

Notes on autopsies, etc.

Publication/Creation

1914-1915

Persistent URL

<https://wellcomecollection.org/works/fc4wazd2>

License and attribution

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

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

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



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Henrich M. 5. 40? ~~Regen Heart Muscle Acc. Alcohol, Poison.~~

1. 1. 14.

Chronic Alcoholic Poisoning 2/1

Paddington.

Fatt heart + liver Sudden death.

Ext. well nour. Pupils dil. lips + ft's slightly numb

Abdomen protuberant

Int. Ht. Cvs all dil esp: L + vent. Ventricle hypert. Muscle adv
pale, fatty + marked in atrophy. Lungs Marked pass. oedema. Marked
in upper cir pass, which are congested liver = marked fatty
infiltration + a little fine fat down; also slight multi-
lobular emphysema. Tongue + pharynx cyanosed. Alcoholic
odour in stomach. Wall congested, upper part of
Small intestine still congested

History. A little means - taught music singing. Drank
until last week or two. Recently complained of
stiffness + numbness in knees. Up to day of death
declared she was not ill. On Wed Dec 31st sent on
an order to Road Nursing in cab. + love sent on to
the work home infirmary. she collapsed in
cab. - bursted up + foam came from her mouth.
Dr Jones in cab, breathless - pulseless shortly
but revived a little. Smell of alcohol. Dr went
to fetch Hannah but she died before his return.
She was dirty + venomous.

Lavey O. ♂: 52. ~~H. B. F. S.~~ Regen. Heart Muscle.

3.1.14.

Anaest. Case (CHCl₃ & Ether).

2/2

Kensington

Opⁿ for ? Calculus in kidney

Ex. Well nour. Pupils sl: dil. Lips slightly firm, nose
mushy tip. Recens clouded ~ round (S) upper at
abdom 1" from midline. lower end level of umbilicus.

(2) similar wound at flank

Int. Anaest. sl: thick along cerebral sulci. Pericard - dil
Completed by old fine adhesions. Pericard over base heart

Ar Cases all much dil. Muscle = very fine patchy, fatty & small
brown atrophy micros. Lungs = general atrophy + char. bronchitis
Low - slight hypertatic cong; oedema any - epia + at base

fold. Many small calculi in l. 3. Shl pale R & Kidney loose
in bed & perineal tumor slight slightly hard R & pale
than left. Longit vein in R Kidney open into pelvis
No stone in either kidney or ureter. Pelvis & ureters slight
dilated. No calculi in bladder. Slight burning sensation
of tongue. Back of tongue & pharynx lined. Small yellow
in body cavity.

History. Alcoholic. In Manlybone Infirmary. Two attacks
of intermittent hydrophobia in last 3 yrs. Suspected
stone in kidney & bladder. Ur. dark. No stone found. Died
as usual was usual. Total ur. time 40 mins. Individual crystals 3/8
when Ethal 10%. Pulse 100. Scales taken just.

Starchfield W. 57 57
10.1.14.

~~St Statusymphaticus~~
St Statusymphaticus by Ligature 2/3a

Shore ditch

Rex v John Starchfield

Ext Well now: by Hr 45". Incisions of previous pm. Pupils
tight contracted. Petechiae both surfaces conjunctiva. Finger
nails all long & unbroken. No blood beneath them. Lips of feet
swollen. Two abrasions inside lower lip opposite sharp edge of
rt central incisor; one in inner angle of upper lip. Upper
central & left lower central incisors loose & a little blood on them.
Adj margin of rt upper central incisor carious. Lower rt central
incisor missing. Recent bruise upper rt chest along
course of sternal clavicle over inner end of 1st rib. Two

~~R. A. 1. 27.~~

~~30. 12. 13.~~

Re W Stanchfeld dec - cont. 2/3

+ in part of clear - small, others rather larger on rt temple
Meninges + Br: congested. Under depression and neck
haem: into subcut tissue; at back - over sternomastoid
muscle also been into muscle. More in part of neck
- left shoulder. Little haem: into sheath of Rt Int
Jugular vein at same level. Lingual tonsil enlarged
Ht. 2 petechiae over bare. All caps rather dil. Muscle
- very fine fatty mass. Petechiae surface of lungs. Upper air
passage long: . No injury. Thy Mus = 40.5 gms. Enlarged
glands comm: in upper part of neck on each side

Sppl enlarged & marked by imbrications by papillae. High at
passing; In middle of small ink 2 small trines
under mic-memb. a hair in vicinity of small ink
Marked by imbrications at lower end of snuff & first part
of large ink: Stomach & sm ink contain food
corresp. insects to food last taken that morning
Blood plus throughout body

Hist. Thursday Jan 8 1904. Last seen alive at a
Paper shop at 12:45 Monday about 3pm. Found under
leaf. By carriage at Shredite Ry Sta about 4hr. Seen dry
on Jan 9. Exposed surfaces cold. Slight warmth in fork.
Ex. Venous parts dried & few internal so. Little dry blood
matter at edges of legs

Geering B.A. 5. 27. Oxalic Acid Poison or Salt of lemon 2/4
6.1.14. Acid. Death.

Fulham

Taken by mistake for headache powder

External. Well nursed. Pupils dil. lips + gums pale. No skin

Small bump above left knee. Fine crystalline deposit
in clefts of right fingers. (Hr course cut: third level)

Int. Meninges cong. veins engorged Hr cons dil. et vent.
rather more so. Muscles slight fatty deg. in mass. Blood
fluid everywhere, palat blood thick + dark, elsewhere brighter red
+ more fluid - lungs et emphysema. Air passage st. Congest
+ certain membranes. Sple cong. - Kid st. stained deep red
throughout. Bladder st. cong. Urine very pale.

No coronar mouth w/oloph: Depth of canal, upper part
Stomach contain greenish fluid, part digested food & small
Recent blood clots. Opposite cardiac orifice - large
circumferential ulcer with thinning of wall & vessels much
dilated. Blood vessels in rest of stomach wall supplied by
blood rich lines but no lumen. First part duodenum
markedly congested. In rest of duodenum & upper jejunum
only valvular involvement & contents = thick anchovy sauce
fluid. Chemical. Proximal part. Crystals in depth of jejunum
resemble "Balthoflemm". No calcium salts in lumen
History said to be anaemic. Suffered from headaches
taken by mistake for a headache powder. Dead about an
hour after taking powder - morning of Jan 5th. Body too
checked but not before

Field. ♂ 7 Days.

13.1.14.

Paddington.

Acute cellulitis abdo wall general
penicillin + Naegleria ducts infected navel 2/5

Ext: Well nursed. Wt 7lb 9oz. Scrotum oedem everted
Skin peeling over upper abdomen + despoiled. Several
pustules on arms + thighs + remain appreciable ones.
Eyes + fms deeply, fms light brown. Umbilicus cord
separated + dry eschar. No local sepsis
Imp. Small brain backbone. Meninges cong + small haemms
over vertebrae veins of long tenure. Ht. All cavities
of chest. Tiny vegetation! in heart + mitral valves
Lungs fully expanded. Splenic cong. Acute general

peritonitis, 2 much turbid red fluid + flakes of lymph. Thickening
→ wall of abscess: wall below umbilicus? cellulitis.
Liver very engorged. NO spleen Spl. cong. Kid. cl. small
→ cong. Adrenal very engorged. Hamorrhagic tubation
detached. Patents of left p. v.: very weak + peritonitis
Cystitis in left tunica vaginalis.

Histology - full term breast fed. Mrs. Turner (Chow: always
did nursing) called to nurse Jan 3. Child not born;
assisted by ^{both hands} washed chest + dressed navel + washed milk
Pustule developed in finger of Chow. next day. On account of
it left attend to Jan 8. Septic emboli at umbilicus
suggested to cellulitis + vesicular route. Child died Jan 12
Mother had puerperal fever but is better.

Clarke G.H. ♂. 2 $\frac{3}{12}$. Tuberc. Meningitis

16.1.14.

No blame attaching to Hospital

2/6

Chelsea

Ext. Well worn: Discharge in ear. Healed up - scar
and at knee joint - another similar small scar above it.

Int. Meninges: Cerebr. conv. flattened. Adv. TB

meningitis over base. Ventricle all dil. esp. lateral

1st conv. all dil. large + empty, + vacuol. in

front., middle + area of collapse. Small TB coil lined

at base of 4th + mil. TB in transverse sulcus. Glaucoma

Vagus - compressions. Liver? fatty. Round worm in

jejunum - Mammulations + mucus in middle ear

Hugh Tuberculosis. 3 previous children all dead
one died of meningitis. The child attended Hosp for
9 months for running ears. Oct. last started running
again. Several ops on the knee for arthritis what outbreak
Cleveland + W. Hosp Dec 24 1913 with Craig. Discharge for
ears started again + went into Hosp for 6 days to
have treatment. Rapidly became worse + died Jan 13
Developed signs of meningitis in hospital (Chelsea Hosp for
children)

Coal Gas Poisoning. Acute Bronchopneumonia ^{2/7}

Alfred Clarke ♂ 50. PM 19.1.14 SMH ⁹/₁₄.
Ext: Very stout. RM + Hypostasis present. Bright red flush
face + neck. Pupil dilated. Lips livid.

