structures, but not so distinctly.

and occasional clots

the lateral ventricles

and with foetid purulent

occal chord. Both

of old standing

and by tubercular deposits

great size particularly

26

Weight of Right 53

the termination of the

tides

7

ent Symp.

id	Contests	Hand	Age	Sex
22.1799	Laterals	14	410	5P.

eight months; of which

rest at home served

with cough, dyspnoea

hospital - Being

hospital on 15th Oct.

and dyspnoea -

Chest both Clavicles

appear prominent, and Crepitation is heard in both infra-clavicular spaces - Heart's action normal but feeble. - States that he has taken Dr. Monro's with benefit. The expectoration is copious and mucopurulent, and there is a tendency to diarrhoea. -

*Treatment.*

During the progress of the disease he was treated with Calomel, expectorant and sedative medicines. Cordial, + Nutritious diet. So far as the beginning of the present month obstructive diarrhoea set in, and continued with more or less violence up till the



back his strength to  
the morning of the 10<sup>th</sup>  
Post mortem

External appearance. The body was very  
anxious.

The cranium. On opening the cranium  
usual and the circumference  
half a drachm of a  
was perfectly normal.

The thorax. The lungs were found  
was squeezed; and  
somewhat the appearance  
and trachea in situ.

The abdomen. The liver was large  
into; it weighed  
the left 5 1/2 oz. The  
but when cut into  
very much congested  
and distended.

Post Mortem 9<sup>th</sup>

1839	Rank and Name	Age
1/2	Private James Tompkins	24

Medical History. Total Service 10  
with haemoptysis.  
and returned to  
for a return of  
a marked degree of  
asthma. General debility which existed during his short stay in this Hospital  
no minute examination could be made. His breathing was oppressed, and  
the cough was troublesome and persistent. Vocal resonance existed over different  
parts of the inferior aspect of chest, but especially beneath the clavicles of  
both sides. and great tenderness of the parietes was complained of on the least touch.  
He suffered from profuse night sweats, and his appetite had entirely  
gone. The expectoration indicated tubercular softening. He died on  
the morning of the 10<sup>th</sup> January 1839 suffering apparently no pain. T. J. H. H.



It is consented in the administration of Nutrients, Port Wine and occasional doses of an expectorant mixture.

Scotio Cadaveris 18 hours after death

General Appearance - Body very much emaciated.

Cranium - Serous effusion at the base of the brain and in the lateral ventricles. Weight of brain 1 lb 13.

Heart healthy weight 1 lb. Trachea and Bronchial tubes filled with frothy purulent matter; a deep oval ulcer at the posterior angle of each vocal chord. Both lungs adhered firmly and universally to the walls of the chest by old standing adhesions. Trachea of both almost completely disorganized by tubercular deposits in their various stages of advancement and cavities of different sizes particularly in the superior lobes. Weight of lungs trachea and lungs 2 lbs.

Liver presented fatty degeneration. Weight 3 lb 10.

Spleen healthy weight 93.

Kidneys presented the second stage of granular degeneration. Weight of Right 53 Left 53 2 drachms.

Stomach - Healthy.

Intestines numerous small ulcers of an oval shape at the termination of the ileum and along the whole course of the large intestines.

Microscopist M.D.

January 16<sup>th</sup> 1839

Staff Assistant Surgeon

Rank and Name	Age	Disease	admitted	Duration	Died	Contents	Wound	Ways	Feet
Private Michael McKeown	20	Pleuro Pneumonia	Oct 15 <sup>th</sup> 1838.	17 months	May 22 <sup>nd</sup> 1839	Liberated	1/4	410	58.

History A native of Ireland - Served two years and eight months; of which time eight months were passed in Malta and the rest at home. Served in Gibraltar in July 1837. He was seized with Cough, dyspnoea &c and on that account was admitted into Hospital - Being invalided home he was admitted into Fort Pitt Hospital on 15<sup>th</sup> Oct. 1838.

Complaints Complaints of pain in right side of chest; Cough and dyspnoea - The Microscopist very much emaciated. - On Examination of the Chest both Clavicles appear prominent; and Crepitation is heard in both infra-clavicular spaces - Heart's action normal but feeble. - States that he has taken Dr. Monro's with benefit. The expectorations are copious and mucous purulent, and there is a tendency to Diarrhoea.

During the progress of the disease he was treated with Calomel, expectorant and sedative medicines. Cordials, + Nutrients, diet. Previous to the beginning of the present month obstinate Diarrhoea set in, and continued with more or less violence up till the



the close of the disease. During this stage the treatment in the internal administration of *Pul. Colae cum Opio* - *Opuscula hemata*. The application of *Snriapisms* locally, and Stimuli as brandy &c.

Last night while at stool he suddenly became faint and on being removed he had become Comatose and continued so up to 2 o'clock this morning when he died.

### Autopsy 20 hours after Death.

#### Cranium

*Head*. Venous Congestion over the Surface of the Brain. Serum in lateral Ventricle, slightly increased in quantity.  
Weight of brain 2 lbs 14 g.

#### Thorax

Larynx and Trachea normal.

Lungs. Old adhesions exist in both pleuræ - Tubercle infiltrated throughout the whole of the left, and apex of right lung. A Considerable Cavity in the upper lobe of left lung, containing pus.  
Weight of Respiratory organs 2 lbs 10 g.

#### Abdomen

*Heart*. Small pale and flabby but otherwise normal. Weight 7 g.

*Liver*. Fatty, greatly increased in size - Weight 6 lbs 14 g.

*Spleen*. Normal. Weight 6 g.

*Kidneys*. Externally both present a grey mottled appearance. In the right most of the Infundibula are destroyed by the progress of granular degeneration approaching the 3rd stage - Two small puriform abscesses also exist in its substance - Left kidney not so far advanced in disease - Weight right 7 g. left 7 g.

*Duodenum* Congested

*Jejunum*. Mucous Membrane much softened.

*Ileum*. In addition to extreme softening, general ulceration of Peyer's patches.

*Large Intestines*. Patches of dark discoloration scattered over the whole mucous Membrane. Various spots of ulceration distributed over the Caecum, sigmoid flexure of Colon and rectum which latter is in a very advanced stage of disorganization.

John McGeip. M.D.

Fort Linn 28th May 1839.



Page	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt	Adm.
			<i>Catarrh Chron</i>							
63	Pte James Slowgrove	25	Pulmonary Phthisis	Jan 8 <sup>th</sup> 59	11 Months	10 Feb, 1839	India	15	108	191

## History.

An Englishman <sup>16</sup> 25. Total period of service fourteen months <sup>15</sup> 3 mo. in India and the remainder at home. While on the voyage to India he contracted severe Cough, and had several fits of haemoptysis for which he received no treatment and on his arrival in India in May 1838 he was so much debilitated as to be unfit for duty. In July of the same year the symptoms increased in severity and he was consequently admitted into Hindoo College Hospital. At this time he complained of acute pain in right side of thorax and distressing dyspnoea. Disease not aggravated by vice or intemperance. He was invalided home from India and admitted into Fort Pitt Hospital Jan 8<sup>th</sup> 1839.

## Condition on admission.

Considerably emaciated and he displayed many of the characteristics of the Tubercular Diathesis. Right clavicula supraclavicular region much depressed, the clavicle standing prominently forward. Bronchial respiration audible over the whole anterior aspect of the thorax, and in infra mammary region of left side a friction sound heard. Cannot lie comfortably on either side, Cough always present as if sometimes accompanied with urgent dyspnoea. Expectoration copious mucopurulent and sometimes intimately mixed with blood. Since his admission the disease progressed rapidly; the cough and dyspnoea increased in severity and on Feb 10<sup>th</sup> at 4.30 AM. he Died. Death being hastened probably by effusion into substance of the lungs.

## Treat.

The treatment consisted in the use of Antimonials, Demulcents, Expectorants, Bl. Mucosae & Gum, Counter irritation, Nourishing diet & Stimulants.

Reho Cadaveris 80 hours after death.

Body much emaciated.

Cranium  
Thorax

Brain healthy. Weight 2 <sup>16</sup> 7/8.

Heart, Normal. Valves healthy. Weight 11 <sup>13</sup> 3/4.

Pericardium. Contained a large quantity of Serum.

Lungs. The left Lung was filled with Tubercular deposit and in its upper lobe were found two large Cavities containing Pus. The right lung contained Tubercular deposit



Adiposit also but not to the same extent. Both Lungs firmly adherent to parietes of thorax and surface of diaphragm.

Combined Weight of Lungs 4 lbs 8 $\frac{3}{4}$  oz.

Abdominal Viscera healthy.

Jno. McElp. S. A. S.

Regt.	Rank & Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt.	Notes
			Catarrh Ch.							
U.S.C. 2 <sup>nd</sup> C. Cavalry.	Thomas Hob	27	<del>Cholera</del> Catarrh Ch.	1854, 1858	10 months	11 <sup>th</sup> Feb	India	11	112	2.

### History

Total Service 3 years 4 $\frac{1}{2}$  mo. in the Crimea 11 mo. in India & the remainder at home.

In May 1858 while at Cawnpore he became affected with Cough and since that period he gradually became emaciated and anæmic. The expectoration became copious but he never had hæmoptysis. Simultaneously with the cough <sup>appeared</sup> dyspnoeic symptoms of a chronic nature, which continued, with varied degrees of intensity, up to the termination of the disease.

He was Invalided home and admitted to the Hospital Nov. 14, 58. by which time the disease was far advanced & the Patient in a very weak state.

Capacity of Chest rather naturally small. Percussion dull sound below left Clavicle. Expiration prolonged in the region before indicated, rough and harsh respiratory sounds are audible and there is increased vocal resonance. Appetite much impaired.

### Treatment

Consisted in the administration of Opium, Quinine, Sublimated Nitrogens, Expectorants, Cod Liver oil & Tonics, Stimulants and mild nourishing Diet, Counter Irritation, fomentations, &c. The disease rapidly & steadily advanced in defiance of treatment, and on Feb. 11<sup>th</sup> at 12.30 P.M. he died.

### Post. Appearances

#### Cranium

#### Thorax.

Section-Cadaveris 42 hours after death.

Body very much emaciated.

Brain, Healthy Weight 3 lbs

Pericardium Contained 2 oz of Serum

Heart, healthy. Weight 7 $\frac{3}{4}$  oz

Lungs. Left lung greatly adherent to the Walls of the Chest & Diaphragm; and disorganized throughout its entire extent; full of large Cavities, containing Pus. Right lung not so much diseased, but studded throughout most of its substance with milky tubercles.



in a Crude state - Combined Weight 4<sup>lb</sup> 13<sup>oz</sup>.  
 Abdomen Liver, healthy, Weight 3<sup>lb</sup> 2<sup>oz</sup>

Spleen, healthy, Weight 7<sup>oz</sup>

Kidneys healthy. Weight 6<sup>oz</sup>

In all Intestines studded throughout with patches of ulceration, of irregular form & roughened edges, increasing in number and size towards lower portion of Ileum. The large Intestines ulcerated in the same manner.

Jno McIlw, S.A.S.

Regt	Ranks and Name	age	Disease	Admitted	Duration	Died	Country	Ward	Rego	Folio
82	Pte Edward Handford	26	Dysentery Abscess in Liver	Nov. 5 <sup>th</sup> 58	16 Months	Feb. 16. 59	India	11.	412	52

History Served 10 months in the Crimea, 6 Mo. in the Ionian Islands & 8 Mo. in the Cape of Good Hope - India and the remainder at home. When in India 16 months ago he became affected with Dysentery. He continued to pass blood per anum from the commencement of the disease up to within 2 months of his admission into this Hospital which took place Nov. 5. 1858. At this time he complained of acute pain in abdomen, aggravated by pressure. Patient was very emaciated and feeble. From the period of his admission into this Hospital to his death (which occurred on 16 Feb. 59) the dysenteric symptoms never subsided completely, but enjoyed occasional remissions.

Treatment Internally Puls Dosis, Pl. Plu Opata, Sedative Opata Indicata and Cordials were freely used as well as Counter Irritation fomentations &c.

Sections. Cadaveric hours after death.

Ext. Appearance Body very much emaciated.

Brain. The left lateral ventricle contained a greater amount of serum than natural. Weight of brain 2<sup>lb</sup> 4<sup>oz</sup>.

Pericardium healthy. Contained the usual amount of fluid. Heart normal. Valves healthy. Weight 9<sup>oz</sup>.

Lungs Both contained tubercular deposit in a Crude state. Left lung strongly adherent to bronchi of thorax & diaphragm. Combined Weight 2<sup>lb</sup> 14<sup>oz</sup>.

Abdomen Liver greatly enlarged. A very large irregular abscess occupied nearly the whole of right lobe with long shreds of broken up hepatic structure hanging into it. The sac had no distinct lining membrane, and appeared to be of comparatively



## Abdomen

Comparatively recent formation. The remaining portion of the liver's substance in a state of granular degeneration.

Weight (minus pus) 5 lb 8 oz.

Spleen healthy. Weight 7 oz.

Kidney. Both far advanced in fatty degeneration.

Weight of right 8 oz of left 7 oz.

Stomach and small intestines healthy.

Large intestines almost entirely denuded of their mucous membrane by the ulcerative process, and their substance greatly thickened.

John McGeop. B.A.S.P.

Regt	Rank and Name	Age	Disease	Admitted	Discharge	Died	Contracted	Ward	Age	Sex
24	Pte. Michael Hyfin	25	Catarrh Chae	Feb 3 <sup>rd</sup> 1859	15 Months					
24	Pte. Michael Hyfin	25	<del>Chae</del> Catarrh Chae	Feb 3 <sup>rd</sup> 1859	15 Months	Feb 13 <sup>th</sup> 1859	India	14	410	89.

## History

A Native of Ireland had served 3 years and 4 months of which 18 months were in India.

While on board ship going to India in Nov. 57 he was seized with severe cough, but without any accompanying pain, for which he was treated. In April 1858 he was admitted into Hospital for same disease, but derived little or no benefit from the treatment. Five months ago he had a very severe fit of Haemoptoe and since that period the sputa has been very frequently tinged with blood. Vaccinated had Venereal disease recently.

He is emaciated Anemic and tumorous looking. On examining the chest the respiratory movement is confined. The whole right side side of the chest is dull on percussion - and in the mammary region of that side crepitation is distinctly heard. Below the right nipple no respiratory murmur can be detected and the lower lobes of the lungs seem to be entirely consolidated. The Respiratory murmur is loud and pure all through the left lung.

Treatment. Upon the administration of Anemina and Tartar Emetic treatment he seemed to improve slightly, but it was only



temporary for the Sputa soon became of a  
pale pink colour. cough very severe and at times  
he had attacks of violent Dyspnoea. The Pulse  
became small weak and frequent. Pain was  
not a prominent symptom. Turbentine stupes were  
applied all over the thoracic region. He complained  
of nausea which was relieved by effluvia of  
Sassafras with Prussic Acid. Expectoration  
was very copious and the Sputa extremely  
furious. Sulphuric Ether was also  
administered but he gradually sank and  
died at 12 M. Feb. 18<sup>th</sup> 1849.

Post. Cadaveric hours after Death.  
Ed. Addison Bot. Mus. & Anatomist.

Brain Slightly congested on surface. Otherwise healthy.  
weight  $3\frac{1}{2}$  lb.

Thorax Pericardium contained an abnormal amount  
of serum.

Heart large. Left ventricle contained a great quantity  
of coagulated blood and valves somewhat rigid.  
weight  $4\frac{1}{2}$  lb.

Larynx Mucous membrane congested and contained much  
matter.

Both Lungs adherent firmly and universally  
to the walls of the Chest by adhesions of  
old granulation. Superior lobes of both lungs  
thickly studded with miliary and small  
tubercles and a few nodules of small  
size. There were also a few clusters of  
tubercles in the middle and inferior lobes.  
weight  $4\frac{1}{2}$  lb.

Abdomen Liver healthy weight  $4\frac{1}{2}$  lb.

Kidney healthy weight  $\frac{1}{2}$  lb. Right  $\frac{1}{2}$  lb. Left

Spleen healthy weight  $\frac{1}{2}$  lb.

Stomach healthy. Several small oval nodules  
with thickened edges in the lower part of  
the duodenum. Mucous membrane of the large  
intestine congested and softened.  
Post. Edward M. J.



1845

No.	Rank and Name	Age	Service	Admitted	Duration	Disch.	Entered	Rank	Age	Rank	Age
1319	Pt. James Stewart	23	Ensign	July 6. 1859	7 Months	July 23. 59	India	15	408	140	
1			Calcutta Chron.								

A Scotchman. Total Service 3 years 8 months. India 10 mos.

Personal history. Malta 1 Mo. Crimea 2 Mos. and remainder at home.

In July 1858 when on the voyage to the Crimea he was seized with Cough and dyspnoea. The treatment resorted to was the only which had no beneficial effect. In July 59 on the voyage to India he had several fits of dyspnoea and on different occasions since. On arriving in Calcutta the state of his health rendered his admission into H. P. necessary and there he was treated with H. P. and other remedies and Calcutta. From Calcutta he was invalided home and admitted into H. P. from thence he was sent to St. Pitt July 6. 59.

Report on admission. There is dullness to percussion over apex of right lung and clavicular and mammillary regions of left side. Expectoration large and small, is audible. Respiratory sounds exceedingly harsh throughout both lungs. The air entering the bronchi with the peculiar wheezing indicative of constriction of the passages. Cough very severe. Expectoration copious, mucopurulent and sometimes sanguineous. Dyspnoea occasionally so severe as to prevent his lying in bed and he generally sleeps in the erect posture. Since the period of admission to continuation of life the symptoms increased rapidly and the face became congested and livid.

Section of the body 8 hours after death

Cranium. Veins of pia mater congested as also the substance of the brain. Weight of brain 3 lbs.

Thorax. Pericardium. Contains the usual quantity of serum. Heart. Right Ventricle considerably dilated, both Ventricle filled with dark coagula. Valves healthy. Weight 12 3/4. Trachea & Bronchial tubes filled with thick foamy mucopurulent matter.

Lungs. Inferior lobe of left lung adherent to diaphragm by recently effused lymph. Pleural cavity contained about 10 3/4 of thick turbid serum with a few flakes of lymph floating in it.



Right Lung, adhered to Diaphragm by old standing adhesions. The superior lobe, which adhered to walls of chest, presented a puckered appearance and on cutting into the lobe, I observed a size of W alveoli containing purulent matter, and lined with a distinct membrane were found. The structure surrounding these cavities slightly <sup>condensed</sup> and studded with milium Tubercle, the remainder of right lung healthy.

Left lung, the superior lobe contained a few clusters of Condensed & milium Tubercle - particularly in the apex. The whole of the inferior lobe was in a state of grey hepatization. Concluded sinking in water. Weight of Lungs 4 lb 10 3/4.

Abdomen Liver healthy Weight 2 lb 11 3/4

Spleen healthy Weight 7 3/4

Kidneys healthy Weight 7 3/4 each

Stomach and Duodenum all intestines healthy but the Stomach was congested.

John McGilp  
Staff Assistant Surgeon

No 46

Regt	Rank and Name	age	Disease	Admitted	Duration	Died	Contracted	Place	Days	Feet
79	Pt. John Brown	35	Chronic Hepatitis	March 4 1858	10 months	March 10 1859	India	14	4/10	119

Previous history } Entered the service 17 years ago - passed 8 years at home; 3 at Gibraltar, 3 in America, 2 in the Crimea & 1 in India -  
he says he had Syphilis about 2 years ago of which he was perfectly cured - he then had fever while in India which was followed by Chronic Hepatitis of which he has subsequently died, it being accompanied by an obstinate diarrhoea which has been there can be no doubt the ultimate cause of death -

Report of - } Complaint of a dull aching pain across the abdomen in a line cor-  
responding to the transverse Colon, also occasional pain in the right-  
hypochondriac region, does not vomit lately, but when in Indian state  
that he vomited very yellow matter & bitter to the taste; is troubled with  
a slight dyspepsia which not so severe as formerly - Pulse 88  
of good strength, feels very weak, tongue coated, bowels much re-  
laxed & very little fecal matter passed, the evacuation consisting of  
sanious fluid & thin passage being accompanied by griping pains &  
tenesmus. Complaints of thirst, skin hot & moist in per, coughs  
slightly & expectorates a yellow matter mixed with phlegm -  
Respiratory murmur in the anterior thoracic region rough but there is no



marked delirium - complained of restlessness & want of sleep  
on the 4<sup>th</sup> & 5<sup>th</sup> inst. & ordered him. R. Op. 3j, aqua ad 3ij

On March 7 1859 the relaxation was extremely bad and I  
ordered him R. Acidi Sulphurici Sol. 3j. R. Op. 3j, aqua ad 3ij  
Take in table spoonful every two hours -  
he was on half diet & had Lemonade and Linctus,  
on March 8, considerably better - 9<sup>th</sup> the same  
10<sup>th</sup> died at 4 a.m.

### Section Cadaveris 32 hours after death

External Appearances - Body, stout muscular & fat -

Cranium Brain healthy, weight 3<sup>lb</sup> 5<sup>oz</sup>

Thorax Heart, healthy - Right ventricle filled with sanguineous clot -  
Left with phlegm etc. Total weight 11<sup>oz</sup>

Mucous Membrane of Trachea & Bronchial Tubes highly vascular  
Lungs & Pleura - Both lungs connected to the walls of the chest  
by adhesions of old standing - Structure of both lungs much con-  
gested & portions were in a state of grey hepatization  
Weight 3<sup>lb</sup> 14<sup>oz</sup>

Abdomen Liver, healthy - but congested weighed 3<sup>lb</sup> 15<sup>oz</sup>

Spleen, healthy - Kidneys - both presented the first stage  
of fatty degeneration - each weighed 7<sup>1/2</sup> oz.

Stomach & Small Intestines - healthy & empty

Large Intestines - ulcerated in patches, many such being confluent  
with sloughs nearly separated or in process of separation -  
One or more of these had nearly perforated all the proper  
coats of the gut & extended into the cavity of the Peritoneum,  
where lymph had been effused, with traces of carcinoma cells  
Peritonitis -

James D. Sainster  
Medical Candidate

2047

Regd by	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Place	Regd	File
32 <sup>nd</sup>	Pl. Henry Jones	28	Phthisis Pulmon	January 25 <sup>th</sup> 1858	6 months	10 <sup>th</sup> March	At home	W	108	250

History

Local disease 9 months. In May 1858 was admitted into the Hospital for secondary syphilis  
after being discharged cured from Hospital he went on with his profession and from that time the  
disease began to manifest itself. He had a sthenic appearance soon being re-admitted  
(Feb. 25<sup>th</sup>) he was much emaciated and the disease was far advanced. He had night sweats  
and the local eruption caused depression & pallidation etc. The apex of right lung given evidence  
of a large cavity. Respiratory sounds preternaturally distinct in anterior of right lung &



indistinct throughout left. Expectoration mucous-purulent and tinged with blood. -  
 Treatment - Coarctation led later hemorrhaging but tissue and stimulate  
 died 10th March 5-9 at 4.30 p.m.

signed John Mc Gill L. Ch. Surgeon.

Lefts Cadaver 96 hours after death

Cranium

Brain substance healthy; left anterior ventricle contained a large amount of serum than  
 natural. - weight 3 lbs 10 oz

Thorax

Pleurae contained 20 oz serum

Heart healthy weight 7 1/2 oz

Trachea healthy

Lungs firmly fixed to parietes of Thorax by old adhesions. A large cavity filled with  
 dark coagulum occupied the entire apex of right lung and the remainder of its ex-  
 tended in common with that of left lung was thickly studded with Tubercles in every  
 stage of advancement & centres of various sizes. Weight 4 lbs 3 oz

Abdomen

Liver in a state of fatty degeneration weight 3 lbs 7 oz

Kidneys in the same state of granular degeneration weight of each 4 1/2 oz

Stomach small large intestine healthy

signed John Mc Gill

Staff Lt. Surgeon

No 48

Regt	Rank and Name	Age	Religion	Place of Birth	Admission	Duration	Discharged	Country	Wound	Height	Weight
43rd	1st. Barback Lade	27	Hepatic Chas	8th Jan 1859	9 months	March 11th	India	TV	108	192	

History

Total service 4 years viz 3 years in the Cape of G. Hope 4 months in India after re-  
 mainder either in Hospital or on home service. About 14 months previous to admission  
 into this Hospital (when in the Cape of G. Hope) he contracted fever and has been in-  
 firm since. When on the voyage to India he was seized with severe pain in hepatic  
 region and on landing he was sent to Hospital where he was treated mercurially &  
 without any marked benefit. He was punctured over the seat of the liver and a  
 large quantity of purulent matter escaped. In addition to the above he suffered  
 when in India from symptoms of pulmonary congestion.

Report on admission

admitted 1st Jan 1859. Patient much reduced in strength blood suffering  
 from dysenteric symptoms. Complained of dull aching pain in right hypochond-  
 rium on which are marks of repeated bleeding and a large cicatrix the re-  
 main of the opening through which the pus escaped. The liver is greatly enlarged  
 and he complains of lancinating pains about capsule when it is kept upon  
 After his admission into the Hospital the dysenteric symptoms almost entirely dis-  
 appeared, but about a week ago returned with greater severity. He passed large quantities  
 of pure purulent matter mixed with blood. The reaction became so tender he is present-  
 the use of injections tubes and he died March 11th at 3.3 p.m. Treatment consisted in



in Coarctation stricture such as Gallie said best this is Opium. Not except in  
Opium Opium haemata Catarrh & Fomentation. Mucilage Gel & C. or dr. ole  
(Liquor) John M. Gelp. L. U. S.

Lectio Cadaveris horse after death.

Brain healthy weight 16 oz 13

Throat heart healthy " 9 oz

Lungs Base of right lung adherent to the diaphragm by adhesions of old standing  
Structure of lungs healthy weight 2 lbs 5 oz

Abdomen Coarctation of the liver firmly adherent to the diaphragm and also to the  
transverse arch of the Colon by adhesions of old standing and on separating the ad-  
hesion a copious deposit about the size of a marble was found immedi-  
ately below the peritoneum. Structure of liver healthy. weight 3 lbs 9 oz.

Spleen healthy weight 7 oz.

Kidneys presented the second stage of granular degeneration weight of right  
5 oz. left 4 oz.

Stomach and small intestine healthy; very extensive ulceration along the whole course  
of the large intestine. The ulceration in two places had destroyed both the mucosa and  
muscular coats and had nearly perforated the peritoneum which at these parts  
had become adherent to the pericite of the abdomen by exagulated lymph  
there was very little serum effused into the peritoneal cavity. General of the Ulcers  
in the large intestine were in a sloughing state and shreds of the mucosa mem-  
brane were hanging loose and detached.

L. A. Campbell M.D. & L.

No 49

Regt	Name and Name	Age	Disease	Admitted	Duration	Died	Location	Age	Height
3 B.R.	Private Henry Palmer	26	Dysentery	Feb 25/59	3 weeks	March 16 1859	India	4 ft 11 in	108

Previous History } Is an Englishman - served 10 months - home & India - vaccinated - had Syphilis  
Failed for India in March 58 had good health up to that time - was taken ill  
in India with vomiting & purging, passing blood & suffering much pain -  
local to General Hospital Calcutta & received benefit by treatment - was re-  
moved to the Hindoo College where he became worse - Left India in November  
1858 & suffered much on the voyage from vomiting & purging, passing blood &  
On Feb. 25 1859 - Pain in the track of the Colon, increased on pressure  
has a slight cough & is much troubled with flatulent eructations - appetite  
good, pulse 70. - 26th more blood & shaggy evacuations - 28th rather better  
March 1. 2 & 5 much the same - 7th worse - 10th & 12th better again  
14th & 17th worse - Died at 5 p.m. 17th

Treatment Antispasmodic & Sedatives & Cathartic mineral tonics and



and Gallic Acid & No Opia — He appeared to derive much benefit from pills administered every 4 hours containing each Cupri Sulph & Potia Opia aa  $\text{gr} \text{ij}$  Ext. Sassafras  $\text{gr} \text{ij}$  — but nothing seemed of much benefit.

Sectio Cadaveris 20 hours after death

External Appearance } Body spare & emaciated & features pinched

Internal } Cranium — Brain & Membranes healthy, but very pale and  
exsanguinated — both lateral ventricles full of Serum  
weight  $3\frac{1}{4}$  lb

Thorax — Larynx & Trachea — healthy —

Lungs healthy, weight 1 lb 6 oz.

Heart healthy — left ventricle contained a small clot —  
right a large one, weight 9 oz.

Abdomen — Liver — commencing fatty degeneration weight 4 lb.

Kidneys — both presented the first stage of fatty degeneration weight 7 oz.

Spleen — healthy — weight 5 oz.

Stomach & small intestines — healthy

Large Intestines — Colon ulcerated throughout its entire extent — thickened — deposition of carbonaceous matter upon its coats  
Mucous Membrane — perfectly destroyed & whole sheets of it detached or in process of separation — no entire perforations but a partial one

J. A. Dow Sanctor

Medical Candidate

No 50

Age	Height	Weight	Name	Age	Disease	admitted	Duration	Died	Contracted	Time	Age	Height	Weight
74	5 ft 6 in	160 lb	Wm Crawford	43	Dysentery & Hepatic Abscess	March 10	18 months	March 22	India	10	4 ft 10 in	111	

History } His total service was 22 years viz Mediterranean 8  $\frac{1}{2}$  America 3  
Crima 2  $\frac{3}{4}$  India 1  $\frac{1}{2}$  rest Home — First taken ill  
in March 1853 with general weakness since which time he has been  
in hospital with the exception of about two months — was attacked  
with Dysentery coming home —

Present State } Complaint of great debility — tension, pain in the lower part  
— particularly in the right iliac region passes a great deal of blood  
with his motions — March 11 rather better — 17 not so well  
more tenderness — 20 worse has passed a number of liquids  
and acid feces 21 a little better says his bowels  
have moved — 22 great pain in the abdomen 23



Continued anxious - pulse weak & quick - changes much  
 24 passed rather an easier night - extremities are quite warm  
 25 passed a quiet night - evening his pulse fell & there can  
 be no doubt he is sinking - 26 pulse weak & intermittent  
 evening almost imperceptible - 27 pulse now strongly & quick -  
 has great difficulty in swallowing - 28 in the morning in a  
 moribund state at 2 p.m. died -  
 Treatment. Opium 1/2 grs. Atter. Ammonia - Cal & Opium  
 Cambric & 72 & 1/2 Mins. Cinnamon - But held for some days  
 & lastly Opium -

### Section Cadaveris 48 hours post mortem

External Appearance - Subject showed signs of having once been  
 a fine healthy muscular man - but was now greatly emaciated.

Internal Organs - Thoroughly vascular & healthy - as a whole  
 Cranium weight 3 1/2 oz.

Thorax } Larynx Trachea & Bronchi healthy  
 Lungs - large & healthy but pale.  
 Heart - Pale & flabby though healthy as a whole.

Abdomen } Liver - There were numerous abscesses from the size of  
 a cherry to that of an orange distributed throughout the liver  
 several of which were on the point of bursting into the cavity  
 of the abdomen, - but were prevented by adhesions between the capsular  
 surface & diaphragm and also the under surface of the stomach  
 & colon - The abscesses contained thick cream colored pus  
 with shreds of broken up hepatic structure hanging loose into  
 their cavities - The cavities contained no distinct living mem-  
 brane and appeared to have been of comparative recent forma-  
 tion - The remaining structure of the liver which was of  
 small extent was soft pulpy & easily broken up.  
 weight 14 1/2 oz.

Spleen - Softened and disorganized weight 10 oz.

Kidneys healthy - weight 15 oz.

Stomach & small intestine - healthy - Large as -  
 a few small ulcers about Caput Caecum cili & ascending  
 Colon - ~~the mucous membrane of the stomach & small intestine~~

James D. W. Smith  
 Staff Assistant Surgeon



Pgt	Rank & Name	age	Disease	Admitted	Duration	Died	Contracted	Ward	Pgt	Fol
116	Corp <sup>t</sup> Wm Beale	32	Phthisis Pulmonalis	March 9	20 days	March 29	India	10	411	110

Previous History } Total time 19 years - 5 years India. rest home  
Vaccinated. First ill two yrs ago - for which he sent out  
hospital in April 18 with Acute typhus - & of them has had  
many attacks since

Present State } March 9 1899 Pale & anemic - complaint of cough - Dyspnea  
loss of flesh palpitation & night sweats - Weak - emaciated  
Percussion - dull - Expectorations purulent - Abdominal & irregular  
since cough & irregular in tone - night decubitus 11 to 25 - June  
26 cough much worse 27 - 8 has expectorated much blood  
29 can not sleep for coughing -  
Died at 9.30 a.m. March 29  
Treatment H. Marshall. Dover powder - Sulphur - Elixirs  
as usual, Brand's, Chops. Milk & oatmeal

No Post Mortem in caseyama - the objection of friends

J. J. Doan  
Staff Assist. Surgeon

Pgt	Rank & Name	age	Disease	Admitted	Duration	Died	Contracted	Ward	Pgt	Fol
33	P <sup>r</sup> James Casey	22	Consumption	Nov. 9	5 months	April 4	1899	11	410	85

Previous History } Admitted with symptoms of Phthisis Pulmonalis - mainly severe cough -  
copious expectoration, night sweats, general emaciation - Bronchial  
wheezing is heard in left subclavicular region & pain in circumference of  
all over left side - Expectorations tubercular - Peter 107 full Jan 22

Present State } Patient coughs more & expectorates profusely Feb 11 Patient full & white night  
sweats more severe, appetite lost. March 9 expectoration more abun-  
dantly - severe pain in Right Hypochondrium April 1<sup>st</sup> - Marked.  
Died April 4 at 6.30 a.m.  
Tubercles are administered with a view to relieve the constant cough-  
ing - Morphine & last 4 Anesthetics & Chloric Ether are given  
with wine brandy & Egg -

J. J. Doan  
Staff Assist. Surgeon

Lectus Cadaveris 24 hours after death

External Appearance } Surface of body pale & anemic - Body pale & emaciated  
Right hand extremely - adenomatous

Internal State } Oesophagus - Brain healthy, about one ounce of serum  
at base Wt 3th 29 -



Throat }  
 Pericardium } about two ounces of fluid exuded in pericardium  
 Larynx }  
 Trachea } Filled with pretty mucopurulent fluid - a small  
 Bronchi } ulcer exposed on left vocal chord  
 Lungs } Both lungs adherent to walls of chest, - these adhesions  
 were of old standing, - both were extensively destroyed by  
 tubercular deposition in all the stages of advancement and  
 there were cavities in superior lobes of both Wt 3<sup>lb</sup> 13 oz  
 Heart } Healthy weight 11 oz

### Abdomen

Liver } Healthy weight 2 1/2 lb - Spleen - do Wt 7 oz  
 Kidneys } exhibited first stage of granular degeneration Wt 12 oz  
 Stomach } 2 small & large intestines - all healthy

Jas. D. O'Sullivan  
 Staff April 1<sup>st</sup> Surgeon

No 2

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Entered	Had	Regt	Vol
10	Private John Kelly	30	Hepatic Chrem.	March 26	6 months	April 1	Sept 1/80	11	412	83

Previous } Total service two years - in India for the whole period  
 History } suffered in Sep 1878 lost from duty & parted with  
 a great quantity of blood - was sent home for this reason

Present } Pale, emaciated - suffered under diarrhoea - stools were frequent  
 State } - no blood discernible in them - tongue clean, furred white -  
 bowels relaxed - has pain in the hepatic region - ex-  
 tending up to the right shoulder - Rhoten was applied  
 to this & with benefit - until April 2 when the extremities  
 became cold & the pulse fell - patient lies in his  
 back wearing 3<sup>rd</sup> Moribund 5<sup>th</sup> point  
 Treated with Rhoten - Morphine - & Sporn diet - his  
 Excreta were scanty - Profuse - vom & foetus

Lectio Cadaveris 24 hours post mortem.

External Ap- } Body Pale emaciated and anemic.  
 pearances }  
 Cranium } exhibited subarachnoid effusion. Ventricles each contained  
 about half an ounce of serum. Brain otherwise healthy  
 weight 3 lb 4 oz



Thyroid - Pericardium contained 4 oz & a 1/2 of serum - heart healthy weight 14 oz -

Lungs - Base of right lung, was adherent to Diaphragm & the pleural cavity contained one pound of serum with fibrin of lymph. Structure of lungs, collapsed but otherwise healthy - Wt 2 lbs.

Abdomen - 5 ounces of serum - in the cavity - covering surface of right lobe of liver projected upwards and adherent to the Diaphragm by recent effused lymph, and a very large abscess was found just on the point of bursting - it contained 400 oz of greenish yellow pus - & was entirely of old standing - the pus being lined by a distinct pyogenic membrane - a second abscess of similar size & which appeared to be of more recent formation to the right of the other & more shallow margin was not lined by a distinct membrane but portion of the structure of the gland was breaking down into the sac - it contained about 15 oz of pus - mixed with clots of broken up hepatic structure. The remainder of liver soft & friable. The & cavity torn - I presented a nutmeg - a corpuscle of pus. - Wt 11 lbs

Kidneys Wt 7 oz presents second stage of granular degeneration. Capsule enlarged & disorganized Wt 16 oz.

Stomach & small intestine soft & flaccid & there were small oval ulcers in the descending & sigmoid flexure of the Colon -

J. S. Dowling  
Staff Assistant Surgeon

No 3

Reg	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Hard	Reg	Folio
24	Capt Wm Steggle	33	Marked Laid Anomalous Darkness	March 20	6 months	Apr 13	Malta	15	415	7

Purpura } When in Malta about 6 months ago first noticed a swelling  
 distens } on right side of his chest - this swelling increased being  
 accompanied by severe pain, has been under treatment for  
 admission of the ant.

Purpura } He is thin emaciated has a remarkable protrusion on the  
 distens } right side of his chest - by other signs a pneumonia getting  
 round in lung - protrusion of the costal vessels & lungs ac-  
 tion abnormal viz. the 2<sup>nd</sup> sound is accompanied by a loud  
 bruit which works the first in a murmur - Patient kind dis-  
 position in swallowing - the appetite is good and his bowels  
 are regular - he continues just the same till April 1<sup>st</sup>



when *Dyspnea* became urgent - his pulse rose to 105 -  
his respiration to 35 per minute - & on 13<sup>th</sup> he died at  
10.30 p.m. - Treated with small doses of *Digitalis* - *Morphine*  
at bed time - *Laxatives* & *Half diet* -  
*Section Cadaveric* 30 hrs after death.

External Appearance } Body short. muscular & well formed -

Internal Do } Cranium } Brain, Healthy, weighed  $3\frac{1}{4}$  lbs

Thorax } Trachea & Bronchi - healthy.