Int: Brain + H. Heart. A single petechial haem. on surface
Enlarged. Cavities all unobscured: + left ventricle hypert: Muscle
soft + pale + shows fine patchy + marked truncating infarcts:
Pleurae old adhesions round whole of rt lung. Lungs. Gen' emphysema
+ chronic bronchitis. Acute bronchopneumonia bases. Air passages
very congested: Kidneys congested: Small haemorrhages along margins of
tongue + at back of dorsum. Pharynx + larynx unaltered. Dilated ATO

veins lower end of oesophagus some filled with thrombi.

History Went to bed at 10 PM on January 14th

Found unconscious at 10 AM next morning.

Admitted ^{Jan 15} to hospital to albuminuria

Red count - 6,120,000 Hb 120%

Never regained consciousness

Died Jan 17th.

Collison F. B. 5726. ~~Head~~ ~~Fail~~ + ~~Deepen~~. Head Muscle During Op.

19, 1. 14.

Brain (Glioma). Anas. Case (C & E) 278
Tumor Under influence anasthetis

South Creek

Ext: Well num. Pupil dil, or more than left, lipshind

Recesses closed upward above behind at ear

Int. Taphine opening unimp above behind at ear.

Two opened Meninges engaged. In right frontal lobe

was a soft dark brown area, etc defined with

pale firm central area = glioma micro. Small

recent hemorrhage into tumor. HP Numerous petechiae

on surface. Cerebr. dil: hyp lt vent. Muscle = some patches

fatty tissue - Unfinished History none

Instrumental Abortion - Septic infection + Peritonitis 2/9

Alice Luke ♀ 35 PM 21.1.14 SMH $\frac{10}{14}$

Ext: Well nour. R M + Hypo present. Lips & fingers well lined
Int: Brain IV. Meninges cong. HV skull: petechiae on surface.
Cervical spinal - Muscle. Cong. (Muscle: all fat deg. + some
atrophy). Acute pleurisy left side commencing on right side.
Lung: Small hypertatic Cong: some emphysema, h^x haemorrhage
part compressed. Air passages Cong: contain mucus.
Urinary acute peritonitis + about 3 pints of turbid fluid
Liver contains a part calcified necrotic mass ? granular.
Spleen cong. Kidneys shrivelling Bladder cong: P.T.D.

Vagina. Small superficial abrasion $\frac{1}{4}$ " diam. & thick edge
in post fornix. Uterus 5" long. Cervix admi. 1 finger.
vis. cerv. Cervix large & contains a little bloody fluid
inner surface pale. Shallow lacerated wound = furrow
 $\frac{3}{8}$ " long running up post surface in just above int os; i
base clean in ant wall wound above int os is a
small - trace of central abrasion. Fallopian tubes dilated
& contain pus. Large corpus luteum in rt ovary
Admitted Jan 20. Died Jan 21st

Norton J. T. ♂ 28. ~~Heart~~ + Depen. Heart Muscle ~~Exam.~~

27. 1. 14. ~~Append. + Perit.~~ Anas. Case (CHC 3).

City. Acute appendicitis + peritonitis. 2/10

Ext fairly well nour. Lips + Hips rather livid. Recent
Chord ~~up~~ wood 6" long between umbilical spaces.
Int. Menniges cong. HTS can all dil: esp. l. vent. Muscle
= fine patchy fatty areas. Lumps = Pass cong + oedema. Some
chr: to lesions in endokony. Acute universal peritonitis.
Small Int's dilated in upper part, deep red + in lower
with almost gangrenous appearance. Some twisted that
present. Appen to have been a localized abscess and
caecum into which stump of appendix projected.

Pred. Pus on Cong + cloudy swell. Appendix cut about
 $\frac{1}{2}$ " of stump left + ligatured, appendectomy but
no gangrene of intestines.

History. Bad health last 12 months, when had pneumonia
after which phthisis. Brought home ill for work on
Jan 23 morning Great pain in stomach. Vexed on 26th
+ went into Darts midday Op^r 4 hr. Appendix was gangrenous
+ perforated. Op^r just complete when suddenly collapsed
Chloroform about 10g. Op^r lasted almost 1 hour. No time for
much preparation. Took a number of pills. Pulse about 100. Had
stopped anaesthetic before she collapsed suddenly. Heart
+ respiration stopped simultaneously.

Haslett E. ♂. 72. Burns.

2/11

31.1.14.

Kennington.

Ext. Well preserved. Head right through front. Burns very extensive. On front. Scalp destroyed. Outer table of skull on right side + inner table in one patch. Skin destroyed whole face + mandible exposed. Rt ear dest: left eared. Full teeth dest: in each denture. Upper lip retracted. Surface down to muscles over whole front of head + upper chest. Joint left upper arm bound down to muscle, forearm down to bone, wrist dislocated with charring of bones. Hand charred. Rt upper arm superficial burn on front. Forearm charred deep + bone exposed. Wrist dislocated.

+ Core chand. Hand chancy. Skin of trunk dark brown but not
 burnt thigh. Blisters on right side where skin charred
 Burn down to wounds on front of lower $\frac{1}{2}$ of thigh. Less deep on outer
 side left knee. Much blistering after burning of legs
 on back. Skin back of neck charred. PV upper arm burnt to long
 left inf. right reaching. Sides of chest & front recorded blistering
 of buttocks + back of lower part of thigh + back of legs
 Int. A little dry fimbria mark between skull + skin on each side
 opened. Heart corag = brown under deeper part of surface brown on
 right side of heart. Hk. a single patch brown on surface
 Lung. Heart corag back of legs. Pale + bloodless. Oedema of any epi-
 glottides + v. oral cavity burnt. Organs pale. Tongue burnt at tip

Very little burnt in legs
 back of tongue + throat

Deveze C. J. B. 19. Loss Blood Follow. Injuries ~~Report~~ Bullet

6.2.14.

Wound. Accid. Death or Suicidal
wound chart.

2/12

Hollow

Ext Well hum. Ht 5ft 7". Lips pale Circled bullet wound

- entrance - ~~1 1/2"~~ ^{1 1/2"} diameter on front of left chest ~~4"~~ ^{4"} bet: & below clavicle
& 2 1/2" to left of midline. Edge of wound dark red & glazed

Wound Course of bullet. Between 3rd & 4th left costal cart 1-4 1/2" to left
- ^{invasion} ~~invasion~~ of sternum. The high costal border upper lobe of left lung
high predominant, then high left axilla at junction of appendix
then high bronchus glanched off at margin of spine - into lower
lobe right lung just below root then between 9 & 10 ribs on right
side 3 1/2" = 4" from midline & ~~bullet~~ bullet found in muscle

Bullet soft lead 10.22 gms. HT Case at Club Monte fino
Jatt degen. More than 2 pinkish blood in each filling
Lung, but a little blood and bullet tracks. No
circumstances.

History French. Student of English. Purchased revolver some
time ago. Shot himself in his bedroom at Hotel on Feb 4th
at 9.30 AM. Called chambermaid into room. Said he had
had heart pain. Gave me a card of a lady at Epome & asked me
to write an English letter to her for him. He took out his
revolver sat on side of bed shot himself & fell
back on bed unconscious. Revolver fell to ground between
bed & I found him dead. Bullet passed through clothing.

Wolf C.F. ♂ 52. Head Fail. + Dire. Heart Muscle Resect. 2/3

Aortic Stenosis.

9.2.14.

Whymper.

Sudden death

Ext. Well nour. Lips pale. Hypertens. Arteries bright red
Tut. HT much enlarged. (wt 19½ g). Auricles much dil. L.V.
ventr. greatly so + marked hypert. Anteriorly - band tip of I.P.
valve bicuspid + cusps much thickened contracted + calc. = Unmyo

= M.H. pass cong + recd. Ch. heart + emphyse - kid 8 g
? metast. disease. Spl 15 g Liver + cong. Kid 7½ + 6½ g

St. pass cong.

1 Hrky vine

Sudden death

Yarnold I.B.I.

10.2.14.

Asphyxia ? bed clothes over face 2/14

Plumkin (or overlapping) in bed with father's parents
but very well nursed. Mucous of previous N.B. Pupil small
Crisp conjunctiva. Lips rather livid & N. shone so. No pressure marks on face
but Mering's lymph. Several subcutaneous along trachea of great
tongue: firm. Many petechiae over H. Thyroid + a few very low
Post of lymph. humps + air passages cong. Thyroid N. Petechiae
also in substance; Back of tongue of pharynx cyanosed
T child have N.B. Petechiae in skin of pharynx
abdomen
History. Full term + healthy. Wore child.

Feb 7. Well. Last fed with milk & milk sugar to baby
Foster parents went to bed at mid night in same bed
child then apparently sleeping. On waking at 6:50 AM
child dead by her side with head below level of pillows on
left side, face to wall. Found for postmortem + dis. col. space
on side on which it was lying. Took child to St. V. Order
Hospital at 7:45 AM. Rx then commencing. Face cyanosed
no pressure marks. It is remembered that child on left
side of abdomen

Stoney F. 8. 44. Ac. Haem. Pancreatitis.

2/15

11. 2. 14.

Anaes. Case (Ether).