Thyroid body - rather enlarged -

Right Pleura contained about 2 pints of serum  
Left about 16 oz of do.

Lungs congested but otherwise healthy wt 3 lb 2 oz  
Heart -

The whole surface of the heart & pericardium thickly coated with  
a layer of flocculent lymph. & the pericardium was adherent  
to the heart posteriorly & the left side, but anteriorly there  
existed between the opposing surfaces about 2½ oz of serum  
mixed with flakes of Lymph. - The heart itself was  
much enlarged & weighed 3.9 oz - its cavity was di-  
lated. Mitral valve healthy. - Semilunar valves of the  
Aorta were enlarged and appeared thickened out as it were.  
Cotyledons of the Aorta - thickened & studded with atheromatous de-  
posit - surface irregular - An Aneurysm arose from  
the anterior surface of the ascending Aorta - Aperture between  
sac & sac was about 2 in. in diameter - Sac contained  
3 oz of fluid blood & a yellow fibrinous clot but no firm coagulum.  
The sac was about the size of an orange & was upon the point  
of bursting, but had not done so.

Abdomen } Stomach & Intestines healthy  
Liver healthy weight 4 lb 9 oz  
Spleen connected to surrounding parts  
by old adhesions but otherwise healthy  
weight 11 oz  
Kidneys healthy weighed 18 oz

James Dowd Smith -  
Staff Assistant Surgeon



Regt	Rank and Name	age	disease	admitted	duration	died	Contracted	Ward	Regt	Folio
1/6	Pt John Nowlan	41	Cybernetic Fever	19 April 1859	1 day	20 April 1859	India	10	1	20

**Previous History** This man had 17  $\frac{1}{2}$  years service passed in E. I. Home & other stations - Was first ill of Diarrhoea, & then Fever & ague a year ago when in Bengal - was invalided home from inability to perform a Soldier's duty -

**Present State** Arrived here from Gravesend late - in April 19 and was almost in a moribund state - he had been treated for Pneumonia it appeared, and there was an extensive recently resorbed surface on his chest. He was hardly able to articulate and expired at 7.30 A.M. on April 21. His actual symptoms were Dyspnoea - Sputum frothy mucous, his extremities are cold. Pulse sinking. Treated with Ammonia & Spicocucurbita - & had Brandy, eating a little of the half diet ordered -

**Section Cadaveris** Section Cadaveris 40 hours after death  
Private Nowlan 1/6<sup>th</sup> Regiment. Died April 21<sup>st</sup>

**External** Short and muscular, lower extremities edematous.

**Appearances**

**Cranium** Brain healthy, weight 3 lbs.

**Thorax** Pleura contained each about 12 ounces of fluid, structure of lungs much congested, weight 4 lbs. Pericardium contained about 10 ounces of serum mixed with flakes of lymph\* apparently of long standing which adhered in many places to the opposing surface of the heart - the heart weighed 11 ounces. \*Surface of the heart and pericardium covered with a thick flocculent layer of lymph.

**Abdomen** Contained one gallon and a half of serum, Liver congested, weight 4 lb 1 ounce. Kidneys healthy weighed 13 ounces. Spleen greatly enlarged and thoroughly disorganised and pulpy weight 17 ounces

(Signed) J. D. Sainthill  
Asst Surgeon Staff.



178  
No 5

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Kind	Regt	Folio
	26 <sup>th</sup> Lt Thomas Moly	34	Phthisis Pul	3 March 1859	47 days	20 April 1859	India	10	4	

Previous

History

Has served 17 years - in China, East Indies, Bermuda & Home. Taken ill first Dec 23/58 enjoyed good health till then, when he was attacked with hæmoptoe, and has never been well since -

Present State  
March 3

Is an emaciated sallow and Phthisical looking man, complains of Night sweats, increased vocal resonance can be perceived under the right clavicle - with puerile breathing, quick and small pulse, and weak action of the heart.  
7<sup>th</sup> Feels weaker though his cough is rather easier - 22. Same or rather weaker of the two - April 1<sup>st</sup> Hæmoptoe as bad as ever. Sputum heavy and purulent - 10<sup>th</sup> - 20<sup>th</sup> moans much in his sleep, died at 12.20 p.m. -  
Treated with Cod Liver Oil - Dover's Powder - Half & Spoon diets.

Leslie Cadaveris 40 hours after Death

External  
Appearances

Thin emaciated and anæmic

Cranium

Brain healthy, weight 3 lbs

Thorax

Both lungs adhered firmly and universally to the walls of the Chest by adhesions of old standing. Structure of both lungs completely disorganised by tubercles in every stage of advancement, and Cavities of various sizes. Weight 5 lb 12 ozs.

Heart

Healthy weight 8 ozs

Abdomen

Liver healthy, weight 3 lbs - Kidneys small and healthy weight 10 ozs. Spleen healthy weight 7 ounces. Stomach and intestines healthy.

(Signed) J. D. Sainster  
Asst Surgeon Staff.

No 6

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Kind	Regt	Folio
	1/7 <sup>th</sup> Sgt Thos Kirby	36	Phthisis Pulmon	April 16 <sup>th</sup> 59	10 months	May 4 <sup>th</sup> 60	Crimea	15	4/5	2832

Previous  
History

Sergeant Thos Kirby 1/7<sup>th</sup> Regt aged 36. An Englishman. Total Service 16 1/2 years. West Indies 18 months. America 2 years. Crimea 2 years. Has not been vaccinated. Has not had Syphilis. Before serving in the Crimea had been suffering from a Cough, which he neglected and becoming worse, so that he could not perform his duty



he was admitted, 10 months ago into Hospital at Chatham and was treated: since that time has been in and out of Hospital, suffering from a succession of Catarrhs, which appears to have stirred up the latent seeds of Tubercle in his Chest, and he has suffered from Hemoptysis, and has had Night sweats.

Present State April 16. Cavities are found to exist in the right lung. The Sputum is Mucopurulent. Suffers from Night sweats. Cannot rest upon the left side. Suffers from a distressing cough which is much worse at night. Since his admission he has gradually become weaker and weaker. The cough has become more distressing. He has expectorated large quantities of Mucopurulent Matter and occasionally has suffered from attacks of vomiting: until at last Diarrhoea set in which could never be completely arrested, and he died on May 4<sup>th</sup>/59 at 8.45 p.m. The Treatment has been Cod Liver Oil, with light nutritious Diet and Wine. To relieve the vomiting small doses of Hydriocyanic Acid have been employed, and to arrest the Diarrhoea, from which he suffered at last. Pulv. Creta Co. Opio with Tinct. Cathart. & Pills of Sulphate of Copper with Opium were administered.

### Section Cadaveris 14 hours after Death

External

Appearance Body, very much emaciated

Cranium Membranes and substance of the Brain healthy - weight 3 lb 10 oz

Thorax Pericardium contained about 2 ounces of Serum, Heart healthy weight 10 ounces

Trachea and Bronchial tubes contained a large quantity of frothy purulent matter: mucous membrane highly congested. Both Lungs, adhered firmly and universally to the Walls of the Chest by adhesions of old standing. Structure of both Lungs completely disorganized from tubercular depositions in every stage of advancement, and Cavities of different sizes particularly in the apex. Weight of Larynx - Trachea and Lungs 4 lb 2 oz

Abdomen Liver very much enlarged, and its section presented fatty degeneration. Weight 7 lb 15 ounces.

Spleen enlarged. Weight 14 ounces

Kidneys presented the 2<sup>nd</sup> stage of granular degeneration. Weight of right 7 of left 5 ounces

Stomach healthy, numerous small <sup>and</sup> ulcers at the termination of the Ileum, and several large irregular patches of ulceration in the large Intestines

(Signed) Neville L. Todd

In C



189

Rank and Name	Age	Disease	Admitted	Duration	Died	Cause	Hand	Page
1st Lt. 5th Regt. The Hon. Mr. Hale	34	Dysent. Chron	12th April 1859	8 months	3rd May 59	India	11	Lapworth F. 9.

Previous History.

Has been a good deal in Hospital in India suffering from repeated attacks of intermittent fever and Hepatitis - his last illness was of a dysenteric nature rendered unfit for service by an asthmatic condition of breathing, emaciation & considerable debility - invalided home & admitted into Port Pitt Hosp 12th April 59 - Dysentery began in Aug. 58 - he is

Present State

He is now emaciated - has great thirst - subject to rigors & tympany of abdomen does not pass any stool - sleeps badly - has considerable purging - From the 12th to the 23rd his state varied very much - purging being much less for a few days and then becoming very aggravated. Treatment during this period consisted in Acid. Sulph. at. combined with Opium - Colic in small doses - Diet. Spoon. Stimulants wine brandy &c

Ap. 23. Delirious - little sleep - was given small doses of Spirit but in Aug. 1858 Ap. 24 Purged 8 times yesterday & several times during the night - slept all night - his feet better speech quite coherent - right cheek flushed &c. right tongue moist with rough brown fur posteriorly - rejects much of the food he takes - slight tenderness but no tympany of abdomen - pulse 80 regular - Ap. 26th Stomach less irritable - dysentery feculent with mucus &c little stool - on the 26th there was considerable tenderness & tympanitis of abdomen - at this stage treatment consisted in Infusion - fermentations - Spoon diet with brandy - also Hyd. & Cat. Pulv. Ther. & Dover's. On the 30th purging had greatly diminished & he had no occasion to rise during the night. He appeared better till the Ev. of Ap. 30th when he was seized with a violent pain across upper part of abdomen - had to be raised up in bed - was delirious - pulse 110 compressible skin moist - he moaned loudly - He was given a Morphia draught & a strong Turp. ferment. was placed to abdomen. Got relief & passed a tolerable night. On May 1st was calm - speech coherent - did not complain of much pain pulse 108 soft - bowels moved but once since previous Ev. tongue red. May 4th distaste to all food - tongue very red & rather dry - skin hot pulse 108. In the Ev. had another attack of pain & got relief from a similar line of treatment May 5th Slept badly - appears much worse - complaining of pain in left side - has cough but unable to bring up the sputa. Resp. quick - no abnormal sound. Little purging. Lat. little - tongue dry, glazed fissured & raw - pulse 108 small compressible - skin hot - feet cold - treatment; warm part of foot brandy - Carb. Ammon. &c 8 p.m. Moistened 9 p.m. Died



# Section Cadaveris 13 hours after death

Cranium Membranes & substance of the brain congested - weight 2 lbs 10 ounces.  
Thorax Pericardium contained the usual amount of fluid - heart healthy - weight 11 ounces - Bronchial tubes, large filled with frothy mucus - Both lungs, adhered to the diaphragm & also connected to the walls of the chest by bands of old standing adhesions - Structure of right lung healthy - Inferior lobe of left lung condensed & sinking in water and in a state of red hepatization. Weight of larynx, trachea, & lungs 3 lbs 8 oz.  
Abdomen Liver: very much enlarged, particularly the convex surface of the right lobe which was connected to the diaphragm by old bands of adhesions and presented numerous deep grooves or furrows resembling cicatrized marks of old abscesses but on making section through them there was no evidence of their having been former abscesses, structure of liver very firm and of a pale yellow color, - gall bladder filled with thin fluid bile - weight of liver 7 lbs.  
 Spleen: very much enlarged, structure firmer than usual weight 1 1/4 lbs  
 Kidneys, enlarged & presented the second stage of granular degeneration some of the tubular portion having been destroyed - weight of each 12 ounces.  
 Stomach: healthy - mucous membrane at the termination of the ileum vascular & that of the large intestine is soft, pulpy & easily scraped off. The omentum contained a considerable quantity of fatty deposit.

(Signed) George Le Gibbon M.B.  
 Med. Candidate

No 8

Regt	Rank	Name	Age	Disease	Admitted	Duration	Died	Cause	Rank	Regt	Notes
37 <sup>th</sup>	Lt. Supt.	James Betts	30	Phthisis Pulmon.	4 <sup>th</sup> May/59	1 year 10 mths	13 <sup>th</sup> Aug/59	India	15	Can Bk 3	10

## Procurious History

James Betts was an Irishman. Has been vaccinated. Has not had Syphilis. Has completed 17 years of Service. When in India in June 1857, was admitted into Hospital, suffering from Fever. Whilst under treatment was discovered to be Phthisical. On the 9<sup>th</sup> of August/57, whilst still in Hospital, the lining membrane of his Heart became affected by Disease, and disease of the Aortic Valve was suspected. Since that time he has suffered from Palpitation of the Heart, with pain in the left side. Has spit Blood, but not in large quantities and generally mixed with mucus. Having been invalided to England, he was obliged to stop short at the Cape on account of his serious illness. He suffered from great Dyspnoea and Exhaustion. After remaining there for



Two Months, and undergoing Treatment, he proceeded to Blythe, where he arrived on the 30th of April/59, and was admitted into this Hospital on May 4th/59.

State when admitted He was somewhat emaciated, and his Countenance expressed great anxiety from Difficulty of Breathing. Upon examination of the Chest, there was found great Dulness on Percussion over the upper surface of the left Lung, with moist crepitation and wheezing. There was marked Pulsation behind the junction of the Cartilage of the 2nd Rib on the left side, with the Sternum. The Heart's action was abnormal, being very perturbed, and the first sound was attended by a Murmur. The Pulse in the right Wrist was much stronger than that in the left. During the time that he was in this Hospital, he suffered greatly from Dyspnoea, and the slightest change of weather increased his distress very much. He did not improve under Treatment, but became gradually worse, and died on May 13th/59 at 3 o'clock a.m. The Treatment consisted of light nutritious Diet. Stimulating Expectorants and to relieve the Dyspnoea. Ether was administered Inhalation of the Vapour of Hot Water, with an Aromatic (Essence of Benzoin &c) was employed, from which he derived temporary relief.

### Sectio Cadaveris - 26 hours after Death

External  
Appearance  
Cranium  
Thorax

Body Stout, and muscular  
Brain slightly congested - otherwise healthy. Weight 3 lb 6 oz  
Pericardium contains about seven ounces of yellow Serum.  
Heart enlarged, and Papillae somewhat Dilated. Valves healthy. Weight of Heart 14 ounces. The Coats of the Aorta almost free from Atheromatous deposit;  
An Aneurysm arose from the posterior surface of the Aorta, near the origin of the Innominate Artery, by an opening about the size of a Shilling which communicated with an Aneurismal Sac about the size of the Closed Fist. This Sac projected upon the lower end of the Trachea, which had become ulcerated, and an aperture of communication existed between it and the Sac, the size of a fourpenny Piece, which was blocked up by a Coagulum. The Interior of the Sac was to a great extent filled up by a dense firm Coagulum.  
Lungs. Both Lungs adhered firmly & universally to the Walls of the Chest, by adhesions of Old Standing.



Thorax Numerous clusters of Creude Tubercles, with a few small  
 Conical were found in the superior lobes of both Lungs.  
 The remaining structure of the Lungs being congested  
 Weight of Lungs, Trachea and Larynx 4 lb.

Abdomen Liver - healthy - weight 4 lb 10 oz  
 Kidneys - healthy - weight - right 8 - left 6 oz  
 Spleen - congested - weight 12 oz  
 Intestines - healthy

(signed)

Greville S. Fair  
 Staff Apothecary Surgeon.

No 9

Regt	Rank and Name	age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt	Folio
31 <sup>st</sup>	Pt. Henry Durbin	19	Morbus	May 10 <sup>th</sup> 59	4 months	May 20 <sup>th</sup> 59	Public	10	411	

Previous  
 History

Pt. Henry Durbin an Englishman. Had been in the Service five months. Had not served abroad. Was admitted into Hospital at Pembroke, on January 3<sup>rd</sup> 59, with his left Hip swollen, and exceedingly painful. It appears that, about 3 years since, he received a kick from a horse over the left Hip, which continued slightly painful up to the time of his admission into Hospital, when it became so much worse as to prevent him from walking. He complained also of palpitation of the Heart, and on the application of the Stethoscope, a Bruit was distinctly heard. Treatment consisted of Blister, Acetate of Lead, Lotions, Counter Irritants to Hip Joint, Purgatives and Antimonials.

State when He was very weak and emaciated. Respiration hurried and rattled. Heart's action very much increased. Slight Hypertrophy - Pulse 112 regular. Heart seemed rather displaced towards right side. Complained of pain in the left Hip Joint which he attributed to a kick from a horse 2 years ago. Had marks of having been recently blistered in this situation. After his admission he suffered from constant vomiting with most urgent dyspnoea. A leucum consisting of Phlogogenic 3p. of Olive 3p. was applied over the region of the Heart and as he had a great desire for lemonade, he was allowed it periodically. The Case was clearly a hopeless one, and he died on May 20<sup>th</sup> 59 at 10-30 a.m.



# Sectio Cadaveris 20 hours after Death

External } Body not emaciated. Hip Joint not examined  
 Appearances }

Cranium Brain healthy. Weight 3 lb 3 oz

Thorax Pericardium contained about 3 ounces of Serous Fluid  
 Heart generally enlarged, and cavity Dilated. Right  
 Ventricle filled with Fibrinous Clots. Left Ventricle  
 filled with Black Coagulated Blood. Lining Membrane  
 of the Heart as also the Coats of the Aorta, perfectly  
 healthy. Aortic Valves extensively diseased (ossified),  
 and destroyed by Warty Ulceration. A Pendulous Exerescence  
 hangs down from the Semilunar Valve on the left side  
 into the left Ventricle. Weight of Heart 1 lb 3 oz  
 Structure of Lungs congested, and slightly oedematous  
 but otherwise free from disease. Weight of Lungs 3 lb 4 oz  
 Abdomen contained 4 pints of Serous Fluid.

Liver Congested, and sections presented a mottled appearance.  
 Weight 3 lb 12 oz

Spleen. a very large scrofulous deposit, the size of  
 an Egg, exists in the inferior angle of this organ. The  
 centre of this deposit has commenced to soften. The  
 remaining structure of the Spleen is thickly studded  
 by gritty deposits, resembling Millet Seeds. Weight  
 of Spleen 14 ounces

Kidneys healthy. Weight of Right 7 1/2 oz. of Left 7 oz  
 Intestines - healthy

(Signed)   
 Neville E. Tait  
 Staff Assistant Surgeon

Regt	Rank and Name	Age	Disease	admitted	Duration	Died	Country	Rank	Age
1/10	Pt John M. Hale	47	Paralysis	19 March 1859	2 Months	27 May 1859	India		2

Previous History Pt John M. Hale Aged 47 Admitted into General Hospital  
 Fort Pitt on the 19<sup>th</sup> March 1859. an Irishman total service 15 years  
 has been in India the whole time. had very little illness while there  
 with the exception of an attack of ague which he suffered from  
 before finally leaving it. He was invalided home on account  
 of this, and a short time after lost the use of left side altogether  
 by a shock of paralysis.



Presents  
History

Has still a que about him occurring every day, the paronychia however are not well marked, his right lower extremity is swollen and painful on pressure. A collection of matter has formed behind the right internal malleolus, an incision being made into it 2 ozs of pus was discharged.

April 9<sup>th</sup> Up to this he was improving gradually but he has now become very weak and much depressed, and the abscess has formed in right groin which was opened.

April 26<sup>th</sup> His stomach has become very irritable rejecting every thing he takes in the way of food. Tested the urine and found it of specific gravity 1010 and containing a large amount of albumen. Has great thirst, complains of no pain over the region of kidneys quantity of urine passed in 24 hours 8 pints.

April 30. He feels much relieved, vomiting not so urgent, he continued much in the same state until 10<sup>th</sup> May when the vomiting again set in with great irritability of stomach. The feet legs &c began to swell considerably.

May 26<sup>th</sup>. This day he is quite unconscious of every thing going on around him, is constantly in a heavy sleep, had three slight convulsive attacks, bowels and stomach still acting, he remained in this state until the 29<sup>th</sup> and died at 4.5 min past 2 o'clock.

(Signed) Robert Tate  
Staff Surgeon

No post mortem examination was made on account of the request of his wife.

No 11

Regt	Rank and Name	Age	Disease	admitted	duration	died	buried	buried	Ref.
2 <sup>nd</sup> Batt 40 <sup>th</sup> Regt	Private								
40 <sup>th</sup> Regt	Pte Joseph Emery	23	Inguinal Hernia	7 May 1859.	Since 1856.	28 <sup>th</sup> May	Cape of Good Hope	7	No 21.

Previous  
History.

An Englishman invalided from the Cape of Good Hope on account of oblique Inguinal Hernia of the right side contracted on government works at that Colony in the year 1856. He was admitted into Fort Pitt Hospital on the 7 May 1859. The Hernia was of moderate size. On the 24<sup>th</sup> May an operation for the radical cure of the disability was performed at noon the patient being under the influence of Chloroform. In the evening he did not complain of much pain but an opiate draught was administered. On the 25<sup>th</sup> May slept well last night and now makes little complaint except of slight cough which produces pain in his right groin. Draught



to be repeated at night. May 26. Slightly feverish, but has some sweating about the head and neck. Tongue slightly furred. Cough continues but is not violent and is unaccompanied with expectoration. Complaints of considerable pain and tenderness about the lower part of the abdominal wall. Referred chiefly to the central parts. The parts to the right groin are somewhat painful but not so much so as the central portion. There is no tenderness of the upper part of the belly. Has had no motion of the bowels since the operation. Compress and bandage not disturbed. Presure still slightly feverish in fact much the same. Opiate repeated. —

May 27. Easier and less feverish but slept little through the night. Still complaints of pain in the lower part of the abdomen. Bandage & Compress removed. No irritation from the Intestines in Scrotum which were therefore not disturbed. Ligature hole looks healthy enough. Belly slightly tense from contained air, has had no motion. The tenderness in the lower part of the belly persists and extends more towards the left side. Tongue still slightly coated. Urine scanty and high coloured. Compress and bandage reapplied. — Presure began to vomit about 3 O'clock a small quantity of dark coloured fluid after which he said he felt easier. Was seen by the orderly Officer about 5 P.M. when he was in a state of partial Collapse. He was vomiting a dark coloured fluid like porter. Pulse very weak rapid and compressible. Skin moist inclining to cold. Eyes sunk and surrounded by dark coloured areola. He was ordered some brandy and water and about 7 O'clock the Ligature was removed and Compress and bandage reapplied. He continued to vomit at intervals through the night. The belly became very tense and tympanitic. The cough continued and mucous collected in the air passages. The tenderness now extended all over the abdomen. He was ordered Calomel & Opium at frequent intervals. A large hot poultice to the abdomen to continue the brandy and water at intervals. Mustard plaster to the abdomen. Spongio pilule and hot water. He never recovered from the condition of partial Collapse and died at 4 O'clock on the 28<sup>th</sup> May 1859. — Total service 5  $\frac{7}{12}$  years.

(Signed)

George Simon M.D.  
Staff-ass: Surgeon



## Sectio Cadaveris 20 hours after Death.

External appearances. Body stout muscular and well formed.

Cranium. Vins of pia mater and arachnoid very much congested. Section of brain presented a number of bloody points. Weight of brain 3 lbs. 2 OZ. —

Thorax. Cavities of the heart filled with fibrinous clots. Structure healthy. Weight 12 OZ. Trachea & Bronchial tubes contained frothy mucus. Mucous membrane of the whole of the air passages very much congested. Structure of the Lungs gorged with serum but otherwise healthy. Weight of Larynx Trachea & Lungs 3 lbs 6 OZ. —

Abdomen. Contained about a pint of turbid serum with flakes of lymph floating in it. The peritoneum covering the intestines and also that lining the walls showed numerous patches of vascularity particularly along the lower folds of the small intestine which lay immediately above the pubis. The upper extremity of the neck of the Sac was capable of admitting the finger and the portion of peritoneum lying in the inguinal Canal showed no signs of vascular action, but the lower portion of the Sac to the extent of an inch and a half was highly vascular and contained a few flakes of lymph. The Sac was lying to the front and outside of the Spermatic Cord and had not been injured by the needle. The Sac descended into the Scrotum and was finally connected to the neighbouring parts. It appeared from the inflammation being limited to the lower part of the Sac, that the Sac had in some manner been pinched off and constricted during the operation. On the integument over the Centre of the right Rectus muscle about 3 inches above the pubis there was a small ulcerated opening which communicated (through the sheath of the Rectus and also through the substance of this muscle) with a large irregular sac of an abscess which existed between the abdominal wall and the peritoneum. The abscess besides being situated on the right side also extended to the left behind the left Rectus muscle and also downwards behind the pubis and in front of the bladder. A sinus extended from the outer margin of the right Rectus muscle upwards & inwards through the Centre of the substance of



this muscle and passed out through an aperture in the Sheath and afterwards through the ulcerated opening in the integuments. —

It appears that on inserting the needle behind the internal pillar of the External ring it had been passed rather too deep and that the ligature included such an amount of muscle that severe inflammatory action and ~~suppuration~~ suppuration was induced which extended to the peritoneum. There was no aperture in the External pillar of the ring or other evidence that it had been included in the ligature. Liver healthy. Weight 4 lbs 3 ozs. Gall Bladder filled with thickropy bile. Spleen healthy Weight 7 lbs. Kidneys healthy Weight of right 8 ozs. Left 7 lbs. Stomach and Intestines healthy. —

Signed

George Smith M.D.  
Staff Asst. Surgeon

1812.

Regt.	Rank and Name	Age	Disease	Admitted	Duration	Died	Cause	Age	Regt.
54th	John Pitson	19	Chronic	May 27 <sup>th</sup> 1859	Fourteen Months	June 10 <sup>th</sup> 1859	June 14 <sup>th</sup> 1859	14	4th

Previous History

St. John Pitson aged 19 yrs. Admitted into the General Hospital Port Pitt on the 27<sup>th</sup> May 1859. An exceedingly delicate looking young man. Took service 16 months. The chest of his case states that he took ill first in April 1858 and sent to Plymouth as an Invalid in May. From which he returned in August without any improvement and in a very weak & emaciated condition. He has admitted under treatment in December for severe affection and since that period he has been gradually declining in strength. Cough frequent and harassing at night. Short inspiration on the sides of both lungs. Diminution of respiratory murmur, with slight dulness on percussion. Slight action increased in frequency. Month is and emaciated pale & it is difficult to find himself for ordinary purposes. By some present or common cold. Marked dulness superiorly on both lungs, right small. Dry hacking cough. Sputum under both clavicles and

Previous History







at Suicide by cutting his throat. The physical symptoms gave evidence of an aneurism either of the arch of the aorta or the innominate, for this he has been brought forward to be invalided. Treatment palliative, symptoms treated as they arose.

Present  
state.

Dulness under the right clavicla well marked auscultation bronchial respiration, pulse rapid small and compressible 124. Respiration 36 extreme emaciation and debility respiration hurried and carried on with much difficulty when seen on the evening of the 10<sup>th</sup> June was found in a sinking state, breathing difficult, scarcely any pulse hands and feet cold, countenance livid and congested, could not be got to swallow any stimulants, he sank and died at 11½ Am on the 10<sup>th</sup> June 1859.

Signed, Edward Heyken  
A.D. 86<sup>th</sup> Regt

Body not Examined.

Regt Rank and Name	Age	Disease	Admitted	Duration	Died	Country	Height	Weight	Temp
1/15 <sup>th</sup> Lt John Schofield	26	Phthisis	5 January 1859	5 Months	18 June 1859	India	144	410	200

Previous  
History.

This man contracted a cold soon after his arrival in India where he has been stationed. He was treated on two occasions for Catarrh and subsequently it was discovered that he suffered from Phthisis Pulmonalis. This disease made rapid progress, and cavities being found to exist in the apices of both lungs, he was sent to England and recommended for discharge. On his admission to Fort Pitt Hospital on June 5<sup>th</sup> 1859 he was found to suffer from extensive tubercular disease of both lungs which had advanced to the 3<sup>rd</sup> stage.

Present  
History.

He also suffered from obstinate diarrhoea, apparently produced by ulceration of the bowels. This was treated by Mutton Catechu & Catechu pills composed of Quina Sassafras Glyster Pul Opie Gly and many other astringent remedies. His diet was light and nutritious. He however gradually became weaker and died on 18<sup>th</sup> June 1859 at 1.15. P.M.

Section Cadaveris 3 days after Death.

Cranium.

The membranes and substance of the brain healthy, weight 2 lbs 14 oz.

Thorax.

Pleurae contained about 6 ounces of serum, weight of heart 7 ounces. Both lungs were connected to the walls of



the chest by adhesions of old standing, structure of both lungs extensively disorganized from tubercles in every stage of advancement and cavities of various sizes particularly in the apices of the superior lobes weight of lungs 8 1/2 lbs 8 ounces. Liver. The hepatic system congested weight 3 lbs 10 ounces.

Abdomen

Respiratory

Right weight 6 ounces.

Left " 6 ounces.

Spleen

Healthy " 8 ounces.

Intestines

Numerous large ulcerated patches in the lower third of the small intestines.

Mucous membrane of the caecum and whole course of the large intestines presented extensive ulceration, especially towards its lower extremity.

(Signed) G. S. Grevelle M.D.  
J. A. Surgeon

No 15

Age	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Rank	Age	Notes
28	Sgt James Nevin	25	Phthisis	25 June 1859	3 months	25 June 1859	Cephalonia	15	415	93

Previous History

This man spat blood while stationed in Cephalonia in 1856 and had some cough at Portsmouth previous to embarkation but made no complaint while on the passage from England. In January of this year was seized with some cough and was admitted to Hospital for it. The patient lost flesh and showed the usual signs of Phthisis. Crepitus was audible under the left clavicle, the voice was then resonant and sputa became more plentiful. The appetite was very poor and there were night sweats. Soon after he arrived here he had an attack of pleuritis evidenced by metallic tinkling and the sound elicited by percussion, the heart is displaced towards the middle line and a murmur accompanies the first sound. The treatment consisted of cod liver oil, Ferrous as given, Iodide of potassium &c, Leeches, counterirritation, Linctus, Full diet, wine &c and moderate exercise.

Present

Died shortly after arrival at Fort Pitt.

### Section Cadaveris.

Cranium

The membranes and substance of the brain healthy wt 3 lbs 8 ounces.

Thorax

Pneumonia contained about 6 ounces of serum. Weight of heart 7 1/2 lbs. Both lungs were connected to the walls of the chest by adhesions of old standing. Structure of both lungs extensively disorganized from tubercles in every stage of advancement and cavities of various sizes particularly in the apices of superior lobes. Weight of lungs 8 1/2 lbs 12 oz.



**Abdomen** Liver the hepatic system congested Weight 3 lb 14 ounces.  
**Kidneys** Right caudate 7 ounces left 5 ounces.  
**Intestines** Numerous large ulcerated patches in the lower third of the small intestines, mucous membrane of the caecum and whole course of the large intestines presented extensive ulcerations especially towards its lower extremity.

No 16

Signed James Donaldson M.D.

Age	Rank and Name	Age	Disease	Admitted	Duration	Died	Coat	50	Reg
33 <sup>rd</sup>	Mr John Cogley	22	Phthisis	5 June 1859	26 days	25 June 1859	Jun	14	

**Previous History.** An Irishman, a labourer by trade before enlistment, of stamens Diathesis, fair complexion, and spare habit of body Total service 2 years 8 months of which 1 yr 8 mos were spent in India. He was first attacked by chest disease in November 1854, when he also suffered from Intermittent fever, since that time he was never able to perform regular duty and has been gradually losing strength.

**Present History.** When admitted into Fort Pitt 5 June 1859 He appeared extremely emaciated, his chest flattened and contracted and presented the physical signs of the 3rd stage of Phthisis Pul- He always suffered from obstinate diarrhoea. He was treated for the chest symptoms with counterirritants and expectorants, for the diarrhoea with pills compound of Quina Sulfate & Opium & a variety of astringent medicines but it could never be completely arrested and he gradually sunk and died 25 June 1859 at a quarter to one o'clock P.M.

Section Cadaveris 56 hours after death.

**Cranium.** The membranes of the brain slightly congested, structure healthy weight 3 lb 6 ounces.

**Thorax.** The heart healthy weight 8 ounces. Both lungs stretched throughout their upper lobes with masses of tubercles of a cheesy consistence there were also several small cavities about the size of marbles in both apices, the bases of both were very much congested weight of lungs 4 lb 8 ounces.

**Abdomen** Liver congested weight 4 lb 6 ozs. Right kidney 11 1/2 ozs left do 7 1/2 ozs. Spleen very large weight 1 lb 6 ounces.

**Intestines.** The mucous membrane injected in patches along the small intestines and some few spots of ulceration. Numerous large irregular ulcers in the caecum and along the whole course of the large intestines.

1 Signis, Oliver Crompton M.D.



No 17

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Cont:	Rank	Age	Notes
2/5	Ob. Matthew Kelly	25	Phthisis Pul.	May 11 <sup>th</sup> 1855	15 Months	21 <sup>st</sup> Jan 1856	England.	15	1833	38.5.10

Previous History. L & R. Throat has not been paccinated. Has not had erythema. Has been in the service one year & five months. For whole of the time he has served in this Army. He has not become anthraxed in march camp. When he suffered from a severe catarrh. Was admitted into the hospital & treated & since that time, has been in & out of hospital suffering from cough & pain in right side of chest. The spot burst about three months ago.

Present History. Present appearance slightly emaciated. Complaints of severe cough & pain in the right side. Can not rest with on right side. There is slight dulness on percussion over the middle lobe of right lung with faint vesicular murmur. In the surrounding portion of the lung there is tubular breathing. In the left lung the respiring murmur is bad & compensatory & accompanied over some portion of upper lobe with a wheezing sound. Heart all over normal. The left rapidly worse both lungs becoming uniformly dull, & gangling big as to appear in their apices. In treatment. Continued in Cod Liver Oil, Tonic, Expectorant &c. & locally. Inhalation of steam & Potash.

#### Examination.

Brain. Brain healthy, weight 340 gms. Membranes healthy 2 lbs of fluid on the surface of the brain.

Throat. Lungs weighed 640 lbs. adnated at various parts to walls of the chest. In the apices of the upper lobes there were several small cavities. The whole lungs were extensively disorganised from tubercle which showed itself in various stages. Heart weighed 13 lbs. was enlarged, & presented several patches of erythema on its surface, there being apparently of old standing.

Abdomen. Splenic Congested at various points but not ulcerated. Liver 340 lbs. Spleen 12 lbs. Contained scattered through it several small yellow tubercles looking granular.

Kidneys. Kidneys 2. Right 400 gms. Left 400 gms.

Geo. McDonald M.D.



No 18.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Contracted	Hard	Regt	Folio
11 <sup>th</sup>	Pt. Thomas Ridge	22	Thia: Pleur	June 16 <sup>th</sup> 59	10 Months	June 30 <sup>th</sup> 59	Aug 4 <sup>th</sup> 58	11	412	

Previous  
History

An Englishman. Total Service 4 years the whole which was "Home". He was first attacked by Pulmonary Disease in August 1858 when stationed at Down. He then suffered from Haemoptysis which occurred three times within the following four months. Was in and out of Hospital until

Present  
History

January 1859, when he was admitted suffering from Small Pox. He made a favorable recovery from the disease but soon after began to complain of severe cough and pain in the Chest. Night sweats. Loss of appetite, and Sleep. When admitted into this Hospital on June 16<sup>th</sup> 59, he was extremely debilitated, and suffered from most urgent Dyspnoea. On applying the Stethoscope over the left Apex purring Rales were audible, over the right apex there was coarse Crepitation. He suffered also from Diarrhoea. The Chest symptoms were treated by means of stimulating Expectorants, as Ammonia. Symplicia &c. with Counter-irritation, and a number of other gut remedies were employed, with the hope of arresting the Diarrhoea but without permanent success.

Cranium

Sectus Cadaveris 36 hours after Death

Membranes of the Brain congested. The Pia Mater and Arachnoid covering the anterior and upper part of the Cerebrum opaque and much thickened. Ventricles contained a good deal of Serum the right especially. Details congested. Weight of Brain 3<sup>lb</sup> 10 ounces

Thorax

Heart. Weighed 10 ounces. full of clots of black Blood. healthy in structures

Lungs. Weighed 8<sup>lb</sup> 10 ounces. Both Pleura thickened and surfaces adherent through their whole extent.

Right Lung. Not more than a square inch of crepitation being to be found, and the rest full of Tubercles, which had broken down into small Cavities in many places. A large Cavity the size of an Orange in the Apex. Left Lung Only the lower part to be crepitated under pressure but was much congested. The upper part was in much the same state as the other lung. A large cavity in the Apex.



Abdomen

Liver healthy weighed 3 1/4 Pounds

Spleen healthy weighed 6 ounces.

Kidneys, both pale and soft, but structure seemed good  
Weight of right 6 ounces. of left 5 ouncesIntestines - Large patches of ulceration in the end of small  
and beginning of large intestines. tubercles deposited about  
the CæcumFrederick S. Jait  
Staff Assistant Surgeon

No 19.

Reg	Rank	Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Reg't	Co.
93	Private	Thomson	29	Tubercle of lung. Pneumonia Phtisis	March 1/59	4 months	July 4 <sup>th</sup>	March 1/59	12	182	

Previous History An Englishman - Received a gunshot wound of left thigh a little below the trochanter major the ball came out on the outer side about six inches down. The knee is in a semiflexed position - he walks on his toes; in all other respects he is in good health -

Present History Complains of diarrhoea which was easily stopped March 7 - yesterday he was put under chloroform & the knee fully straightened afterwards Mr. Intyus splints - March 8, splint taken off - he can flex & extend the joint slightly - March 13 the leg is now straight he is rather too weak to get up. March 14. Complains of diarrhoea which comes on suddenly - April 10. In the lower lobe of right lung there is complete absence of all vesicular respiration - upward toward the more healthy part moist crepitation is heard especially toward the termination of inspiration. The sputa rust colored - thick & tenacious April 12. There can be little doubt but the <sup>lower</sup> lobe of the right lung is labouring under Pneumonia - There is the absence of all vesicular respiration - crepitation audibly distinct upon the confines of sound lung dulness on percussion well marked as is also bronchophony - Sputa rust colored & excessively tenacious. April 20 dyspnoea not very urgent - April 22. Improving still marked dulness no dyspnoea - Cough not so troublesome sleeps at night from 13. Not so well voice hoarse Complains of pain in the throat - To be transferred to ward 12 for benefit of light & to be removed from draughts from 21 Breathing laborious sleeps very little - no diarrhoea - Breathing improved from 25 Breathing much worse - July 1 Continues to become weaker daily - July 4<sup>th</sup> Died at half past five am.

Treatment. Astringents Cod liver oil - Iron. Quinine Opium sulphuric Acid - Wine Brandy &c &c



Sectio Cadaveris 30 hours after death

**Cranium** Membranes congested - about two oz of serum was contained in the pia mater - a small quantity in the ventricles - Brain healthy - weight 4 3/4 - 6 oz -  
 Largest ulcerated - Trachea congested  
**Thorax** Cavity of right pleura contained 2 1/2 oz of a purulent fluid & a quantity of air - right lung collapsed - hepatized whole lung infiltrated with tubercle  
 Left lung - apex mass of tubercle - remainder in a very congested state weight 4 1/2 - 10 g - Heart healthy weight 9 g  
**Abdomen** Liver healthy weight 4 1/2  
 Kidneys healthy - weight 9 g

Max<sup>d</sup> Thomson  
 M. C.

No 20

Reg.	Rank and Name	age	Disease	Admitted	Discharge	Died	Contacted	Rank	Reg.	Feb
745	Plt William Edwards	36	Phthisis	23 June 1859	13 Months	11 July 1859	India	11		

**Previous History** A. Scotsman, has served at the Cape 24 years & 9 mos. in India 5 yrs the remainder at home his total service being 19 years 1 month. He suffered from an acute attack of diarrhoea in Feb 1858. in India next from Chronic Catarrh from April to June in the same year and again from June to August also from Morbus Cordis from 14 August to 8<sup>th</sup> November, states his chest symptoms commenced in March 1858.

**Present History** He has suffered from Scrophulous on admission in this Hospital he was worn and emaciated. The fauces were congested, he complained of cough and pain in the chest with purulent expectoration. The physical signs were dullness on percussion over both infra clavicular regions but most marked over the right, on this side there was amphoric breathing and other symptoms of a cavity on the left side the breathing was bronchial. Bronchophony was audible over both apices. He continued to get weaker and weaker, the voice being almost quite lost and died 11 July 1859 at half past 3 A.M.

He was treated by Jones, such as Emulsion & Murate of iron with stimulants &c.



*Tubercularis 32 hours after Death.*

*External Appearances.* Body much emaciated,  
*Cranium* Brain healthy. weight 3lb 5 ounces.  
*Thorax* Both lungs adhered firmly and universally to walls of the chest by adhesions of old standing and their structure was thickly studded with milium and erode tubercles and cavities of different sizes particularly in the apex. weight of lungs 4lb 4 ounces.  
*Abdomen* Liver healthy. weight 2lb 11 ounces. Kidneys healthy weight R. 6 oz L. 4 ounces.  
*Intestines* Stomach thickly studded with ulcers, and caecum and colon studded with large irregular ulcers.

Signed J. Adcock  
 S. A. S.

No 21.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Entered	Ward	Regt	Col
5th	Corporal Thomas Lynch.	22	Phtisis	June 5 <sup>th</sup> 1859	10 months	July 15 <sup>th</sup>	India	14		

*Previous History.* Corporal Thomas Lynch 5<sup>th</sup> Regiment aged 22 years. was admitted into this Hospital on the 5<sup>th</sup> day of June 1859 labouring under the third stage of Phtisis Pulmonalis. He was a thin delicate looking subject, but stated that he had generally enjoyed pretty good health, with the exception of Coughs and Colds. For which he has been several times in Hospital. He left for India in 1858 and was taken ill in October 1858. Since that time he has been in Hospital.

*Present History.* When admitted here he was very emaciated and extremely weak, with a hoarse and lost. Auscultation gave all the signs of the third stage of Phtisis Pulmonalis. He suffered greatly from Diarrhoea, which however improved under treatment.

He has been bled, cupped, has taken astringent alteratives, Cold Liver Oil. Tonics & ferrous chel. but in spite of all treatment he got gradually worse and died on the 15<sup>th</sup> July 1859 at half past seven o'clock. A. M.

Robert A. Grant.  
 S. A. S.

No post Mortem.



Regt	Rank	Full Name	Age	Disease	Admitted	Duration	Died	Cause	Period	Regt	File
51 <sup>st</sup>	Pvt	Matthew Ryan	26	Phthisis Pulm	June 7 / 59	15 months	Aug 6 / 59	India	10		411

Previous History

An Irish Labourer At 26 of 1 year & 8 months service of which 14 months were passed in India Was first attacked with disease of the chest in Apr / 58 when in India & has been under treatment ever since He has had Hemoptysis Was brought home in the Eastern Monarch which took fire at Portsmouth, in consequence was obliged to swim off to a boat, remaining almost naked for some time afterwards On admission he had

Present History

an anxious expression of countenance, was very weak & complained much of pain in the chest & dyspnoea The Physical signs were those of acute Bronchitis supervening upon Phthisis Pulmonalis In a few days his chest symptoms much improved but he was troubled with Diarrhoea His Ankles also were oedematous On June 19<sup>th</sup> he had a relapse having taken fresh cold, he expectorated a considerable quantity of mucus tinged with blood After improving for a time he was again attacked with Diarrhoea; he had violent <sup>in</sup> the abdomen which became tympanitic & excessively tender upon pressure He passed no urine His countenance became sunken - skin cold - pulse small & he died at 1/4 past 5 A.M. Aug 6<sup>th</sup> Treatment. At first expectorants & diaphoretics afterwards sedatives Cod Liver Oil Astringents Stimulants & generous diet

Section Cadaveris 82 hours after death

External appearance Body emaciated Lower extremities oedematous

Cranium Brain healthy weight 5lb 2oz

Thorax Heart healthy weight 8oz

Lungs contained several clusters of crude tubercles scattered through out them & a few small cavities. Some of which appeared to have contracted & to be in a quiescent state The bronchial tubes were thickened & dilated Weight 3lbs 8oz

Abdomen Liver healthy weight 4lbs

Kidneys Both presented the third stage of granular degeneration weight of the right 11oz L 10oz

Spleen Healthy Weight 7oz

Intestines Numerous scars of old ulcers existed about the Ileo Colic Valve & throughout the large intestine The solitary glands contained tubercular deposit which had broken down & on pressure a small quantity of pus escaped, some of these small collections had given way into the



(Autopsy) The Cavity of the abdomen contained 12 oz of  
 Milky Serum

Signed J. Adcock  
 S. A. S.

No 23

Age	Rank & Name	Age	Disease	Admitted	Duration	Died	Cont.	Ward	Reg.	Vol.
26	P <sup>te</sup> James Miller	40	Dysent. Chron	July 30 <sup>th</sup>	3 years	Aug 7	Bermuda	11	412	139

Previous  
History

A Scotchman of twenty years total service - 16  $\frac{1}{2}$  good He has  
 served in the East & West Indies China & Bermuda In 1856  
 contracted Dysent. & a from which he never quite recovered always  
 being lame in the bowels On the voyage home he had a relapse  
 which caused him to emaciate much On admission he was

Present  
History

Much attenuated & was suffering from slight Catarrh of the  
 - Mucosa from which he soon recovered His bowels acted about four  
 times in the 24 hours He had also Chronic Bronchitis His stools  
 were of a pale colour, loose & mixed with a little mucus;  
 there was no tenderness of the abdomen on pressure He continued  
 to improve up to the 6<sup>th</sup> of August when he was found to have  
 a constant cough with great difficulty of expectoration appa-  
 - rently caused by his having left off his flannel shirt He had  
 great thirst & appeared very weak A few hours before death  
 Dysent. came on, his breathing became more oppressed & he  
 died Aug 7 at one A. M. Treatment at first Hyd. & Cret &  
 Dover's powder Counter-irritants Astringents & Stimulants  
 Aug 8/56

Section Cadaveris 36 hours after death

Brain

Brain healthy Weight 2lb 11oz

Thorax

Lungs Congested but crepitant The bronchial tubes were  
 filled with frothy mucus Weight 2lb 9oz

Heart small but healthy Weight 7oz

Abdomen

Liver Congested but otherwise healthy Weight 3lb 2oz

Kidneys Congested Structure healthy Weight R. 5oz L. 5oz

Spleen healthy Weight 6oz

Intestines The small intestines were extensively ulcerated  
 about the lower end of the Jejunum & upper end of the Ileum  
 The mucous membrane of the large intestine was soft pulpy &  
 easily detached

Signed J. Adcock M.D.  
 S. A. S.



No 24

Age	Height and Name	Age	Disease	Admitted	Duration	Died	Cause	Hand	Reg.	Vol.
16 1/2 Rifle	P. John Carne	27	Phtisis Pulm	July 6/59	18 months	Aug 12/59	Mauritius	XV	415	57

## Previous History

A Scotch labourer aged 27 of seven years service of which one year & five months were at the Mauritius where he suffered from Hemoptysis & Consolidation of the right lung from tubercular deposit. He was subsequently attached to the 2/5 Fusiliers but getting worse was sent home from the Military Hospital Mauritius.

## Present History

On his arrival at Fort Pitt, he was weak & emaciated with much cough & purulent expectoration. A small abscess had formed in his right ear which broke leaving him partially deaf & it then still discharged. The left side of the chest was flattened at the upper part with dulness on percussion & cavernous respiration; on the opposite side the breathing was puerile. He had some pain in the upper part of the abdomen & tenesmus. He continued to get worse suffering frequently from pain in the abdomen & diarrhoea with profuse expectoration & dyspnoea. He died Aug 12<sup>th</sup> at 1/4 past one P.M. Treatment Sedatives Astringents Counter-irritants with Wine & nutritious diet.

Section Cadaveris 24 hours after death

Ext<sup>r</sup> Appearance Body much emaciated

Cranium Brain healthy Weight 3lbs

Thorax Heart healthy Weight 8oz

Lungs The right was universally adherent to the walls of the chest & contained throughout its whole extent tubercles which had broken down & suppurated. The left contained patches of Military tubercles in the upper lobe & also some small cavities. Weight 4lbs 8oz

Abdomen Liver healthy Weight 3lbs 15oz

Kidneys healthy R 6oz L 5oz

Spleen healthy Weight 3oz

Intestines There were numerous ulcers in the Caecum. The small intestines were healthy.

Signed J. Alder R M D  
S. A. S.



No 25.

Pg	Name and Name	Age	Disease	admitted	Duration	Died	Cont	Hand	Pg	Vol
2/5	P <sup>r</sup> Richard Popfield	19	Phthisis Pulm	Aug 12 <sup>th</sup> 1859	6 months	Aug 13 <sup>th</sup> 1859	Mauritius	X	411	

## Previous History

A labourer of 16 months service of which five were passed on the Mauritius & the rest at home. Was admitted into Hospital on the Mauritius with all the signs of a cavity in the apex of the right lung & doing away also of the left in a less degree, he also had night sweats but no hæmoptysis. The treatment employed was counter-irritation, sedatives & Cod Liver Oil. On arrival at this Hospital he appeared weak & emaciated & in an advanced stage of Phthisis. He was immediately sent to bed & being seen about an hour afterwards appeared no worse than might be expected after a journey. The next morning he was suddenly seized with profuse hæmoptysis (evidently from a large vessel) & died in a few minutes.

N. B. He arrived at Fort Pitt at 6 o'clock P. M. & died at 1/2 past seven the next morning - without having been formally admitted or dictated.

## Sectio Cadaveris 5 hours after death

Internal Appearances Body much emaciated

Cranium Brain healthy Weight 3lbs 2oz

Thorax Heart healthy Weight 7oz

Lungs Both apices contained large vomica & were adherent to the walls of the chest throughout their whole extent. The lungs were filled with tubercles & riddled with cavities which contained coagulated blood mixed with pus. Weight 3lbs 5oz

Abdomen Liver healthy weight 3lbs 14oz

Kidneys Congested Weight of R. 8oz L. 6oz

Spleen Large but its structure appeared healthy Weight 11oz

Intestines The Cæcum contained several small ulcers; the large intestines were otherwise healthy. The small intestines were healthy.

A small abscess existed in the Right Psoas Muscle. Some of the mesenteric glands were enlarged & contained purulent matter.

Signed J. Adcock M.D.  
J. A. S.



202/ No 26

Age	Rank & Name	Age	Illness	admitted	Duration	died	Cost:	How	Age	Sex
1/12	P. W. Glanane	36	Phtisical Pulm	July 8 / 59	16 months	Aug 13	Liverpool	XV	415	39

**Previous History** A Scotch labourer of 18 years & four months service Seven of which were spent at the Cape, whence he was sent home suffering from Chronic Rheumatism Whilst recruiting at Liverpool he caught cold from getting wet but becoming convalescent was sent to his depot at Walmer where he suffered from Hemoptysis & Turbulent Expectoration & Dyspnoea On admission he was much emaciated - had a frequent cough with purulent expectoration He also suffered from night sweats. The right side of the chest was flattened & did not rise in inspiration It was dull on percussion with Pectoralizing & Gurgling On the opposite side purile breathing was heard He gradually became more emaciated The Dyspnoea cough & expectoration increased, his countenance became livid & he died Aug 13 at 1/4 past eight P. M.

**State on Admission** Treatment Sedatives Expectorants Occasional purgatives with Wine & nutritious diet

Sectio Cadaveris 16 hours after death

**External Appearance** } Body Emaciated

**Cranium** Brain healthy Weight 3 lbs

**Thorax** Right lung filled with tubercle with a large cavity at the apex & numerous small cavities throughout the rest of the lung The upper lobe of the left lung contained some small cavities with much tubercular deposit - The lower lobe was consolidated apparently from the effects of inflammation

Heart healthy Weight 9 oz the Pericardium contained three ounces of straw coloured fluid

**Abdomen** Liver healthy Weight 3 lbs Spleen Large & soft Weight 3 viii; Kidneys healthy R. 3vi L 3v

Intestines Generally healthy excepting a few ulcers in the Caecum

Signed J. Adcock M.D.  
J. A. S.



No 24.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Cont?	Head	Feet
48	P. Patrick Collins	37	Phthisis Pulm	July 13 1859	11 months	Aug 14 Calcutta	X	411	224

Previous History

An Irish labourer of 19 years & 4 months service, in The E & W. India Mediterranean Gibraltar & the Crimea Eleven months ago he had Hemoptysis, before this time he had no cough but had been troubled with palpitation of the heart for some time previously on admission He was very much emaciated with well marked Physical signs of extensive derangement of the Right Apex, as well as the left but in a less degree

He gradually got weaker, his disease making steady progress & died Aug 14 at 1/2 past one A.M. Treatment Continued various Sedatives Expectorants with Cod Liver oil Wine & a nutritious diet

Body not examined

Signed J. Adcock M.D.

S. A. S.

No 28.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Cont?	Head	Feet
1/9	P. John Dowling	29	Catarrh Chron	Aug 18 1859	11 months	Aug 22 Aldershot	XI	412	146

Previous History

An Irish labourer of three years & 4 months service, all at home He was sent here from Aldershot where he contracted a cough in September last & suffered from Dyspnoea & purulent expectoration He says that on several occasions he has spat up a little pure blood His age is really 48 years though it was stated to be only twenty nine On admission He was found to be a very strumous looking man with considerable Dyspnoea; the expectoration was purulent & cough troublesome The right side of the chest was resonant upon percussion but the left side was dull especially at the lower part & with entire absence of the respiratory sounds but at the apex cavernous respiration & pectoriloquy could be heard He complained of loss of appetite & debility with much pain in the left side He continued much the same up to Aug 22<sup>nd</sup> when whilst passing water he was suddenly seized with urgent Dyspnoea, his face became purple & he died half an hour afterwards Treatment On admission he was ordered Cod Liver oil & a little Wine

Present History



## Sectio Cadaveris 34 hours after death

External Appearances Body not much emaciated

Cranium Brain healthy Weight 15 lbs 6 oz

Thorax The right lung contained patches of tubercles on the upper part & several small cavities one of which had ulcerated through into the cavity of the Pleura by a round & well defined opening causing Pneumothorax & collapse of the Lung The left Pleura at the lower part was thickened & covered with flakes of lymph & contained a quart of Pus At the upper part the Lung was adherent to the walls of the chest The whole of the left lung was full of tubercles & riddled with cavities Weight 2 lbs 6 oz

Heart healthy Weight 9 oz

Abdomen Liver healthy Weight 4 lbs 8 oz

Kidneys healthy R 8 oz L 6 oz

Spleen healthy Weight 14 oz

Intestines healthy

Signed J. Ashmead M.D.  
S. A. S.

No 29.

Reg	Rank and Name	Age	Disease	admitted	Duration	Died	Cont.	Post	Reg
1119	P. 9th Beard	22	Hepatic Chorea	July 19/59	14 Months	Sep 2 1859	India	X	411

An Irish Cadaver of four years & seven months service of which thirteen months were in India While at Gibraltar he suffered from Cholera in July/57 & was sent home for change of air - he was next sent to India where he suffered from Fever & Ague & in June/58 his spleen began to enlarge - being invalided home he arrived at Fort Pitt in April/59 & remained 15 days afterwards joining his Depot. Soon ever getting worse he was ordered into the Garrison Hospital Apr 22/59 where he remained up to July 19 when he was again admitted into Fort Pitt on admission He was found to be a sthenous pale & emaciated man with double Bronchitis & enlargement of the Spleen & apparently of the Liver. Mucous rales were heard over the chest. There was some effusion into the Pleural cavity with oedema of the ankles His gums were spongy apparently from the use of medicine His skin became hot - tongue brown at the centre & red at the tip. He also suffered from slight diarrhoea & pain in the abdomen. In a short time numerous began to form under the skin in various parts of his body which were opened. In spite of every kind of support he gradually got weaker & weaker & died Sep 2/59 at 4 P. M.

Treatment At first tonics &amp; expectorants Chalk Mixture &amp;



Colic. Cold Liver bit when his stomach would bear it & a mixture  
how does with stimulants

Section Cadaveris 20 hours after death

Ex 2

Appearance } Body much emaciated; several small superficial abscesses  
about the lower extremities & Pelvis

Cranium Brain healthy Weight 3lbs 2oz

Thorax The right lung was adherent to the walls of the chest Both lungs  
were congested but otherwise healthy Weight 2lbs 4oz

Heart healthy Weight 6 1/2 oz

Pleural cavity contained an ounce of clear fluid

Abdomen The Liver was adherent to the neighbouring viscera & its capsule  
much thickened & fragile The lower edge was blunt - its substance  
tough & mottled presenting the appearance of the nutmeg liver  
Weight 4lbs 14oz

Spleen was also strongly adherent & its capsule thickened The cut  
surface was of a very dark colour & its substance very hard & solid  
Weight 2lbs 10oz

Both Kidneys contained a small abscess about the size of a bean  
but were otherwise healthy

The Peritoneal Cavity contained a pint of clear serum

Signed J. Adams M.D.  
P.A.S.

No 30.

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Coast	Rank	Regt	Vol
52	P. James Mosley	23	Phtisis Pulm	Aug 6/59	9 Months	Sep 11/59	Chatham	XI	412	142

An Englishman At 23 of twelve months service, all at home, nine  
months ago while at Chatham, he got wet which brought on a cold  
& a short time afterwards, he says that he spat some blood He was  
first treated for Chronic Pleuritis for 116 days & at the end of that time  
he was sent on sick furlough, when this was he deserted & after being  
a fortnight in prison he was transferred to the Garrison Hospital where  
he was found to be labouring under Phtisis Pulmonalis On admission  
he was found to be a strumous man & very much emaciated with a  
 hectic flush on the cheeks He had suffered from diarrhoea for the  
last four months He was found to have all the symptoms of extensive  
disorganization of both lungs In a few days he appeared to improve  
but in a short time the diarrhoea increased, the expectoration became  
more profuse, his emaciation extreme & he died Sep 11



Treatment Cod Liver Oil, Astringents & Opium - A nutritious diet with Stimulants

Section Cadaveris 48 hours after death

External appearance Body much emaciated  
Cranium Brain healthy Weight 5 lbs 10 oz  
Thorax Heart healthy Weight 7 oz

Both lungs adhered firmly & universally to the walls of the chest by adhesions of old standing. Left lung, structure completely disorganized from tubercular depositions in every stage of advancement & cavities of different sized. The right in a less advanced stage of disorganization there being still a little crepuscular lung at the base Weight 4 lbs 10 oz

Abdomen Liver enlarged & fatty weight 4 lbs 6 oz  
The kidneys were in the first stage of granular degeneration R 4 oz L 4 oz

Spleen healthy Weight 90 g  
The small intestines were healthy up to within a foot of the Sigmoid valve where they were extensively ulcerated as was also the whole of the inner surface of the Cecum

Mesenteric Glands enlarged

Sep 12/59

Signed J. Adcock M.D.  
Staff Assist Surgeon

2031.

Age	Rank and Name	Age	Disease	Admitted	Duration	Died	Cont <sup>d</sup>	Ward	Page	Vol
80	Pt Charles Byrne	25	Calculus Ch.	Sep 2 <sup>d</sup> 1859	15 months	Sep 18 <sup>th</sup> 59	India	15	415	73

An Irishman aged 25 years of seven years service of which three years abroad. His previous history states that he enjoyed pretty good health until July 1858 in which month while stationed at Calcutta he was attacked with severe Cough, to which was in a short time superadded palpitation of the heart. He got somewhat better, but getting fresh attacks. Ever since October he has been repeatedly in Hospital under treatment, attributable to active service and climatic and was aggravated by vice, intemperance on his conduct. Before joining the service a labourer. When admitted into this Hospital on September 2<sup>d</sup> 1859 he complained of pain in his chest, with great dyspnoea, cough with little or no expectoration, along with palpitation of the heart.



The treatment he received consisted in counter irritation to the chest, local abstraction of blood, Expectorants and anodynes. His breathing became more distressing and he died on September 18<sup>th</sup> 1859 at a quarter past 10 o'clock A.M.

Section Cadaveric

External Appearance Body not much Emaciated.  
 Cranium Brain healthy. weight 3 lbs. 6 ounces.  
 Thorax. Lungs Congested, with patches of tubercle. The apex of the right lung contained a large cavity about the size of an orange. The bronchial tubes were thickened and dilated. weight of Lungs 4 lb. 6 oz.  
 Heart weight 13 oz.  
 Abdomen. Liver Congested. weight 3 lbs. 12 ounces.  
 Kidneys healthy. weight right Kidney 6 ounces left Kidney 5 ounces.  
 Spleen Congested weight 7 ounces.  
 Intestines. Patches of ulceration throughout the large Intestines.

Sept 20<sup>th</sup> 1859.

Signed. R.A.P. Grant.

Wm. Grant Surgeon

No 32<sup>nd</sup>

Regt	Regt and Name	Age	Disease	Admitted	Duration	Died	Cont	Ward	Reg	Vol
24 <sup>th</sup>	Pt Robert Robinson	24	Phtisic Pulm	Sep 29/59	Two years & a half	Oct 9/59	Regt Major	XI	412	167

A Scotchman of four years service He was of Strumous habit & suffered severely from Pulmonic Disease while stationed at home on which account he was left at his depot on the embarkation of his regiment for the East. After his arrival in India with a draft his Disease assumed a more aggravated form He was one year & a half in India states that he was first taken ill with chest symptoms about Feb /57 while at the Isle of Wight. He has had Hemoptysis on admission he was much emaciated, complaining of pain in the chest cough & dyspnoea, on examination he was found to have all the signs of Phtisic the bronchi were purged Treatment Chalk, Iron, Calcechu & opium Cod Liver oil Morphia with Wine & a nutritious diet



## Sectus Cadaveris 72 hours after death

Ext<sup>l</sup> Appearances Body much emaciated  
 Cranium Brain Healthy Weight 1 lbs  
 Thorax Several large abscesses existed in the apices of both lungs & they contained tubercular matter throughout the rest of their substance Both Pleuras were obliterated by adhesions of old standing  
 The Heart was healthy  
 The Pericardium contained about 2oz of clear fluid  
 Abdomen The Liver was congested & its capsule thickened & adherent to the neighbouring viscera Weight 4 lbs  
 Kidneys healthy Weights of R 6oz & L 5oz  
 The Spleen was enlarged & like the liver had suffered from inflammation Weight 1 lb  
 Intestines healthy

Signed J. Adams M.D.  
 J. H. S.

No 33

Age	Gender	Stud	Name	Age	Disease	Admitted	Duration	Died	Cont <sup>d</sup>	Hard	Wgt	Id
53	P <sup>r</sup>	John	Green	36	Mortuus Cordis	29 Sept 1859	9 months	20 Oct 1859	Feb 1859	14	417	56

## Abstract

An Englishman, total service 17 years, of which abroad 16. Was first admitted into Hospital in Jan. 1859 for hernia humoralis, from which he recovered at this period too a pulsating tumour, situated at the top of the sternum, was first discovered both by himself & his medical attendant. At that time it is stated his breathing was considerably impaired, his pulse at right wrist scarcely perceptible, he had also pain in the right shoulder & arm.

When admitted into this Hospital in Sept 1859, was very emaciated & weak, complaining of much dyspnoea, & pain in right shoulder & arm, pulse scarcely perceptible, on examination a tumour situated at the top of the sternum on the right side was observed, pulsation in the tumour was perfectly perceptible when the hand was placed over it. He stated that he never suffered from aphonia or dysphagia, but a great deal from cough & expectoration.

These symptoms increased, he gradually became weaker, expired at 4 AM 20<sup>th</sup> Oct 1859.

While in this Hospital, his most urgent symptoms were treated as they presented themselves; his general health supported by nourishing diet & stimulants, he getting three gills of brandy per day (this amount was during the last ten days).



# Sectio Cadaveris 32 hours after death

External appearances,

Emaciated

Cranium

The pia mater & brain much congested; considerable effusion in both ventricles, no softening, weight of brain 43 oz.

Thorax

On opening the Thorax, there was discovered a large aneurismal tumour, situated at the top of the sternum on the right side, which by its pressure outwards had caused absorption of the top of the sternum & external end of the right clavicle. On dissection the aneurism was found to have involved the ascending part of the arch of the aorta & the whole of the innominate artery. The aorta was much dilated its walls thickened by extensive atheromatous deposit. The walls of the aneurism were absorbed, & the sac thickened by layers of fibrin one inch & a half deep. It was progressing outwards, causing but little pressure on the trachea & oesophagus; but it caused much pressure on & condensation of the right lung, it was adherent to the walls of the thorax. The right vagus nerve was involved. There were no appearances from which to infer, whether the aneurism originated in the aorta or innominate artery. The left carotid & subclavian were uninvolved.

The weight of the tumour alone when cleaned & dissected was 14 oz. The pleural lungs were everywhere adherent to the walls of the thorax. Both lungs were very much congested, there was grey hepatization for pneumonia in some places, advanced to suppuration, over the whole of the lower part of the right lung. The left lung was also condensed & congested. Interlobular matter was found at the base of it. Both lungs weighed 4lb 9oz. The trachea & oesophagus were normal.

The Heart was small & flabby. A good deal of fat deposited on it. It weighed 9oz. All the abdominal organs were in a healthy condition. Liver, large, normal, weight 4.5 lbs. Spleen normal weight 9oz. Kidneys 5 weight, right 8oz. left 7oz. There were a few small congested patches in the small intestines.

Abdomen

24 Oct 1859.

Signed

Dr. J. Ingham M.D.  
M.C.



No 34

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Cause	Mark
73 <sup>rd</sup>	Pt James Bruce	20	Phthisis	July 24 <sup>th</sup> 1859		October 22 <sup>nd</sup>		XI.

Abstract.

An Englishman, aged 20. Twelve months' service, of which seven were spent at Jersey, two in Devonport, and three at Chatham.

Whilst at Jersey spat blood, and since has attended an Hospital. Admitted into the Garrison Hospital July 24<sup>th</sup> 59, suffering from all the symptoms of Phthisis, and was treated with Stimulants, tonics & counterstimulants. Entered Port Pitt Hospital on the 11<sup>th</sup> of October 59, with all the indications of advanced Phthisis.

He is of stomach as put, perspires at night profusely, expectorates matter indicative of Tubercle, and that in large quantities. Dyspnoea is present. Treatment - Dr. Morrish, Mixture containing Morphine, counterstimulation, and a most generous diet. Notwithstanding which he continued to grow thinner and weaker, and his back became sore.

On the 19<sup>th</sup> spat up horribly solid matter. 21<sup>st</sup> complained of drowsiness & the expectoration ceased. 22<sup>nd</sup> During the night became delirious & died.

Notes Cadaveris - 26 hours after death

Post. - Appear<sup>ance</sup> - Body much emaciated.

Cranium - Brain normal. Weight 3 lb 3 oz.

Thorax - Heart normal. Weight 6 1/2 lb.

Lungs - Apex of left a mass of cavities and abscesses. Right Lung full of Tubercular Cavities in upper two thirds. The lower third contained Tubercular matter softening. Weight 5 lb.

Abdomen - Liver in a state of Fatty Degeneration -

Spleen healthy. weight 6 oz.

Kidneys - normal in development, appearing externally as if divided into three lobes, both healthy. Weight - right 5 1/2 oz. - left 6 1/2 oz.

Intestines Healthy -

Oct 31<sup>st</sup> Signed W<sup>m</sup> Greagh M.C.

No 35. lid

Regt	Rank and Name	Age	Disease	Admitted	Duration	Died	Cause	Mark	Regt
2/12	Pt James Reddy	38	Morbid Cordis	26 <sup>th</sup> Oct/59	15 months	28 <sup>th</sup> Oct 1859.	Left J.H.		



An Englishman Enlisted October 1839. Served eight years & a half at the Mauritius, and seven at the Cape of Good Hope. Had Vaccinal. Vaccinated. Admitted into this Hospital from Aldershot Oct 26<sup>th</sup> 1864. Was attacked with Rheumatism whilst at the Cape, and went into Hospital for a few days there. Was always previous by a very healthy man. He dates his present ill health from July 1868 - 18 month duration. The symptoms he especially complained of during that time were Difficulty of breathing which was brought on by the slightest exertion - Spasmodic pain in left side of thorax, shooting down the left arm - and as a consequence of both an inability to perform any of the duties of a soldier. At present he is pale & Anæmic in appearance, presenting marks of Strain in the Cardiac Region - of a cupping & blistering nature. He breathes with considerable difficulty, by a series of short inspiratory efforts, most easily effected by sitting up in bed and leaning forwards at the same time. The Cardiac region is elevated by each action of the heart - which seems to be labouring in its action, and much quickened in rate of movement. The sounds are intensified, but not made correspondingly distinct. A well marked Murmur takes the place of the first sound to the left side preponderating towards the apex; but on the right portion of Cardiac Space the two sounds are distinctly audible, faintly associated with the Mitral murmur. A continued venous murmur is heard in the inferior cervical region. I thought there existed slight "frémets" over heart on the 27<sup>th</sup>. A great want of proportion was most perceptible between the heart's action (both in force and frequency) and the radial pulse: the latter was small, feeble and seemed not so quick as the former. The feet have a tendency to be cold. Treatment. Carbonate of Ammonia mixture and Aconite brought at night. October 27<sup>th</sup>. Had a bad night, sleep generally much congested, face especially so. Feet cold & slightly oedematous. Pulse scarcely to be felt on the right side, very small and intermitting on left. Heart's action very feeble. Respiration labouring. During the succeeding night was delirious. October 28<sup>th</sup>. At about 11 P.M. was very stupid looking, but could be roused so as to answer questions. Went into a semi-comatose state and died at 12 O'clock P.M.

Section Cadaveris - 26 hours after Death.

Ext<sup>l</sup> Apper - Body well developed, and in good condition.  
 Cranium - Brain slightly congested. Otherwise normal. Weight 4 lbs.  
 Thorax - Heart very much enlarged, and cavities dilated, containing a large quantity of fluid blood. especially the right auricle and ventricle. Arch of Aorta much diseased, with extensive atheromatous deposit, beneath its inner coat. No valvular disease. Weight of Heart lbs. 17 1/4.  
 Lungs structure of both very much congested and oedematous.



Left Lung adhered firmly and universally to the walls of the chest, and these adhesions were of old standing. Weight of both - 4 lbs. 2 Oz -  
 Abdomen - Liver congested. Gall Bladder contained a large quantity of black bile. The weight of Liver was - 4 lbs. 1 Oz -  
 Kidneys - Weight - right - 5 1/2 Oz - Left 6 1/2 Oz - both normal in structure  
 Spleen - rather small. Weight 4 1/2 Oz -  
 Intestines Congested and containing 21 feet of Faeces (head not found)

1036. (1) October 31<sup>st</sup> 59. Signed W<sup>m</sup> Craigh M.C.

Age	Rank and Name	Age	Disease	Admitted	Duration	Died	Length	Mass	Reg
84 1/2	Drummer John Walsh -	18	Dysentery Chronic	Sept 2 <sup>nd</sup>		November 5 <sup>th</sup>		10	

Previous History. An Irish boy, vaccinated, enlisted five years since. Served four years in India and the remainder at home. Dated his present illness from July 1858, whilst in India, when he was attacked with diarrhoea, which has continued since. At the beginning the motions were almost wholly constituted by blood, and accompanied with much tenesmus.

Present Condition. He is a stammering individual, very much emaciated. The bowels act about five times in the twenty-four hours. Stools not very loose, and no straining accompanies them. The abdomen is covered with subserpiginously enlarged veins. The spleen is considerably enlarged. No ascites exists. Appetite good. Tongue clean.

Treatment - Chalk Mixture with Opium, and a most generous diet including wine followed by Pines. Up to the 20<sup>th</sup> of October he improved much - the bowels being only moved three times in the day, but these were not healthy, being slimy in appearance. From this the purging recommenced, and he became so weakly that removal from bed to allow the bowels to act had to be dispensed with.

October 28<sup>th</sup>. His appearance as date per anargin - Emaciated to the most extreme degree. An abscess is forming in the left chest. Abdomen much collapsed rendering the enlarged state of the Liver & Spleen very conspicuous. On applying slight pressure to the Ileo-caecal region, gurgling is elicited. Cannot detect vesicles. The Treatment adopted - Opium and Piceananda in the form of pills. No decided improvement resulted.

November 1<sup>st</sup>. Ordered Ant-Phlog and Opium after every other examination, and an emolument composed of Starch Mucilage each morning. This seemed to be followed by a good result, as the purging ceased, but his strength failed, and after a partially comatose state of about twenty minutes, he died - at about half past seven P.M. on the third of November 1859.

Signed William Craigh M.C.  
 November 11<sup>th</sup> 1859.



1031

212

Regt	Rank & Name	Age	Disease	Admitted	Duration	Died	Cost	Ward	Reg	Notes
28	1st Lt. J. H. Ryan	26	Catarrh Colon	Oct 28.	Not known	Nov 19/89		11		

Previous History

Admitted from St. Marys after having been discharged from Fort Pike with an approximation of all the symptoms.

Present Condition

On admission suffering from great dyspnea. Throbbing Cough. Profuse expectoration of an albuminous character floating in a serum fluid. Pulse small & very rapid. In a cavity labouring from Phthisis Pulmonalis. Well marked dulness in infraclavicular regions with puffing of a cavity. Murmurs inconstant & not heard thru the thorax generally. - Improved slightly for a few days & then got worse rapidly became delirious gradually & this was supposed to be either from de-ox. or autolysis of the blood & effusion in brain. Expectoration apparently composed of the pulmonary tissue itself. -  
Died 11 Nov 2 1889.

Lectio Cadaveris 36 hours after death.

Cranium Brain apparently healthy weight 3 lbs 1 1/2 oz.

Thorax. 3 Divisions of Pericardium in cavity of Pericardium in cont. white flamed. of lymph. Recently effused lymph also covering its inner surface more especially about large vessels. Cavities filled with clots of fibrin, valves & general structure healthy. - weight 14 oz.  
Lungs Adherent universally by old adhesions. Trachea & Bronchial tubes all filled with purulent matter. Mucous membrane of air passages highly vascular increasing in intensity in smaller tubes. Numerous small irregular ulcers on posterior surface of trachea close to bifurcation.  
Right lung Superior lobe studded with crude tubercles several some in no. apex. Middle & inf. lobes contained milky & empysematous tubes. Left lung Superior lobe completely disorganized. tubercles in all stages. Cavity of Pericardium empty, condensed & sinking in water.  
Inf. lobe contained small? & crude tubercles. - - both of both lungs 5.2 lbs.

Abdomen Liver Fatty weight 4. 11.

Spleen Firmer than usual. portion of capsule thickened wgt. 8 oz.  
Kidney, much enlarged. granular degeneration in advanced stage wgt 10 & 11 oz.  
Intestines Intestines Congested

H. B. Franklyn, St. Louis, Mo.



Age	Name & Name	Sex	Disease	Admitted	Discharge	Died	Cont'd	Ward	Regt	Folio.
Bellevue Regt.	Private Miles Harris	M	Hepatitis Ch.	Jan 7 / 54	Not known	12 Nov 54		10.	SIH 22	-

Previous History

Was admitted into City Hospital Jan 7/54. with Acute Hepatitis. Acting better at that time & improved sufficiently to go on sick furlough. On return re-admitted with enlarged liver which gradually increased & it appears that abscess of liver was at that time diagnosed. —

Treatment Palliative. Iodine &c.

Present Condition

On arriving at Fort Pitt complained of abdominal tenderness. Had a sallow appearance & other symptoms present that might possibly have led to the above diagnosis. Discharge frequent nocturnal sweating present pain in knee joint. Took sulphate of copper & iron. Gradually got worse & died Nov 12/54.

Section Cadaveris.External App.CraniumThroat.Abdomen

Much Emaciation.

Lateral Ventricles Cont'd fluid in small quantity. Wgt 3 lbs. — Adhesions of great lungs. Stricture healthy. Wgt 2 lbs.

Heart Normal

Liver descended about 6 cent of ileum on right side in center below the umbilicus & covered the spleen. Stricture fatty. Deep blue & convex surface. Connected by old band to diaphragm Wgt 8. 3.

Spleen portion of capsule thickened, enlarged, otherwise healthy. Wgt 13 1/2.

Kidneys both in imperfect fatty degenerative stage. More advanced in the right one. Wgt 7 1/2. Left 5 1/2.

Intestines

Mucous membrane of lower third of ileum congested & far ulcer. Whole of mucous membrane of caecum & colon covered with extensive ulceration. Lts surface covered with lymph.

W.M. Fisher M.D.,  
Staff Surgeon



Regt	Rank & Name	age	Disease	adm <sup>d</sup>	duration	died	Cont <sup>d</sup>	Ward	Regt	Folio
48	Pte. Ira L. Ham	25	Dissec. Chron	17 Oct 59	5 months	Nov 10		15		

### Abstract

Previous History

An Englishman of 7<sup>8</sup> years service, was admitted into Fort Pitt Hospital Surgical Division 29 Sept-1859 with sore eyes, was transferred to the Medical Division 17 Oct 59. States that he was first taken with his present illness in the month of July 1859 while at St. Helena, that he had an attack of fever & bowel complaint on board ship.