Southwark

Ext: Well nour., . Lips + finger tips of feet livid. Recent
Cloud opⁿ wound of "lung" in mid line lower abdomen
Int. Fat hernia in mediastinum ^{chest wall} + ^{diaphragm} Cus all somewhat
ple: lungs = some pass: any Chr bronchi + emphysema
Perit: Some clear that stained kid free in pelvis - Extensive fat
hernia in abdom: fat. Diffus haemorrhagic zinc also to
Nerv. cord, red pancreas, in peritoneal fat + in root
of mesenteric of small intest. Pancreas = lobular
haemorrhagic necrosis. Several small Calculi in GB.

Spel Camp. Kids Clunk roddy + cong. Says
the interstitial nephritis. Note incomplete
Hist Generally healthy. Severe headache
Several attacks of bilious colic. Take several at
sudden is about on Feb. 7. Pain in stomach
→ vomiting. Much nausea on night Feb 8. Taken to sleep on
night of Feb: 9. Unk paid since attacks commenced
Resembled gall stone colic. Temp normal - Pulse 100 - Pulse more
rapid & altered. rigid next afternoon 3:30 PM Open Ellis. Abd
opened + paracentesis performed. Collapsed Prunif to be resected was done
before abd was closed. Pulse stopped at 11.

West R. M. ♂. 26. ~~Head~~ to Haem. Follow. Pars. Bullet Head
11. 2. 14. to left lump. Suicide. 2/16

St Pancras

Ext. well nour. Ht 5 1/4". Skin pale

Bullet wound. entrance point of Lt chest. 2" from midline

6 1/2" vent below clavicle edges of Lt costal

& appeared blunt. Blackening for 1" and round

shells in back at level of 8th rib a little to left of midline
Bullet felt.



Int Ex. Cursed bullet. Blackening along length in chest wall
by muscles where there was large wound. Passed through
end of 1st rib between 5 & 6 rib cartilages. Edges black and

+ Upper cartilage part split. Then split and under jumped
when left lung, passed through the ventricle close to septum
higher up the lung + left ventricle being the part wall
of left ventricle. grazed lower edge of 10th dorsal vertebra.
glacine hands of 10 + 11 ribs to place where bullet found
Direction backwards of left downwards + to right. Bullet 4.3 gms
More than 3 parts of blood in left pleura + some in pleurae. A
little blood in air passage + a little inhaled blood
Hind. Shot hurriedly while in railway carriage, Report of
help weapon heard as train was entering Berlin. Found
with in carriage at point of death. Revolver in shirt
Bullet had passed through cloth which was burnt

Perkins G.C. ♂. 41. ~~Head 7/11~~ + Depou. Head Muscle 22 Ch.
Bright's Disc. Caused Lead Poison Chms

12.2.14.

Manylebme

2/17

Ext. well conv. lip tired

Trp. Ht curv all mod dil: throat ~~ext~~ so + mod

Superf. Muscle = marked fatty + some by atrophy mass

bumps gen: emphy + choleliths. Some passive cong. + uddema
Lies. A little fatty degn after emboism. Spl 6g 25gr +

Very cong. Kids 4 + 5g = adv chr. interstitial nephros

Micros; head line marked in gums. Teeth fairly good

History. Home painter for at least 4 yrs. Sick
headaches + vomiting for 2 yrs had pain in stomach

3-4 years ago - but got better. Full power in winter
Died Feb 10. at 12-5 p.m. Treated by Dr. Fowler 7 weeks
for kidney disease. He thought instead the heart
included white lead. Very particular about writing hands
A & C. Treated in jail in March 1912 for low pain
& kidney disease. again in June - chief Star colon
again in October & lastly Dec. 29 to death. On Feb 10
uraemic convulsions due to kidney disease

Freeman A. J. ♂, 13 $\frac{5}{12}$. ~~Head Fat~~ + Fat, Depen. Head Muscle
13.2.14. Pup. sp. Deflected septum lamina + adenoids ACC. 2/18
City

E.T. Well grown, rather spare. Pupils dil. Nip pale
F.N. closed, open low tracheation weak
but nasal cavity narrow - septum deflected to right
Muc. memb. swollen + reddened. Pericard contains rather
large amount of clear fluid. Right caps much dil, left caps
dil. esp vent. Muscles = fine uniform jagg mass. Lungs = a little
infiltrated blood at base, right hypostatic congestion + shot
emphysema. A little free blood in ant. chamber + vent.
tracheation Thyroid = 20-25 grams. active Spl 4-9 Cong-

> Marked lymphoid hyperplasia, Kids = marked passive congestion
Tonsils much enlarged + necrotic material in crypts. Large
lingual tonsils + thymic adenoid mass. Large pale glands
upper neck on each side. Lymphoid hyperplasia. Hyaline
mucin: slight in trachea. Cilia. Mucosa of colon
no small anaerobes in lumen. Op. not commenced
History. Very good health. Nasal obstruction. Admitted Barts
Feb 9. Op. Feb 11. Anaerobes. A.C.E. by Boyle. Mucous ops
in septum + tonsils + adenoids about 3 1/2 gm. Taken well
Achromatic ~~Morocanic~~ in lumen. First symptom shortly after
removal to theatre. Not healthy well - gave pure ether
then stopped healthy. Cerebrum stopped just.

— . S. N. B. Unknown

19.2.14.

Paddington

Fracture of skull + meningeal
haemorrhage. Independent existence

2/19

Murder against some person unknown

Ext. Well known. Wt 66 7/8. Caput succed: ant parietal
eminence. Umbilical cord 15". End dry + culled with
blood. P. cut. No trace. Vermis cerebri, axillae + grain.

Int. Haem. older than was greater part of parietal bone
Dome subpericranial. External haem. left side of head

over whole of parietal dome behind ear + with upper part
of left temporal bone + over supra occip' bone

Haemorrhage but visible in surface. Horizontal fracture thyl
whole of middle of left frontal bone + in both orbital

plates, on left side there were several fractures radiating from
Central point, two horizontal fractures. A little
subdural haemorrhage and white of left cerebral hemisphere
Brain unorganised. Petechiae on surface of heart, lungs
& thymus. Ductus arteriosus very small. Lungs fully
expanded.

Stick Body found in brown paper parcel left in
parliament.

Taylor R. G. ♂. 28. Heart Fail. & Ac. Peit. Follow. Infect. Womb & Abort.
Prod. Pass. Instrument into Womb (Pusp. Procu. Abort).
21.2.14. Married

2/20

8 Pancreas

Ext.: Sparse hairs. Milky fluid from breasts. Left Pupil dil.: lip pale.
Tus 1tr. Several petechiae on surface. Cornea somewhat dil., left
vent: none marked. Mucosa = off white patchy felt mucous. Lung passive
cong: Acute minimal peritonitis with at least 4 pints of foal smelly
turbid fluid & deposit of lymph on surface. Uterus relaxed & soft adherent
to pelvic wall. Shuttling off similar fluid in pelvis liver 50g Cong
Spl 4g kid 4 + 4g & small uterus 3 1/2" long. retro flexed. Ext of
stomach cong: Cervix admits 1 finger. Cervix shallow wound 1/5"
diameter, rather more than 1/2 way up on ant wall slightly to left of midline

Hansen A.A. 5.21. ~~Head~~ Shock Follow. Manip. Genital
24.2.14. ~~Marrow~~ ^{Organs}; Cardiac Inhibition. 2/21
Rex ✓ H.C. Ingg. Mammary 15 m: HL CC 25.3

West Ham

Ext: Well nour. Hypert: Marked + small haem. Lips pale + skin

Milk in breasts.

Int: ^{Brain} Meningeal Com. H+ Muscle = fine fatty deg. micros:

Lungs = passive cong. Air passages sudden + a little black
- stained fatty mass. Liver 367g. Cong. Kid 5 1/2 g. not

* Cong. Kid 13 1/2 g = ~~pass~~ cong. Tongue bitten.

Venous thromb. in stomach wall; some

part digested food in stomach in intestines

Genital Vagina + Vulva normal. Uterus

embryo of torso of about 4 months pregnancy + under
a male foetus bⁿ long with membranes of placenta intact
& not separated; - about $\frac{1}{2}$ part of amniotic fluid - Cornea
slightly dilated. No disease or injury of genital
Blood fluid + bright red

History 1 child 20 months No miscarriages Pregnant before 5 mos
Took pills 56 days. Feb 22.6 pm turned over alive. She had
no enemies. Del. PM 23.2. at 9.30 h. when at sea had been
with at home. No liquid when she was lying.

No disease present & no injury to account for
death. Congenital pyruvate dehydrogenase deficiency
of blood such as would be found in inhibition

Howell S. J. M. S. N. B. ~~Heart Exam~~ Congenit. Heart Disease 2/22
25.2.14. Wt. 9 lb. 3 oz. Length 20". Thymus normal (14-1 gram)

Washington

Ext. Well now. Umbilical cord 3" cut + tied. Lips + FN
livid. Some cyanosis face, neck, shoulders + upper arms.
Small caput succedaneum over left parietal bone
Int. Petechiae in periorbital: over vertex. Meningeal veins cong.
Foramen ovale just well formed but did not quite cover
foramen. Ductus Arteriosus as large as main divisions of pulmonary artery
bump on part expanded. Dark red unexpanded areas
chief at back but a few in front. Also passages contain
a little fatty mass. Liver + St. Cong. Kids = passive cong

Stimmed. Contains one mass & thick green mucus + a few small ^{air} bubbles. Meconium in terminal half of large intestine.