Present State

When admitted into this ward, he was very weak & debilitated. On examination, the liver was found to be considerably enlarged & very tender on pressure, the tongue large coated & pasty. The bowels were in an irregular condition, tending towards diarrhoea. There was great debility, & a very capricious appetite. The treatment consisted in cupping, blisters, fomentations, gums, astringents & brandy. He gradually got weaker & weaker, the pain & tenderness increased & he died 12 Nov-1859 at 11<sup>1</sup>/<sub>2</sub> Am.

### Sectio Cadaveris

External Appearances.

Body much emaciated.

139.

Cranium

Membrane of the brain of a yellowish colour. Brain healthy weight 2lb.

Thorax

Lungs healthy, weight 3lb 73.

Heart healthy in structure weight 93.

Abdomen

A large abscess existed in the right lobe of the liver, which contained 563 of purulent fluid, mixed with broken down liver substance, weight of liver 6lb.

Spleen healthy weight 73.

Kidneys pale in structure, weight right 83. left 93.

Patches of ulceration existed throughout the large intestines.

17<sup>th</sup> Nov-1859.

Mr. J. Hullock M.D.  
J. C. J.

Regt	Rank & Name	age	Disease	adm <sup>d</sup>	duration	died	Cont <sup>d</sup>	Ward	Regt	Folio
47	Pte. Matthew Kennedy	24	Cataract Chron	30 Oct 59	9 months	15 Nov 59		14		617

### Abstract

Previous History

An Irishman whose total service was 5<sup>1</sup>/<sub>2</sub> years, 29 of which in the Armed Forces at home. He never was a strong man, on admission to this Hospital was much reduced, older in his appearance than his age would indicate.

This abstract states that in the beginning of this year, he had a severe



attack of Venereal disease, from which he only partially recovered. He had no other disease till April last, when symptoms of disease in the chest began, which proceeded rapidly in his weakened state, & he was sent from his Regt to the Hospital in Oct. last.

## Present State

On examination on admission here, his chest symptoms were found to be, much dulness on percussion of upper side of chest, purulent expectoration with much blood, the respiring lower bronchial & coarse. There was also dull pain across the lower part of the chest, also much emaciation & weakness. His appetite also was bad & stomach very irritable, rejecting very many articles of diet. During the progress of the case, the symptoms did not vary much in character & the pain complained of in the chest disappeared; but lately the hæmoptysis & irritability of stomach became very great, & though much arrested & controlled by the remedies used, he gradually became weaker & expired at 5.30 am 15<sup>th</sup> Nov 1879.

The treatment consisted in keeping up his strength by the few articles of diet his stomach was able to bear, & allaying his most prominent symptoms, which were cough, excessive hæmoptysis irritability of stomach; for this purpose had 10 grains pills of Hydrargyrum iod. were found of great benefit.

*Sectio Cadaveris*

30 hours after death.

## External Appearances

Body much emaciated.

## Cranium

Considerable subarachnoid effusion, several ounces of serum effused on the base of the brain, about 2½ ounces in ventricles, weight 3lb 5½

## Morae

### Microscopical Appearances

The small bodies taken from the surface of the heart & pericardium consisted of soft, white, granular, cream-colored masses, the former small, irregular and tubercular, granular, the latter more rounded, granular, and appeared as if they were composed of a mass of granules, the granules of which were composed of a mass of granules, the granules of which were composed of a mass of granules.

Forty ounces of bloody serum were found in the pericardium; the surface of the heart & pericardium, was coated with a thick layer of firm adherent flocculent lymph, on removing which there was observed a number of small granular tubercular bodies situated below the serous membrane of the pericardium; these bodies had become soft & were filled with purulent matter. Several of the bronchial glands also contained soft granular tubercular matter. The structure of the heart was healthy. weight 1 lb +

The bronchial tubes contained frothy non-purulent matter, the mucous membrane was vascular. Both lungs connected to the walls of the chest by a few old bands of adhesion. Right lung. Superior lobe contained several clusters of milky granular tubercles, some of them advanced to suppuration, middle & inferior lobes healthy in structure except being slightly adenomatous. Left lung perfectly healthy. weight of lungs 2lb 10 g. Liver fatty weight 15 lb 11 g.

## Abdomen



Spleen enlarged, congested weight 1 lb 6 oz.  
Kidneys, both enlarged, in the first stage of granular degeneration, weight right 9 oz. left 8 oz.  
Intestines were very much congested, but no ulcerated points could be detected.

18<sup>th</sup> Nov. 1859

Mr. J. Ingham. M.D.  
 Staff West-Ington

Rank & Name	Age	Disease	Admitted	Location	Died	Cost	Ward	Reg	Notes
16 <sup>th</sup> Lt. Col. J. Ingham	22	Phthisis Pul	13 Sept 1859	6 months	Nov 7		14	417	45

## Abstract

History

Private Ingham was an Englishman, aged 22, that served 2 yrs, of which 4 months at Gibraltar and at home. He was tall & thin & never very strong & never had had Syphilis. It is stated that he enjoyed tolerable health till June 1859 when chest symptoms made their appearance, he previously had had much hæmoptysis. The abstract states that his pulmonary symptoms suddenly had increased so much as to necessitate his being sent to the Hospital which he entered in Sept<sup>r</sup> last.

Present State

On admission here, he was found very much emaciated & very weak, he had a harassing cough, much purulent expectoration, dyspnoea with much diarrhoea & night sweats. His appetite continued very good, he always was very cheerful & never desponding. His cough & diarrhoea increased very much & he became gradually weaker, & expired at 7 P.M. 17 Nov 1859.

His treatment consisted in nourishing diet & stimulants, cod liver oil, expectorants & cathartics for the diarrhoea, catheter & opium being very useful.

## Sectio Cadaveris

5 1/2 hours after death

Ext<sup>l</sup> Appearance

Body much emaciated

Cranium

A considerable quantity of serum in the lateral ventricles  
 Structure of brain healthy weight 2 3/4 lbs

Thorax

Heart pale in structure & colour healthy right side distended with coagulated blood, weight 8 oz.

Both lungs adherent to the walls of the chest by old adhesions particularly the left. Right lung. Superior & middle lobes full of large tubercles & small abscesses. Left lung, upper lobe covered in



The convex surface with several excavations, Upper  $\frac{1}{3}$  of lung com-  
 pletely disorganized by tubercle & cavities, weight 5th 7 $\frac{3}{4}$ .  
 Lower  $\frac{2}{3}$  pretty aggranulation containing weight 3th 5 $\frac{3}{4}$ .  
 Spleen healthy weight 7oz.  
 Kidneys healthy weight right 5oz. left 6oz.  
 Intestines, Numerous tubercular ulcers, along the small &  
 large intestines. No perforations.

20<sup>th</sup> November 1859

Wm. J. Sullivan M.D.  
 Staff Surg. Gen.

Reg <sup>t</sup>	Rank & Name	age	Disease	Admitted	Duration	Died	Entered	Ward	Reg <sup>t</sup>	Notes
14	John Poirer	42	Phthisis Pulm.	Dec 22/59		Dec 24		14		

Admitted December 22 into Fort Pitt and in the last stage of Phthisis Pulm. -  
 was then obliged to be raised in the bed. Blood Draughts of Ether continually administered  
 but only survived 2 days - Disease too far advanced for any medicines to be of any avail.  
 No post mortem made

(Signed) W. B. Franklyn.  
 Staff Surgeon

Reg <sup>t</sup>	Rank & Name	age	Disease	Admitted	Duration	Died	Entered	Ward	Reg <sup>t</sup>	Notes
51	T. Thomas Callaghan	24	Phthisis Pulm.	Decemb-16 <sup>th</sup> 1859	Eight Months	1860 May 2 <sup>nd</sup> 1860		14	47	103

### Abstract

Admitted into Hospital in Walmley May 1859 labouring under Pulmonary symptoms, in-  
 cluding haemoptysis, having been previously in good health. Those symptoms have continued  
 ever since. Present state. Both lungs breaking up, mucopurulent sputa everywhere in front  
 except lower third of lungs. Cough continues, dyspnoea considerable, Sputum heavy and  
 purulent. December 30<sup>th</sup>. Much emaciated, features contracted, and is in so weak a state  
 that no examination of chest can be made. Stimulants administered.

January 1<sup>st</sup>. Lies in a comatose state, cannot be roused.

Treated with Cod liver oil, Tonic, stimulants &c.

Section Cadaveric 30 hours after death.

External appearance. Thin and anemic.



Brain. Brain healthy, weight 3½ lb.

Thorax. A large cavity existed in apex of right lung ~~and~~ was full of Coagula. There were also several smaller cavities present in apex of both lungs containing Coagula. Remainder of lung substance stuffed with tubercle. Weight of lungs 5 lb. Heart. Healthy, weight 6 ounces.

Abdomen. Liver healthy, weight 4 lb. Kidneys healthy, weight 12 ounces. Spleen healthy, weight 7 ounces. Stomach and Intestines healthy.

A. W. Wainwright 115  
Staff of the Hospital.

Regt.	Rank and Name	age	Disease	admitted	Duration	Died	Contracted	Ward	Regt.	Folio
74 <sup>th</sup>	Pt. John Dyson	30	Phthisis Pulm.	23 Dec 1859		1860 Jan 4	Gibraltar C	414		139

### Abstract.

This man was sent home from Gibraltar for the benefit of his health, and was admitted into hospital here on the 22 December last suffering under all the symptoms of Phthisis Pulmonalis in its advanced stage. He was greatly emaciated, had severe cough attended with profuse expectoration of muco-purulent matter, night sweats with great difficulty of breathing. On examining the chest a cavity was found to exist at the apex of right lung, with muco-crepitating rales through the substance of both lungs. All the symptoms continued to increase in severity and he died on the morning of the 4<sup>th</sup> of January -

7<sup>th</sup> January 1860 -

Fred<sup>d</sup> O'Conor  
Staff Asst Surgeon -

Regt.	Rank & Name	age	Disease	admitted	Duration	Died	Contracted	Ward	Regt.	Folio
100 <sup>th</sup>	Pt. Jesse Wannaker	20	Varicella	23 Dec 1859	14 days	Jan 5 1860	Gibraltar A	188		148

### Abstract - of the Case of J Wannaker -

This man was sent home from Gibraltar where he had Febril C.C. Complicated with Bronchitis. On arriving in hospital here some febrile symptoms appeared, and after two days the eruption of Variola showed itself. He was then transferred to A Ward on Dec 24 when I saw him for the first time. He was



then in a high febrile condition, pulse quick & full, tongue furrowed, great thirst, complained of his throat becoming very sore, the fauces were greatly inflamed, the eruption was then in its papular stage, there was not much swelling of the face - he was ordered a Mist-C. Rq Anna Acet-V. The next day he was much worse, the eruption began to appear confluent - the face and eye-lids were greatly swollen, throat much sorer, pulse 100 and feeble, he was ordered a Mist-C. Chloret Potass - Beef tea and a little wine - he continued much in this state save that he was slightly delirious at night; and that the eruption became more confluent - and was passing into the pustular stage, when on the 27 he for the first time appeared to suffer under bronchial irritation on examining the chest - mucous crepulating rales could be heard through the entire of both lungs. For this he was ordered a stimulating expectorant, and more wine his strength continuing very low, throat still bad - from this date all the symptoms continued to increase in severity, the bronchial tubes became obstructed with mucus which was expectorated with great difficulty, he could scarcely swallow, and low muttering delirium set in - he was ordered a Mist-C. Carb Anna and Alther - also large quantity of wine and beef tea, thus he continued till the morning of the 3<sup>rd</sup> instant when he died in a comatose state -

(No Post-mortem was made)

January 7<sup>th</sup> 1860 -

Thos M. Connel  
Staff-Asst Surgeon.

Reg <sup>t</sup>	Rank & Name	age	Disease	admitted	Duration	Died	Entered Ward	Reg <sup>t</sup>	Notes
14 <sup>th</sup>	Sgt Richard Bunker	28	Phthisis Pulm.	Dec 22 <sup>nd</sup> 1858	16 Months	Jan 6 1859	August 14 1858	14 <sup>th</sup>	104.

### Abstract.

In August 1858 whilst at Malta was seized with pulmonary symptoms including hæmoptoe, from when he has never been fit for full duty. Present state January 3<sup>rd</sup> 60, Cough very severe, expectoration mucous-purulent and this morning has retention of urine accompanied with pain in abdomen, and partial loss of power in lower limbs. January 5<sup>th</sup> Cough and expectoration severe, urine begins to be drawn off by Catheter, paralysis of limbs continues, consciousness remains. Died at 10<sup>th</sup> PM, January 6<sup>th</sup>. Treatment, Cod liver oil, Louis R. No Post Mortem made. J. W. Mearns M.D. Staff-Asst Surgeon.



Reg <sup>t</sup>	Rank & Name	age	Disease	Admitted	Duration	Died	Controlled	Ward	Reg <sup>t</sup>	Folio
19	P <sup>t</sup> James Hourley	29	Phthisis Pulm.	Feb 15	1860	Jan 15	10	407	41	

Admitted at Gorman Hospital last Feb? from India. Incurable  
 carried on during 2 months. Is no better. Had Haemoptysis last  
 June & a severe attack. Symptoms severe cough. Profuse  
 night sweats. Diarrhoea -  
 Dulness under both clavicles. Inter Costal respiration. Res-  
 -onance of voice in both lungs. Softening tubercles in apex  
 of right lung & probably considerable in left. Treatment  
 nourishing diet Louis L'Wane. Anodynes. Counter irritate C.L.  
 at Indrague.

Dyand A. Maclean.  
 L. L'Wane, S.A.S.

### Section Cadaveris.

General Appearance Much emaciated.

Thorax.. Right lung firmly attached to parietes. Pleural  
 cavity this side cont. 200z fluid.  
 Left lung firmly attached to parietes.  
 Both lungs contained cavities of various sizes.  
 Much tubercular deposit generally. L.L. 2.  
 Pericardium cont. 30z fluid.  
 Heart healthy wgt. 12oz...

### Abdomen

Liver healthy wgt 7oz.  
 Stomach healthy.  
 Intestines slight ulceration on mucous surface  
 of transverse colon.

Dyand A. Beveridge.  
 S.A.S.

W. H. Marshall M.D. Prof. Surg.



Reg <sup>t</sup>	Rank & Name	age	Disease	Admitted	Duration	Died	Entered	Head	Reg <sup>t</sup>	Notes
54	J <sup>r</sup> Stephen Hyland	20	Phthisis Pulm.	1859 Oct 27		1860 Jan 15	Feb Ancon	10	407	41

Has suffered much for some time past with Chronic Catarrh. Under treatment for Hemoptysis in Oct 1858. Tubercular excavation has gone on since. Great tenderness on percussion of chest. General Dulness. Expectoration like frothy sputum - left lung. Purulent expectoration of absence of respiration much in right side. Treatment. Phlebotomy inf. Anodynes. Expectorants. C. L. oil. Emphysis since. On arrival here both lungs near breaking up. Bronchial breathing without much rale in left side. Cavemous breathing in right. All inferior plebs occupied by tubercles. Suffering much before showing force at times.

H. M. Franklyn.

### Sectus Cadaveris.

Body generally much emaciated.

Bones { Much fluid in all the ventricles wgt 2.10 <sup>lb. oz.</sup>

Lungs { Right Many bronchiae & small cavities in apex upper lobe & middle lobe. Left Some smaller bronchiae present but not many wgt 2.10. - together.

Heart { Healthy wgt 7.3.

Kidneys { Do wgt 10 oz (5+5)

Liver { Enormously enlarged wgt 8.4 <sup>lb.</sup> 3 Fatty.

Intestines { Ulcerated to a great extent.

Spleen { Healthy wgt 7.3.

H. M. Franklyn.  
Staff Surgeon.



Reg <sup>t</sup>	Rank and Name	Age	Disease	admitted	duration	Died	buried	Head	Reg <sup>t</sup>	Folio
69	William Halsey	34	Rheum. Chron.			1860 Jan 30		15		

History Was invalided from India in August 1859 with severe Rheumatic pains, and was admitted into this Hospital on December 24<sup>th</sup> 1859 with same complaint. On the 10<sup>th</sup> January was discharged to St. Mary's Barracks infirmary, but had apparently received considerable benefit during his residence in Hospital.

Present state On the 27<sup>th</sup> January was readmitted complaining of worse pain

Jan<sup>y</sup> 27<sup>th</sup> in small of back with general sense of stupor and torpor and appearing to be suffering from the effects of opiate - Pupils much dilated and insensible to light - ~~he is~~ with difficulty made to answer questions - general heat of body normal - tongue very foul.

Jan<sup>y</sup> 28<sup>th</sup> Coma symptoms have gradually increased - cannot be roused except with great difficulty - pupils dilated and insensible - general heat of body normal - bladder empty and has only once passed a very small quantity of water since admission which was thrown away without an opportunity of being examined. Pulse slow and soft

Jan<sup>y</sup> 29<sup>th</sup> Had a convulsive fit last night, before which he had been very restless, since the fit the coma has much increased, he cannot now be roused - has made no water - pupils much contracted - bladder empty - pulse fuller and quicker than formerly.

Jan<sup>y</sup> 30<sup>th</sup> Died quietly at 5 1/2 A.M.

Treatment Purgatives of Calomel and Peppermint Oil, Purgative Liniment - Counter-irritation to nape of neck by sinapisms & boiling water regulated stimulants & tepida During last twenty four hours

Section Cadaveric 18 hours after death

External Appearances. Body thin and emaciated: nodes on both tibiae.

Cranium Veins of the Pia Mater gorged with black blood and very much congested; sections of the brain presented a number of bloody points; a very little serum in the lateral ventricles and at the base of brain - At the base of brain and in substance of right middle lobe <sup>was found an irregular cavity</sup> about the size larger than a cherry filled with a black coagulum; the surrounding cerebral structure having broken down; the surfaces of the brain were, as far as could be ascertained, healthy.

Thorax. Heart healthy, weight 10 oz. Lungs were both of them connected to the walls of chest by old bands of adhesion, structure much



computed - weight of lungs washed & lungs was 4 lbs 14 oz.

Abdomen The whole of concave surface of liver was firmly attached to the diaphragm by adhesions of old standing the result of previous capsular hepatitis - structure congested gall bladder distended with thick black & grey bile - weight of liver 4 lbs 4 oz. - Spleen healthy - weight 12 oz.

Kidneys - Right normal - weight 4 1/2 oz. Left very large compared to the right & very much congested; surrounding the capsule on the concave margin of the kidney was found a large coagulum as if it had been produced by a blow on the loin, but on examining the skin and the muscles of the back there was no induration or other signs of external injury - weight of left kidney 12 oz.

Intestines healthy except that the colon was congested

Bladder contained about 2 3/4 of highly coloured urine which was not coagulable by heat.

Reg <sup>t</sup>	Rank and Name	age	Disease	admitted	Discharged	First	Contracted	Ward	Reg <sup>t</sup>	Notes
97	William Dobson	28	Phthisis Pulm.			1860 Jan <sup>y</sup> 20				

About 7th January 1859, took fever which lasted 5 weeks leaving him extremely weak. Cough soon after came on for which he was never treated till May 6th /59. Mucous expectoration mixed with blood was thrown up about this time. Had then 5 weeks further during which time he gradually got worse. On return was admitted at Colchester Hospital where he remained till he was sent here. Expectoration was purulent & copious left side more affected than right. Discharge has come on lately at Colchester. Treatment has been 4 times Astringents but must die.

Present state On arriving here was in the last stage of Phthisis General Dulness over the chest. Left lung evidently disintegrating I cannot examine him satisfactorily as he always lay in one position. Emaciation great. Sputum purulent. Night sweats profuse. Hemoptysis present a month ago. -  
Broke Port Wine & Logwood. & frequently chalk mixture nothing appeared to stop the diarrhoea. She gradually got worse.

Jan<sup>y</sup> 20. Examined his sputum under the microscope at about 400 times magnifying power (with 1/2 objective) & saw distinctly the tubercle







Regt Rank and Name	Age	Discharge	Admission	Duration	Place	Grade	Rank	Regiment	Year
66 John Backhouse	34	Medical Return	23 <sup>rd</sup> Dec.	1 year	India	106 <sup>th</sup> Regt	India	412	293
Jno Backhouse									

An Englishman of 14 years service. In India 18 months. Gibraltar 4 years. the rest at home. Suffered from diarrhoea on the way home and while in India during the last 9 months & subsequently to an attack of Cholera. On arriving here had much abdominal tenderness & much purging. The best medicine calling pain. Had been treated by means of astringents, bismuth and was extremely emaciated. Almost every medicine known in the treatment of bowel complaints has been tried since his arrival here and he has been benefited by none of them. No remedies have however been employed, the man being so weak. The gut must be thought much ulcerated & probably is the greater part of its extent. Treated with a tincture proved of no relief. The man gradually died quite exhausted. Died Feb 2<sup>nd</sup> 1860.

H.B. Hanklyn Staff Surgeon

### Scelus Cadaveris.

General Appearance. Much emaciated.

Brain. This was a little congested otherwise healthy. <sup>lt 3.</sup> <sup>2-10</sup>

Thorax Lungs. Not healthy. Only slight adenomatous <sup>lt 2.</sup> <sup>lt 10.</sup>

Heart. Pericardium contained slight amount of fluid.

Abdomen Liver. Organ itself healthy.

Stomach. Of usual size. Presented several cicatrices and depressions much puckered, showing that numerous small abscesses had existed at a previous period. <sup>lt 1.</sup> <sup>3.2.</sup>

Kidneys. Healthy. <sup>lt 7.</sup> <sup>3.</sup>

Spleen. Healthy.

Intestines. Large, much ulcerated to all its extent & inflamed. Mucous surface thickened. Small. Several patches of inflamed surface in ulceration apparent.

H.B. Hanklyn Staff Surgeon



Regt	Rank & Name	Age	Disease	Admitted	Discharged	Age	Country	Years	Regt	Join
1 <sup>st</sup>	James (Dawson)	34	Phthisis	1878	1880	1860	Ireland	14	41 <sup>4</sup>	129

Previous History.

Was Invalided from India for disease of the Liver two years since, but recovered on his way home. Was afterwards stationed in Ireland, where the first symptoms of Phthisis "the disease he died of" showed themselves.

On his return home he was admitted into the Garrison Hospital two months ago, but the disease made rapid progress notwithstanding the treatment there received. Was invalided thence to Fort Pitt Feb. 8<sup>th</sup>.

Feb. 7<sup>th</sup> Much emaciated complaining of cough pain in the chest expectoration tinged with blood and mucus purulent. Night sweats & Fingers nails clubbed - Auscultation elicits unequivocal signs of advanced Phthisis in both lungs especially left. Cavernous, crackling, gurgling, pectoriloquy.

He says his illness commenced about 5 months ago while recruiting in Ireland.

8<sup>th</sup> - 10<sup>th</sup> No improvement, restlessness and cannot sleep. At 10 A.M. on the 10<sup>th</sup> he had a decided attack of Pleurisy. Sharp piercing pain on the left side, in the sixth intercostal space. A blister was applied over the seat of pain, and opiate administered at 3 p.m. The blister was beginning to rise and he expressed himself as feeling much easier. At 3.30 A.M. next morning he got suddenly worse and soon expired.

Section cadaveric 42 hours after death.

### Internal appearance

Body much emaciated

Cranium. Brain - weight 5 lbs

Thorax. Heart - <sup>10 oz</sup> Muscular fibre pale & flabby 17<sup>1</sup>/<sub>2</sub> Cavities contained considerable quantity of dark coagulated blood.

Lungs with Trachea and Oesophagus 5 lbs 10 oz.

Intensive adhesions between the costal and pulmonary pleura on both <sup>left</sup> and especially side. The apex of the left lung so firmly adherent that it was impossible to remove the whole of it.

Both lungs, were infiltrated with tubercular deposit, and contained numerous small cavities.



and many points of softening Intercostal. In the upper and posterior lobe of the left lung was a large bronchus, capable of containing several ounces of fluid. The mucous membrane of the trachea somewhat congested, no trace of ulceration there or in the larynx —

Abdomen.

Liver 5 lbs 10 oz.

Kidneys, right 8 oz. left 7 oz.

Spleen, 14 oz.

Intestines, large and small free from ulceration.

All the abdominal organs were somewhat congested, but not more than was in accordance with the mode of death.

Francis Falwager.

Reg <sup>n</sup>	Rank & Name	Age	Disease	Admitted	Location	Time	Contributed	Ward	Reg <sup>n</sup>	Folio
11	Sgt. Thos. Grady	41	Hep. Chron.	Feb 10 <sup>th</sup>	San Quentin	March 5 <sup>th</sup>	1860 In the Crimea	15		

**Previous History.** Was admitted into this Hospital on the 10<sup>th</sup> of February last, complaining of a sore cough, Dyspnea, and dull heavy pain in the right hypochondrium which symptoms first appeared about four years ago whilst the Patient was in the Crimea, & since that period have been more or less present.

**Present State Feb 10<sup>th</sup>.** Percussion of the chest normal, Sonorous and tubulent rales abundant all over the chest. Heart sounds normal, Increased dulness over right Hypochondrium, and epigastrium.

**March 4<sup>th</sup>.** On the 15 of last month the patient was discharged to St. Mary's and on the 4<sup>th</sup> of March was readmitted in a very weak state, Pulse hardly to be felt, surface of the body cold, Dyspnea very distressing, and at 1 A.M. March 5<sup>th</sup> he died.

**Treatment** During his previous residence in the Hospital, the treatment consisted of counter irritation, cough mixture, Stimulants. When admitted on the 4<sup>th</sup> of March the treatment consisted of Stimulants. Body not examined —

Francis Falwager L.A.S.  
Jr.  
H. W. Beebridge M.D. L.A.S.



Reg.	Name and House	Age	Disease	Admitted	Died	Contracted	Ward	Reg.	Folio
1/4	P <sup>te</sup> John Williams	19	Syphilis lat.		1160 March 8 <sup>th</sup>		2		

**Previous History.** Was admitted into this Hospital December 15<sup>th</sup> 1859 with extensive ulceration of the Pharynx, soft Palate, & Uvula, subsequent to Syphilis, which he contracted about 9 months previous.

Under treatment he continued to improve slightly to Feb'y 28/60 when the ulceration again increased & he rapidly sank & died March 8<sup>th</sup>/60.

On Feb'y 28<sup>th</sup> during a fit of coughing he expectorated a portion of one of the Corns of the Os Hyoides, about  $\frac{1}{2}$  an inch in length.

Section Cadaveric 48 hours after death.

**General Appearance.** Body extremely emaciated.

**Cranium.** Brain healthy, weight  $2\frac{3}{4}$  lbs.

**Thorax.** Pharynx extensively ulcerated, the soft Palate, Uvula, & Epiglottis entirely destroyed, about  $\frac{1}{2}$  an inch of the left Corn of the Os Hyoides absent the remaining portion of the Corn being entirely denuded of Periosteum & in a state of necrosis.

Heart, healthy, weight 8 oz.

Lungs, extensively diseased with abscesses, weight  $3\frac{1}{2}$  lbs.

**Abdomen.** Liver, weight  $2\frac{3}{4}$  lbs.

Kidneys healthy, weight { right 5  
left 4

Spleen 8 oz. " 6

Intestines 2 oz.

John Ansell M.D.  
L.A.S.



Reg <sup>t</sup>	Rank & Name	Age	Disease	admitted	Discharge	Died	Interred	Ward	Reg <sup>t</sup>	Folio
attl	Mr John Seaton	53	Phthisis Pulm.	March 7 <sup>th</sup>	March 11 <sup>th</sup>	1860		10	407	

An Englishman 5 years service Admitted March 7<sup>th</sup> 1860 from the Garrison  
Halls in August 59 he was sent home from China with dysentery  
December 17 he caught cold and has suffered from cough ever since  
The patient is extremely emaciated - On percussion the whole  
chest is dull Auscultation shows evidence of a cavity - at the  
Apex of the left lung Sputum thick, dark, and tenacious -  
Bowels are moved about 20 times in the 24 hours no blood  
and not much pain attending them - I cannot obtain many  
particulars of his case as there is no abstract and it distresses  
him to talk Pulse small and feeble - Ordered to take  
3 gills of wine and 3 eggs as extras to low diet & 2 grs Anusimonia  
every 2 hours - also chalk mixture  
March 9 Takes no nourishment but the wine and eggs bowels  
still much moved -  
10<sup>th</sup> Changed for the worse at 9.30 a.m. and died at 12.30 p.m.

### Section Cadaveris

48 hours after death

General Appearance Body much emaciated

Cranium - Brain natural but about 4/3 of serum  
escaped when it was removed

Thorax - Larynx ulcerated

Trachea - Pale and flabby weight 3/6

Lungs - Thoroughly infiltrated with tubercular matter  
the left particularly - the superior lobe containing  
several vomica other vomica of various sizes distributed  
through both lungs; the only part capable of sustaining  
respiration being the inferior lobe and the lower part  
of the middle lobe of the right lung weight 16 5/12  
Spleen enlarged and dark weight 10 8/12

Abdomen

1 Liver - Fatty weight 3 lbs 4/12  
2 Kidneys - Pale than natural otherwise healthy wt 10 1/2 (p. 6 1/2)  
3 Intestines - Congested in places throughout large and small  
with considerable deposit of tubercular matter  
in caecum coli one or two superficial patches of  
ulceration in colon

He had also "fistula in ano"

March 14, 1860

Robert Ogden  
Staff Assistant Surgeon



Reg <sup>t</sup>	Rank & Name	Age	Disease	admission date	Disch <sup>d</sup>	Contracted	Ward	Reg <sup>t</sup>	Folio
77	William Heyde	38	Bronchitis	Nov 6 1860	Dec 17 1860	November 1861	15	415	170

On admission states that from November last he has suffered from cough, expectoration, dyspnoea and occasional pain in chest. Since commencement of disease has fallen off in flesh and strength. Percussion of chest normal, bronchitic rales and prolonged expiratory murmur audible over chest. Heart sounds normal. March 16<sup>th</sup>. Sitting up in bed, bathed in perspiration, laboured for breath, face congested, Extremities cold, Pulse extremely full. Right side of chest hardly expands at all, Percussion gives a marked amphoric sound on the right side, Breathing on right side hardly audible, loud and tubular on left. Those symptoms on the right side showed themselves first on the 14<sup>th</sup> and have been rapidly increasing. Died at 4 1/2 A.M. March 17<sup>th</sup>.

Treatment. Cough mixture, Antispasmodics & Stimulants.

Section Cadaveric.

48 hours after Death.

External Appearance. Thin and anaemic.

Brain. Brain slightly congested and with about a tea-spoonful of serum in ventricles.

Thorax. Left pleural cavity contained three pints of fluid, and the surface of left lung was coated with old pleural deposit. Left lung studded with milium tubercle, compressed and non-expilant. Right lung much congested, a small tubercular cavity in its apex, and surface studded with milium tubercle. Weight of lungs 3 lb. 10 ounces.

Heart Normal. Weight 9 1/2 ounces.

Abdomen. Liver Normal. weight 3 lb. 14 ounces.

Spleen. Normal. weight 9 ounces.

Kidneys. Normal. weight 12 ounces.

Remaining viscera Normal.

A. M. Woodbridge M.D. S. A. A.







Reg <sup>t</sup>	Rank & Name	age	Disease	admitted	duration	died	contracted	Ward	Reg <sup>t</sup>	Folio
71	Joseph Carter	32	Dysentery Chronic		7 months	March 1860	April 1859	10	407	91

Admitted from the ship states he is an Englishman but plays by trade five years service & never had any Ulcers before - Seven months ago at Hong Kong he was attacked with dysentery for which he was sent home and which has continued on him ever since

He is much emaciated and anæmic in appearance Bowels moved about fourteen times in the 24 hours attended with much pain and accompanied with blood but few hard lumps

He continued much in the same state up to the fourteenth when his pulse became smaller and extremities cold with more frequent plying but not so much blood By the 18<sup>th</sup> he passed his faeces whenever he moved in bed skin covered with sweat pulse very small but not much tenderness over the abdomen - On the 19<sup>th</sup> at 4 a.m. he died

Treatment consisted of Dover's powder - Acetate of lead second Linchone & external application of turpentine to the abdomen and internal application of Opium suppositories together with nourishing diet occasional stimulants - also wine & brandy Section Caesarian 30 hours after death

External Appearance - Much emaciated

Examination Body healthy weighing 2 lbs 12 ozs

Thorax Lungs congested on their posterior aspect but no more than might be accounted for by post-mortem action weight 3 lbs 7 ozs

Heart Natural weight 7 ozs

Abdomen Liver Small in size slightly lobulated on surface weight 2 lbs 15 ozs

Spleen Dark in color weight 10 ozs

Kidneys Anæmic looking - weight 12 ozs (each)

Intestines Small intestines congested at their lower part Colon very thickly spotted with black patches of ulceration towards the sigmoid flexure the mucous membrane was one mass of black ulceration

Wm. Allen  
Staff Assistant Surgeon



Reg <sup>t</sup>	Rank & Name	Age	Disease	admitted	duration	disch	embalmed	Hand	Reg <sup>t</sup>	File
73	P. George Newman	28	Bronchitis Ac.	March 14 <sup>th</sup>	5 days	1860 March 9 <sup>th</sup>	March 12 <sup>th</sup>	6	464	179
									413	113

Served in India for some years left the Indian Service and came to England and resided. has had two months service. That having left the Hospital well a few days ago he was again attacked on the 12<sup>th</sup> with hoarse voice sore throat he remains he thinks by sleeping in a draught. The inflammation his throat was congested and relaxed. And Bronchitis rate were heard more particularly over the apex of the lungs on the 17<sup>th</sup> he began to complain of sharp pain in the lower part of left side of chest. his T. became coated & increased in rapidity - friction sound was heard in that position but was much masked by moist rales with and sibilant. P120 T coated during the night of the 18<sup>th</sup> began to be very much depressed with hurried breathing and profuse perspiration. he gradually got lower and died on the 19<sup>th</sup> at about 2 1/2 pm.

Treatment. Alkali Sarsaparilla for the throat Salivars - Mercurochrome and afterwards Oculin and Antimony. During depressed stage some Strandy were given in large quantities.

Lesions Cadav. about 24 hours after Death.

External Appearance Body in good condition.

Chest

Heart very much congested weighing 3lb.

Throat

Lungs weighing together 3lb 6oz. The left lung was torn at apex and in a state of red hepaticity at posterior

inferior part of base Right. Lung, emphysematous of the whole of the anterior surface. - Manual lobe, and lower lobes congested.

Heart 10oz. The structure dark and fairly broken down. Cavities filled with coagulable colored lymph some of which in right ventricle appeared organized. The Aorta and Pulmonary Artery both contained colored lymph. Abdomen. Liver weighing 3lb. had a nutmeggy appearance. Spleen 2lb 6oz much encased of light brownish color. Kidneys 10oz the two were much congested and enlarged but otherwise apparently healthy. Intestines were congested but no signs of ulceration were observed.

Ed. Paulsen

Staff Asst. Surg.



Reg <sup>d</sup>	Rank Name	age	Disease	admitted	discharge	died	contracted	Ward	Reg <sup>d</sup>	Folio
100	J <sup>th</sup> David M <sup>r</sup> Barthol	22	Phtisis		2 yrs	1860 March 21	contracted breast	11	100.	

This man admitted into Hospital towards the end of the year was then labouring under well marked & severe symptoms. Constant dyspnoea and cough with much tubercle in pulse. Kept him from obtaining the necessary rest which is very probable from demanded. His expectoration was quite purulent and general dulness was the thing noticed a percussion of chest. On auscultation there was diagnosed by myself and after by Surgeon Major Matthews a considerable cavity beneath right clavicle. His expectorates when closely examined under the microscope presented a good specimen of lung tissue. He continued growing worse and worse & no medicines appeared to have any effect in his advanced state of disease. He died March 21st 1860.

Post Mortem about 70 hours.

- Body Generally much emaciated.
- Cranium Brain healthy...
- Thorax. Many adhesions. 6 parietal balls...  
Lungs. Both studded with tubercles. Right contained a large cavity near apex & a few small ones in left. also 4<sup>th</sup> 3.4.  
Heart normal. wgt 5 oz.
- Abdomen Liver fatty - wgt 6 lbs. 1 oz.  
S Spleen normal. wgt 7 oz.  
Kidneys normal. wgt 12 oz.
- Intestines No disease found here...

*H. S. Franklin Staff Surgeon*



Reg <sup>t</sup>	Rank & Name	Age	Disease	admitted	duration	discharge	contracted	from	Reg <sup>t</sup>	Notes
1 Bn 1 Reg	Thomas Baker					disch 25/60			11	

This man was admitted by the orderly officer and died almost immediately of *Phthisis Pulmonalis*.

No Post mortem was made on this case by the Surgeon in charge of the ward as he had not been here nor any one but the orderly officer.

R. B. Franklin  
Staff Surgeon



Regt	Rank	Name	Age	Disease	Admitted	Discharged	Next	Remarks	Ward	Reg	Unit
91 <sup>st</sup>	Private	Daley	35	Phthisis	March 25, 1860	July 5, 57	April 1860	Not known	14	417	170

Previous History - Since July 57 has complained more or less of cough dyspnoea & pain in chest never had haemoptysis

23 March - Admitted complaining of cough profuse mucopurulent expectoration dyspnoea and pain in chest percussion elicits a dull sound over both lungs when also bronchial rales and bronchophony are audible

30 March - Suddenly seized this evening with dyspnoea and cardiac palpitation appears to be sinking fast respiration very laboured, lips livid expression very anxious

1 April - Died at 5 $\frac{1}{2}$  this evening

Treatment - Some Stimulants &c &c &c

### Section Cadaveris 24 hours after death

External appearance - Body thin & anemic

Cranium - Brain - Normal weight 163 oz 3

Thorax - Lungs - Congested & stuffed with milium tubercles & cavities - could be detached weight 134 g 4

Heart - Normal weight 11 oz 2

Abdomen - Liver - Normal weight 133 g 4

Spleen - Very small but normal in structure weight 4 g 3

Kidneys - Normal weight 11 ounces

Intestines - Normal

Remaining viscera healthy

(Signed H. B. Wernicke M.D. S.A.S.)

April 11 - 1860

Wm. H. Wernicke  
Staff Assistant Surgeon



Name *Wm. J. W. W.* Age *30* Disease *Pneumonia* Date of Admission *1860* Date of Discharge *1860* Date of Death *1860* Date of Burial *1860* Date of Interment *1860*

The subject of the above disease was invalided from India for Pul-  
 monic Disease about ten days previous to admission  
 he suffered from acute pain in the right side and cough from  
 the inflammation given by him the case must have been  
 one of Pleuro Pneumonia he was admitted on the 7th  
 April suffering from the same symptoms though in  
 a milder form. On examination I found he had ex-  
 tensive Bronchitis and Pleuritic Exudation of Right  
 Lung the sounds were soft inferiorly but hard and fine  
 Superiorly the entire Lung was engaged there was Cough  
 of Right side and dark coloured expectoration in two days  
 the expectoration became more natural through Opium  
 Treatment, Calomel Opium Plasters Purgatives  
 Ammonia Aether Wine Brandy Strong Beef Tea  
 Seta Cadaveria. Dium at System hours P.M.