History Precipitate labour. Labour started 6:30 AM & child born before arrival of Dr at 7:50 AM. Child born in ~~the~~ pail, mother using pail to relieve herself not expect ~~to~~ child to be born there. Mother heard child cry three times. She was helped off pail by a friend on to floor but child still in pail & attached by cord, after birth not having been born. Pail was clean & dry when mother gave birth. Child later taken out of pail: - Dr arrived & gave faint cry. Died before Dr arrived.

Derby B.G. ♂ 22. Compress. Spinal Cord Follow, Fract. ~~Disc~~.
6.3.14. ~~Cerv. Vert.~~ (4th) During Extract. Tooth. 2/23
Diseased 4th Cerv Vert. N₂O Given.

Sp Pancreas

Ext. Well nurs. Pupils sl: dil: . Lips + gingivae sl: livid
Small choleliths at fork close to base of 2nd + 3rd ribs ? TB.

hr. Skull TB in basioccipital almost as far forward as
basiphrenoid, line up + curius in parts dense in others
Large calc. - Mercuric TB in right ear; no active disease.

No indication of compression of pons or medulla + no
haemorrhage into them. Spine Many soft grey
granulations between arch + bodies of upper cervical
vertebrae. Body of 4th C V Curius shows collapsed

producing acute bend of spine
Notes incomplete

History spinal cord 4 years ago. Sx better. At work time
Recent facial hemorrhage due to dental lower jaw tooth.
Had tooth removed 2 years ago. Tooth tube extraction was at lower
incisor. No opium by Dr B. I had extracted 1 tooth & was
about to extract next tooth when he became the sheathing
stopped. Artificial resp: + O₂ given. Took anesthesia well
No difficulty in extraction which took about
5 minutes. Died about 20 minutes

Weinholt J.H.F. b. 36. ~~Heart Fail.~~ Fat. Degen. Heart Muscle & Acute
Bronchopneum. Acc. Taking Venous Procure

9.3.14.

Sleep. Misadvent.

Hampstead

2/27

Ext well nour. Lips + No livid Dry area of skin outer side left
~~ankle~~ ankle + small one on dorsum of rt foot. Ventr
hr some meningial cong: HT group of petechiae over base heart.
Rt cav + rt vent. Much dil. Muscle = adv fatty degen: mins
Lungs comm. acute pleuris over right lower lobe. Marked
hyperstatic cong + oedema. Extensive acute bronchopneum
back of rt lower lobe + emf in other lobes. Upper air passages
contain frothy mucus Liver 54g. Spleen 6g cong:
Kid 6+5g marked passive cong.

Hirtz. General health good. Shocked at husband's
death last Dec. - In usual condition March 24th
at 9 PM. Cold water poured at 10 AM next morning
Did not receive consciousness + died March 25th at 2:55 PM
Had suffered from insomnia for years + occasionally took a
sleeping draught. Venous bottle sent: 1 tablet on her
dining table. Dr called in March 25th at 10:30 AM. Face rather
flushed. Heavy breathing. Rapid pulse. Pupils mid dilated
tumbler c white powder on wash hand stand. Washed
out stomach + gave strychnine. At 4 PM temp had
risen to 101° pulse + resp: increasing. Dr Fleitinger found
no venous or other poisons

Fry R.W. ♂ 21. Unconscious. & Inhal. Blood Result. For. Bullet

13. 3. 14.

Through Head.

St. Paras.

2/25
a

Ext: Well num H^r 5 1/10". Hypostaxis marked & rather vivid.
Lips & F.V.s & hind. Pupils & dil. A little bloody fluid from
mouth & nostril. Small recent bruise on upper part of back over
vertebral margin in rt scapula. Bruise 1" diameter on point of
chin & superficial cut 3/8" long vert: upwards from it. Two right
stomachings between upper lip & nose near middle line. Upper
lip rather swollen & blue in midline Two small lac & wound
inner part of upper lip mid way between midline & left angle of
mouth. Large bruise on lower lip to left of midline with two

Superficial wound one at edge, the in middle given
1 then correspond to lac_{na} in upper lip.

Int. Course of bullet. Roughly circular bullet wound in midline
of hard palate $\frac{3}{4}$ " in front end. Edge is ragged: ~~Palate~~ Palate
blacked in large area behind + narrow area on each side of bullet
wound (smoke). Bullet then passed up nasal cavity in
midline striking septum, through base of skull in midline
striking cribriform plate. It then passed up between frontal lobes
slight bruising of mesial aspect of each frontal lobe along trunk
of ~~bullets~~ Bullet then fractured + displaced continued
the frontal lobe + deformed bullet was embedded in fracture
on inner aspect of skull, the whole course being in midline

~~Bryant 1-5-20~~

~~31-5-13~~
~~St. Francis~~

Re Roy Winsett Hyde

2/25
Cont 2.6

Bullet injury head.

Lat. Ca - Cont A little haem in scalp over
junction of vault. R orbital plate almost completely
encircled by fracture; another fracture extended into left
orbital plate; this plate was unusually thick. Haemorrhage
into orbital fat on each side. Radial fracture of frontal
bone for a point in middle 2" from post border; two lines
of bone completely encircled on each side & were raised
at front ends; each line of bone about size of $\frac{1}{2}$ ". Outer
table splintered & detached rimmed: above bullet. A fissure

fracture also found back for about distance of point of impact
Skull generally thick. Falx cerebri torn in front.
Dura broken torn. Throat wrapped and lacerated
A little subdural haem over top of brain. A little
subdural haem over frontal lobes + with external maxillary
lat. venous cut: a little bloodstain of it + petechiae
on surface of heart + over lung. Numerous small dark
red areas of imbedded blood into back of lungs some a joint
of larynx. Much frothy blood + mucus in larynx and passage
of the lung. Kidney congested. Small haem in muc. membrane in
front of each tonsil.

History. Bank clerk. Health physical + mental. No worries.
Had had the revolver for 54 years; was member of Highgate

Jones L.M. 8.38.

14.3.14.

South work

Ext. Stom. Abd. dist.

Regurgitant Vomiting consequent upon
Manipulation of small intestine into open
paracostal cyst. Accel by anaesthetic.
2/26
Lungs closed up - width $\frac{1}{2}$ " long, upper end 3" to
right of midline, lower end 1" from midline and partly
oblique down inwards. Small open drainage wound
lower down. Int. 14 cans of air, 4 vent more w. Vomit
inhaled into back of lungs & mucus retained in main bronchi from
Culicis in JK - lower paracostal fatty deposit on left side of
Wales Mucus. Voids - pl passive cough. Stomach very large & contains
gas & mucus. To Small Int. greatly distended & contains mucus

faecal fluid gradually narrowed at ~~base~~ in lth 18"
the last few inches being contracted & almost empty. In the
narrowing part ~~remains~~ several notes of intestinal cong.
Small W. parovarian c^{pt}. had not been opened. Large open
W. parovarian c^{pt}. found adherent to adjacent structures in
which convoluted coil of Ist int^{stine} was incarcerated

History. March 5 - during night acute attack of vomiting
persistent & abdominal pain. March 7 Dr called saw her to
Group? appendicitis Opⁿ = March 9 found Haem. into parovarian
c^{pt} which has opened & improved. Two days later acute symptoms
again 2nd Opⁿ. Under Ether. Vomited under an anesthetic
& re-anesthetized. Resp. stopped. Opⁿ not commenced. Passed bile
into stomach

— . ♂. N.B. ~~Head Fail. & Congenit. Heart Def.~~ 8½ Months Foetus.

20. 3. 14. Breech Present, Wt. 6¼ lb, Length 19¾" 2/2)

Vermington Survived birth. Large Patent Ductus Arterialis

Ext. Well nour; Pupils dil; face livid + fns + lips deep so.

Nose flattened. Vernix Casosa + a little dry blood on body

Int. Small recent haem. over tip of supra-orbital line in midline. No caput succedaneum. Meninges congested.

Att 2 petechiae on surface + petechiae on surface of lungs

Ductus arteriosus of size of quill pen. Lungs not very large & not fully expanded but air in every part, but much at back; not fully expanded even in front

Thymus cong. Lungs engorged. Kids = Passus cong.

Back of tongue, pharynx + upper oesoph: cyanosed. Stomach
= mud clear mucus + bubbles of air. Large int. full of
meconium. Pupils in center

Epiphys lower femur. = $\frac{1}{16}$ "
" upper tibia None

Htly none

Childs A. 6. $\frac{3}{12}$. Fract. Skull. length $20\frac{1}{2}$ " Wt. 6 lb. 13. 2/28

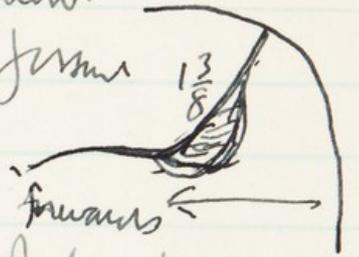
23.3.14. Thymus normal (10.3 gm). + Concussion

St Pancreas. Re: Childs + Cameron

Ext. Poorly Nursed. Tongue retracted. Amyg. glands thick.
Slight bruising of scalp over fractured skull. Recent

fracture left parietal bone running obliquely as a fissure

in part ~~with~~ angle from + outward for $\frac{3}{8}$ "



There were several fissures just before

termination. In outer half of course area of bone behind the
fissure which was reddened + easily depressed, probably in
which force of blow was spent. A little haemorrhage
on outer surface of skull and fracture + on deep

Surface disseminated by a small collection of blood
Brain pale. No injury. IT. Several petechiae on surface
over each lung. Lungs & passive cong; Kido = al: passive
Cong; Stomach contains mucus. No milk. Sm: Int
almost empty; Epiphys lower femur $\frac{3}{8}$ " Tibia upper = $\frac{1}{7}$ "
History. Child born on Xmas eve. Suffered from wind
→ very a lot.

One week Child had not been fed by Nestle milk & has
been dead. Injury caused by severe blow at side of fracture.
Death within 2 hours of blow.

Kierman P. ♂. ~~Head~~ Fad. + Regurg. Vomit Air Pass. + Lungs.

23.3.14.

Death in Police Cell,

2/29

Hammer with "Drunk + Incapable"

Ext: Very stout elderly man. Lips + JN's hard; some
width of ears + shoulders? Trunc just aft biceps.

Int: Ht ~~was~~ all somewhat dil. ? Σ in 1st part of quarter

Lungs = passive cong. Gen! emphy + chr. bronchitis. Many
of mechanized small bronchi blocked by stomach
content & very odour. Much mucus material in

upper air passages & very odour Liver $3\frac{1}{2}$ lb. Slight
cirrhosis & fine fatty deg in central zones. Mucous

Spleen 7oz. cong. Kid H amie any. Much pale clear

wine in bladder. Numerous mucous membranes. Tongues
furred not bitter. Back of tongue + pharynx hard. Oropharynx
contains sternal contents. Stomach very large & contains
just large amount of food - large masses. No feces but
strong beer smell

History: Marine in LCC Sledge Boat. Supposed to have
had a stroke 6 months ago. Returned to work 3 weeks ago
Perfectly well. No signs of paralysis. Sotax man, a little
drunk affected him. At a farewell supper on night of
March 20. Arrested that night in street as drunk
& in capsule & taken to cell at Police Station. Was able to
spell out his name. About 1 hour later found
unconscious in cell with much vomit in cell & on his
clothes. Dead on arrival of doctor

Gregory S. 8. 23. Acute Ulcerative Endocarditis + Pyaemia

24. 3. 14.

Staphylococcus Pyogenes Aerea

2/30

St Pancreas

2 wks. Illness 4 months

Ext: Well nour. Hypertar; marked + numerous petechiae.

Mucous membrane clear fluid. Lips + fingers red. livid.

Pupils red. dil. left more than right.

Int: Middle lobe sclerotic. No acute disease. Meninges cong: + acute
acute meningitis basal. In left parietal + 1st cerebellum are
groups of small haemorrhages = abscesses on micros. Petechiae over
left lungs. Rt. Rt. cav. rd. left myocardial. Ulcerative
endo card. Mitral cusps. Small endocardial haemorrhages
in each ventricle muscle = mural abscesses near

Stomach haemorrhage: membranes long & thickened lower 78g
Cl small spleen 11g. Cong: + large infarct - septic micro:
Kidney = 6g each. Cloudy wall + cong. Small haemorrhage
Thyroid = Miliar abscess micro. Petechiae micro: mental.
Bladder. Small haemorrhage = abscess in 3m int. wall.
Uterus 4 1/2" Ext to swollen Cervical canal = just 1 finger.
No injury in uterus. Wall hypertrophied. Polypoid attachment
to upper part of uterine wall = clot. No placenta.
Infected + infested uterus. Microscopic N. Large caps
luteal ovaries. Bact: - Staph aure. (Antig + micro)
preg. The March 21 on return from work - on 13th
complained of pain above + below + called in doctor
March 22 miscarried. March 20 adm St. Vincent's Hosp. - very
ill. Mentally dull Temp 103. March 21 Central Died 22nd at 2.15

Collier H. 8. 31. ~~Heart Tail~~ ~~Ac.~~ Pancreatitis Acc About ~~Acute~~
28. 3. 14. ~~Miscumage~~ 3-4 months ~~In Course Dis~~ 2/31

Hammennut

Est. Well known. Abd: sl. protuberant. Lips + Anus red
livid.

Int. Group of petechiae over back of Hr. Cervs all red dil.
Muscle = faint marked fatty mice. Lungs - All hypopne
spongy. A little of intestine in lower Sac and pancreas
+ a little fat mass in this sac Liver 3 lb. 6 oz. Advs. fatty
depos of all visceral + a little circum mass
No calculi in Gr. Spl. Small + cong. Kidneys 2 each fatty
degen. + con mass Pancreas faint large. Tail

→ greater part of body practically completely gangrenous - Jim
dry + black - practically free from odor. Remnants of
organ enclosed in fat + cultured gangrenous blabs + many
gangrenous areas surrounded by haem: + poly nucle cell
infiltrate. Ducts disorganized + veins filled by thrombi.
Large thromb: vein in tail uterus 5" long. Ext. OS
swollen. Cerv: canal = 1 finger. At int: a haem
in true mouth: on post wall area = 3" diameter covered by clot
= placental site. No apparent infection w injury. Coplot A + OKay.
History Drinking much. Separated from husband. Had male lodger -
immoral relations. He responsible for pregnancy. Was poor for some
time before serious ill ness: abd: pain + sickness. M's carried through 23
+ very ill. Had hemorrhage Sept 23 at 4:25 PM. Myria curcuma had
enforced. Denied that anything had been done. Died 7:30 PM March 25th

Acute mercurial poisoning. $HgCl_2$ · Suicide 2/32

Alfred Smallwood ♂ 19. Nm 31.3.14 DMH $\frac{48}{14}$

Ext. Well nour. Rmpresent P. mild slight dilated

Recent ops over each kidney

Int. Heart. 2 petechiae on surface. R. cav. abd. dil. Slight
fatty degen. 1 part of ~~the~~ aorta. Old pleural adhesion at
right apex. Lungs sl. cong. superficial emphysema.

Peritoneum. A little blood stained fluid in pelvis. Much blood
effused round kidneys esp. on right side. L. w. 51g.

Frequent areas of fatty degen. - Spleen lymphoid
hyperplasia. Kidneys $5\frac{1}{4}$ & $5\frac{3}{4}$. Both had been P. 50.

incised at operation + gauze plug in wound as far
as pelvis on left side. Organ pale but pyramidal
cong: slight congestion under capsule Cortex
mottled - marked cloudy swelling.

Bladder cut at about 1/3 of its length

Extreme congestion of pelvic colon & rectum. No ulceration

Histology Took Htg Cl₂ 17 grains at 9:30 p.m. 22.3.14. Severe
abdominal pain. Urine scanty + white of egg. Vomited

Adm: 8:45 p.m. Abdominal pain became less severe.

2 days later melæna. The grad. suppression of urine
On 26th Both kidneys failed. Died 30.3.14

Brown J.J. ♂ 62.

11.4.14.

Manx lemur

Oedema larynx 2nd to Carina flow
of mouth. Healed by Anaxibia Passth
Sp: two strangled hernia. 2/33

Ext. Puffiness: Large ulcer (malignant) below angle of Rv
lower jaw & large glands down neck. No white closed track.
wood midline neck. Swelling each ^{= hamian} glom. Pupils dil: lips pale
Int. Ht cws. Perineum dil, lt vent more marked. Mucle = marked
Vena aorta & fine fat dega mias. Lungs - faint marked hyperaemia
cong: + velders. Ser empty + chr bundles. Air pass pale
+ catarrh bloody mucus. Conid: oedema at angle of eye fold
haec of left Amylomid Carb. Track opening liver = common
nutrney. Kid = pars conge. large mass of malignant growth

(Epithelium) beneath ulcer in neck involved lower jaw in part
of angle & spontaneous fracture; it involved lining of floor of
mouth & base of tongue on right side. Growth in glottis
at side neck. Smell of ether in body. Rt hernia strangulated
History good health. Smoked a good deal. Total abstinence
Growth at side of mouth first noticed 14 months ago. About
4 months later Dr who resembles Dr Muller's Hist. Op's Feb + Jul
1913. April 3rd. Stomach pain growth in back aden again. After
Hernia came down - could not be reduced. Moved Op's
around. Gas & etc which had just been started when he
coughed stopped breath. Much perspiration Norway

Daysh J. 8725. ~~Head~~ ~~to~~ ~~the~~ ~~left~~ ~~side~~ ~~of~~ ~~the~~ ~~neck~~ ~~2/34~~

15. 4. 14. Rex Philip Baker Stab Wound Neck!