Brain Normal. Height *5' 11 1/2"*  
 Lungs Right Lung Separated inferiorly Superiorly highly congested.  
 Left " Empty separated inferiorly Height *3' 8 1/2"*  
 On removing the Lungs about one pint of dark coloured  
 Serum was observed.

Liver. Two Abscesses were observed in this organ  
 one at the posterior superior portion of Right Lobe containing  
 about four ounces of healthy Pus, the other was anterior  
 and contained about one Ounce. They were both cir-  
 cumscribed Height *5' 6 1/2"*

Heart Slightly enlarged. " *10 1/2"*  
 Kidneys Normal. " *11 1/2"*  
 Spleen Normal. " *4 1/2"*  
 Intestines Normal.

13 April 1860

Wm. J. W. W.  
 Surgeon



Regt	Rank	Name	Age	Disease	Admitted	Admitted	Died	Remarks	Days	Price
124	1st	John Mann	25	Syph. Chron	March 26	5th	April 11	Bottom	15	4/15 200

Was involved in October 59 for fever and dysentery - When admitted his heart 9<sup>th</sup> there was no blood in the stools which were thin and watery he has also several small and discolored swellings on his legs which first came out on board ship and which have a scabrous tendency

19<sup>th</sup> During this continues but is unattended with much pain Percussion & Auscultation show his lungs much affected to a great extent and indicated by tests He continued sinking - cough troublesome with efforts of expectoration about the 8<sup>th</sup> April he changed for the worse and rapidly sank - expiring April 11 - at 6 p.m.

Treatment wine, good diet, Stimulant medicines, Dover's powder, Senna & calomel 4 & 8 hours after death

External Appearance thin & anemic

Brain Cranium - About 3 inches of brain escaped on removing the brain a layer 8<sup>th</sup> of fluid than normal was also found in the ventricles

Throat & Lungs Throat, Laryngeal & tracheal m.m. congested - Lungs by the free in color and infiltrated throughout sunk in water - left splenoid adherent to costal and tracheomental pleura with about a pint of mucous sanguineous matter in the pleural cavity - this lung was also much congested - Wt 6 1/2 lbs

Heart Heart normal weight 7 1/2 oz

Liver Liver very dark - Sclerotic and cut like liver Liver thickened from above downwards and very fatty - On the anterior edge was an old abscess containing about the measure of cheesy matter there were indications of other abscesses - the capsule of the liver was adherent to the diaphragm weight 3 lbs

Kidneys Normal weight 3 1/2 oz

Intestines Colon thickened & ulcerated throughout The small intestines also containing patches of congestion (No tubercles in lungs)

John Mann  
Staff Assistant Surgeon



Reg	Rank	Name	Age	Disease	admission	discharge	date	criticism	Rank	Reg.	Notes
69	Pt.	Chas. Lucas	29	Varicella Phthisis Pul.	1 <sup>st</sup> Dec 1889	1 <sup>st</sup> Jan 1890	17		B	412	168

An Englishman admitted into Fort Rite Aug 13th 1889. and dis-  
posed then to have disease of the heart. This was found an incor-  
rect diagnosis. This disease was changed to Phthisis Pulmonalis. He  
had increased in strength and appeared much better when he  
was again prostrated by Varicella. He died April 17th. after the  
eruption had been out 5 days. The eruption was not very distinct  
until the third day and when the in some parts was modified  
He had been vaccinated.

H. S. Franklin M.D.

There had no Post mortem made in this case as Varicella  
was the supposed cause of death.

H. S. Franklin M.D.  
Staff Surgeon



Patient Name	Age	Disease	Admission	Discharge	Days	Condition	Ward	Regt	File
John Thos. Pedder	19	Phthisis Pul.			19		11		

A very delicate, high boy of 19, admitted with signs of incipient tubercular disease; Dec 20th 1891. In both apices. He continued growing worse and worse until the disease made the most rapid progress nothing appeared to arrest its progress. The Hypophosphite treatment most signally failed here and was resorted to with care. Died. 19th April 1892.

### Post Mortem observations.

General Appearance Much emaciation.

Cranium Brain normal, about one ounce of fluid found at base. Weight lb. 3.4.

Thorax Right lung a mass of disease with many bronchi and filled with sanious & purulent fluid which bulged it out like a bag. —  
Left lung also studded with tubercles both here and commencing to soften. Weight 5.12.

Heart Normal Wgt 8oz.

Abdomen Kidneys Normal Wgt 7oz each.

Liver Fatty. Enlarged Wgt. lb. 4.5.

Spleen Normal Wgt 7oz.

Intestines Not examined.

J. S. Nuttall, Staff Surgeon



Regt	Rank	Name	age	Diagnosis	admitted	discharged	date	months	days	Reg	Notes
1/11	Pte	James Sherry	32	Morbus Cor. V.		Madison	27. Apr.	10			

Mr. Englishman had Rheumatism with pericarditis in Jan 1860, which was severe in character, was supposed to have recovered with an adherent pericardium. Suffered frequently from pain in that region with accompanying dyspnoea. Suffered from intermittent fever in the Spring of 1859 while stationed at Shornecliffe. The disease was well aggravated by cold or exposure. On arriving at F.R.H. Pitt there was much constitutional disturbance & dyspnoea. Bowels confined. After twenty the symptoms appeared relieved & the dyspnoea became less. Perspiration also ensued at this time - was tolerably comfortable at 9 pm. but died suddenly at 1 am. 27<sup>th</sup>

Post Mortem 40 hours.  
General Appearance ordinary.

Brain.

Healthy weight lb 3.2.

Thorax.

Lungs. Both of them emphysematous. A few tubercles in the right one. Both congested.

Heart. Immensely hypertrophied. Adherent pericardium. everywhere patches of lymph on the endocardium on the tricuspid mitral & semi-lunar valves. Ventricles slightly dilated. Weight 1lb 10: No farther valvular disease detected. a few spots of lymph on the mitral valve -

Abdomen

Liver

the liver was normal weight 3.11 oz.

Spleen enlarged weight 12 oz.

Kidneys normal weight 11 oz.

Intestines not examined

H. H. Franklin. Staff Surgeon



Reg <sup>o</sup>	Rank & Name	Age	Disease	Admitted	Discharge	died	Continued	Time	Ref	Notes
123	Pt. J. H. Davis	33	Syphilitic of the throat	July 1895	10th Sept	April	India	12	193	Sp

Rest Moderate. 40 hours.

General appearance. = Much emaciation

Chest. . . Brain Normal. Weight = 2 lbs. 14 oz.

Throat. . . Right Lung. Tubercles at the apex.  
Left Lung hepatized. about two  
knits of Lung removed fluid in the  
right pleural cavity. Weight of  
Lungs = 3 lbs. 13 oz.

Abdomen. . . Heart Normal. Weight = 10 oz.  
Spleen Normal: " 9 oz.  
Kidneys enlarged " 8 oz. each  
Liver fatty & somewhat enlarged  
Weight = 15 lb. 9 oz.  
Testes Normal.

The interior of the stump was found to be in an unhealthy state no union having taken place between the flaps the lower was removed for nearly two inches the femoral artery was in a state of low inflation as far as palpable segment - no proper plug having formed. The vein was also in the same state, but rather worse. as there was a small pus showing the existence of Phlebitis -  
General Lymph

This patient sank under Constitutional debility the result of long continued disease and confinement to Hospital together with an attack of pleuro-pneumonia chiefly in his right side. The pulmonary pleura on the right side was covered with recent



Ref.	Rank & Name	Age	Disease	admitted	discharge	died	interment	Weight	Height	Notes
221	Pte. Samlton Johnson	20	Phthisis Pulmonum	March 18 1860	April 28	April 28	April 15	415	187	221

This is a man of Humors habit who was admitted into Hosp<sup>l</sup> while doing duty at Aldershot in August 1859 complaining of cough night sweats and blood expectoration together with loss of Appetite. Examination revealed much emaciation under the right scapula where also there was dulness on percussion. He also suffered much from diarrhoea and lost much flesh.

March 18<sup>th</sup> 60 he was moved to Fort Pitt. On admission he suffered from dyspnoea cough - flabby & costed tongue. Small and rapid pulse. His breath was equal and he stated he never had haemoptoe. In the right subscapular region the respiration was bronchial. Cardiac sounds normal. In a day or two his bowels became constipated and he had frequent attacks of vomiting which weakened him very much. He also suffered from palpitation. April 14 - He at this time vomited almost every thing he ate had very little cough but some dyspnoea. He continued looking very fast from this date though he had little or no cough or expectoration & could lie on either side. He took but little except some milk and died at 6 p.m. April 28<sup>th</sup>. The last few days of his life he suffered from diarrhoea and pruritus his face in bed.

Treatment consisted in anodynes - creosote to stop the vomiting & morphia to relieve him, opium, milk &c &c.

### Section Cadaveris 56 Hours After Death

Examine - General Appearance much emaciated  
Brain healthy weight 3 lbs 3 oz

Thorax - On opening the pleurae about  $\frac{1}{2}$  a pint of straw colored serum was found in the sac.

Heart - Slightly hypertrophied weight 7 oz

Larynx and trachea healthy - Very few tubercles were found in the right lung but it was hyaline throughout except the upper lobe the rest was white. The left lung contained more tubercles than the right but none of them had softened into pus. The pleurae were adherent to both cortex & diaphragmatic surfaces.

Abdomen - Kidneys healthy weight 11 oz

Spleen dark in color & slightly enlarged weight 11 oz

Liver - Graciously internally but contained tuberculous matter on its posterior surface.

Testes - On opening the great omentum small ulcers were seen on it also several tubercles in various states. On the Prostate gland there were numerous cheesy tubercles about the size of a hazel nut also of cheesy consistency the color was darkened.



Distended with fecal matter - The intestines both large and small were  
glued together from peritonitis (?) and for the time the subject had  
been dead was very much decomposed

Remaining viscera healthy

May 5th 1860

Wm. Chas.  
H. Assistant Surgeon



246 from page 243

Symph. The Lobes were coherent and there were about 2 pints of serous effusion in the pleural cavity.

W. W. Miller  
Staff Surgeon

Reg Rank & Name	Age	Residence	Admitted	Discharged	Diagnosis	Remarks	Ref	Notes
13 <sup>th</sup> Lt Hugh Rogers	26	Hopkinton Mass	July 10	Sept 11	1860	10	4-7	188 189 192

John Moore was invalided from Calcutta for abscess in liver which had dysentery. Admitted into hospital here July 10/60 with acute Hepatic disease and chronic Rheumatism. He was very weak and anemic and at base of right lung he had copious brown sanguineous expectoration - has  $6\frac{1}{2}$  years service.

The respiratory murmur is good all over the chest except from the 5<sup>th</sup> rib on the right side downwards when in front it is felt behind Mandible. Absolute good pulse felt both regular. Nothing like a murmur could be heard in the chest he continued much in the same state up to the 16<sup>th</sup> of April when he caught a fresh cold and grew much worse expectorating a great quantity of bloody thin mucus. Had a great deal of pain on the right side where a more extraordinary grating sound was to be heard with the stethoscope. On the 4<sup>th</sup> of May an abscess appeared on the right side extending from the fifth rib down for about 8 inches of course. This he sank fast and expired on the 10<sup>th</sup>.

Section Cadaveric 32 hours after death

General Appearance thin & emaciated

Cranium - Brain normal w<sup>th</sup> 2 lbs 14 oz on the left side of the frontal bone was a depression from a bullet? with a corresponding depression on the brain.

Thorax A large qt of fat about the heart which was hyperplastic & weighed 11 oz

Lungs emphysematous throughout at the base of the right was an abscess which had originally formed in the liver & then through the diaphragm an opening formed a sin. for itself out of the liver lung and about 3 in square of the wall of the thorax it had opened through the intercostal space and some of the pus had escaped into the cellular tissue under the skin it was large enough to contain 3 pints of fluid and its walls  $\frac{1}{4}$  of an inch thick cut like cartilage.



Kidneys enlarged wt 1 lb 14 oz

Spleen 8 oz normal

Liver fatty and much enlarged both the above alone described on its upper surface the liver & lungs together weighed 9 lbs -

Intestines slightly congested in places

Other parts normal - all the organs were fatty

Wm. O'Shea

Staff Assistant Surgeon

15/5/60

Regt. Rank & Name	Age	Service	Division	Died	Contracted	Ward	Regt.	Fol
13th Lt 19th Regt. P. L. Smiley	40	Phthisis	R. Medical	11 May 60		10	407	

This man was admitted into Hospital here, from the Garrison Hospital on the 17 of January last, with Phthisis Pulmon in an advanced stage, it was evident that he had a cavity in the left lung, the disease continued to advance in spite of all treatment, and he finally sunk on the morning of the 11 May -

Post-Mortem

Made 48 hours after death.

The general appearance of the body was that of one greatly emaciated, rigor mortis well marked.

Head, Brain normal, weight 2 lb 4 oz, a large quantity of serum in lateral ventricles.

Thorax - very extensive adhesions of both pleurae, particularly on the right side, - The lungs were one mass of tubercles in all their stages, a large cavity at apex of left and another at apex of right lung, the entire substance of both lungs were one mass of tubercles, - Heart normal weight 7 oz.

Liver of a pale color presenting the appearance called nutmeg - very much indurated, weight 3 lbs 8 oz.

Spleen normal weight 9 oz

Kidneys of a pale color, on removing the capsule of the right one, a small purulent spot was detected on its outer surface - weight 5 oz -

Small Intestines, the isolated glands were found in a state of ulceration.

Large Intestines, Normal.

Frederic H. Connor  
Staff Asst Surgeon

14 May 1860



2288

Reg <sup>t</sup> Rank & Name	Age	Residence	Admission	Discharge	Days	Contracted	Price	Ref. & Notes
Co. 1st John Sears	34	Williamstown	March 23/60	May 14/60	1 1/4	May 5-9	15	415-196

This man enjoyed very good health up to Jan'y 5-9 when after an acute catarrh which shortly became chronic he has been under treatment but has derived no benefit from the remedies employed & was sent to England from Burma. When he arrived here he had cough, dyspnoea, copious expectoration, & inability to lie on the left side - he has fallen off much in flesh & strength and his general appearance is thin and anæmic.

A marked cavity at the apex of the left lung but the patient is so weak no further examination can be made.

He continued to sink from the time of his admission and died May 14, 1860.

Notes post mortem 40 hours after death

Cranium - Brain contained a large quantity of serum in left lateral ventricle which was otherwise normal weight 3lb 9ozs.

Thorax. On opening the pericardium about an ounce and a half of fluid was seen in it. Heart itself normal weight 7ozs.

Lungs Left was a solid mass of tubercle with a large cavity in the upper lobe the right also contained many tubercles but no vomice.

Abdomen liver normal weight 2lb 12ozs.

Spleen normal weight 8ozs.

Kidneys normal weight 9ozs.

Remaining organs normal.

Wm. B. B. B.  
Staff Assistant Surgeon  
May 21<sup>st</sup> 1860



Reg	Rank & Name	Age	Disease	Admitted	Location	Discharge	Comments	Mo	Page	File
1/3	pl. James Yates	36	Hepatic Cholelithiasis Albuminuria	April 27. 1860	Fort Knapp	May 16	India	15	48	218

This is a man of 35 years of age who claims his discharge from war service with honor. He was admitted 27 April 1860. His appearance showed he had suffered much from hepatic disease. He complained of pain in the right side of shoulder. Night cough but appetite white tongue small and very feeble pulse. - A day or two after admission he had a few attacks of rigors which came on during day and lasted about 1/2 an hour.

About May 12 his abdomen became tympanitic and his feet edematous he lost flesh very rapidly. During the night of the 16 he was very restless and towards morning he became comatose and expired at 2.30 p.m. on same day. He never showed symptoms of delirium. The only thing extraordinary about him was he never spoke to any of the men except a boy who was in the next bed to him.

Post Mortem 46 hours after death

General Appearance much emaciated

Examination - On removing the abdominal general inspection of the bands of the liver was observed the first matter was opaque. The anterior portions of both hemispheres softened in the anterior and inferior part of the right lobe was an abscess well defined about the size of a walnut lying on the subserous plate of the posterior lobe. The surrounding material substance almost fluid and presenting the appearance of city necrosis. Left lobe also in a state of softening which did not extend beyond the commissure of the optic nerves. On making a section the right optic chiasm was almost entirely in a state of softening. No fluid in the ventricles. Weight of brain 2 lbs 15 oz.

Thyroid - Glands both very hypertrophied wt 2 lbs 8 oz.

Heart - On opening the pericardium 32 oz of fluid was found in the sac with 2 thick yellowish adhesions and strong bands connecting it with the heart. Weight 1 lb 3 oz.

Stomach - Two nutmegs both in shape containing 1/2 a pint of pus in the left lobe strongly adherent to the diaphragm. Weight 7 lbs 10 oz.

Spleen enlarged and broke up between the fingers with a brittle sensation. Weight 13 oz.

Kidneys enlarged weight 13 oz.

Upper part of the small intestine congested & stained of an ochrey color - a few patches of ulceration about the caecum coli.

Bladder distended with urine.

Wm. Chas.  
Staff Assistant Surgeon



Reg	Name	Age	Disease	Admitted	Admitted	Disch	Conquered/Date	Ref	Notes
1/2	Pt. John Samoy	38	Phthisis Pulmonalis	28 <sup>th</sup> April 1860		May 21 1860	11	407	

This man was admitted into hospital here on the 28<sup>th</sup> of April last, with Phthisis Pulmonalis. On Admission he was in a very sinking Condition, had to be sent to bed from which he never rose. It was evident that a cavity existed in the apex of left lung, and that both lungs were considerably diseased, he continued much in the same Condition, one day better and another worse, up to the 20<sup>th</sup> inst. when he settled for the night as well as usual, about 3 a.m. on the morning of the 21<sup>st</sup> he awoke with a very severe fit of difficulty of breathing, and when I saw him shortly after he was in a semi-asphyxiated state, stimulating expectorants & counter irritants were immediately tried, but without any permanent relief, and he sunk rapidly & died Comatose at 4 1/2 same morning viz 21<sup>st</sup> May 1860.

### Post-Mortem

Made on the 22 May.

General Appearance of the Body. Very much emaciated, great wasting of the fatty tissues, Rigor Mortis well marked.

Brain. Normal. weight - 2 lbs 13 oz.

Heart. Lev - " 7 ounces -

Lungs. One mass of tubercles, a large cavity at apex of left and a small one in centre of right lung. The substance of both were filled with tubercles in all stages.

Liver, weight - 3 lbs 2 oz - Very much indurated, gall bladder full of bile.

Spleen. Large, weight - 15 ounces.

Kidneys Normal.

Small Intestines, patches of ulceration were detected, very few in number.

Large Intestines. Normal

24 May 1860.

- F. J. Pitt -

Fred<sup>d</sup> H. O'Connor  
Staff Asst Surgeon -



Reg	Name & Home	Age	Disease	Admitted	Duration	Period	Comments	Ref	Vol.
77	Wm. William Hille	22	Illness	April 14/60	One year	May 24 1860	May 5-9 15	415-204	

Since May 1859 has complained of cough dyspnea occasional haemoptysis and gradual emaciation both before and since that period has been under Dr. L. H. Adams. Admitted at Fort Pitt April 14/60 with a clean tongue loose bowels percussion dull on left infra clavicular space and on dull supra scapular brassy scattered loud crepitation and bronchophony are audible Great sounds normal copious and very thick expectoration. He continued gradually sinking ever since he came in and expired May 25-1860

Seco Cadaveris 24 hours after death

Brain healthy weight 2 lbs 14 oz

Lungs - inflated and covered with purulent matter

Right lung contained two large abscesses filled with matter and was slightly adherent to ribs but the left was free and filled with tubercles weight 3 lbs 7 oz

Heart very small weight 5 1/2 oz - there was about 5 1/2 oz of fluid in the pericardium

Spleen small weight 5 oz

Kidneys healthy weight 9 ozs the two

Intestines inflated from the commencement to the end of the disease the intestines having well defined and elevated edges

May 30<sup>th</sup> 1860

*Wm. H. Brown*  
Staff Assistant Surgeon



Reg	Rank	Name	Age	Disease	admitted	Duration	Died	Controllable	Ward	Reg	For
134	Pte	John Holmes	29	Phthisis	May 6 <sup>th</sup> 1860	Six Months	June 11 1860	January 1860	11	442	327
				Pulmonary							

When admitted both lungs were breaking up, in the night the cavities were pretty certain. Great emaciation, and the disease in the last stage. Had several attacks of diarrhoea, 5 days before his death had an attack of Ague, after which his face swelled, on the day of his death had another attack. Continued to get weaker every day after his admission. Died at  $\frac{1}{2}$  past 5 P.M.

#### Post Mortem

Sectio Cadaveris 42 hours after death.

External appearance very much emaciated.

Cranium Brain healthy weight 2 lb 3 oz.

Thorax Heart rather small otherwise normal weight 8 oz.

Lungs adherent to the parietes of the Thorax: right contained numerous vomices particularly at apex, also thickly studded with tubercular deposits: left contained no vomices, but showed signs of old inflammation, also contained tubercular matter. weight 4 lb.

Abdomen. Liver fatty and enlarged weight 14 oz.

Kidneys congested and enlarged weight 14 oz.

Intestines normal.

L. W. & Mill  
Staff Assistant Surgeon.



Regt	Rank & Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt	Colo
9 <sup>th</sup> Lancs	P <sup>te</sup> John Johnston	20	Phthisis Pulmonalis	April 2 <sup>nd</sup> 1860	Five Months	June 20 <sup>th</sup> 1860	February 1860	11	412-184 419 22	

When admitted, there was not much softening of tubercles, emaciation progressing rapidly. Cough increasing. Diarrhoea has set in. Gave to his bed on the 25<sup>th</sup> of April after which he was very seldom out of it. Cough got very severe, expectoration copious of a muco-purulent character. sweated very much, was often troubled with diarrhoea and continued to sink rapidly. Died at  $\frac{1}{2}$  past 8 A.M.

Pectus Cadaveris 42 hours after death.

Body very much emaciated.

Cranium Brain healthy weight 2 lb 15 oz.

Thorax Lungs both adherent to parietes of chest, the right more so than the left. Apex of both Lungs excavated by tubercle and the other parts breaking up, weight 4 lb 12 oz. Heart healthy, weight 9 oz.

Abdomen Liver fatty weight 3 lb 8 oz. Spleen large and soft weight 9 oz. Kidneys healthy weight 11 oz. Intestines. Large ulcerated throughout, lower part of small ulcerated also.

J. W. Mill  
Staff Asst Surgeon.

Regt	Rank & Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Regt	Colo
36	P <sup>te</sup> George Summerfield	21	Pneumonia	June 22 <sup>nd</sup> 1860	Eight Months	June 21 <sup>st</sup> 1860	October 1860	11	419	12

When admitted had dulness over the whole of left side. diminution of expansion of that side and on applying the stethoscope a breaking leathery sound was heard. Pulse small weak and frequent. he continued to sink rapidly after his admission. Died at 7 A.M.

Pectus Cadaveris 32 hours after death.

Body very much emaciated. Cranium Surface of Brain slightly congested, weight 3 lb 2 oz. Chest. Lungs all studded with tubercles, at the apex vomical, weight 5 lb. Heart normal weight 10 oz.

Abdomen Liver convex surface adherent to Diaphragm, fatty weight 3 lb 6 oz. Kidneys normal weight 14 oz. Spleen 6 oz. Intestines ulcerated.

J. W. Mill  
Staff Asst Surgeon.



Reg Rank & Name	Age	Disease	admitted	discharged	Contracted	Dis. Reg.	Notes
W. M. Sullivan	24	Phthisis	March 15, 1860	4 mos 2 weeks	July 4	June 5-9 14 417	

This man was admitted from Plattsburgh Garrison March 15/60. He was unvaccinated from Smallpox previously on account of inflammation of the lungs & has found his chest affected ever since.

A few days previous to admission symptoms of pneumonia developed themselves which affected the right lung. About the middle of April the middle and upper part of the right lung abscessed in various important parts. The man died together with bad appetite & languid pulse. By the end of April his disease merged into confirmed phthisis and rapidly continued to progress. He suffered from profuse expectoration, loss of flesh, night sweats and continual haemorrhaging cough from the chest. He continued wasting and expired 10.30 a.m. July 4/60. Treatment consisted in the administration of Iodine till he was iodized - the administration of Tonics as Quinina Sulfuric mineral acids and pectorals as Marsh Mallow. Together with nourishing diet wine &c.

Notes cadaveri 98 hours after death

External appearance thin & emaciated

Cranium - Brain normal Wt 3 lbs 5 ozs

Thorax - The pericardium contained 10 ozs of yellow serum the

Heart was flabby & enlarged Wt 11 ozs

Lungs - Right one mass of disease with the exception of small large cavity quite solid from tubercular infiltration and softening the left lung was also much affected but the bronchia here were smaller. None of the right lung would float in water

Abdomen

Liver fatty Wt 4 lbs

Spleen normal Wt 7 ozs

Kidneys enlarged but normal in structure Wt 12 ozs

2.7 left 5

No ulceration in intestines

Other organs normal

7/7/60

Wm. Wilson  
Staff Assistant Surgeon



Ref.	Patient Name	Age	Disease	Admission	Admission	Date	Consultant	Notes	Ref.	File
10.8.	Pt. James Wood	31	Septicæ. urethre (Septicæmiae)	14 June.	17 Apr.	July 18	Indi.	7	18.	100 112 117 118

Mr. Engstrom: 5' 4 in. in the morning; 2' 6 in. in the evening; when he was introduced for prostatic operation. Three days after landing in England, he started to have been attacked by rigors, followed by febrile heat, tenderness and profuse perspiration; this lasted several or ten subsequent days; and on the third day pain in the perineum was felt and some difficulty of micturition experienced. The patient was distinctly oppressed, never to have had gonorrhoea, or any disease of the urinary organs; nor ever to have sustained a contusion or other injury of the perineal region. He was admitted into St. Peter's Hospital for the incurable poor, on the 14th inst. (alluded to in C. Wood), and complete retention of Urine having supervened, a catheter was introduced without difficulty and the bladder evacuated; shortly after however swelling of the penis & scrotum came on; and he was transferred on the 18th inst. to the surgical division, with symptoms of extensive infiltration of urine into the subcutaneous layers of these parts, the perineum remaining perfectly free. Several deep incisions were made to evacuate the extravasated fluid, but extension supervening, so that the testicles were soon descended, and the lower wall of the urethra, from within 2" from the orifice orifices, the bulbous portion became deficient.

Rigors, followed by heat of skin & most profuse, fetid perspiration, at first not regular, later on with irregular intermissions, during which the pulse was small & rapid, the skin cool & clammy, marked most severe constitutional sympathy; the eyes became sunken, face haggard, voice weak; and emaciation progressed rapidly. Collections of matter formed in the osseous penis, in the fold of right testis, and in left groin; they were opened, and their various parts were discharged. On the 3rd inst. the catheter was allowed to remain in the bladder to prevent further extension; but even then removed, the difficulty of the urethra being so extensive, that the urine could be freely discharged through the perineal orifice. Laxative of Dr. Ferrius with half acid; Chloroform and Tincture of Bark, &c. for alleviation of the symptoms, with nutritious diet, failed to prevent the emaciation of the patient from going any; that irregular attacks of rigors continued till the 16th inst., the respiration became slightly hurried, great restlessness came on; & the patient's debility increased, and death supervened at 3. - On 18th inst. the patient returning his consciousness, till he lost.

P. Mortuus 23 hours after death.

Body exceedingly emaciated. Strong rigor mortis. Two bedsores of the hips of a coarse oval sacrum. A sinus in fold of R. testis leading to the space between lesser and greater scrotum, & with various parts above symphyseal pubis.



Leading to a sharping cavity between integument and external oblique  
muscles, towards the anterior spiracle of clasp & Q. side; and in  
open view is left groin, with retention undermining of margins.  
showing communication with along the femoro-scapula fold with  
the ulnaroid pericardium. Lower end of cavity deficient 5 - extent  
of 2 1/2 - 7 inches. Viscerals surrounded & among the coils of the stomach  
and the integument of various extent of furrows being shagreened  
rough. Bladder & rectum with the prostatic vein removed for more  
careful examination. The cellular layers between bladder & rectum were  
properly destroyed, the contents were removed & disorganized; on  
the Q. side a few discolored bands were ~~seen~~ <sup>constituting</sup> the  
only remains of the coats of the side; the veins in fold of A. were  
communicated with the sharping space between rectum & bladder.  
Coats of rectum much thickened; and with a few spots & streaks of  
suppurative nature there. Coats of bladder thickened by infiltration;  
mucous lining covered with a layer of creamy mucus-purulent  
fluid; recharged in streaks & patches; the most highly vascular  
& largest. Prostate highly. Kidneys of normal size & weight;  
the type ascending anemic & pale; stroma normal -  
Stomach: testis & prostate normal - Liver pale-brown;  
homogeneous; fatty; very lacinated. Spleen not enlarged; retaining  
soft, homogeneous pulpy Heart of normal size; retaining soft,  
pale, flabby. Macropsis recurrent in thin, admodum fatty deposits  
of fibres. Valves normal - Under stretched margin of external  
valve of bicuspid, firmly adherent to the endocardium - a fibrinous  
concretion, above the rim of A. artery; the free surface of which was  
in state of disintegration. The highly adenoidous lumpy thence  
in Q. upper lobe & in left lower lobe patch, circumscribed patches  
of dark-red-brown hepatization, here & there streaked with smaller patches  
of retromittal blood; in two places incipient softening was apparent.  
It is very probable, that this condition was due to the embolism of blood  
of the pulmonary artery, by the position of fibrinous detached  
& floated from the fat disintegrating fibrinous concretion in the  
Q. ventricle. The pulmonary vessels were however, the most thickened,  
as the terms, when in a certain condition of the blood vessel  
could be made, to admit of the thrombus being disorganized.  
Brain normal

23/7/10

2

Ph. Warrick and  
Wm. W. Linn



Reg <sup>t</sup>	Rank Name	Age	Disease	Admitted	Discharge	Remarks	Recd By	Disch
61	Pte John Muller	31	Pleurisy	Jan 30	6 months	Wounded July 21	518	210

Four months ago while stationed in the Museum he was sent into hospital with cough and shortness of breath for which he was invalided. On admission his breakfast was very short. loud friction sound was heard on the right side percussion dull the breathing loud and cavernous on both sides. - He remained in a sinking state till July 21 when he expired.

Post mortem 40 hours after death  
 Cranium brain healthy Wt 3lb 2oz  
 Thorax lungs infiltrated with tubercle and numerous worms the right was strongly adherent to the ribs and diaphragm both contained worms Wt 4lb 14oz  
 Abdomen liver fatty attached at its upper surface to the diaphragm weight 3lb 10oz  
 Spleen enlarged Wt 14oz  
 Kidneys normal Wt 13oz (S. 7 left 5)  
 Heart normal but rather flabby Wt 10oz  
 Other viscera normal

Chas W. Brown  
 Staff Asst Surgeon



Regiment	Rank & Name	Age	Disease	Admitted	Location	Discharged	Died	Ward	Age
56	Pt. Thomas Morley	38	Dysentery	July 23	Fort Mearns	July 28	July 28	15	420

This man ascribes his disease to getting wet (this unknown) he is passing blood and slime about 12 times in the 24 hours suffers a great deal of pain and has the appearance of a man much worn by disease. No medicine appeared to have any effect on him either in checking the passing or relieving the pain and he died at 11:30 p.m. July 28/60

Septic Cadaver in 36 hours after death

Cranium brain healthy weight 2 lbs 7 ozs

Throat Lungs healthy weight 2 lbs 7 ozs

Heart normal

Abdomen - Liver contained two very large abscesses besides several smaller ones the gland was much enlarged & weighed 6 lbs 7 ozs

Intestines there was a perforation in the sigmoid flexure of the colon and adhesions formed to the pelvic fascia around it. The colon was also perforated in one or two places the perforations being about one sixth of an inch in diameter. Besides these there were ulcerations through the mucous membrane all through the tract

Spleen normal weight 6 ozs

Kidneys normal weight 12 ozs

Treatment since July 23th opium sedatives and anodynes for the pain - Diet of bread & bananas combined with Opium - Water &c

John O'Brien  
Staff Assistant Surgeon

Regiment	Rank & Name	Age	Disease	Admitted	Location	Discharged	Died	Ward	Age
56	Pt. George Clarke	38	Phthisis	July 29	Fort Mearns	July 30	July 30	15	415

This man was sent here in a very weak state both as to strength. He was admitted July 29 in the last stage of Phthisis and died July 30 at 5:20 a.m.

Septic cadaver in 38 hours after death

Cranium  
Brain healthy weight 3 lbs 6 ozs

Throat Heart normal weight 11 ozs

Lungs the left much adherent to the ribs with a cavity the size of a lemon in the upper lobe & several smaller ones and some in other parts the right was thickly studded with tubercles weight of both 8 lbs 2 ozs



Abdomen - Liver nutmeggy weighing 4 lbs 6 oz  
 Spleen enlarged weight 14 oz  
 Kidneys normal weight 14 oz

John John  
 Staff Assistant Surgeon

Reg	Rank & Name	Age	Diagnosis	Admission	Duration	Contrast	Discharge	Weight	By
57	Private J. Hester	41	Diphtheria	16th	Not known	Entered	any	14	
			Admission Aug 1860				1860		

This man was admitted in the last stage of Diphtheria from St. Mary and only lived about four or five hours. He was under treatment here some weeks ago.

Section Cadaver 33 hours after death  
 Cerebrum Brain matter. Weight 3-4<sup>oz</sup>  
 Thorax Heart normal weight - 8<sup>oz</sup>  
 Lungs extensively diseased, a large abscess at the apex of the right and a great quantity of tubercles in different stages of softening. Weight of both 6-7<sup>oz</sup>  
 Abdomen Liver fatty and enlarged weight 4-12<sup>oz</sup>  
 Spleen enlarged 14<sup>oz</sup>  
 Kidneys normal weight 13<sup>oz</sup>

R. Woods  
 Aged 75<sup>th</sup> 7 feet



Regt	Rank	Name	Age	Disease	Admitted	Discharged	Died	Interment	Post Rep
86 <sup>th</sup>	Pte	Thos Rosette	21	Phthisis	July 30	Not known	Aug 18	India	10 86
				Phthisis					

Thos Rosette when in India two years ago  
 got an attack of inflammation of his lungs  
 caused cold and over fatigue followed by  
 Hemoptysis and expectoration, he gradually got  
 worse. He suffered very much from bronchitis  
 He died at 4 a.m. on the 15<sup>th</sup> Aug

Section Cadaver 36 hours after death  
 Brain healthy & the 4 or  
 5 mm Lung Hepatized at their bases  
 with a few tubercles at apices no bronchitis  
 Heart small and flabby  
 Liver fatty and enlarged  
 Kidneys enlarged with calcification

Phthisis  
 Asst Surgeon  
 25<sup>th</sup> Regt

Regt	Rank	Name	Age	Disease	Admitted	Discharged	Died	Interment	Post Rep
H.C.	1st	John Roberts	29	Encephalitis			Aug 23	1860	10

John Roberts. Army Hospital Corps whilst doing duty at the  
 Lunatic asylum was noticed for some weeks previous to admission into Hospital  
 as being stupid, forgetful of orders and deficient in activity, but has never reported  
 himself sick. A few days before admission he began to look ill and to be evidently  
 unfit for duty. He was sent into the General Hospital Fort Pitt for treatment  
 when he gradually became worse, scarcely speaking taking no food, remaining  
 much in bed, and occasionally shivering, some excitement, and being often incontinent  
 he was however frequently up and moving about, but towards the termination of his



He became Comatose and experienced several convulsive fits. It was believed that he labored under somewhat similar symptoms some years ago and it is also thought that he has been in the habit of taking large quantities of flesh and Patent Medicines. It will be seen by the Post Mortem Examination that all these feelings of ill health and easily accounted for by the Lesions found in various Organs and that probably they were considerably marked by his mental condition.

Post Mortem Appearance of the John Roberts of Army No. Corps. Head weight of brain 2 lb 14 oz. serous effusion at base and in ventricles 3 1/2 oz. Grey degeneration and softening of the middle lobes superiorly and anteriorly. Also of inf. veriform process of cerebellum. Softening of Pons well marked. Tubercular deposit especially at base, on the Oculomotor. Lungs weight 4 lb 4 oz. left adherent throughout to walls by dense adhesions, and thickly studded with milium tubercles. Enlargement of middle lobe of right lung. Heart 9 oz. structure congested and stained brownish red color. Abdomen, all the abdominal organs densely matted together and to the walls by tubercular deposit. weight of Liver 3 lb 8 oz. Spleen small 4 oz. Kidneys congested normal 4 1/4 oz. Tubercular elevation of small intestine in a few spots.



Regt	Rank	Name	Age	Disease	Admission	duration	Died	Controlled	War	Register
43 <sup>rd</sup>		Pl. Walter Crook	32	Syphilis Constitution	June 21 1860	3 years	29 Aug 1860	India	2	184

Section Cadaveris of the Fatal Case of  
Pte. Walter Crook Hms 43 Regt act 32  
(Disease Syphilis conseruata.

Horas XXIII Postmortem

External Appearances, Body much emaciated. marks of primary Syphilis on both legs

Cranium. Soft node over the right Supraorbital eminence, the centre of both lobes of this spot; growth over (right) forehead, Brain slightly congested; increased effusion into the ventricles. Weight 3 lbs.

Thoiry -

Heart healthy, weight & curves...

Strings. congested posteriorly and emphatic anteriorly, weight of both. E. 11/15

Abdomen, contained about 8 Pints of turbid Serum. —  
Liver very large. marked over its convex surface  
 with numerous excrescences; when cut into it  
 presented a granular appearance. Weight 5 lb. 1/2 oz.  
Kidneys healthy. each weighing 5 ounces;  
Spleen, healthy. weight 12 ounces  
Large Intestines. had recent remains of ulceration  
 of the solitary Glands;  
Bladder. healthy.

R. Mearnsor Staff Surgeon,



Reg	Name	Age	Disease	Admitted	Duration	Confinement	Death	Week	Page
17	Miss Francis	40	Pulm				Aug 31	18	

Private Miss Francis - admitted in the last stage of Pulmonary Phthisis much debilitated & emaciated - constant cough & Orthopnea, expectorating a great deal. After remaining 19 days in Hosp. he died.