S.M. cancer. CCC. Guilty of manslaughter. 39 years (and possibly
Ex well now. HT 57 1/2" Lips pale. TNs et. limit
Auricle det. 2 superficial wounds in same line over base
of left thumb & back of hand. 9. healing wounds
Clean cut gaping wound left side neck 2 1/4" from
midline; lower end 2" above clavicle. Shaving
wound ~~at~~ at upper, lower end above end of blood
well up for lower part of wound. Int: HT all cavities dilated
Aorta empty. Left pleura contained more than 72 g of
blood clot & a little free blood. Left lung small

+ shrunken. Wood at back ^{1/4" long on surface} gaped ^{3/4"} deep in collapsoy
Rr very olden at back. - Cutan has flui - beery
Smell: faint fish upper air passy + w/ bronchi
Kids pale. Stomach cut part, digested food - odour of beer. right
smells beer in duodenum
Curey wood - slab almost chert clear in straight
line thick stem marked wood. Wall of the sigmoid
transverse 2 clear cuts rising vertically & clear
Tooth, on the cut inside a valve near lower end of vena
pura partial plasma ~~cut~~ long cut, left tubular
cut and which gaped
No Nestor

Paterson H. 8. 61. ~~Heart 7/2~~ • Ulcer. Colitis, Perit. & Fat Necrosis
Follows ~~stroke~~ in Abdomen Prod. Fall. 2/35

16. 4. 14.

Marblebone

Following blow on abd. felt full a
down stairs.

Ext: Statur. Height 5 feet 5". Pupils: dil. Fts R: limd, Bruise
fading outer side of eye. Smaller one under each eye. Extensive
bruising down outer side of upper arm + Bruise deep red color
padding at edge in middle of forearm outer aspect. Bruise just
above left elbow + 2 small ones at back of elbow. Small Bruise
left forearm. Recent spr-wound 8 1/2" long mid abdomen.

Lower part open with lower part open

Int. Sculp. Small bruise on top of head, midline. Large bruise
over frontal line extending to upper forehead. ~~Another small~~
~~Another small~~

Brain above not done. Large brain on rt temple changing
color. Several small brain base glands wide Menys
eng. Cars all much dil. Muscle = fine fatty degen micros:
Lungs = Gen emphyse + chr bronchitis. Acute bronchopneum.
+ hamorrhages at back of lungs. Air passages eng. + thick mucus
Common acute peritonitis over caecum + asc: colon - at sp. wound
Liver. - common: nothing any, some fatty degen micros: Sp
firm + eng. Sm haemms base of bladder. Pancreas small
pale + firm. No fat necrosis, but small areas of fat micros
& in fat round ^{+ fat in abdomen wall.} Caecum. Acute ulcerative colitis in
Caecum ~~at~~ part asc: colon. Well thin + friable feeding
through rectum. Hamorrhages in serous coat of ulcerated

~~Snout S. 67.55. Heart ~~122~~ 122² lobes ~~2~~ 2.~~
S.I. 74.

2/35

Re Helen Petersmiller: 16.4.44 Cont:
Wound. Fairly large subperitoneal haemorrhage
in abdomen: Parietes immediately over Caecum
Colotomy opening in transverse colon
History. Matron at Lock Hospital, healthy. March 29
fell down to stone stairs ^{unconscious}. Found with head on
stone at bottom of stairs. I remaining. In great pain
& complaint of head. Adm. Middlesex Hosp April 1st
No apparent serious injury but suffering from shock.
later developed signs of intestinal obstruction

She had vomiting & rather distended. Operated upon? acute
pancreatitis. No gut worms. Two days later 2nd op.
Some gut worms. No obstruction. No cause for
obstruction found. Nothing changed. Tube put in trans-
verse colon. Died April 14 at 4:45 p.

Butler C. 8. 15.

18.4. ~~14~~. 14.

Southward.

~~Glenn Island~~ Bullet wound left chest

Hæm: pleura. Air in left chest

air bubbles present: + perforations.

2/36

Ext. Well nour. Ht 4 1/2". Surface of body pale. Lips & skin

bloodstained fluid in mouth & nose. Circular wound in

back 1 1/2" to left of spinous process of 7th dorsal vert: Wound

circular ³/₂₀" diam: with surrounding reddening ⁶/₂₀" diameter

Edge slightly blackened. Ht of wound from bottom of heel 4 7/8"

Int. Brain pale; Rt cereb somewhat dil, left cereb

sh-dil: Left auricle contains a clot about size of small

marble including a bubble of air. Clot not adherent

to walls. Muscle - fine fatty layer incised & left pleura

Phot. G. J. G. 1/14

2/36

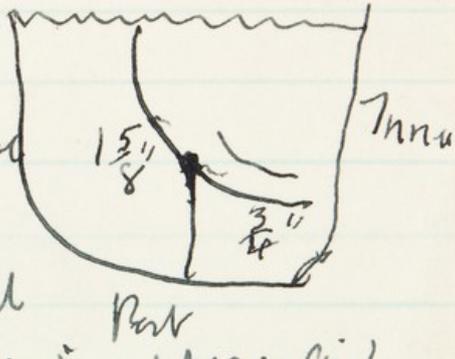
contains more than 1 pint blood partly clotted some
firm & shrunken. Left lung small. Every lymph
up over lower lobe. Entire wound of bullet back of
lower lobe, on front of upper lobe exit opening
Bullet opening in post chest wall between 6th + 7th
ribs. Pass: congestion + edema of lung. Much collapse
left lung. Perit: common: acute peritonitis + some turbid
trans fluid - Small int: contents - also free gas. Several
pale sloughy areas in small intestine wall with a
tiny perforation in one area = gas embolism. Kido pale.
History Admitted April 16. 10.30 pm. Pale, collapsed, vomit, pulse
unconscious shot in back. Next morning 2 1/2 pints blood with drains
recovered rest: to care forward. Died April 17th 11 pm.

Macklin A.H. ♂ $\frac{3}{12}$. Fract. Skull & Compress. Brain ~~P. 14~~
 18.4. ~~14~~ 14. Length $21\frac{1}{2}$ ". Wt. 6-6b. $8\frac{8}{4}$ g. Thymus small (9.7 gm)

St Albans ^{overlapping} Rex & Cramp ¹³⁷ & Macklin

Ext. Poor hair: keep lips deeply cyanosed + face + ears about 70%
 Tongue: protruded + tip cyanosed. Well defined pale
 area - large - at side of face, not reaching mouth or nostrils.
 Hair slightly curled by dirt + a thorn in it.

Int. Skull left parietal. Fracture
 indistinct inner angle
 where a little blood between fracture
 + dura mater: 1 hr. a single petechial
 haemorrhage. Lung cones: Mucus in upper air



Pancreas. Liver engorged with blood. Left Kidney Cong.
Stomach contains a little thick creamy fluid.
much starch and mucus; Sago or Tapioca.
Epiphysis lower fem = 9 mm. Upper tibia 7 mm
Hut. Born Jan 10. Body found on Apr: 16 buried in field
near W. Albans. Mother's statement. April 10. We slept
under hay ricks, next morning when I woke up baby was
stiff & tongue out; could not carry it about some
made a hole with our hands & buried it in a bank
I did not know what to do with it

Danes T. ♂. 62. ~~Heart~~ & Fat, Depen. Heart Muscle & Other
Organs & Acute Phosphorus Poison. Subside,
20.4.14.

South coast

2/38a

Ext. Well nour. Hypert. - marked livid haems. Left
pupil sl: larger than right. Lips pale. Fingers livid,
Skin yellow, not so marked on lower limbs - more
marked on face. Cong yellow. Scutum livid

Int. Meninges cong: . Numerous petechiae over surface
of heart + a few at back of lungs. H₂ Cav. much dil: left
ventricle faint mark: hypert: right hypert of other walls.
Muscle = reg cut: fatty micros. Lungs Passive Cong: more on
rt side + gen emphyse + chr bunchi. Areas of hemorrhage

into backs of lungs. Macropus in upper air passages
Liver 36-2g, surface bright yellow. 9 nodular
on rectum firm → dry + uniform bright yellow colour
Micros = → a little fatty degn of all liver cells. Apparent
necrosis of some liver cells but no inflammⁿ reaction. Spl 6g
Extremes only: 2 blood. No harm micros: Kids 6 + 6⁴g. Intex
swollen + pale with a few small reddish areas. Spermatids long
Micros = adv fatty degn of ^{all} prox. tubule cells, little or none in
other tubules. Pancreas soft + cony Micros. Some patchy
fatty change in acini. Stomach contain 6-8g of dark hi-
gher (no smell). Find large area of congⁿ opposite cardiac
nigra → a row of petechial along greater curvature. No ulcer-
ations of murel intestine dark colour + appears to enter
small intest - confirmed by g. vacuum.

~~Tombidge B.I. 65. Head Filed Paper Head Muncie 33~~

~~10. 2. 17.~~

~~Disc. Files.~~

Re Thomas Oames dec - pm 20.4.1964 ^{2/38}

Acute Phosphorus Poisoning Chk

History ^{wife} & Very strong. Two months in India many years ago in Army. Recovery complete. Took in alcohol for long periods, but had done so for some months. On April 13 sober & happy. In April 14 at night came home drunk & went to bed. Wife went to bed between 10 & 11 PM. He bed room in darkness. Saw lights on bed & across his chest & a tin on bed which had a light right in it. Strong smell in room ? sulphur.

Threw tin out into street & went to bed About 3 AM he was
out of bed & reaching. About 10 AM vomited bright red as
they say. Dr sent tin to S. Thomas Hosp. Returned home
shortly after a bottle of Mist also. Went to bed, took
medicine & remained there until death. Seemed better on 16th
but had some 'reaching'. On 17th not so well. On 18th worse. Skin
yellow - said he felt better. Went for doctor who came out
after dark next 7:40 PM. Had never threatened life.
Tin contained Phosphorene paste. He said he took
some on a $\frac{1}{2}$ sponge cake in mistake for Blower's paste.
Said he had fallen about as hard as could go on a
Milling. Said he had vomited once afterward
but thought it was due to drink.
Vadick Self administered by doctor - temporary Mysmith Jr
Alcohol.

Cook C.A. 5.31.

23.4.14.

Fulham

Obstructed Labour - Hydrocephalus
Rupture of Uterus - Peritonitis 2/39
Faint smell of ether chest.

Ex I: Well nour. Hypert. rather kind. Pupils dil. Lips very
pale. Abd: much dist. Breasts large + contain milk.
Temp: 101. Cans fairly markedly dil. Lungs: some passive
cong. Stomach contents in upper air pass + a little in
smaller air pass. Air pass. pale. Periton - much fluid. 2 lb
collected + weighed. Liver pale. Spl 9 1/2 x 3 soft + congested
pass cong. periton. - Cortex pale. Uterus fairly markedly
dilat. hypert. Some haemorrhage in uterus + mem
back base of bladder. Ovaries flattened. Uterus greatly

enlarged + enlarged joints. Lower uterine zone very thin, upper thin + muscular. Cervical Canal greatly dilated, but is not distinguishable. Complete rupture uteri across left side from inside below left fallopian tube to upper end of vagina. Perit: also extended from above rupture down to base of pelvis. Wound of 1" long + blocked by back of foetus. Umbilical cord in perit cavity. Fetal membranes ruptured at lower pole.

Foetus. Head greatly enlarged. Supra occipital line bent + fractured + scalp over it torn. Bones of vault widely separated. Eye to 2". Cranial cavity very large. Ext. hydrocephalus marked, or a little int hydrocephalus. Lower femoral supra tubercle epiphysis both joints large. Over full term pub parting. Starting in labor all time for 4 days before going to hospital. Other labours (4) natural + quiet.

Schlesinger A.A. #27. ~~Heart~~ ~~Tad~~ ~~IAe~~. Bronchopneum. & Pleur.
27. 4. 14. Result. Venereal Poison. Misadvent.

2/40

Kennington

Ext. Well nurs. Hypert: ruddy red. Rt pupil
sp. dil. Lips sl: livid also TMs

Intern. Brain + Meninges cong. Hy curv all round but dil:

Muscle = sl: fall deep. Misses. Acute pleurisy left base.

Petechiae back at lower lobe. Lungs. Backs very cong:
overematur. Acute bronchopneum. back of all at lobe + end

at back of left lower lobe + small abscess in that lobe

Upp. cir purg cong. (Back) (Sheets area + ? Cataract)

Sp. cong. Rich cong. & clots. Bladder dil & denude

Stimul & comp. A little bile stained for part
 History. Dutch subject who married German. Proved
 2 years ago came to England 3 months ago. Cheap
 Complaint sometime sleepless nervous had prostration had little or
 for sometime. 3 weeks ago I had the mistake he had been
 influenza much ago. No symptoms since. Very temperate - At dinner
 Apr 20 Had taken veronal 4-5 grains - up to 4 tablets
 at bedtime April 21st 1/2 bed at 6 p.m. Later took 3 tablets
 out of bottle which was 1/2 full. Later bottle for empty
 About 1 hour later became suddenly sleepy. Dr sent for
 one who was by accident one year ago. Dr had been
 consulted Apr 21 at 11.30 p.m. gave amelia the was sick Remained
 unresponsive. Died Apr 24 4.15 p.m. Temp 101 on 23rd

Veronal 2 tablets
 1/2 wine

Re: v A. W. Gardner. May 1914

2/47

Sexual intercourse with daughter.

Statement of Edith Eugenia Gardner apt. 134 am on
August 8, 1913

Mother died when I was 6 years old

My father took me to live with him sometime in 1912

I left him this Easter & went to stay with my aunt.

I slept in my father's bed. Soon after I went there

my father got into bed by my side he pulled up my

night dress & put his finger into my private. He then

made me open my legs & he lay on top of me & put

his private into mine - hurt me - he moved about; he then

pulled it out & put it in again several times for $\frac{1}{4}$ hr
I cried. He said "I won't hurt you". I felt all wet & wiped
a lot of white stuff off myself. My father after' washed
my clothes. After that he did the same about
every night. I was afraid of my father. Sometimes I
saw red marks on my drawers & sometimes it hurt
me to walk. I told my Aunt about week. My sister 2/4 yr
of age said father had been made to her.

Exam of Edith E. Gardner ^{May 9} x. Finger passed with vagin
without obstruction & without pain. Cervix
Myatome present No hymen. No evidence of infection
by gonococcus bacteriologically. No indicⁿ of E. Condition
consistent with girl's story

Sullivan L.J. ♂ $\frac{5}{12}$. ~~Head Tail, Black, Jubib, Rizing sp.~~
13.5.14. Circumcision Length 24⁴ W. 13lb. 6oz.
Holbon Cardiac tubulosis. Anaesthetized 2/72

Ext Very well nour. Sl: verdena scutum. Lips + preopale
Tongue sl: protruded. Open wound marking. Tracheation
wound. Cardiac Massage wd. Clud wd on left
radial art + clud wd left thyg (thoracic trans)
Thy Hr. 3 punctured wounds - at least one passed into
L + ventricle. Cass sl: dil. Mule normal size; No cong
drow. Left Pleura about $\frac{1}{2}$ full of clear fluid which contained
white blood. Plechma on back of lungs. Posture
pale + emphy's left lung much compressed, completely

above. It went into left lung in upper lobe
2. due to cardiac pressure into needle puncture. A little blood
& mucus in airways - trachea opening. Thyroid = 27.6 gm
lymph. hyperplasia lower lobe & lung int. Ent. membrane
glad

History. First child. Born Nov 28. Deformed feet; put into
splints in March. Cold in chest 3 weeks ago. No stated that
circumcision outside - swollen red. Op = performed on 12/10/28
May 11. Op = Examined attempted to be healthy. Cut Cl₂ 15-20 drops
full of ether. Fore skin just stretched - child moved a little. Then
fore skin clamped. Clamped by hand - Op completed. Heart & lungs
stopped. Child put in hot bath. Card. pressure - needle with heart
& connected with battery. Resp stopped in 10 mins. Asphyx
resp. H₂O + resp. apparatus for 2 1/2 hours, then heart came back

Spittle S.A. 8.30.

16.5.14.

Washing

Diabetes mellitus.

2/43

Sudden unexpected death

Ext. (only) Norm. Lips, ears + fingertips sl. livid

Ulceration between vulva + thigh each side.

Int. Cerebral vein engorged. Excess of subarachnoid fluid.

Penis. oblit by old but firm adhesions. Petechiae on back of heart. Cor. somewhat dil. Lt vent more marked. Muscles

= fine fatty degeneration in lung. Marked hypert: cong. + edema

for emphyse + clear bronchi. Liver + Spl. Cong: kidneys enlarged

color pale ^{marked fatty degeneration} _{in pyramids} cong. Much pale tissue & more than 3%

myosin. Albumin + Acetone precip. Pancreas small. No cell white found

Eczema of whole vulva → abscess beneath each side
When infantile. Unpleasant smell suggests diabetic
body. Subcut. → other part recent.
History Had pruritis vulvae since Nov. last. On May 14
she was ill; had had chills + sickness during
night. Was dizzy + wanted to sleep. Later in day
became unconscious. Died May 15 at 1:15 AM. Had had
a menorrhoea for a long time - attribute anaemia

Bresling A.E.H. ♂ 36. Coma & Heart Fail. & Poison, Salvarsan.
27.5.14. 2nd dose 2/44

Keruingia

Ext. Well nour. Hypert marked & cuticle livid. Pupils dil.
limb & No. 12: livid. Indented area in glans. Small chr.
ulcer left calf.

Int. Meninge conj. - Thick p₁₂ cracks along upper border of each
Cerebral hemisphere in part. Parasitic? = meningitis

Int. Single petech in surface. Cass much dil esp to vent.

Much = near adv. full deg. inia, lungs = pass conj.

+ uedema? gamma in left lobe white low 6703

= adv. full deg. central zone of lobe, none elsewhere Spl 9 1/2 03

Very cong. Kids ($6\frac{1}{2} + 8y$) cf. small mice. Tongue haems
in each margin-bitten. Gumma in left calf beneath
where small gumma in rt calf muscle same level
Hubs. Had been in Army (Capt. South African War)
Non-graduate sec? Said never to have been treated for $\frac{1}{2}$
Had sore on leg since last year. Admitted nurse
here May 23 morn. No fever. Dr. Bailey gave inj 10:30 AM
(rt inj. May 9, little symptoms afterwards). On that night
+ on May 24 Temp. of 104 + shivering. Asleep on Morn of
May 25, out of bed at 8:30. Could not say what the
wound did that day at 10:5 pm. Had gumma in
+ died in status epilepticus. Two injections of Salvarsan
0.6 gm each time, injected into vein in arm.

Smith R. 5. 39. ~~Dise. Brain. Venous Thromb. to Soften Brain.~~

6. 6. 14.

~~Thrombosed veins in hepatics + arterial system in liver~~

Very unusual sudden death 2/45

Ham mass high, Ext. Well num. Pupils rather dilated. Mucous of perianal P.O.