Section Cadaveric 48 hours after death.

Body much emaciated, rigor mortis but slightly marked.

Cranium. Membranes natural. Pacchionian bodies much enlarged. Normal amount of fluid. Weight of Brain 3 lbs. Consistence natural, no tubercles. Slight amount of fluid in ventricles.

Thorax. Lungs float in water very much congested & consolidated. Two very large cuffed cavities containing purulent fluid in the apices of both lungs, very firm old adhesions connecting them to walls of thorax; other small cavities present, & the whole substance of both lungs studded with hard grey tubercles. About 6 oz of fluid in pleural cavity.

Bronchial Glands Enlarged & containing grey tubercle.

Larynx Not ulcerated.

Heart. Weight 10 oz. Substance pale - valves natural.

Abdomen. Parietal Peritoneum - no milium tubercles.

Liver - Weight 3 lbs 3 oz. nutmeggy - Gall bladder imbedded in substance thereof, no tubercular deposit.

Small & Large Intestine. Slightly congested in some parts but no inflammation or ulceration.

Mesenteric Glands Enlarged & containing tubercle.

Kidneys - Weight 11 oz. the two. Capsule easily separating taking up none of gland substance with it - very pale & flabby especially cortical part.

Spleen - Return naturally firm containing no fluid blood. Weight 9 oz.

Pancreas Normal.

Geo. F. White



Reg	Rank & Name	Age	Disease	Admitted	Duration	Died	Remarks	Ward	By	File
48	Lieut. R. Roach	29	Hydrothorax	August 12	19 days	Sept 1, 1860				

This Man first suffered from occasional Catarrhs and afterwards from Confirmed Phthisis. After this he caught sudden Cold from which he got an attack of Pleuritis with effusion which never got up. He was invalided home from India and was admitted to Fort Pitt Hospital where he suffered from great Dyspnoea to relieve which Paracentesis Thoracis was performed but the man sunk the same night.

#### Post-mortem Appearances

The body was greatly emaciated, little rigor mortis but congested. The Membranes and the Brain itself were healthy in appearance. The Brain weighed 3lb 9oz. There was <sup>some</sup> fluid in the ventricles. ~~Thorax~~

The lungs weighed 2lb 11oz. The right was congested and studded with tubercles some of which had undergone cheesy degeneration and some had run into small Cavities. The left lung was impacted against the spine and compressed, but filled and expanded on blowing air into it.

The upper part of this lung was one large ragged cavity the external wall of which was adherent to thorax and quite independent from it. The greater portion of it was studded with tubercle in different stages of advancement. Heart weighed 11oz and was normal in appearance.

The left Pleural Cavity was filled with a greenish purulent fluid, which amounted to about 6 pints, and its walls were thickly coated with a rough deposition of organized Lymph.

#### Abdomen

Liver weighed 3lb 13oz was congested and had a nutmeg appearance.

Spleen 14 1/2 oz. Congested

Kidneys both congested the right weighed 9oz and the left 7oz.

The Bladder and intestines were healthy.

Stomach in Suspended



Reg Rank Name age Disease admission duration Died Date Reg No

87. Pt. Daniel Shea 28 Delirium T. August 18<sup>th</sup> 20 days 44<sup>1/2</sup> 7 419. 78

This man was first admitted for Delirium Tremens which was followed by an attack of Pleuro Pneumonia at the right side. In which state I first saw him. The Pneumonia was never of a sthenic character and had altogether left him in a few days. The Delirium only appeared once and of a very trifling character which under my charge. This was on September 1<sup>st</sup> when he complained also of Headache. but both these symptoms left him the next day. On the morning of the 3<sup>rd</sup> he has a well marked rigor which lasted some hours and was taken for a fit of ague from which he had frequently suffered before but to waste night he got greatly excited and wild, his eyes became injected and turned towards the left side. He complained much of his head, saying he thought it would split. His pulse was strong full and bounding with 100 beats per minute, and his tongue was dry and brownish and thick coated. He gradually became delirious and comatose with stertorous breathing, and at each expiration ejecting mucous matter from the nose and mouth. He continued to get worse gradually until he died at 11 A.M. on the 7<sup>th</sup> ult. The treatment was at first directed to the Delirium Tremens and Pneumonia, and consisted of sedatives and expectorants with blisters to the side and a liberal allowance of stimulant whiskey wine &c and afterwards for the head symptoms blisters and ice to the head, Calomel, and emetics of Ipecacuanha &c.

Post mortem appearances 40 hours after death

The body had the appearance of that of a robust and muscular man. Rigor mortis well marked. Cranium Membranes highly vascular and congested with dark fluid blood, as were the sinuses. Brain weighed 3 lb 7 oz. At its base was found 2 oz of turbid serum. Both lateral ventricles full of fluid. Corpora striata shrunken. Lungs very spongy crepitant and hemorrhagic, floating in water, the right bound down over all its extent by recent adhesions. The Heart was normal and weighed 9 1/2 oz.

Abdomen Liver healthy weighing 3 lb 12 oz, Spleen quite normal weighing 11 oz. Kidneys exhibiting slight traces of fatty degeneration but with the exception of being congested were otherwise healthy. The right weighed 5 1/2 oz and the left 4 1/2 oz. The large and small intestines and bladder were all healthy.

Wm. Charles Fellsapier M.D.



Reg	Rank	Name	Age	Disease	Admitted	Discharged	Remarks	Remarks	Remarks
2460	Private	W. G. Hicks	19	Abscess &c	July 1860	Sept 9 1860	1.7	2	194

A stammering looking lad who after complaining for some time of dull aching pains in the lumbar region was admitted into Hospital at Winchester in August 1859 with a fluctuating swelling in the left groin it increased in size & was opened in November & a quantity of matter evacuated - It was thought to arise from disease of the illeum - A second abscess then formed in the upper part of the right thigh & was opened -

On admission at Fort Pitt he was extremely weak & emaciated & vomited frequently - there were several openings in each groin discharging profusely. There was no Syphilitic or Mercurial history - He was treated with Tonics & Stimulants with good diet. He got gradually weaker - & before death a quantity of pus was discovered in his urine.

#### Section Cadaveris (48 hours after death)

Body moderately emaciated Rigor Mortis well marked  
No bed sores - Several irregular openings in each groin.

Thorax - Slight recent adhesions of the right lung anteriorly - older ones posteriorly - upper lobe of right lung ~~hepat~~ almost completely hepatised & sinking when placed in water  
Left lung healthy but anemic -

No trace of tubercle in either lung  
Weight 2 lbs 8 oz.

Heart - contained large fibrinous clots - extending to the small ramifications of the pulmonary artery. There was a good deal of fat on its surface - Mitral valve somewhat thickened  
Weight 9 1/2 oz.



## Abdomen

Liver healthy but anemic weight  $3\frac{1}{2}$  <sup>its</sup> <sup>oz</sup>  
 Spleen Do Do

Kidneys - right weighed  $1\frac{1}{2}$  oz - numerous  
 tubercular masses - some of them undergoing  
 softening projected from its surface - in other  
 some parts the substance of the gland was infil-  
 -trated with tubercular looking matter -  
 left kidney - entirely converted into a mem-  
 -branous sac containing a serous fluid -  
 no gland tissue could be found - the ureter  
 at its entrance into the pelvis of the kidney  
 was completely blocked up - apparently from  
 some former inflammatory process -

Bladder thickened, its mucous membrane con-  
 -gested - containing a quantity of pus mixed  
 with urine -

Supra Renal Capsules healthy -

No disease in the intestines or mesenteric glands -  
 The abscess on the left side was found to extend up  
 in the course of the psoas muscle & to communi-  
 -cate with disease of the left sacro iliac joint  
 & of parts of the neighbouring bones - namely the  
 sacrum - left os innominatum & last lumbar  
 vertebra -

on the right side the abscess extended downwards  
 on the outside of the thigh & upwards to the dorsum  
~~the~~ ilia but did not communicate with dead bone

The glands in the groin & along the course of the  
 external iliac artery on this side were much enlarged &  
 indurated & bound down to the subjacent parts -

The pressure of the abscess & thickened tissues had displaced  
 the femoral artery inwards - & had apparently  
~~now~~ <sup>now</sup> ~~opened~~ its diameter -

## Head

Brain of natural consistence but anemic  
 no morbid appearance Weight  $2\frac{1}{5}$  <sup>its</sup> <sup>oz</sup>

Walter M.C.

(in charge of case only 24 hours  
 before death)



Reg. Rank Name of Disease Admitted Under Age Sex Date of Admission

50 Pte. John Cooper 27 <sup>Labrio</sup> Syphilis

Days  
12 14  
1802

A healthy looking man admitted into Hospital with dislocation of hip, whilst in surgical Ward, was suddenly seized with symptoms of a typhoid type, and was transferred to Medical Division. Whilst there, he complained of intense pains in most of his joints, effusions took place therein, and he gradually sank, with brown tongue, muttering delirium and other asthenic symptoms.

Section Cadaveric 24 hours after death.

Body much emaciated and of a yellow colour, exhaling a peculiar, musty odour. Some ecchymoses on its lower part. Muscular fibres peculiarly dry but of a good colour.

Cranium Some amount of effusion in subarachnoid spaces, brain of good consistence apparently healthy. Weight 83.30g.

Thorax There is a deposit of pus in right sterno clavicular articulation. Lungs Bound down in many parts by adhesions, post mortem congestion posteriorly, crepitant everywhere, no deposits of pus. Weight 360g.

Heart 3ij of straw coloured fluid in pericardium. Heart flabby, muscular fibres tearing readily. Cavities contain no clots. Weight 3x.

Abdomen Liver Large, not friable, no purulent deposits. Weight 361g.

Spleen Large Weight 180g.

Kidneys In first stage of Bright's disease. Weight 14g.

Articulations Radio carpal contains about 3ij of pus. Both knees contained pus. Left hip joint. On making an incision over the trochanter about 3x of pus gushed out, the head of the bone lying on the dorsum ilii, and on farther examination a large abscess was found all round acetabulum and ilium, the former was lengthened and exposed & its cavity perforated allowing free communication with the pelvis. Pus burrows fr in all directions beneath peritoneum & ilio fascia communicating with a deep abscess around hip joint.

Ankles Both healthy.

Shoulder joints. Both contain large quantities of pus, extending underneath the muscles.

Geo. F. White Med. Cand.







270  
Reg. Rank Name Age Disease admitted Duration Contract Date Recd. by No.  
53. Drum. John White 15 Sept 19 14

This patient was admitted into Hospital in the last stage of pulmonary phthisis & constant cough with profuse sweat & expectoration the latter always tinged with blood.

Section Cadaveric 48 hours after death.

Body much emaciated, rigor mortis well marked - A small tumor over sacrum.

Cranium - No effusion of fluid, great congestion of meningeal vessels slight effusion of gelatinous looking lymph in superior aspect of middle lobe of brain - No tubercles present - Brain substance healthy. Weight 5 lbs 20g.

Thorax. Here there are old adhesions binding down both lungs. There is a large cavity in the apex of left lung and the whole of its substance is infiltrated with coarse tubercles, giving it the appearance of granite. In some parts there are softened bronchi. Right lung is in every much the same state, the lower lower lobe alone being at all crepitant, and even this part shows signs of inflammation. Weight of both 5 lbs.

Heart. Small, Weight 50g. Valves healthy.

Abdomen. Peritoneum. Normal. No milium tubercles. Mesenteric Glands much enlarged.

Intestines Inflamed, congested & ulcerated in many parts - Large Intestine Here there are several very large ragged ulcers with thickened everted edges.

Liver Weight 3 lbs. Fatty.

Kidneys much congested but not diseased.

Spleen Normal Weight 7 1/2 g.

J. F. White Med. Cand.



Reg	Rank	Name	Age	Disease	Admitted	Contracted	Location	Place	Year	Reg. & Fol.
66	P.	John Canale	29	Pneumonia	August 22 <sup>nd</sup>	known	not known	1860	419 76 85	

**Service** - This soldier had served eleven years, the last two of which were in India. He is an Irishman. He was admitted into Hospital complaining of cough, pain in the right side, weakness, and perspirations at night. He says he caught cold while on duty. Since admission, he has had several attacks of Bronchitis, and diarrhea, and has gradually become weaker, he has purulent expectoration, night sweats and great dyspnea. On inspection the left side, at the upper part, is flattened and rigid, and does not expand on inspiration. On percussion, there is extensive dullness, extending from the clavicle, to the fourth or fifth rib. On auscultation, there is rough and cavernous breathing, moist mucous rales, gurgillment, clicks, Pectorilagy, and Bronchophony.

**Progress** - During the month of September, he was gradually run down by night sweats, and diarrhea, his appetite was lost, and he sank on the 1<sup>st</sup> of October.

**Treatment** - He was treated with Cod liver oil, counter-irritants, Nutrient tonics, and generous diet.

**General Appearance** - Sectio Cadaveris. 36 hours after death. Body much emaciated, upper part of Left chest depressed.

**Brain** - Slight increase of fluid in ventricles. Brain soft but otherwise healthy. Weight 2 lbs - 14 ozs.

**Thorax** - Pericardium - Contained about 3i of fluid. Heart. Pale, walls thin, slightly covered with fat. Muscular substance flabby. Weight 8 3/4 oz.

**Pleura** - Pleura. Adherent, particularly the Left, which was a good deal thickened, and contained 3x1 of seropurulent fluid, mixed with large streaks of recent lymph. It appeared that an abscess had burst into it.

**Lungs** - The lungs were extensively diseased, particularly the Left. Which was one mass of tubercle. There were several cavities and abscesses in them. Wt. 4 lbs 9 oz.

**Abdomen** - Liver. Pale and yellow. Fatty. Weight 5 lbs - 4 oz.

**Kidney** - Spleen. Healthy Weight - 14 oz. Kidneys. Right absent. Left. unusually large, lying in its normal



position. Having a double supply of vessels. -  
One suprarenal capsule. Two ureters, with separate  
pelvis, arising at the upper and lower edges of the  
hilus. The ureters ran parallel to each other and  
separate to within an inch of the bladder when  
they joined and opened at the normal position  
of the left ureter. The substance of this kidney  
was healthy. Weight 16 g.

Intestines

The Intestines, were extensively studded with  
tuberculous ulcers, recent, in Jejunum & Duodenum

Bladder

Bladder distended with urine

R. de Buzh Rior dan

Med. Cand.

Rank	Name	Age	Disease	admitted	number	Area	condition	Med. Reg. file
1st Lt.	G. Hall	28	Syphilitic Rouge	Sept 15 <sup>th</sup>		Oct 3 <sup>rd</sup> / 100	Insane A	

This man arrived at this hospital Sept 15<sup>th</sup> 1880 without any abstract  
or papers of any kind. The Surgeon in Charge states that he was  
found on the beach at Madras in a shirt only without history or  
statement of any kind - he states that he was stationed at Secunderabad  
and was in good health at the time he was sent away but no  
reliance can be put on his statement. - Years of Service 13 -  
Present condition - In a wretched state covered with moul sores  
and a very large one on dorsum of each hand and each foot -  
passes his urine voluntarily - motions involuntarily - no power in  
left arm - sensibility and power is good in all other limbs  
too weak to stand - Piloponi Co. III Note mangue - Lindora Kristina  
his memory is much impaired - sleeps well - I  
continued much in same state till the end of this month gradually  
however becoming weaker - shows no appearance or inclination to  
feel - talks at random and recollects nothing about himself -  
rest must be same.

Oct 3<sup>rd</sup> Did not appear worse till 4 o'clock this morning when  
he became much weaker - and died at 5 o'clock A.M.

Post Mortem. So Notes after death -

Brain. The dura Mater on its inner surface was  
everywhere more vascular than normal - Cut over with



from sphere, the inner surface of dura mater was much thickened by the deposit of lymph. In the substance of this dura mater blood was effused apparently quite recent in origin - ~~In the inner surface~~ - On the inner surface of the dura covering the cerebellum was a fungoid fibroplastic tumour the size of a filbert - Several of the convolutions in the left hemisphere were partially lost by yellow softening - On the outer outer surface of the brain on the right side was a yellow patch the convolutions were smaller and adherent to neighbouring convolutions - This was evidently yellow softening and atrophy of brain - Most apparent at posterior part of hemisphere -

Caput Callosum - On removing slices of brain the corpus callosum was found to be yellowed and hardened about and below - Rest of brain healthy -

Chest On opening chest the hyaline cartilage and lower piece of sternum were found to be covered by a black colour and had given rise to an abscess - There being pus in abundance - The 4th & 5th ribs were also covered on left side near junction of the bone with the cartilage - The left side of chest was filled with Pus (2 5 ounces) and the lung compressed and canified - Not at all crepitant and very strongly adherent by its posterior surface - to wall of chest -

Pericardium - was rough - thickened on the inner surface by effusion of lymph - External surface of heart was also rough - otherwise healthy No valvular disease -

Liver Large and of extraordinary firmness - Was difficult to put finger into substance of liver

The Capsule thickened appeared to be the chief cause of firmness On surface were one or two marks like old cicatrix 4. p. 1960.

Kidneys healthy -



Rank & name age disease admitted duration died *continued* Name Reg. No.  
 P. Michael Jaffney 28 Epilepsia 8<sup>th</sup> Sept 1860 Since June 1860 6/60 C 418 82

### Abstract.

Pt. Michael Jaffney has been the subject of epileptic fits since June 1860. He was also suffering from disease of the lower jaw from which he has now recovered. He is liable to a recurrence of these fits at any moment; appears very stupid & is not capable of giving a clear account of himself. J. E. Farcyne. As. surg. In Med. Chay. Governor Hospital Chatham Aug. 1860.

### Country. State on Admission -

Irishman -

In the register it is stated that it is almost impossible to comprehend anything this man says but according to his own account as far as can be made out, he has had no fit for the last four months which is in direct opposition to the statement of As. surg. Farcyne.

Sept. 12<sup>th</sup>. This man has had no fit during the last few days - Does not appear to be in a very sound state of mind. He sleeps the greater part of his time & when awake is very restless & gives a great deal of trouble in the ward. He is an exceedingly delicate looking man - of an anæmic appearance.

20<sup>th</sup>. Bowels confined - Ordered an aperient mixture.

28<sup>th</sup>. Passes his time principally in bed when he is very restless and irritable. He is now taking no medicine but his bowels are kept gently open & he is encouraged to go out into the open air. Ordered a pint of porter.

Oct. 4<sup>th</sup>. He now lies in a state of great stupor from which he can scarcely be roused. He cannot open his mouth & requires to be fed with a tube. Ordered an emul. lettuce over vertex of head & a dose of opium medicine - and wine instead of porter.

Oct. 5<sup>th</sup>. Medicine did not operate. Ordered a full tartaric injection.

Oct. 6<sup>th</sup> 6 p.m. appears fast asleep - Died at 4 p.m.

Section Cadaveris 40 hours after death.

### General Appearance -

Body greatly emaciated - a few scorbutic spots on legs.

### Head.

On opening Cranium by removing the calvarium a portion of the dura mater was seen adhering to it (the Calvarium) and came away with the bone. This portion of the dura mater which was situated on the left side of a diameter of about 2 1/2 inches presented a cheesy-thick pulpy appearance of a circular form. The portion of brain in apposition to this and of the same extent presented a somewhat cystic appearance, was of considerable toughness & elasticity. This diseased portion extended, through the Cranium & for some distance



into the fibrous portion of the brain to the extent of about one inch -  
The portion of surrounding cerebral matter was considerably softened -  
There was slight porosity of the left parietal bone at the seat of the case but  
no marks of previous injury.

Lungs A small amount of tubercular deposition on apex of left lung. Both lungs  
contain a deposition of black matter through their substance.

Intestines General atrophy of substance of small intestine. Atrophy of Peyer's patches  
towards jejunum & upper end of ileum. Irregular atrophy of Peyer's patches  
towards lower portion of ileum. Irregular infraction of portion of Peyer's patches  
& atrophy of remaining part towards Caput caecum Coli. In caput caecum  
near orifice of Vermiform appendix ulcers, almost sinuous, in part bearing  
evidence of having originated in the solitary follicles. Near the common  
conjunction of descending colon an ulcer about an 1/8 of an inch in diameter  
with a highly vascular base & a still smaller one in its vicinity, tending  
towards cicatrization was seen. Towards termination of colon near  
the sigmoid flexure, the remains of solitary follicles having ulcerated out or  
atrophied are very obvious.

Kidneys much congested. enlargement of the cortical substance.

P. W. M. M.D.  
Med. Candidate

Reg	Rank	Name	Age	Disease	Admitted	Discharged	Comments	Days	Rank	Reg.
34	1st	John	Corrall	25	Torofula			Oct 12 1860	11	







Regt	Rank & Name	Age	Disease	Admission	Duration	Contracted	died	ward
50 <sup>th</sup>	Pvt. Patrick Horan	33	Pneumonia Acute	May 29 <sup>th</sup> /65			Oct. 12 <sup>th</sup>	13

Abstract—

Pvt. Patrick Horan, contracted primary Syphilis in December, 1862, secondary symptoms appeared in the same year. He had Phlegmon islets in December 1862. He had an attack of Ophthalmia & Syphilitic Iritis in July 1864. He had another attack of Ophthalmia in October 1864 & an attack of Pneumonia in January 1865. He is described as being of bad & irregular habits.

The patient was sent from the Surgical division as labouring under an attack of acute Pneumonia, on October 4<sup>th</sup> - when first seen he was suffering from urgent dyspnoea & was totally prostrated, physically & mentally. On examination there was complete dulness all over the left side of the thorax, with total loss of vesicular murmur, but air appeared to be entering the larger tubes freely. Rales & expiration with large moist expirations were present on the unaffected side. On careful examination, effusion with bulging of the intercostal spaces was detected. The patient sunk rapidly, became slightly delirious & died on Wednesday morning at 2.30. The gross nature of patient interfered with proper examination of the case.

Sectio Cadaveris 90 hours after death.

There is a mark of an old cicatrix on the penis, but no stains on the skin. The pia mater was greatly congested & somewhat thickened. At one point there is some adhesion of the arachnoid. The calvarium is porous on the internal table. Texture of the brain normal.

HeadThorax

On opening the thorax a large amount of greenish sero-purulent fluid escaped from the left pleural cavity & 107 oz. of pus was subsequently taken out of it. Left pleura was greatly thickened & covered with soft flakes of lymph.

Left lung was greatly compressed against spinal column. On section the texture of the lung appeared healthy with the exception of some tubercles at its apex.

Great thickening of the connective tissue over the pericardium; on opening the latter the heart & great vessels were found to be surrounded by flakes



fibrine of a gluey consistence. The interior of the pericardium was lined with fibrine just beginning to become organised. The right lung was quite adherent to the interior of the thoracic walls, the adhesions being of a thick, cartilaginous character. There was no fluid in the right pleural cavity but a bloody serous fluid escaped on cutting into the substance of the right lung; the texture of the latter was found to quite disorganised by pulmonary infiltration & there was also a considerable amount of tuberculous deposit at its apex. The larynx & trachea were found to be healthy down to the bifurcation of the latter where it became intrinsically vascular. The bronchial glands at the tracheal bifurcation were found to be much enlarged & softened. Measurements of the heart. Length inches, from the groove to the apex 4.6 in., transversely, 4.1 in. - circumference 10.2 in. Texture of the heart flabby showing signs of fatty degeneration. Right cavity filled with clot, partly decolorized. Pulmonary artery filled with the same sort of coagulum. Cardiac valves healthy. Liver. Capsule thickened, with indications of adhesion of the right lobe to the diaphragm. On section it presents the appearance known as nutmeg liver; gives no reaction with iodine. Spleen slightly enlarged, otherwise normal. Both kidneys much congested, especially in their cortical portions; no reaction with iodine. Lymphatic glands of the mesentery considerably enlarged. Cicatricial ulceration in the colon, some of the ulcers healed, some healing, these are especially visible in & about the caecum. There are some ulcers in the small intestine, with hardened edges, a few of them implicating Peyer's patches. Cicatricial contractions & tuberculous deposit in the walls of the Jejunum & Ileum. Duodenum healthy. No deposit in the testicles.

### Abdomen

Wm. H. Fotherwood M.D.

M.D. Candidate.



Date October 14<sup>th</sup> 1865. —

279

Regt.	Rank & Name	Age	Disease	Admission	Duration	Contracted	Died	Ward
2/22	2 <sup>d</sup> Lieut. H. C. Crow	22	Abscessed Pock Febris Cont.	July 2 <sup>d</sup> 1865	From Lieut. Walte	Oct. 15 1865	35	

Abstract.

There was <sup>joint</sup> ~~no~~ <sup>no</sup> Scrofula in this Case but none of Syphilis. Since enlistment, enjoyed good health for a space of five years which he served in the Mediterranean until he suffered from an attack of Continued Fever, shortly after his recovery from this a small fluctuating Tumour appeared in the Lumbar region which eventually suppurated and discharged by a little opening which remained permanently fistulous. When admitted into this Hospital on the 22<sup>d</sup> July, this fistula was still copiously discharging. The Patient suffering from hectic, loss of appetite, emaciation, and occasionally a good deal of pain and uneasiness in the bowels: Since admission the feet and legs ~~have~~ gradually become oedematous. The Pulse was quick small and very indistinct, so that it was impossible to count it: The appetite improved and he was able to consume a very large quantity of Food especially Stimulants which however did not improve his condition in the least. An examination of the Urine <sup>it was</sup> discovered to be alkaline but no Albumen could be detected; on the sixth the integuments over the Feet threatening to slough they were punctured by order of Professor Longmore and a large amount of fluid was discharged; The punctures remained open till death and continued to discharge a great quantity of a soapy looking fluid: The Feet became of a purplish red colour, but their temperature did not fall in any appreciable degree. He continued in this state till the ninth instant, when his Stomach became so irritable as not to retain any food (if he took any it was immediately vomited) and from this, until the day he died, was only able to take small quantities of Milk and Lime Water, also Brandy: he rapidly sank and died on the 15<sup>th</sup> Oct. of Asthenia.

Section Cadaveris 50 hours after death

The body presented an appearance of great emaciation. The feet and legs were oedematous; with the marks of punctures made for the evacuation of fluids. There was a fistulous opening in the right lumbar region above Sacrum.

There was a complete absence of vascularity in the membranes of the Brain; The Brain was normal, but rather anemic.

There were well marked adhesions in Right Pleura, Serum in the cavity of Left which was without colour; vivid appearance of Capillaries at upper portion of Larynx, also slight oedema at entrance, no trace of ulceration either in Tonsils or Soft Palate: The chest congested, at

Head.

Thorax



at its bifurcation and also some distance down its divisions (Branches). Lungs do not collapse. There is an opacity with increased vascularity of Right Pleura; right Lung, a number of effusions of blood through it. Left Lung, a clot of blood at apex, Hemorrhagic congestion beneath Pleura; apoplectic effusion of blood into the substance of Left Lung rendering its texture soft and friable. No evidence of Tubercle, some slight Emphysema. Pericardium healthy. Bronchial glands not enlarged. Heart small - dimensions - entire length 4.4 inches, from groove to apex 3.3 inches, circumference 8.4 inches, Transverse breadth 3.6 inches. Cavity of Left side of heart contracted. - right Auriculo-Ventricular opening permits the passage of a No. 12 Ball. - Left Auriculo-Ventricular opening allows 9 - Aortic orifice No. 8. Pulmonary Artery 9. Valves of heart are normal. As also the lining membrane of Aorta.

### Abdomen

Liver seems small; a dark pigment surrounds the lobules or Acini making them appear very prominent and distinct. There is an appearance of fatty degeneration, there is a reaction with Tincture of Iodine (Amyloid Degeneration); no morbid growths in Liver. - Spleen very small and firm. - Suprarenal Capsules, no deposit or disorganization. Kidneys cortical substance congested. at junction with Pyramidal a slight reaction with Iodine in the Cortical substance Capsule easily separable - on the right side the Kidney is bound down by strong adhesions or rather by the condensed tissues which are rendered so by the inflammatory action in connection with the Lumbar Abscess. The Peritoneum on front of Kidney is thickened considerably. There are several Sinuses burrowed in various directions in the Lumbar (Right) region beneath the Ploia Fascia and Psoas Muscle one large sinus in particular leading in the direction of the right Sacro-Spinal Synchondrosis these are the result of a large Abscess in connection with the lower Lumbar Vertebra and Sacrum; <sup>(Some think dorsal)</sup> which extends downwards by the side of the Rectum and also behind it. The sheath of the Psoas Muscle was greatly thickened so as to prevent the possibility of the matter escaping into it and forming a Psoas Abscess. It was compelled to take the course it did, on account of the manner in which the textures anterior to it were condensed.

The Small Intestines, simple vascularity, no ulceration, no prominence of solitary glands, coats rather thin. Pyloric patches atrophied and pigmented. The Large Intestines - a large amount of faeces in Colon, and adherent to side of intestine - Rectum, no ulceration slight congestion seen on dissection or two but on the whole Anemic -

Edw. J. Clarke

Med. Candidate



Regt	Rank	Name	Age	Disease	Admitted	Duration	Died	Contracted	Ward	Reg	Sol
H. B. Co.	Private	Patrick	26	Ascites	July 21 /65	65 Weeks	Nov 15 /65	Recd. at	21	116	1
A. Brigade		White		(Icterus)							

Previous History In Irishman of seven years service, ten months of which were passed on Home Stations, the remaining term on Mediterranean Stations. He had an attack of continued fever at Malta with which he was in hospital for sixteen days, and at Ricasoli, Ascites, the duration of which is not stated.

Present History He was admitted into Netley Hospital complaining of abdominal pain, with the abdomen distended to a great extent, and the lower extremities anasarcaous. The bowels were regular; urine scanty, sp. gr. 1020, no albumen, chlorides in excess. Tapping was resorted to on 18 Oct and 10.5 pints of fluid drawn off, of an albuminous nature with a sp. gr. of 1010. Temporary relief followed the operation, but it was necessary for it to be repeated on Nov 8<sup>th</sup> when 16.5 pints of fluid were drawn off. Two days thereafter exhausting pains set in, and gradually sinking, he died upon Nov 15; death being apparently caused by asthma. The urine during the last three weeks was very scanty in amount. During the last six weeks the bowels were obstinately constipated. Distressing cough was present during the last weeks.

Section of Cadaver hours after death

General Appearance Body much emaciated. Cellular tissue of trunk and extremities infiltrated with serum and universally glistening on pressure.

Head & Neck Calvarium normal. Pia mater vascular. Abnormal depression on left hemisphere of brain. Commissures of brain generally diffused. Cervical glands enlarged. There was a cyanotic condition of the vessels at the back of the tongue, and around the opening of the larynx, also of the trachea down to the bronchi.

Thorax The pleura pulmonalis adherent to the pleural costalis laterally & posteriorly. Lungs consolidated posteriorly and crepitant from gas developed during decomposition. Cellular tissue of pleural cavity infiltrated with fluid. Glands at the root of the lungs and along the oesophagus enlarged and hardened. Spotted mucus issuing from both lungs on their being cut into. Lung substance softened and congested, but no deposit in it. Heart has an accumulation of fat on its posterior aspect also on the ventricular aspect, and a white spot is observed upon its anterior surface. It is generally empty of coagula.



Fluid of a dark colour found in left ventricle. Tricuspid orifice admits  
Ball No. 12 - Pulmonary artery No. 8 - Mitral orifice No. 10. Aortic orifice  
No. 7. Extreme length of heart 4.6 in. From groove to apex 4.1 in.  
Transversely 3.5 in. Heart's texture dyed with blood owing to decomposition.

Abdomen  
Liver

Liver adherent to diaphragm with its capsule thickened  
from previous inflammation - weight 600 g. It is of small  
size, condensed and of a tuberculated appearance - the vessels  
and parts in the portal fissure are thickened and increased in  
size from fat - the lobules are saturated with bile and  
separated from each other by condensed cellular tissue - A  
lymphatic gland, situate beside the bile duct, is enlarged and  
gives in partake-action with Iodine. Gall bladder is small  
holding little bile, which is inspissated. Kidneys are  
imbedded in fat - of a flabby texture and generally congested  
with their capsules adherent to proper structure, which is very  
friable and has a greasy feel. Spleen has white  
spots on the surface, and dark pigmentation. It is firm  
fleshy hardened enlarged and saturated with blood.

The solitary glands of the small intestine are enlarged  
Peyer's patches are anemic, but there is no ulceration.

The stomach contains some mucus near the pyloric end, which is  
softened and partly digested - the mucous membrane is con-  
gested the blood vessels enlarged - The appendix vermi-  
formis is much elongated. Sclerulous masses are  
found in the colon. The mucous membrane of the  
alimentary canal, throughout, is softened but there is  
no ulceration existing. The testicles were found  
infiltrated with an unhealthy deposit.

Wm. D. Mearns M.D.

Med. Candidate



Regiment.	Regt. Number.	Rank & Name.	Age.	Disease.	Contracted in	Duration of Illness.	Admitted.	Died.	Ward.	Register.	File.
1 <sup>st</sup> Battalion	Number.	Private.	38.	Hemiplegia.	in	of Illness.	June 26 <sup>th</sup>	Nov. 16 <sup>th</sup>	15.	H.	23.
20 <sup>th</sup> Regt.	2567.	John Hutchinson	Years.	(Left side.)	India.	2 1/2 years.	1865.	1865.			

Previous History.

The medical history of this case is very incomplete. It appears from the summary of his history, that Hutchinson was a native of Cambridgeshire, and that he had completed 21 years of service. His height on enlistment was 5 feet 7 1/2 inches. He served for about two years at Home - at Bermuda for three years - In North America for upwards of five years - In the Crimea nearly two years - while his last period of service was in India, whence he was sent to Netley in June of the present year (1865) after having been in the East Indies upwards of seven years. When he arrived at the Royal Victoria Hospital, he was in a very emaciated condition, & had lost the power of motion in the left upper & lower extremities, while he retained the sensibility of both sides of the body. He complained of pain in the left shoulder, hip, knee, & ankle. He had a constant sense of nausea & his bowels were obstinately constipated. Latterly he had large bed-sores, and for some days before his death, he lay quite powerless & semicomatose; his eyes being suffused, and pupils dilated. He was never in a condition to give any account of his illness, and, as above stated, any information afforded by his "Medical History Sheet" was of the most imperfect character. There is no history of syphilis or intemperate habits.

State on arrival  
at R.V.H.

Post-Mortem  
Appearances.

Sectio Cadaveris.      Hours after death.

November 21<sup>st</sup> 1865. 2.30. p.m.

General Appearance.

General Appearance. Great muscular atrophy and emaciation. In several places there are large bed-sores.

On the forehead near the forehead is a considerable cicatrix. No skin affection. (Prof. Maclean mentioned that on his admission he had scorbutic spots which yielded to treatment.)

Head.

Head. Left Calvaria very much discoloured & greatly thickened over two thirds of its extent. (Like the beginning of a hematoma.) The bone is opened, so that it can be easily cut into with a scalpel on its inner surface.

Dura mater. exhibits fibrous looking growth corresponding to the diseased portion of the skull. There is more blood in the part than natural, whilst the right side is anemic. It is very difficult to detach dura mater from the brain especially along posterior commissure. There are numerous small points of attachment between dura mater and arachnoid.



Brain.

Greater vascularity of left than right side of brain. (This however might be owing to the position of the body.)

A good deal of serum at the base, and in the region of the pons and medulla oblongata. Brain substance is soft and easily torn superficially, but in the central portion it is firm.

Brain extremely edematous throughout.

Choroid plexus is in a state of degeneration (granular); and there is considerable varicosity of the veins. Communicating parts are very deficient.

On the right side of the brain, i.e. the anemic side, between the two optic thalamus and the corpus striatum is the remains of what appears to be an apoplectic cavity. The yellow softening is here well seen. The cavity is of the size of a Haslematt nut.

Thorax.

The Lungs. The left lung at its lower & posterior part is in a state of gangrene. (This a common result of cerebral lesions) The rest of the left lung and the right lung is soft and friable.

Heart. Very flabby. a good deal of fat on its surface. The usual white patch of old soldiers is present.

Heart contains fluid blood, and no coagula.

Measurements of Heart.

Length. 5.6 in.: From Groove to apex. 4.7 in.: Transversely, 3.7 in.

Circumference 9 inches: Weight.  $7\frac{1}{2}$  ounces:

Right auriculo-ventricular orifice admits ball No. 12.

Pulmonary artery. " " " No. 9.

Left auriculo-ventricular orifice. " " " No. 11.

Aortic orifice. " " " No. 8.

Abdomen.

Liver. Nodular growths can be felt existing throughout the organ. The liver is of a tawny yellow color and the acini are unnaturally distinct. On the upper & anterior part of the right lobe there is a discolored depression with new material around it. Immediately below this can be detected a hard nodular growth which projects to the other side of the organ. This nodule, and also several smaller ones, on being cut open, display a cheesy like consistence. The whole liver cuts with great toughness.

Spleen. This organ presents a somewhat malarious appearance: but is by no means a well marked specimen of a spleen affected in this manner. The white spot analogous to that found on the heart is seen in this case.

Kidney. Normal.



Intestine. The whole intestine - large + small - is very thin, quite atrophic. Iodine much more than merely dyes the prominent villi, it makes quite a red appearance, indicating amyloid degeneration of the minute blood-vessels. There is an immense accumulation of feces in the intestine. The amyloid degeneration is most intense toward the duodenum (as it always is.). The ramification of the blood-vessels is visible to the naked eye.

Testicles. Healthy.

William Johnston, M.D.  
Medical Candidate.



Regt	Rank and Name	Age	Disease	Admission	Duration	Contracted	Died	Ward
99 <sup>th</sup>	Pt Francis Ward		1. Epilepsy 2. Paralysis	October 14 <sup>th</sup> 1864	year months days 1 11 27	Hongkong	Nov 25 <sup>th</sup> 1865	16

## Previous History

This man enlisted at Sligo on the 26<sup>th</sup> July 1855. He served on home stations for the first three years and a half. There is no history of any disease during that time. His habits are described to have been irregular, indifferent, and intemperate. He was ordered to the East Indies in December 1858 and was on Foreign stations including China during all his service up to his last illness. While in China before his last attack he was in hospital several times, with the following diseases, viz: Orchitis, Febris Intermittens-Herpes- and again Orchitis, which laid him off duty respectively 42, 8, 20 and 12 days. He had enjoyed pretty good health in China up to the 29 of March 1864, when on the evening of that day he was suddenly seized with giddiness and insensibility; this was thought to be due to the excitement caused during the destruction by fire of the hospital and Barracks at Hongkong. On the 7<sup>th</sup> of May 1864 he was again seized with a fit said to be one of genuine Epilepsy. He remained insensible for 30 hours, with considerable tonic spasm of all the voluntary muscles. Although at one time intemperate he had been a strict abstainer from stimulants for months previous to this attack not even taking his ration of porter or rum. When he left for home the surgeon remarks he was much weakened in body as well as in health and had a distaste for physical his nervous system still suffering from the severity of the shock. I can discover no syphilitic or hereditary tendency in his case.

## State on arrival at R.G. Hospital.

This patient was admitted into the Royal Victoria Hospital on the 14<sup>th</sup> of October 1864. The description of his condition at that time is as follows. On admission he was in a very filthy state never having been washed during the entire voyage from China he presented the following symptoms. He had lost voluntary motion of his upper and lower extremities but sensibility remained his bladder was also paralyzed and the urine required to be drawn off. There was no loss of consciousness or cerebral symptoms his urine required to be drawn off twice daily after the 23<sup>rd</sup> of October from that date he improved considerably.



regaining the use of upper and lower extremities so as to enable him to sit up in bed and be driven about in a chair. he also regained power over his bladder.

He kept much the same up to the 21<sup>st</sup> of October only requiring occasional use of the catheter. There was not much change till December when he complained greatly of frontal headache, loss of motion, and rigidity of lower extremities with general debility, and he fell into periodical fits of unconsciousness. he had also incontinence of urine, and is said to have several fits. He continued <sup>in</sup> much the same state for months alternately getting better and worse. Previous to the beginning of October 1865 he for nearly a month refused all nourishment and even kept alive by nutritious enemata. He had been treated from his entrance to hospital by counterirritation at the back of the neck, purgatives, enemata, and antacids, with what nutritious food he could he prevailed on to take which was exceedingly little. From October he remained in a state of apparent unconsciousness another month (except his arms to a very slight extent) speaking of helping himself in any way up to a few days previous to death. Then a sudden change took place he seemed all at once to regain his speech and spoke and answered questions in quite a rational manner. he gradually got weaker much emaciated purging set in and he died on the 25<sup>th</sup> instant. It was very difficult to get a proper account of this case as the man was so helpless and could give no information or assistance in reference to his complaints.

### Sectio Cadaveris

80 hours after death

Brain. External aspect normal except the pia mater which is a little vascular, adhesions of pia mater to the brain substance, cavities of the lateral ventricle somewhat dilated. Corpus callosum softened, commissural parts also softened, crura cerebelli hard on both sides. Curves of the base of the skull was found also. Chest. Discoloured coagula in aorta. texture of the aorta normal oesophagus greatly contracted, enlargement and deposit of black pigment in the glands at the roots of the lungs complete absence of air in the lungs, lung texture tough. Trachea free of congestion, tubercular consolidation of the apex.



of the left lung also of right. Empysematous mass on the anterior aspect of the right and on the inferior and posterior portion of same lung. White spot on the anterior aspect of the heart and on the blood vessels of same. Measurement of heart length 4.5; From groove to apex 3.6; Transversely 2.7; circumference 7.2; left ventricle firmly contracted. Size of the different openings of the heart. Right auricular orifice N° 10, Left auricular orifice N° 8, Pulmonary artery N° 8, Aorta N° 6.

Abdomen

Liver small, peculiarly fissured, and greatly congested. interlobular congestion lobules small

Kidneys - Normal

Spleen. - No particular lesions.

Intestines Ulceration of the colon with diphtheritic exudation and remains of ulcers extending up to the small intestines. Very close approximation to perforation by the ulcer in several places. the ulceration of the colon appears to be connected with the solitary glands texture of the intestines very thin  
Stomach greatly constricted at its pyloric orifice so much so that it is with difficulty that water can be squeezed through in a very small stream. Its texture is thickened and greatly congested especially towards the pylorus. Ulceration of the pylorus with black pigmentation

Lesticles

Soft and granular

James Knox  
Medical Candidate



Regiment	Regimental Number	Rank & Name	Age	Disease	Contracted	Duration of Illness	Admitted	Died	Ward	Register	Folio
2 <sup>d</sup> Foot	73	Drummer Thomas Smith	28 years	Fever of Heart (valvular)		7 days	Nov. 27 1864	Dec. 9 <sup>th</sup> 1865	16	103	23

Previous History

The Medical history of this Case is incomplete. Smith was a Native of Birmingham. Height when enlisted was 5 ft. 8 inches. He served 8  $\frac{1}{2}$  years, at Malta from April 1858 to June 1862. At Gibraltar from June '62 to July '64. at Barbados from July '64 to November 10<sup>th</sup> 1865. While at Gibraltar he was three days in hospital with Malaria - At Barbados for Contracted Primary Syphilis for which he spent 20 days in hospital. After a voyage of 19 days he arrived at Netley Hospital on November 29<sup>th</sup> 1865. His father died of Rheumatism & two of his brothers suffered severely from it. In August 1864. had primary Syphilis, said to be Contagious. Habits temperate.

State on Arrival at R. V. H.

On arriving at Netley, the patient complained of Difficulty of breathing, pain in Chest & weakness. His lips were blue, his eyes dull & surrounded by a dark ring. Pulsation distinctly visible in great vessels of neck. - A loud blowing murmur accompanied both sounds of the heart; best heard between the 3<sup>d</sup> & 4<sup>th</sup> ribs near the sternum. a double murmur was also heard over apex. Cardiac dulness was increased & situated very low, & to the left side - Apex beat between 6<sup>th</sup> & 7<sup>th</sup> ribs & in a direct line below nipple. Ten days after admission dyspnoea became very severe, cough troublesome & pain in Chest increased. on the 6<sup>th</sup> there appeared great irritation of Stomach. & on the 7<sup>th</sup> he spat a good deal of blood. On the 8<sup>th</sup> seemed much relieved. Cough subsided, Stomach less irritable & almost free from pain. but very weak. On the morning of the 9<sup>th</sup> he was moribund - eyes glazed, respiration long drawn & sighing. pulse extremely weak 76 per Minute. two hours afterwards it could not be felt. Stertorous breathing & hiccough ensued & he died at 3.30 p.m.

Post Mortem.  
Appearances.  
General Appearance

Sectio Cadaveris. 287 hours after death. Dec 12<sup>th</sup> 1865

A well made & tolerably muscular man. Not much emaciated. Lower limbs slightly oedematous.

Head.

Brain firm. Choroid plexus congested. on section the Central parts of brain found to be normal.

Lungs.

Pleuritic effusion on both sides of Chest. Pleura red on Costal aspect. Lungs greatly congested posteriorly & irregularly consolidated in some situation. Some lobules filled with air & others showing pneumonic condensation. texture of lungs friable.



Heart.

A large Amount of pericardial Surface exposed on opening Chest. Some ounces of fluid found in pericardium - Apparently a good deal of irritation of heart texture. Bloodvessels on surface enlarged - "White Spot" well marked. probably some fatty degeneration of muscular tissue of heart; a great quantity of fat visible on surface of organ. Measurements of heart - from base to apex 8.5 inches. transverse 5.7 inches. Circumference 15 inches. Right Auricle Anterodistended with dark Coagulated blood. Conus Arteriosus dilated so as to admit ball No 12. Right Auriculo-ventricular orifice admits No 14. Pulmonary Artery admits No 8. Dark Coagula in pulmonary Artery. Purpuric-like extravasation into left Auricle. Dilatation of left ventricle which is filled with dark Coagulated blood. Mitral orifice admits No 12. Aortic orifice No 9. Lining Membrane of Aorta in a corrugated Condition, the disease commencing at Aortic orifice. Semilunar valves laterally normal. Sinuses of Valsalva show signs of commencing Congestion - slightly corrugated.

Cyanotic Condition of vessels of Oesophagus & generally of the vessels around Trachea & the root of tongue.

Liver.

Congested interlobularly, presenting the nutmeg appearance on section texture firm. Apparently no abnormal deposits.

Kidneys

Texture extremely firm. Stellate Congestion of Cortical Surface of organ beneath covering. Extreme Congestion of pyramidal portion. Cortical substance comparatively anemic. No visible reaction with iodine. Both Kidneys similar.

Spleen.

of Normal Size. Some adhesions laterally & anteriorly. Glomeruli very obvious. Possibly Amyloid degeneration exists.

Intestines.

Mucous Membrane intensely congested.

Death appears to have resulted immediately from Congestion & inflammation of lungs.

H. J. Price M.B.  
Medical Candidate.



Regiment	Regimental Number	Rank & Name	Age	Disease & Where contracted	Duration of Illness.	Date of Admission	Date of Death.	Ward	Register	Police
2 <sup>d</sup> /11 <sup>th</sup>	325.	Private James Brining	39.	Phthisis Pulmonum, contracted at Hong-Kong.	6 or 7 months.	7 Nov/65.	9 Dec/65	14	99	8.

Previous history

There was a hereditary taint, two of his brothers having died of Consumption

This man's occupation previous to enlistment was that of a "Silk dresser" but finding it injurious to his health he relinquished it and entered the service in June 1858. He described himself as being one of the strongest men in the Regt at this time weighing <sup>stone</sup> 11-12, and says he so continued till March 1865 when being stationed at Natal, on the 19<sup>th</sup> of that month he got a severe attack of "Sun stroke" and was under treatment in Hospital for five weeks, at the end of that period he was discharged to light duty and in a few days to heavy duty which consisted of Coal heaving and whilst so engaged he got an attack of Haemoptysis which was repeated again and again to as many as eight or nine times, in consequence of which he was sent home. He said that he was much exposed whilst on board ship and that his cough greatly increased. He arrived much exhausted. His habits have not been regular (occasional intemperance). Said he had gonorrhoea once but not syphilis.

Symptoms on being admitted into R.V. Hospital

The following was his condition on admission - Chest well formed. Marked dulness at upper part of right lung with Bronchial and Cavernous breathing and Pectoriloquy. Slight dulness under left clavicle: very troublesome cough, with slight expectoration of a thin consistence streaked with blood. Respiration 22 per minute short & shallow. Voice scarcely audible. Heart action regular but weak. Pulse soft weak 110. Skin soft & hot but no night sweats. He is very much emaciated & anemic. His eyes much sunken & glassy. He sleeps badly, but his spirits are good. He does not complain of thirst, Appetite good, occasionally suffers from diarrhoea.

Symptoms since Admission

For the first few days after admission he seemed to get stronger but this only lasted a short time, notwithstanding supporting diet and stimulants of every description he gradually lost ground. His expectoration became more extensively streaked with blood, diarrhoea more constant, appetite very bad. On 1<sup>st</sup> Decr he was in a dying state, emaciated to the last degree, his stools passed from him involuntarily in bed, his appetite extremely bad, Pulse so small and quick could not be counted. He lingered on, kept alive by Brandy, Port Wine & eggs, till the 9<sup>th</sup> Decr when he died — 12<sup>th</sup> December 1865

Post Mortem appearances

Sectio Cadaveris 80 hours after death.

General Appearance

The body was very much emaciated



Head & Neck.

Brain Anemic Sub-arachnoid effusion on surface of brain with numerous white specks in the arachnoid probably from a deposit of tubercle, general opacity and thickening of the textures on upper aspect of brain easily separable from its surface. Convolution easily unravelled, texture of brain firm no morbid appearances in its centre. Very extensive ulceration in tonsils at upper back part of tongue and in the larynx.

Thorax.

Pneumonia infiltration of left lung with tuberculous deposits in its upper third and more especially at its apex. The right lung is more consolidated with miliary tubercles. There is enlargement of the glands at roots of lungs. Universal adhesion of pleura to both lungs. White spot on anterior aspect of the Heart.

Extreme length of heart 5.6 - From groove to apex 4.1.

Transversely 3.5 - Circumference 9 inches -

Decolorized Coagula in right Cavities of heart  
Right Auriculo Ventricular orifice = 12. Pulmonary artery = 8. Mitral orifice = 10 - Aortic orifice = 7.  
The substance of the heart is very flabby.

Abdomen.

Liver Cirrhotic with commencing contraction, Perihepatitis, enlargement, The cell portion is very fatty.

Kidneys soft and flabby in texture. tunics not easily separable without tearing its substance, Congestion of the pyramidal portion.

Spleen not enlarged texture soft dark in colour glomerula not visible.

Intestines. Great anemia and atrophy of texture. No reaction with Iodine. There are a number of tuberculous ulcers situated both in small and large intestines.

Wm W Watters  
Medical Candidate



Reg <sup>t</sup>	Reg <sup>t</sup> N <sup>o</sup>	Rank & Name	Age	Disease	Contracted	Duration	Admitted	Died	Ward	Regista	Ratio
78 <sup>d</sup>	1269	P <sup>t</sup> James Miller	26	Phthis Pulmon.	Gibraltar	80 Days	Dec <sup>r</sup> 15 <sup>th</sup> 1865	Jan <sup>y</sup> 15 <sup>th</sup> 1866	24	129	52.

Previous History - While bathing at Gibraltar on the 9<sup>th</sup> September 1865, was nearly drowned. His system received a severe shock, and he caught a heavy cold. This with a constitution naturally predisposed to Phthisis, seems to be the foundation of the disease.

State on arrival - When admitted into Nelson Hospital, he was a spare looking man. 6 feet high, greatly emaciated, with a sharp hacking cough. Thin blue lips, coarse hands, with arduous nails. A white & hectic flush suffused his cheeks.

During his illness the symptoms progressed day by day. The cough became harsh and more hacking. Emaciation increased. Great dyspnoea set in, and his face was deeply congested. There was dulness under both clavicles, and immense crepitation over the entire surface of both lungs.

The immediate cause of death, was a severe attack of Pleuritis, which set in, on the left side on the 9<sup>th</sup> of January.

### Sectio Cadaveris

Head. Congestion of Pia Mater, and opacity of the arachnoid. Cerebral plasma congested. Texture of the Brain firm, and otherwise healthy.

Chest Extensive adhesions on left side. Partial adhesions on the left side towards apex. Left Pleura intensely congested, and right Pleura also congested towards apex and posterior part. Consolidation of both lungs, posteriorly and especially towards the right. Bronchial Glands enlarged, and general congestion of the mediastinal vessels. Decolorized coagulated blood in the aorta.

Some atelectasis of the Larynx on the left side.

Lungs infiltrated with miliary tubercles. Small cavity towards apex of right lung. Left lung in a similar condition but earlier more advanced.

Reparation of the texture of the Lungs between the tubercular deposits.

Heart, earlier especially on the right side distended with blood, practically decolorized and coagulated. Coronary Vessels congested.

Extreme Length of Heart - 6.6 in. Groove to Apex 4.7. Transversely 4.4

Circumference 11. Right Atriculo-Ventricular Orifice - 12. Pulmonary artery com.

lari: decolorized blood and = 10 - I.A.V.O. - 11 - Aortic Orifice = 9.

Valves of Heart normal and otherwise its structure healthy.

Abdomen Liver tough 4lb 29. Acini distinct and congested. Interlobular congestion. No deposits or specific lesions.

Spleen, some miliary in its parenchyma. Soft in texture. Otherwise normal.

Kidneys, soft in texture. superficial congestion, below the capsule. mainly



Intestines

affecting the pyramidal portion.

Subserous: large subserous atrophied very much - adhesion of the fovea in some parts, with prominence of the follicles. Solitary ulceration towards duodenum. Intestinal ulceration at the cecum and destruction of Peyer's patches. Solitary ulceration of the small subserous. Atrophy of Peyer's patches with small solitary ulcers in their substance.

Intestinal tubercular ulceration occupying nearly the whole calibre of the gut in the I leum, and a little definite on the peritoneal aspect of the gut. Great atrophy of the subserous generally, with irregular congestion. Numerous small solitary ulcers scattered through ileum.

Jejunum comparatively healthy.

Stomach unaltered, and the mucous membrane congested with slight extravasation.

Henry B. Duross  
Medical Candidate



Regt	Reg Co	Rank & Name	Age	Disease	Contract	Duration	Disch	Read	Ward	Rept	File
82	1579	McJannet	25	Heart	1865	14/1/65	14/1/66	27	133	35	

History.

It appears from the Medical History Sheet, which gives very little information, that the deceased enjoyed good health up to Aug 4/65 when he was attacked by continued fever, complicated with Rheumatic & Cardiac pains, & Endocarditis, a pronouncedortic bruit resulting from the disease.

On admission

I could obtain no accurate account from the deceased himself. On admission into A.H.H. Dec 4/65, he presented an emaciated appearance & was suffering from far advanced Heart disease.

There was a loud systolic bruit best heard over base of heart, & in the course of the large vessels. Dyspnoea, increased by a harassing cough, causing increased attacks of dyspnoea, also puffiness of face & edema of ankles.

The heart sounds heard over the greater part of the chest were very tumultuous & intermittent, the bruit of a loud whistling character. It could be distinctly heard in the course of the large vessels up to the axillae. On placing the hand over the chest, a distinct thrill was communicated. Pulse quick, jerky, assiduous, falling steadily. He made slight improvement in prostration, until about 4 days before his death, from which time he has been gradually sinking, although stimulated & bled.

Signed - J.W. A. MacKinnon.

Post Mortem 96 hours after death.

P. M.

Old Jan 4 1866.

Spots like Syphilis on skull cap.

Brain normal, fluid in lateral ventricles.

Throat. Large amount of serum in both cavities, no adhesions.

Lungs. Congested posteriorly, & slight foci of lymph.

lining membrane of Lungs normal.

Congestion & softening with enlargement of glands at root of lung.

Some congestion of mucous membrane of trachea. Congestion of lung substance, absence of fibrinous deposit, texture normal. Beyond congestion.

Heart. Some adhesion of right lung to Pericardium, otherwise free. Adhesion of heart (towards apex) to Pericardium. White spot covered with lymph. Considerable amount of fatty degeneration in substance of heart - Noted in Sept 6.5. From groove to apex 5.2 Transversely 5.6 (broader than long). Circumference 12.7 Remains of Pericardiac ligament round root of great vessels.



+ towards apex of heart. Remains of a left hydatid?  
 Apex mainly formed of left Ventricle. Decoloured coagula  
 in right side. Partially decoloured coagula in left cavity.  
 Dilatation of left Ventricle with Hypertrophy of columnae  
 carneae.

Auricular ventricular orifice admits no 13.

Forams artiosus - 11

Pulmonary Artery 9.

great disproportion between Pulm. Artery & Ventricle, commencing  
 dilatation of right side, as well as of left.

Atrial orifice admits no 6 - greatly constricted, endothelium  
 in consistence

Aorta admits no 8.

Adhesions between back of Aorta & Pericardium. Incompetency  
 of aortic valves; with cauliflower excrescences from leaflets &  
 mitral valves, rough with lymph. (Cases in which Pulmonary  
 occurs.) Here softening & thinning of membrane of aorta.

Farticular thickening of mitral valves, towards apex &  
 attachment of cordae tendineae.

Spleen large. 17 1/2 oz. Embolic clot (from mitral valve) 1 1/2  
 in diam., due to deposit of lymph from leaflets of mitral  
 valve accumulated for six months.

Kidney striate congestion, tissue adherent, congestion of striate  
 chiefly in cortical portion. Loss of substance visible in both  
 cicatricial like deposits, signs of contraction.

Liver 5 lbs 3 oz, texture flabby, soft, much congested. Black  
 pigment on section (points to malaria)

Intestines no particular lesions in large, some enlargement  
 of follicles at its connection with valve. Peyer's patches  
 reticulated. Traces of atrophy. Congestion of ileum.

No ulceration or thickening. Irregular congestion of small  
 intestine in different parts.

J. W. M. M. M. M. M.



Regt	Regt No	Rank and Name	Age	Disease	Contracted	Duration	Admitted	Died	Ward	Registrar	Folio
2 <sup>nd</sup> Lt	1139	P <sup>te</sup> McMillan Wright	28	Diarrhoea	Hong Kong	7/12 yrs	Feb 23 <sup>rd</sup> 1866	March 5 <sup>th</sup> 1866	15	135	2124, 15, 21-

## Previous History -

He had served six years and one month, nearly the entire abroad viz four years at the Cape of Good Hope and five months in China, always experienced good health until he was sent to China, where he was attacked with Dysentery and Remittent Fever the latter was not very severe, but the former progressed from bad to worse till he had to be hospitalised home - on the voyage became better but towards the end of it, was attacked with severe Diarrhoea which rapidly reduced his strength - He was landed in almost a dying condition, was admitted into Kelly Hospital Feb 23<sup>rd</sup> 1866 - he hereditary <sup>his father's</sup> disease, - no history of Syphilis -

State on Arrival  
at R.V.H. Nelly

He presented a weak and emaciated appearance, complained of restlessness at night, and of profuse Diarrhoea - These symptoms increased in spite of treatment - (with sedatives, astringents, also nourishment and stimulants in every shape) - He improved slightly towards the middle of the month but immediately after this he grew rapidly worse and from this till the day of his death never properly rallied but slowly sank from Cachexia consequent on the exhausting nature of the disease - On the evening of the 1<sup>st</sup> March His right hand and arm became suddenly swollen, and he complained of there being present some amount of loss of sensation, the limb felt colder to him and he complained of slight pain on the inner side of the arm passing up to the Axilla (right) The swelling was white and glazed in appearance and pitted on pressure, it increased daily in amount; at the same time he began to loose power over the Sphincter Ani Uracae and passed his stools in the bed, his voice became feeble and indistinct countenance pinched and anxious - Breathing laboured with a small quick pulse. He died completely worn out on the morning of the 5<sup>th</sup> March 66 four days after the swelling of the Right extremity - was conscious to the last -

## Sectio Cadaveris

38 Hours after Death

## General Remarks

The Body was greatly emaciated with oedema of right Upper and slight oedema of left Lower Extremities -

## Head -

Membranes healthy - Brain substance firm, somewhat Anemic,

## Thorax -

Pharynx Larynx and Trachea healthy in Lungs - The Pleura of both sides were adherent <sup>(posteriorly)</sup> especially left with a large amount of clear looking serum in the cavity of each Pleura, The Lungs were Emphysematous - no tuberculous deposit present -



Heart - Texture somewhat flabby - weight  $7\frac{1}{2}$  ounces - There was a partly decolorized Coagulum of the left Ventricle another of smaller size in the right Ventricle, In the latter there was an irregular shaped excrescence attached to one of the Cornu Columnae - Valves normal, Measurements of Heart - From Groove to Apex 4.6 Inches - Extreme Length 5.7 - Transverse 3.6 Circumference 9.3 Inches

Right Auriculo-Ventricular Orifice admits Ball N<sup>o</sup> 12

Left Auriculo-Ventricular Orifice admits Ball N<sup>o</sup> 10

Pulmonary Artery - " " Ball N<sup>o</sup> 9

Aorta - " " Ball N<sup>o</sup> 8

There was a small amount of Serum in the cavity of the Pericardium

### Abdomen

A Large amount of Clear colored Fluid in Peritoneal Cavity - Liver - Small - Weight  $2\frac{3}{4}$  Ounces well defined, Fatty Degeneration No reaction with Iodine.

Spleen - Small, Weight  $5\frac{1}{4}$  ounces, of a dark blue color externally and lobulated at one end, Structure firm on Section, the cut surface was of a deep black owing to deposition of Pigment.

Kidneys - Size normal, Capsule easily separable, slight Fatty Degeneration in both Kidneys, No reaction with Iodine, In the Pelvis of the right Kidney there was a small Calculus about the size of a Pea

Intestines - Small - Atrophic condition generally, more especially of the glandular structure

Large - Lower part of large intestine studded with Ulcers of an irregular form, the general appearance of the gut at this part was dark and gangrenous owing to the presence of a large quantity of pigmentary matter, Three or four congested patches existed higher up in the Transverse Colon

### Right Upper Extremity

I made a careful Dissection of the Right Upper Extremity especially the Veins and Arteries - I found a small and partly decolorized Clot at the Junction of the Cephalic and Axillary Veins on continuing my investigation further I found in addition a large firm Coagulum also partly decolorized occupying the termination of the Right Subclavian Vein and the greater portion of the Right Vein Trunk. The Right Internal Jugular was free from any clot

These Circumstances fully account for the Edema of the Limb which occurred before death

Edw. L. Clarke

Passed Medical Candidate



Ref.	N <sup>o</sup> .	Rank & Name.	Age	Disease	Where Contracted	Duration of Disease	Admitted	Died	Ward Division	Reg <sup>t</sup>	Folio.
84 <sup>th</sup>	1035.	Pte. Edw <sup>d</sup> Caffrey	26	Pth. Pulm	Malta.	202 Days	Sept 9 <sup>th</sup> <sup>Malta.</sup> R.V.H. 18/4/68	20 <sup>th</sup> March	25 <sup>th</sup> Med <sup>l</sup> Div <sup>n</sup>	130	63.

**Previous History** Had served nearly 5 years service of which only one (the last) had been passed abroad at Malta. His previous diseases had been Syphilis 3 admissions Rheumat 1 ad<sup>n</sup> Lymphitis 1 admission. & Feb. C.C. admission. He contracted Pth. Pulmonalis at Malta & was invalided for it. —

**State on arrival at R.V.H. Hettley** A weak pale wasted man with a hectic look anemic & emaciated. Both lungs affected with tubercle in various stages. suffered from continual cough with sanguineous sputa: there was flattening & dulness under the clavicles & symptoms of a cavity near the apex of the left lung. — Appetite & digestion bad & capricious. the treatment pursued was that usual in such cases: the object being merely to palliate the patient's sufferings & sustain his strength as long as possible. About a fortnight after his admission he suffered a severe attack of Haemoptysis which recurred at intervals afterwards during his illness weakening him considerably though he expressed himself relieved by it. — At the beginning of January he felt much better. & stated that he was growing stronger the the emaciation visibly progressed. — On the 14<sup>th</sup> January he had an attack of diarrhoea for the first time which was easily checked by opiates. He suffered occasionally from Dyspeptic symptoms relieved by stomachics. with nutritive & easily digested diet. Toward the beginning of March he became rapidly weaker & more emaciated & the dyspnoea at times became alarming. On the 19<sup>th</sup> he sank rapidly & expired about ten A.M. on the morning of the 20<sup>th</sup> March. The immediate cause of death was Apnoea. the patient was exhausted & worn out by disease

### Lectio Cadaveris.

50 hours after death. Body much emaciated. The Bronchial glands were much enlarged. The mucous membrane of the trachea much congested. The whole of the right lung & the upper part of the left were thickly studded with tubercular deposit in various stages of softening. In the left lung there were numerous vomica small & principally at the apex of the lung. The right lung was much in the same state with large vomica & no healthy portion.

There were extensive pleuritic adhesions in both sides of chest both old & recent. The lungs weighed  $\text{lbj. 3xx}$ .

The heart weighed  $3\text{viij}$  & was flabby. there were 3ij of fluid in the pericardium. Valves & orifices of the heart healthy. it contained some clots of decolorised blood.



The liver was healthy & weighed 410

The spleen healthy weight 310

The lungs tolerably healthy in appearance. The capsule adherent. The gall bladder was distended with bile.

The Intestines both small & large were inflamed & congested, in some spots the small intestines especially the jejunum were ulcerated & a good deal of lymph was thrown out in some parts of the peritoneum. The omentum was much congested.

J. H. H. H.  
Staff Surgeon

Regt	Regt No	Rank & Name	Age	Disease	where contracted	Duration of Disease	Admitted	Died	Ward	Regt	Yd
R.A.	690.	James Thomas Jennings	38.	Diarrhoea	Jamaica	43 Days.	Feb 12 <sup>th</sup> /66	March 27 <sup>th</sup> /66	24 Med. Ward	139.	18.

Previous History

Invalided from Jamaica for Asthenia the result of Fever, Diarrhoea, repeated attacks of Rheumatism & Dyspepsia. All of his seven years service had been passed at home except 3 years spent in the West Indies. His previous admissions were for Febris Remittens, Lumbago & Rheumatism. The treatment previous to admission is described as that usually employed. Latterly tonics & good diet —

State on

arrival at R.V. Hosp. Ketting

Greatly emaciated suffering from Diarrhoea & from Haemorrhoids, but the extreme debility is the most alarming symptom. He is unable to digest any but the simplest & mildest food & is kept alive indeed by the use of stimulants. He was scarcely able at this time to take the food necessary to support life; a week after his admission he complained for the first time of pain in the hypochondrium, but only slight enlargement of the liver was discovered on examination. The Diarrhoea & Haemorrhoids began to trouble him less. On the 26<sup>th</sup> Feb. he complained of severe pain in the right hypochondrium, which was somewhat relieved by counter-irritation. On the day following he felt stronger & the diarrhoea was much less. On March 1<sup>st</sup> he seemed worse & the diarrhoea returned with increased severity & the abdomen became tympanitic. His food was observed to pass away undigested. From this time the diarrhoea continued, being little affected by the medicines administered. He almost lived upon stimulants, food passing from the bowels undigested & he grew weaker & weaker. Towards the end stools passed involuntarily. He died quite exhausted & worn out on the 27<sup>th</sup> March.



Examination of the body 36 hours after death. - body extremely emaciated & cyanotic. Lungs healthy, but there were some old adhesions between the costal & pulmonary pleura especially in the right side of the chest.

Spleen healthy, weighing 3iv.

Kidneys healthy, weighing each 3iv.

Liver, enormously distended containing an immense abscess in the right lobe in which were several pints of purulent fluid, every other viscus in the abdomen being displaced by the great size of the liver. - There was but very trifling enlargement of the liver discovered when he was examined, tho the examination was not a very searching one as the patient was almost in a moribund state when admitted.

Intestines. The large intestines were healthy throughout, the small intestines had two or three small patches of congestion & inflammation, but no ulceration or abrasion of surface was discovered.

J. H. North  
M.D. 1841



Regt.	Regt. No.	Rank & Name.	Age.	Where contracted. Disease.	Total duration of illness.	Date of last admission.	Date of Death.	Head.	Regt. No.
54 <sup>th</sup>	874.	Pirate Harry Franks	27	Chronic Dysentery: on board ship.	6 weeks	28 <sup>th</sup> March/66	April 2 <sup>nd</sup> 1866	27	13 21

Previous  
History.

An Englishman, from Somersetshire, has served in Ireland from November 1850 to July 1860, also in India from Nov<sup>r</sup> 1860 to December 1865. Total number of years completed  $7\frac{1}{2}$ .

He has suffered from Febris intermittens 4 times, from Febris Maligna twice, from Splenic fever once, from dysentery once, from primary Syphilis twice, from secondary Syphilis ~~once~~. Also from diarrhoea, dysentery, and fistula in ano, his last illness being an attack of intermittent Fever, and diarrhoea on board the "Pepalgar", during his voyage home. His conduct is marked "Good" and his habits "temperate".

State on Arrival  
at R.V.H.

Admitted to Netley Hospital on the 28<sup>th</sup> of March 1866 suffering from Chronic Dysentery. I did not see him till the 2<sup>nd</sup> of April his state then was one of extreme prostration and symptoms were almost constant motions of his bowels composed of thin mucous with small black masses intermixed. Tympanites in the abdomen, with forced chest. Enlargement & tenderness on right side perhaps indicating Abscess in the Liver. Pulse 106 intermittent and compressible. Digestive system completely impaired, no appetite, tongue dry and parched. Nervous system was slightly engaged, he being stupid & heavy, & not wishing to say anything. Respiratory system not affected. From this until the time of his death (Sunday Morning at 4 to 5) the symptoms were pretty much the same; he visibly became weaker and finally died insensible but quietly.

(Signed) (Lewis Edward Cades Esq.) M.C.

Med. Offr. in charge

## Lectio Cadaveris. 101 hours after death.

## General Appearance.

General Appearance. Height: 6 ft. 10 in. Body emaciated, height 5 ft 7 inches. Girth 30 inches.

## Head.

Slight Congestion of the Pia Mater. Some fluid in the Lateral Ventricles. The texture of the Brain firm, and generally normal, no deposit apparently. Slight commencing dissection of Cranial Bones, consisting of increased porosity of the inner table, and slight osseous deposit (increased) in those parts corresponding to the ossific centres. The bone was also congested at these spots, corresponding to the increased thickness of the bone.



## Thorax.

Enlarged lymphatic glands in the Anterior Mediastinum. On the left side slight adhesion of the Pleura. On the right side more extensive adhesions, also adhesion of base of right lung to the Diaphragm, with considerable thickening of the Diaphragm at this point. Lungs. Evidence of a cicatrix at the apex of right lung with more or less condensation of lung substance. The lung presented the condition of grey hepatization as in Pneumonia. The left lung healthy. Trachea. The mucous membrane slightly congested but no ulceration. Some purulent discharge from the right Lung. Heart. Small, the surface loaded with fat, with white effusion on its Anterior aspect. Measurements.

Extreme length 4.4 inch From groove to Apex. 3.6 inches  
Transverse 3.6 inches Circumference 8.7 inches

A partial decolorized clot in the right cavity. The Left Ventricle contracted, empty of fluid blood but containing coagula extending into the Aorta.

The Auriculo Ventricular Orifice admitted ball No: 11

The Pulmonary Orifice " " No: 8

The Mitral Orifice " " No: 9.

The Aortic Orifice " " No: 8.

In the Aorta beneath the lining membrane a deposit either of Atheroma or other deposit.

## Abdomen

Some Fluid in abdomen. Intestines anemic. Stomach some evidence of extravasation of blood underneath the mucous membrane. The blood vessels have undergone Amyloid Degeneration. The Intestines anemic, blood vessels contracted, evidence of previous ulceration of the gut. A diptheritic like membrane extended on the surface of the mucous membrane of the Small Intestine. The Jejunum was very transparent; anemic and amyloid. with scarcely an Sclerotic Villus on its surface. In the Large Intestine evidence of old Cicatrices and actual ulceration present; all the ulcerated patches being circular isolated & connected with a solitary branch. Amyloid Degeneration present in the blood vessels.

## Liver

Enlarged contracted, enlarged as to its right lobe, & extending into the region of the Lung. On cutting into it, it was fatty. with retained Bile, also undergoing Amyloid Degeneration, as shown by the action of Iodine. In certain parts thick condensed & marks of cicatrices externally, there was found a softened condition. Some nodules were also found apparently Syphilitic as to their origin.

## Spleen

Enlarged. Firm. Its texture dark coloured and irregularly so. On cutting into it there were seen tags



grain like bodies corresponding to the Melpomycin capsules  
These bodies were amyloid in character.

Kidney.

Somewhat anemic in character, firm to the touch. The  
Cortical substance pale, but on the application of Iodine Wood  
vessels made their appearance showing their amyloid  
nature, but not so much amyloid degeneration present  
as in the Spleen and Liver.

Testicle.

Testicles was some what amyloid in character.

H. H. L. James M. D.

Medical Candidate.



Regiment	Rank & Name	Age	Disease.	Contracted	Duration of Illness.	Date of Admission	Date of Death	Ward	Register	Folio
20 <sup>th</sup> Hussars	4107 W. J. Fulmerston	28	Phthisis.				16/4/66			

## Previous History

This man died on his way home viz on 16/4/66. and his body was brought into the Hospital; of his previous history nothing is known, no abstract or detailed Medical history being furnished.  
His height was 5' 9". Weight 5' 5". Girth 31 inches.

Lectio Cadaveris 19<sup>th</sup> April. 1866.

## Head.

On opening the head there were signs of prolonged vascular action in the membranes of the Brain, also in that part of the Dura Mater opposed to the inner table it would constitute in pathological language Hematoma of the Dura Mater. There was also generally some sub-arachnoid effusion. The Brain as to texture firm, with no compression of its substance; but a congested state of the Pia Mater.

## Thorax.

The lungs on removal did not collapse, intense adhesions between the two layers of Pleura on the right side, also great narrowing of the thoracic cavity especially towards its apex. The Pleura much thickened on the right side. Consolidation of both lungs especially on the right side. Cavities at base of the right lung with yellow tuberculous deposit, another cavity with tubercle across it thus showing a tendency to contract, also tubercle in all stages. In the left lung much miliary tubercle, with considerable inflammation of the lung substance adhesions of lung to pericardium. Some ulceration on the posterior aspect of the Trachea, above of the Larynx, in a line with the Vocal Cords. Heart: On its anterior aspect a white spot, caused by the pushing forwards of the heart.

Extreme Length of the Heart. 5.5 inches

" " from groove to apex. 3.9 inches

Transverse Length 3.8 inches.

Circumference. 10.5 inches

In the right side of the Heart there were dark coloured coagula. And perfectly de-coloured coagula in Pulmonary Artery. In the Left Ventricle de-coloured and dark coloured coagula

The Right Auricular Ventricle orifice admitted ball no. 12.

The orifice of the Pulmonary Artery " " " 9.

The Left Ventricle orifice " " " 10.

The Aortic orifice " " " 8

The relative size being consequently nearly normal. Some ulceration of the Trachea with loss of substance



## Abdomen.

The Liver externally showed signs of intra-lobular congestion otherwise normal in character.

The Spleen, normal in appearance no evidence of malarious action but on cutting into it, the Malpighian folliculi were found to be much enlarged.

The Kidneys were fatty in the Pelvis, the capsule adherent, with congestion of the cortical substance. otherwise the kidney was anemic. The cortical substance of the kidney swollen.

Slight enlargement of the Prehepatic glands

In the Intestine (Colon) tuberculous ulcers were found some going on to softening, others contracting, on the peritoneal aspect of the gut a similar condition was to be seen.

In the Jejunum, a chylorrhoeic exudation, ulceration of Peyer's Patches. In the Stomach glands of the intestine a milky deposit was to be seen. In the great gut were to be seen large masses of ulceration both externally and internally, which would eventually have gone on to ulceration. In the Minor Peyer's Patches were almost gone, and on the peritoneal aspect considerable tubercular deposit.

The Cause of Death seems to have been rapid inflammation of the Lungs.

Henry Northrop & James. M.D.  
Medical Candidate.

Regt.	Regt. No.	Rank & Name	Age	Disease	Where Contracted	Duration of Disease	Admitted
2 <sup>nd</sup> Maine	477	Private John Donahoe	39	Tuberculosis pulmonalis	India	4 yrs	20 <sup>th</sup> April 1866

To folio 316



Rank & Name	Age	Disease
Dr. Patrick Doling	29	Phthisis

Date of death
8th May 1886

### Sectio Cadaveris 8th May 1886.

Some general oedema. Clear fluid in cavity of peritoneum. General anæmia of intestine. A considerable amount of clear fluid at base of brain, considerable subarachnoid effusion, choroid plexus congested. Contents of brain & textures generally normal. Extensive adhesions on both sides of chest. Lungs not collapsing owing to these adhesions. Slight enlargement of mesenteric glands. Marks of ribs on lungs, great consolidation of lungs. Texture of aorta dyed with blood. Enlargement of glands at root of lungs. Obstruction of larynx on inferior vocal cords on both sides. Slight ulceration on anterior part of trachea. Section exposed small cavities. Tubercle softening & pneumonia in both lungs. Extensive consolidation. Adhesion on whole pericardium. Fluid in cavity. Well marked opaque spot on anterior aspect of heart. Specular malformation of heart, i.e. a tripod condition of apex. Extreme length of heart. Right apex 8.4 inches. Left apex 5.8 inches. From groove to right apex 3.2 inches. Transversely 3.8. Circumference 10 inches. Heart flabby. Decomposition advancing. Blood dark & semi-congelated. Right A.V. valve admits ball no. 12. P.A. no. 9. Mitral valve no. 10. Aorta 8. Mitral valve much enlarged & comparatively small aortic. Valves normal.

Has been extensive hepatitis at one period indicated by adhesions to the diaphragm. Congestion of liver in some parts. A cyst in some parts & congestion. On section presents nutmeg characters partly round a cyst and partly within them. No reaction with iodine.

Malpighian corpuscles of spleen enlarged. Spleen itself enlarged and adherent throughout and very oedematous.

Kidneys large swollen & irregular in contour. Cortical substance enlarged. General appearance congested. Congestion chiefly at junction of pyramids with cortical portion. Some reaction with iodine.

Kidney not easily separated from its capsule. Congestion on surface of kidney & evidence of granular degeneration. Evidently great congestion



of kidney swelling of enteral substance.

Intestine is thin and gives no reaction with iodine beyond drying time. Large ulceration near ileo colic valve and seemingly tubercular. Considerable congestion of colon near sigmoid flexure, and considerable congestion further down. No other lesion on intestines.

R. H. Macpherson

M. Candidate.

Post Mortem. held May 17<sup>th</sup> 1866-

Regiment	Rank & Name	Age	Disease	Contracted	Duration of Illness	Date of Death	Place	Regist	File
1157	Private Smullynes					May 16 <sup>th</sup> 1866			

Head

Chest

Membranes of brain anemic, Brain itself waxey & anemic, otherwise normal.

Lungs elastic & sub quiet, normal. No deposit.

Aorta thickening of the coats, loss of substance, mottled patches on its inner surface, and an atheromatous deposit.

Trachea contained a quantity of mucus no disease of its mucous membrane.

Heart. Purplish condition of its texture. Not normal. Measurement. Extreme length 5 1/4 inches - from groove to apex 4 1/2 inches. Transversely 2 5/8 inches and its circumference 11 inches - Its texture was anemic.



Continued

in condition generally. its walls were thinned and it contained no Coagula. Valves were found normal—

Measurement of orifices =

Right Auricular Ventricular orifice, admit Ball No 11  
 The foramen Arteriosum — No 10  
 Pulmonary Artery — No 9  
 this is large in proportion Mitrab Orificel — No 11  
 Aorta — No 8

Lengthness of lining Membrane of Aorta towards the Sinus of Valsalva — thickening of lapses of its Valves.

Abdomen.

Liver is extremely anemic, looks as if pigmented. its cut surface gives no reaction with Iodine.

Spleen shows evidence of great adhesions, appears to have been at sometime, much larger than it is at present, shows abundance of pigmentation.

Kidneys are both very anemic, their cut surface gives no reaction with Iodine.

Intestines are very thin and anemic generally.

Colon has no evidence of ulceration gives no reaction with Iodine.

Small Intestines are discolored with Bile appear also very anemic, they give no reaction with Iodine.

Thomas Cody  
 Medical Candidate.

Post Mortem held May 17th 1866

Regiment	Regimental No	Name & Name	Age	Disease	Contracted	Duration of Illness	Date of Death	Place of Death	Referral	Notes
77th Regt	392	Pt Patrick McLean					18th May 1866			

Head & Chest

Considerable congestion of the Membranes of Brain and Choroidplex. Brain substance normal.

Pleura thickened marked by the ribs. Condensation of both lungs, Catarrhical marks in lungs and milary tubercles, diffused through their substance. Detached cavities in base of both lungs those in the left being the smallest. Internal texture of lungs in a state of subacute inflammation and friable. Adhesion of mucous membrane around opening to lymphatic subserous plexus of glands, at the cost of lung no reaction with Iodine. Redness of



Heart.

of trachea towards bifurcation, extending into both lungs and adherence of the lungs to the Pericardium.

Specimen on the Anterior aspect of Right Ventricle.

Measurement shows inches  
 Extreme length 6.4      Gross to apex 4.8  
 Transverse 3.8      Circumference 10.2

discoloured coagula in both ventricles passing into the pulmonary artery and aorta

Right Auricular Ventricle opening = No 13 Ball

Common Arteries of pulmonary art. = No 10 Ball

Pulmonary Artery = No 9

Infundibular orifice = No 11 Aorta No 8.

Liver

Evidence of former localized adhesion to the Ventricle of  
 Abdomen section of the liver indicates fatty degeneration  
 with congestion of Portal vessels.

Spleen

Soft, Glomerula enlarged no visible reaction with Iodine

Kidneys

Congested, capsule abnormally adherent, softening  
 and increase of cortical portion,

Intestines

Evidence of irritation around solitary glands.  
 Slight congestion. no reaction with Iodine tuberculous  
 ulceration of Peyer Patches, solitary tubercles in Peyer  
 patches.

James McCutcheon, M.D.  
 Med. Candidate =



Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Hard	Register	Folio
Battery C 3 <sup>rd</sup> R.N.A.	Gunner John Burns	30½	Anemia (Sec Syphilis)	14/5/66	14/5/66	-	Nyne Sal	17	-	-

History

This Patient was invalided on account of Secondary Syphilis, for which he has frequently been under treatment, principally for suppurative sores on the face and back; also for a painful swelling of the right knee-joint and general pains in the bones his constitution being saturated with the syphilitic poison and his health much impaired; disease has been aggravated by climate but not by misconduct or intemperance; it appears that he got much worse on his passage home, for he was admitted into the R.V. Hospital about 7½ past 7 o'clock in a very exhausted and anemic state, and died at 12 o'clock.

Sectio Cadaveris 4 days after death.Brain

Brain anemic; choroid plexus anemic; fluid in ventricles.

Tonsils

Tonsils, ulceration of hardening and induration.

Trachea

Trachea, no special lesion of.

Lungs

Lungs, an isolated growth somewhat similar to tubercle, cheesy and due to syphilis, no other lesion beyond softening.

Heart

Heart, large and flabby, purpuric extravasation of blood in its coats.

Length extreme 6.3

From base to apex 4.4

Transversely 4.3

Circumference 10

Cavities empty.

Tricuspid orifice 13

Pulmonary 10

Mitral 11

Aortic 8

Valves normal.

Aorta

Aorta, loss of substance and growths.

Liver

Liver, marks of adhesion to Diaphragm; dark pigmentation throughout no reaction with Iodine.

Spleen

Spleen, malarious, no great enlargement, no adhesions, no mephitic corpuscles visible, no reaction with Iodine.

Kidneys

Kidneys, large, capsules adherent, right softened, cortical substance relatively increased, reaction with Iodine, congestion at line of separation between the cortical and pyramidal portions; in the left kidney there was no reaction with Iodine.

Intestines

Intestines, anemia and atrophy to an extreme degree especially in small, no ulceration; in the colon there was marks of old ulceration, and black pigmentation, no reaction with Iodine.

Death

Death due to failure of the Heart's action and collapse of Lungs.

Thomas Hobnsted. M.C.







Regt.	Rank & Name.	Age.	Disease.	Admitted.	Disch.	Duration.	Contracted.	Ward.	Register.	Folio.
36 <sup>th</sup>	Corporal Samuel Weston	20 $\frac{3}{4}$	Plethoric Pulmon.	May 14 <sup>th</sup> 1885.	May 15 <sup>th</sup> 1885.	—	Shahjehanpore.	16	16	

History.

This Patient was first taken ill at Shahjehanpore in April 1885 with Fever, accompanied by a good deal of gastric irritation on the subsidence of which the chest symptoms appeared, the head/mentally, upon several occasions, suffered from Bronchitis & dyspnoea. The apices of both lungs became affected with evidence of them being granulations in the apex of the right lung. He lost considerably in flesh & was at length invalided home. He arrived at Netley Hospital on May 14<sup>th</sup> in a dying state & died quietly on the morning of the 15<sup>th</sup>.

Sectio Cadaveris, 3 days after death.Brain.

Brain normal, slight congestion of the pia mater present.

Lungs.

General consolidation of both lungs, surface covered with milium tubercle, a cavity commencing in apex of right lung.

Trachea.

Trachea congested & some appearance of ulceration on the posterior part of its inner coat membrane.

Heart.

Length, Extremes-----4.4 Inches.

from base to apex---3.4 " "

transversely---3.4 " "

Circumference-----8 " "

Dark coloured coagula in all the cavities.

Tricuspid triplex admissa R° 11.

Pulmonary artery-----8.

Mitral orifice-----9.

Aorta-----7.

Valves normal.

Liver.

Liver in a state of chronic fatty degeneration, some congestion between the lobules. No reaction with Iodine.

Spleen.

Spleen small, no glomeruli visible, no softening.

Kidneys.

Kidneys small, cortical substance comparatively large, pyramidal substance congested, a scrofulous like growth in right (R) kidney, going on for some time.

Intestines.

Rectum & colon in a state of intense ulceration, becoming extreme at the junction of the great & small intestines. Peyer's patches ulcerated throughout. Remains of tubercles deposit visible on the peritoneal aspect of the intestines.

Death.

Death due to failure of the heart's action.

Wellington Perry Med. Candidate.







Kidneys  
Testicle  
Spleen  
Colon  
Small Intestines

Continued —

Capsule not separable without tearing Cortical substance

Irregular swollen condition of Cortical substance

No growths in Testicle —

Substance of spleen soft. Malpighian bodies not visible

Ulceration throughout the Colon. Dark pigmentation

Small Intestines Congested. Plicae adherent to Mucous

Membrane. No reaction with Iodine —

— Cause of death. Syphilitic Cachexia —

W. F. Blumett.

Med. Candidate



Regt No	Regt No	Rank Name	Age	Disease	Where Contracted	Duration (Years)	Admitted R. V. H.	Died	Ward
	477	Pirate John Conshoe	39	Phthisis pulmonalis	India	4 Years	20 <sup>th</sup> April 1866	24 <sup>th</sup> April '66	1518 Medical division

Previous  
history

Has had 23 years service, 17 years of which was in India always healthy, previous to his arrival there a short time after arrival had an attack of Febris intermitte, and soon after contracted syphilis, from this time till about eight years since he enjoyed perfect health, when he had a severe attack of Sydenham's. After this till March 1862 he was in good health. He had then an attack of Hemoptysis followed by cough, from which he has not since been free.

Two years ago, had a second attack of Hemoptysis, & has not been well since, was able to walk about however during the voyage home, till the vessel reached St. Helena, when he caught cold & has since been unable to leave his bed. Four weeks ago became extremely scarce. Family history - his father, and two brothers are alive. One sister he states died of Whooping cough, his mother died suddenly, had several brothers & sisters who died young, but does not know the cause of death.

## Abstract

Abstract, 31<sup>st</sup> October 1865. - Bronchitis chronica. Was first attacked with cough at Muttom in 1862 and since that time has never been entirely free from it, now suffers from cough & expectoration especially in the mornings, has dyspnoea if he attempts to walk, mucous rales, heard all over the ant. part of the chest. The disease is the result of long military service, & has not been excited, or aggravated by intemperance, or other vices or misconduct. Treatment - stimulants, expectorants, Pl. morrhuae and Counter irritants.

(Signed) John Wood  
Staff Asst. Surgeon

State  
on arrival  
at R. V. H.  
Nelson

Extremely low & prostrate, very weak, & so feeble as to be unable to sit up in bed, very much emaciated lies on his back, half unconscious of everything around him, but when roused is quite sensible. Pulse feeble, about 90 per minute. Breathing rather quicker than natural - 22 per minute, breath faded. Voice feeble



and hoarse, and when he takes any fluid, he complains of a burning sensation in the front of his chest, as the fluid passes down. Has had no night sweats for some time, never had diarrhoea. Bowels rather constipated. Cough short, & painful. expectoration thick, purulent & yellowish with a trace of blood in it. In respiration there is very little expansion of the parietes of the chest on either side. On percussion on the right side, there is no dulness. between the 2<sup>nd</sup> & 5<sup>th</sup> ribs there is more resonance than normal & on auscultation in the same place, there is cavernous breathing with resonance of voice & rarguilllement. On left side there is prolonged expiration with mucous rales at posterior part of chest, also crepitus. Treatment - A mixture of the triple phosphate of Iron, Quinine, & Strychnine, with a draught of Chloroform & Camphor at night to relieve the pain in his chest.

April 22<sup>nd</sup>

Yesterday evening complained of a very severe pain in left lumbar & iliac regions, and inability to lie down in bed, - blister applied over most painful part, which produced relief. draught administered - R. Tinct. Spii pt xx Chloroformis pt xv Trich. Camph. ʒij - Unable to sleep. bowels not having acted for the last five days ordered an enema of Castor oil.

April 23<sup>rd</sup>

Extremely low & prostrate apparently moribund. Refuses to take any medicine or wine. The enema caused one evacuation of the bowels.

April 24<sup>th</sup>

Died last night between 11 & 12 P.M.

April 26<sup>th</sup>HeadBrainsTonsilsLarynxThoraxLungs

Appearances at Sectio cadaveris 62 hours after death. Evidence of inflammation of meninges of brain, pia mater thick and opaque. Pacchionian bodies enlarged. Substance of brain firm. Fluid in lateral ventricles. Choroid plexus congested. brain otherwise perfectly normal. Tonsils enlarged and ulcerated. Larynx extensively ulcerated below vocal chords corresponding to cricoid cartilage ulceration also at bifurcation of trachea. Cartilages of ribs on right side flattened from contraction of tubes by corrosion. Lungs, considerable collapse of left lung



Lungs

with adhesions on anterior surface extending downwards from 2<sup>nd</sup> rib. right lung adhering in front all the way down, and evidence of grey miliary tubercle along its anterior border. evidence of old disease in substance of left lung, two cicatrices at apex & one at base. evidence also of recent pneumonia in left lung.

Pleura

Pleura on right side greatly thickened.

Heart

Heart. Pericardium containing fluid.

some opacity on anterior surface of heart

decoloured coagula in right & left ventricles

The right auriculo-ventricular orifice admitted ball No 12

The pulmonary artery admitted ball No 8

The left auriculo-ventricular orifice admitted ball No 7

The aortic orifice admitted ball No 7

Aorta

Heart otherwise normal. Aorta normal

Liver on capsule being stripped off liver

it is found greatly congested, lobules enlarged

and well defined. Spleen of fleshy consistency

Spleen

but no evidence of malaria. Black pigmentary

discoloration of coats of stomach with thickening

Stomach

and ulceration of its coats, congested towards

oesophagus. Small intestine congested no evidence

SmallIntestine

of tubercle except a point of ulceration on one

of Peyer's patches evidence of great irritation of

intestinal tract owing to presence of lymphatic

exudation Large intestine, mucous membrane

Large  
intestine

congested, no tubercle, great distension & atrophy

of its walls. Colon intensely congested nearly as

far down as rectum.

Wm. Alex. Thompson

Med. Candidate



Regt.	Patient Name	Age	Disease	Admitted	Died	Duration	Contracted	Mark	Rej. No.	Ex.
1152 7th Hussars	Private Edwin Riley	30	Plasma Pulmonalis	April 19th 66	May 15th 66				no 19. Pneumal Disease	

## History

### Section Cadaveris 2 days after death May 25th 1866

Height 5' 4"  
Weight 5' 8 1/2"  
Girth 35 inches.

## Brain

### Brain normal

## Lungs

Right lung entirely disorganized - reduced to a pusserous state. In it was found a large cavity & passing through it a large blood vessel & the bronchial tube.

## Trachea

Living membrane of the Trachea dyed with blood. An opening existed between trachea & oesophagus at its bifurcation communicating with a suppurating gland. (opening, about 2 inches above the diaphragm)

## Aorta

Characteristic signs of syphilitic disease with loss of substance.

## Oesophagus

Contracted & loaded with Coagula.

## Heart

Loaded with Fat Anteriorly -  
Length - Extreme 5.3  
" from base to apex 3.7  
" Transversely 3.6  
" Circumference 9.5

Texture of heart firm - Dark colored Coagula in both sides of the heart, & passing into the Pulmonary artery.



Heart (Continued)

Right Auricular Ventricle 12

Pulmonary Artery 10

Left Auricular Ventricle 11

Aorta 9

Valves of the heart were normal. Aorta itself sacculated above the semilunar valves.

Liver

Soft in texture - apparently fatty - no deposits - no material congestion was found beneath.

Spleen

Somewhat enlarged & a little misshapen - adherent to the parietes of the abdomen - tissue soft - foveolae visible & dilated - some pigmentation - Some reaction with Iodine.

Kidneys

Large swollen - fatty in the pelvis - greatly congested, especially at the pyramids - Capsule inseparable - Cortical substance soft. No reaction with Iodine.

Intestines

Some enlargement of the solitary glands of the small intestine. Pigmentation in Peyer's patches. Black pigmentation of large size in the colon. No ulceration of any of the intestines.

Stomach

Unmutilated condition of the mucous membrane - Congestion towards the Cardiac Orifice.

Testicles

Normal.

Immediate Cause of Death - "Hemoptysis".

Wm. F. Keegan Medical Candidate.



High	Rank & home	Age	Disease	Admitted	Died	Donation	Contracts	Med	Height	Wt
Wm. A. Smith	Greenwood Park Apr	29	Phthisis Pulmonum					23		

Section

Sectus Cadaveris  
May 10<sup>th</sup> 1866

Weight 64. 10 lb  
Height 5 ft 11 inches  
Length 32 inches.

Brain

Considerable degeneration & congestion of Chroid Lenses. Effusion at  
ventricles of brain.

Stomach

(Discoloration of lining membrane.)

Trachea

Large amount of mucus found in section. No ulceration. Subyung  
of glands connected with lungs, forming a mass of degeneration  
of trachea.

Esophagus

Congestion of esophagus. Longitudinal degeneration of glands.

Lungs

Large cavity in left lung. Consolidation in both lungs, making  
tubercle in right lung. Yellow deposit in apex. Extensive cont  
in right lung.



Heart White apex on anterior surface of heart.

Dimensions Length 5.5 inches.

Circumference 9.8.

Cavities

Right auricle 12

Pulmonary artery 9

Internal surface 11

Aorta 8.

Heart flabby. Dark colored blood in all cavities. Discolored on right side. Coagula in pulmonary vessels, valves normal.

Liver {Extremely degenerated, granular appearance on section, texture friable.

Spleen Enlarged. Hard, large amount of hyaline amyloid degeneration.

Kidneys Large & swollen, pyramids displaced, cortices substantially anemic. amyloid degeneration.

Testes Amyloid degeneration. Atrophy of the most vesical kind. tubercle growth in solitary glands. Alveolar throughout. Mark marked in small pb. tubercle deposit in Papanicolaou patches.

Hg. Addison Hobbs.  
Medical Candidate.



Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Estimated	Ward	Regimen	Notes
R. A.	Gunner Chas. Henry	26	Diarrhea & dysent.	17 August 1865	8 <sup>th</sup> May 1866	Not known	-	18	18	31

### History

This patient died a few hours after his admission at Netley & I had not an opportunity of investigating the case. The abstract of the case which accompanied him stated that he was sent up to Syria Sal. in April 1865 suffering severely from various phases of Secondary Syphilis that he was in Hospital during his entire sojourn there at 1<sup>st</sup> with eruptions on the skin (Rupia) painful swellings of the legs & general Rheumatism with muscular atrophy & debility. There was also ulceration at the base of the pharynx, & of the palate & nasal bones. When he arrived at Netley he was evidently in a dying state. He had difficulty in swallowing from the state of the palate which was almost destroyed by ulceration. He stated that during the latter part of the voyage home, he was much troubled with diarrhoea, but during the few hours he lived after his admission into Hospital his bowels were but once opened. The stool was thin & stringy. He died at 4 a.m. on the 8<sup>th</sup> of May. Death from Asthenia.

### Sectio Cadaveris 3 days after death

#### Brain

Brain substance considerably softened by post mortem changes. Weight 3lb 13.

#### Fauces

Ulceration of the pillars of the fauces.

#### Lungs

Lungs collapsed adematous but no deposit. Weight 3lb 5 oz.

#### Heart

Heart somewhat enlarged, having a white spot on it. Weight 7 oz.

Dimensions. Base to apex . . . 5.8

Aur. ven. groove to apex 4.2

Transversely . . . 4.5

Circumference . . . 10.2

Cavities. Right aur. ven. . . 12

Left aur. ven. . . 10

Pulmonary ar. . . 10

Aortic . . . 8

Conus arteriosus . . . 7

There is opacity of the leaflets of the mitral valve, atheromatous deposits in the aorta, atheromatous degeneration in sinuses of Valsalva. Muscular substance soft & flabby.

#### Stomach

Normal



Small Intestines

Small intestines congested & tissue thinned. There is no reaction with Iodine on the mucous membrane, no ulceration or deposit.

Colon

Ulceration of Colon, cicatrices, pigmentation of solitary glands.

Liver

Enlarged. Weight 4 lbs 10 oz.

Spleen

Much enlarged. Weight 8 oz.

Kidneys

Enlarged. Capsule adherent to gland. Cortical substance increased. No reaction with Iodine.

D. F. Bateman,

Medical Candidate

Rgt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Place of Birth	Ward	Register	Files
33	W. P. Charles Ross	27	Acetabular & Phthisis	24 June 66	30 <sup>th</sup> June 66	Uncertain	Deesa India	14		

History

This man arrived in India in 1858. Continued healthy until 1859 when he suffered from Fever at Deesa. Subsequently sent to the Sanitarium at Mounts Abo. Afterwards returned to duty. Admitted into Hospital in 1860 for Hepatitis, acute. Re-admitted in 1863 for same complaint. Since that date up to the present (Decr. 65) has been several times in Hosp. with the same disease. On admission into the Medical division of the R. V. Hospital Nellore June 24<sup>th</sup> 1866 this patient was in extreme state of prostration, being unable to raise himself from the bed without assistance. Face sallow & exsanguine and of a yellowish appearance. Considerably emaciated. Circulatory System. Heart action feeble & inaudible. His pulse was weak and compressible not intermittent 130 per minute. The Respiration was harsh over the whole chest. Bronchial breathing & Mucous Rales distinct especially over the left lung anteriorly. Crepitation audible



about an inch above the left nipple and to the left of the sternum. Digestive System. Tongue furred. Bowels open but not relaxed. no appetite. Intense shooting pains over the liver. increased on pressure. Liver enlarged. high fevers. Urine contains a large quantity of urates. No albumen.

Section Cadaveris 3<sup>rd</sup> day after death

July 3<sup>rd</sup> 66

Weight 6 St. 10 lbs.

Height 5 ft 4 inches

Girth 31 inches

Brain

Brain healthy. Slight congestion of the Pia Mater.

Aorta

Scarcely contraction of the luminal membrane of the aorta

Trachea

Small ulceration of trachea at its bifurcation

Lungs

Lobes of lung fluid. Adhesions and opacity of Pleura. Right lung condensed. Apex slightly crepitant free hepatization. Left lung same condition. but more so towards apex than base.

Heart

Heart loaded with fat. Small in size. 9 1/2.

Dimensions Extreme length 5... 7

Groove to apex 4 7

Transversely 4 7

Circumference 11 2

Texture flabby. probably from decomposition

Cavities

Right. Ven. O. 12.

Pulmon. art. 8

Mitral. O. 11

aorta 8



Extensive Coagulation of blood in the  
Pulmonary arteries. dark coloured blood in  
the right side of the heart-

Liver

various attacks of Chronic hepatitis  
deposits of inspissated bile with a thick capsule  
(a nodule)

Liver greatly congested chiefly between the lobes,  
no reaction with  $\text{I}^{\text{st}}$  Iodine.

Spleen

Spleen small soft and flabby. texture soft.

Intestines

Intestines no reaction with Iodine.  
and no ulceration.

texture thin worn.

Stomach Normal.

great irritation of the solitary glands, formerly  
now known by the deposit of pigment.

Death Cause

Death resulted from the deposition of  
blood in the right side of the heart  
and pulmonary artery

Matthew Ryan. M.D.<sup>th</sup>



Regt.	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Ward	Register	Folio
33	<sup>302</sup> 1st John Brown	25 yrs.		June 27 <sup>th</sup> 1866	July 3 <sup>rd</sup> 1866		Poona	21		

### History.

As this man died the morning after he came under my care, and has only been in this hospital since the 27<sup>th</sup> there is no history or daily account of his condition while here. His detailed medical history says. He has been repeatedly in Hospital with Chronic Diarrhoea during the last 18 months, stools occasionally tinged with blood, very much reduced in flesh and weight. Emaciated in appearance & unfit to perform the duties of a soldier, not having derived any benefit from the treatment adopted, a change of climate considered necessary for his recovery.

I saw him first on the 2<sup>nd</sup> of July he was extremely emaciated & collapsed passing bloody stools every 10 or 15 minutes with pain. I considered he could not live much longer being extremely weak & exhausted. He died on the 3<sup>rd</sup> of July 1866 at 4 past 6 in the morning.

(Signed) James McLachlan

### Post Cadaveris. 2 days after death July 5<sup>th</sup> 1866.

Weight 4 st. 4 lbs.  
Height 5 ft. 8 in.  
Girth 3 ft. 7 in.

### Brain

Pia Mater congested in points especially at apex vertex & on left side. Opacity of Arachnoid. Substance firm; small quantity of fluid in ventricles: Congestion of Choroid plexus. Extreme congestion of vessels in wall of right ventricle: Central ganglia firm, substance somewhat congested.

### Aorta

Dark coagula in aorta lining sacculiforme dried with blood (Post mortem).

### Trachea

Mucous membrane congested. inner surface of Epiglottis congested.

### Lungs

Right Lung not collapsed. Left collapsed except at posterior aspect. Adhesions of right side at apex. Frothy purulent mucus in larger divisions of the Bronchi.



Lungs. Right

Small cavity the size of a walnut at apex: deposits of tubercle infiltrated in substance of upper half of <sup>upper</sup> lobe. Lower lobe congested especially posteriorly. grey hepatization.

" Left.

Small cavity in apex. Substance generally congested. Small cavity in lower lobe. Whole of tissue congested especially posteriorly.

Heart

Small

Dimensions

Extracorporeal length 3 inches  
" breadth 2.5 inches  
From base to apex 2.5 inches  
Circumference 8 inches

Orifices.

Mitral admits to 9. bell  
Tricuspid " " 11 "  
Pulmonary artery " 9 "  
Aortic " 7 "

Dark coagula in right cavities  
do do in left do

Liver

Congested. Congestion chiefly intralobular. No reaction with Iodine.

Spleen

Small, rather friable. No reaction with Iodine.

Kidneys.

Capsule separable. Congested on surface. Substance congested especially pyramidal portion. Relation between pyramidal & cortical portions normal.

Intestines. Large

Remains of old ulcerations. healed; some evidence of irritation. Dephthritic effusion in lower portion. Does not extend into small intestine. Only a small portion exhibits evidence of vascularity.

" Small

Congested in parts. Peyer's patches normal.

Death. Cause of.

Pneumonia supervening on Phthisis

John H. Wright  
Medical Candidate



Regt	Rank & Name	Age	Disease	Admitted	Died	Duration	Contracted	Wound	Regiment	File
27	Pt Ed Conroy	27	Phthisis Pulmonalis	June 9 <sup>th</sup> 1866	July 7 <sup>th</sup> 1866		Malta	28	52	6

### History

No detailed Medical History accompanied this man

He was admitted into R.V. Hospital on June 9<sup>th</sup> when he was transferred from the Convalescent division to Medical do under the care of Dr. Palmer as a case of Phthisis Pulmonalis. He frequently complained of severe pain in his head. He came under my care on July 2<sup>nd</sup>. I questioned him as to his condition to which he paid little or no attention. His gait became unsteady & symptoms of Coma soon appeared. On the morning of the 3<sup>rd</sup> he was perfectly insensible & emetic was administered per Enema. I saw him at 6 & again at 11 & found him still in the same condition. Pulse 120. Pupils dilated. breathing Stertorous. On the 4<sup>th</sup> he suffered much from hicough, also had ptosis of right eyelid with external Strabismus evidently shewing cerebral lesion of the 3<sup>rd</sup> nerve. He became weaker & weaker & notwithstanding every effort to support his strength he succumbed on the morning of the 7<sup>th</sup> at 7 a.m.

Oliver Charles Hannay M. C.  
Signature of Medical Officer in Charge.

### Autopsy

Held 2 days after his demise

### Brain

#### Brain

Some congestion of Pia Mater. the whole of the cerebral ganglia of right side involved in a growth (a sort of tuberculated tumour). Left cerebellum comparatively healthy, but containing some fluid. (Cerebellum hard & tough with great vascularity). Tumours chiefly affecting lower portion of right cerebellum.

### Lungs

Partially collapsed. Trachea & mucous membrane congested. Tonsils disintegrated. A large cavity in left lung & several smaller ones. Lung is congested & infiltrated with fibrous nodules. Left lung intensely congested.

### Heart

White spot on anterior surface of heart. Partially decolorized clot in lower portion of Aorta. Partially decolorized clots in right auricle & ventricle. Right Auriculo-ventricular orifice No G.



Left do no 12 Aortic valve & Pulmonary Aortic & P.  
Valves of Heart healthy

Liver Nothing particular about this organ

Spleen Nothing abnormal

Kidneys Congested especially cortical portion

Intestines A few tuberculous ulcerations in large intestines

Lewis Charles Ramsey M.D.



1866-

Ther	Name & Rank	Age	Disease	admitted	died	Duration	Contracted	Ward	Regiment	Fol
	No 1538									
Alt	Cpt R. S. F. French	25	Phthisis pul	20th April	11th Sept	4 $\frac{2}{3}$ mos	20th Feb	AHC	No 2	91

Arrived from Fort Pitt on 20th April where he had been in hospital since the 20th February. States that he got a severe cold accompanied with severe cough and sickness in the morning. He was in good health until the orderlies were removed into a very cold sleeping room which was lit only by a skylight. On admission he suffered from great weakness & shortness of breath, night sweats and diarrhoea. The physical signs of tubercle were apparent on auscultation & percussion. Respiration was very quick and the pulse 95 & thready. Having been admitted in this advanced state of the disease I need only say that he went from bad to worse and that all our efforts to support <sup>in general</sup> the disease proved abortive. He died at 1 a.m. on the 11th Sept in a fit of hæmoptysis.

Autopsy 34 hours after death.

Head - not examined

Extreme emaciation of body.

A large cicatrix above the letter 'D' in the usual position. Lungs - Right pleura adherent in its entire extent while the left contains two pints of fluid - a large abscess in upper lobe of right lung the size of a cricket ball lined with false membrane - Numerous small cavities in left lung. Both lungs studded with miliumy crude & broken down tubercle in every shape and form.

Heart - Three or four ounces of fluid found in pericardium. heart small and cavities empty.

Liver - Large in size lbs 4 oz 3 but texture normal. Slight reaction with iodine -

J. W. A. S. J. W. A. S. J. W. A. S.  
J. W. A. S. J. W. A. S. J. W. A. S.



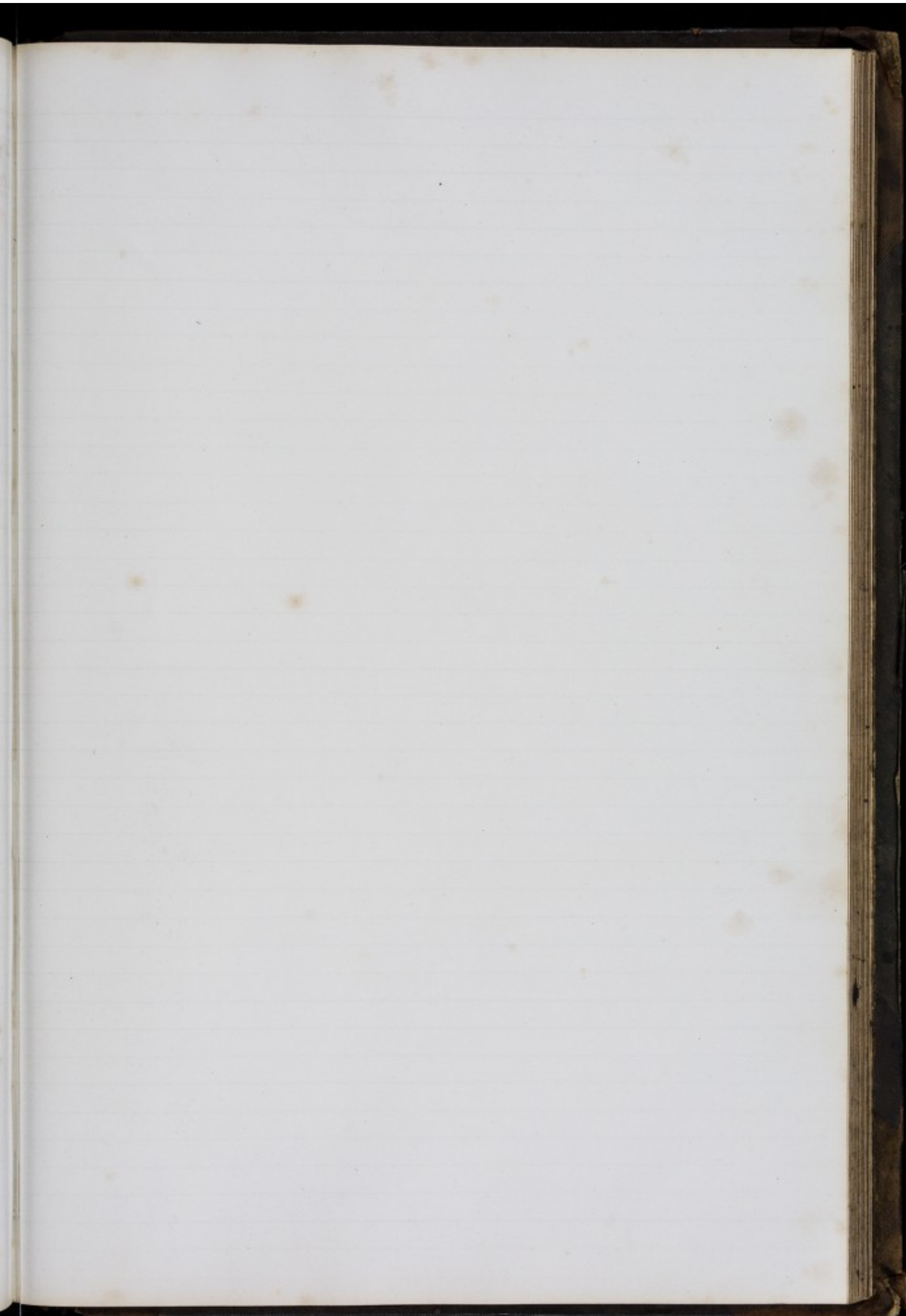
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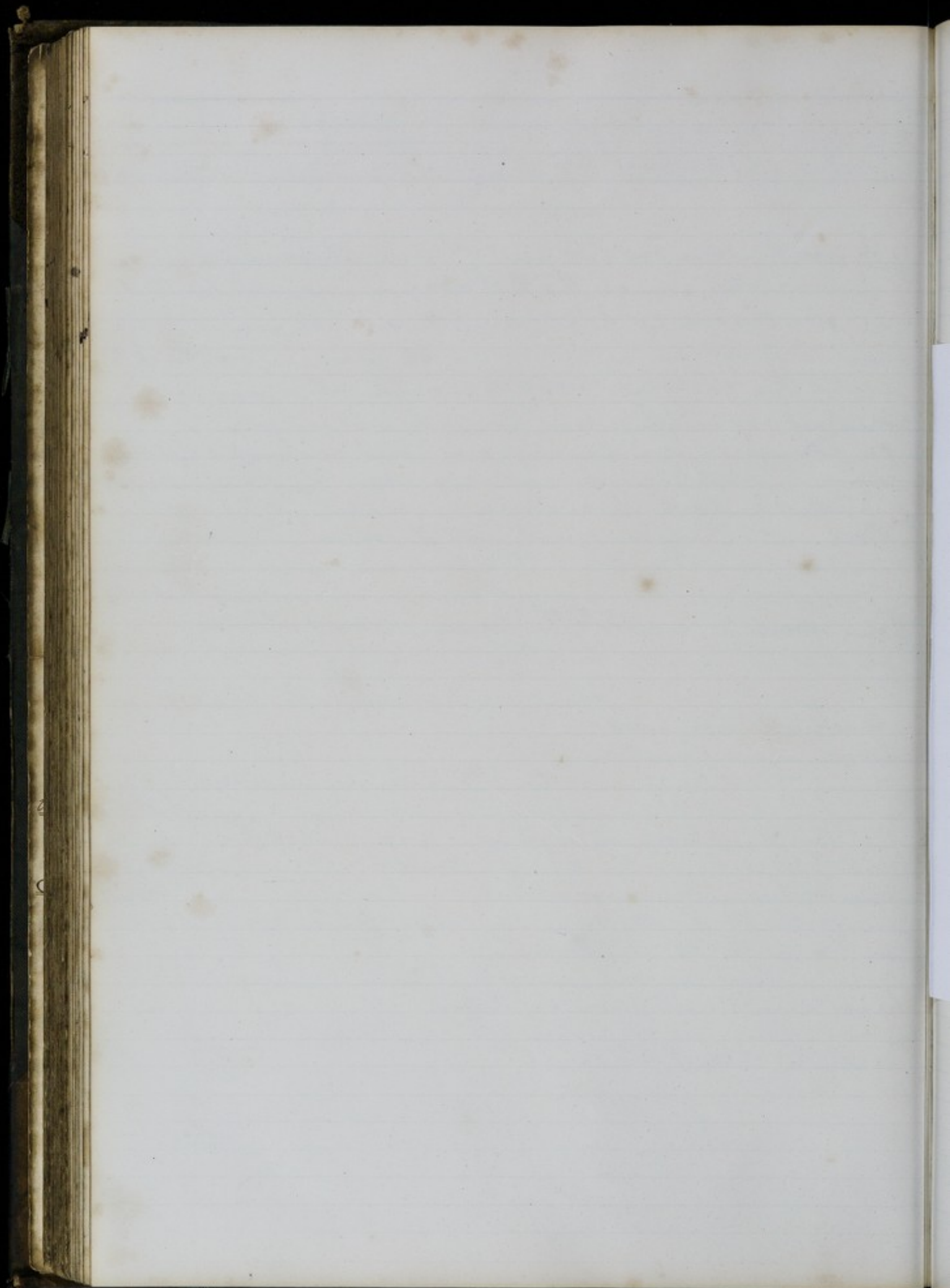
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