Hepatic Pans. Small area rather soft & small area of necrosis. ~~to~~ ~~area~~ ~~of~~ ~~infected~~. ~~Mucous~~ small areas of communicating necrosis + thrombosed of veins in pans + in its surface

HP Muscle = adv fatty degm: micr. lungs = sl. passive Cong, Spl cong. Uterus sub. to size of 5 month preg but with ovum complete & undisturbed. large corpus luteum in left ovary. Breasts active + contain milk.

History ^{Pregnant + had made arrangements for}
^{4 children}
confinement. Took no drugs. Pain in head for some
time & had medicine for them from Dr. Also had
vomiting. On June 2. In bed at midday with headache
& had vomited. In evening she was staggering as she
walked. Her head was very bad. Had tea with bread
& butter, then vomited it all over husband. He
arranged for Dr. to see her next day. On return of Dr.
1/2 hour later she was in bed, did not answer, face
~~was~~ cold. Body moist. Thought she was dead.
Drove for himself & found her dead. Mental conditions
Had suffered from head for years

Hammett C. J. 8. 46. Cyanide Poison, Suicide

2/46

6.6.14.

Wilmington

See also case of Shumberg also cyanide

Ext Well known. Hypert: Marked + rather vivid

lips: no mixed blood

Int: HT curv. sl: dil. Mucle = slight patchy patch - micr.

lungs = at pers ang. - liver 3 1/2 N. Sp 5 1/2 3 lung. Kids

5 + 5 1/2 3. 1 passive gung. Pancre ang. Tongue litter each

menje heart tip. Some lymph hyperpl in arteries in

arteries some terminal at end. Stomach wall N + about 5 of

normal yellow hair very sweet odor. No food. Blood geni

red + dark colour. Chemical Ex. Stomach content 1 shot

alkaline, faint odour of HCN when bottle opened
vapour gave the knee ticks just HCN.

Hugh Widow. Kept tobacco nicks shop. Complaint of headaches
for some time. Much worried about business & in ~~last~~ ^{last} day
no sleep. Has been drinking lately. On June 4 said head was bad
went out 10:30 AM. Returned home 5:43 AM. Maid had
been bed, asked for cup of tea & said head was bad
at 8:15 still in bed. Said she would get up in minute
or two. At 9:0 AM found in bed unconscious; heavy breathing
Sent another person to see how she was. Maid to hotel DO
who arrived about 10:15. Unconscious & abundant gasps of breathing
Pallid. Bloody sputa about mouth. Died 9:20 AM.

Attention maid by work 6 months ago

Blumberg C. ♂ 50? Cyanide Poison.

2/47

9.6.14.

Islington

Tests for HCN given by vapour in stomach
Content which also had the smell of HCN

Ext. Well known: lips & nose red, hands clenched

Int. Excess subcutaneous oedema of cerebral hemispheres

HR RR coarse much dil. & arr. some vent: more marked dil

Lung. Marked passive congestion. Some chiv. haemorrhage & emphysema

Liver & gall. Advs. fatty degeneration notes 3 one. Sp right & lung

Kidney Passive congestion: Stomach contracted. Small quantity of thick

brown fluid & heavy sweet odour. No food. Wall rugose

→ muc: m. stained red. Close to pylorus chv. proliferation

(Confirmed necrosis) $\frac{2}{3}$ - chavite + circulation

Harty was a photographic operator & has access to Cyamid
& other films at work. He drank heavily & has been strange
in mind at times after drinking. He threatened to take his
life. Evidently upset by worries. Last seen alive June 7 at
4 p.m. He was at work. On June 8. about 10 A.M. I went to
his room. He was lying on his bed & coat off. He
was dead. A letter was addressed to me. Dr. Sawyer
at 9:45. Dead for a few hours. No unusual appearance
Courtesy Officer First saw dec & third June 5th in evening
Connect with death of Mrs. Hammitt. He was in her
shop & had a lock on her when she was found drunk
? did he supply her with cyanide

Sullivan A.E. 36. ~~Fat ^{degen} Heart Muscle ^{degen} Basalt, ^{supra}~~

12.6.14.

Stomach Chronic alcoholic poisoning. ~~Ovarian cyst~~ 2/48

Ext. Well nour. Abdomen protub. lips + JTs 2; hind
Small hairs - difficult eyes - on limbs

Int. Excess fluid in subarachnoid space over vertex of brain. Ht
Petechiae on back. Procaros much dil. left aur: somewhat ventr.
More ment. dil. Muscle - extremely adv. fatty micr. - lungs some
hypertrophy, congest. Liver 1/3 edges rounded. Adv. fatty changes
of cell ^{micro} cells, infilt in periphery, degen elsewhere. Kid 6 + 5/3 adv.
fatty deg: in cortical tubular micr. Stomach wall N. + cent
1/2 pint more fluid + fragments of food. No alcoholic or other

abnormal ovarian follicles in uterus. large Ovarian cysts on
each side - dermoid + multi locular. One cyst in left
tube pale yellowish pus - old - E. Coliform bacteria
uterus + Ovarian tumours - 75%

Hilda American Actress. Divorced from husband
- living with another man for considerable time. Abdomen
tumour diagnosed 2 years ago. Would not have operation
Took fair amount of alcohol - never under influence.
For some time attack of gastric vertigo: Had an
attack on morning of June 11. She went to bed as usual
& missed breakfast had soda water & rice. In afternoon found
dead lying in bed partly clothed. No sign of struggle
Had a fall previous day.

Sudden death. Coronary Artery disease of fibrous 2/49
of heart muscle.

Albert Sumnerville ♂ 48 Bm 16.6.14 JMH # $\frac{96}{14}$

Ext. Fairwell exam: Rm & Hypertens. Present, Excoriated
opth of nose esp on left side

Int: Brain IV cerv: atheroma of arteries. Heart: Rt ventricle
at hypert. also left auricle muscle dark & firm. Area of
fibrous in wall of left ventricle. Aorta normal also right
Coronary artery but left showed much nodular atheroma
esp in smaller vessels. Old pleural adhesions at each
apex. Lungs very emphysematous. Some congestion.
Spleen, Kidneys & Pancreas Cong: P.S.O.

Hering 1 Vme B.I.D.

A handwritten signature or flourish consisting of a long, sweeping horizontal line with a small loop at the end.

Crawley D.N. 6.37. Ulceration & Peritonitis of Small Int. 2/50_a

17.6.14. ~~Intestine & general Peritonitis 2nd to~~
Wilmington. ~~Shrunken of Intestine. Abdomen? Abdominal.~~

Ext. Well nour. Hypostasis marked. Lips & cl: livid

Int. Meninges cong. HR Rt caecum somewhat dil, left
aur. & ventricle more marked so. Muscle = marked fatty deg.

micro: lungs = marked passive cong. Esophagus acute gen.
peritonitis & contains faint large amount of thick grey

evil smelling fluid? Stomach: contents liver 53g. Some fatty
deg: in center of whole liver & spleen: cong. Kidneys passive cong

& cl: well. Rt suprarenal = contains nodules = adrenal

Carcinoma. Pancreas cong. Small Int. Upper part somewhat

dil: rather more than $\frac{1}{2}$ way down gut greatly dil for 3 feet
wall thin & friable + several acute ulcers - transverse
spits + a large perforation. Just below the part a coil
somewhat cont.; it had covered over pelvic vein
with old firm adhesions to brim. This coil very engaged
& friable. No ulcers or perforation. Content of small coil
small to point $\frac{1}{2}$. Small fistula between lower rectum
& vagina. Uterus 4" long. Wall sl. thickened. Remains of
placental site. Inner surface N. On part to all of cervix
rather more than $\frac{1}{2}$ way up is puckered circular junction
shaped (healy wound)
Histy. Cook widow of P.C. Died Oct 1. 1913. Told mother she
had abated May 26 followin a fight. Said she had

~~Tell M.E. 8.78~~ ~~Heart fail 2~~ ~~Cancer~~ ~~Stomach~~ . 2 / 50
~~15.6.77~~ .

Re Daisy Nora Crawley etc

History cont taken pills, tubing on abdomen.
10 days before she went sick - on May 22 - the
Complained of pleurisy. Got better until May 30 then
was Dr called in June 4 when sent her to hospital
Had complained of pain in stomach & sickness.
Which she attributed to appendicitis on one occasion
& on the other occasion to gastric ulcer. Symptoms in
Hosp: Magnesium Bismuth & Peptonin. Died June 14
at 11:35 AM.

Mackinnon J.N.B.34. Veronal Poison. ~~Heart Fail.~~

18.6.14.

2/51

Paddington

Ext. Well nursed; 1 hypost. Marked + livid. Lips + Fts
livid

Int. Meningeal Veins engorged. Several petechiae over
back of heart. Rt. cav. + left cav.: rd dil. Lt ventr more
markedly so Muscle = marked patchy fatty degen-
erations; Comm.: acute pleurisy at back of Rt lung, hazy very
cong. + oedem: at back. Acute bronchopneum at back of each
lung. Regum. st: contents in air passages. Liver 76g
Fine fatty degen. in mus chief of inner zones - spleen cong.

Ridiculous + crazy. Back of tongue. Pharynx + throat
wring. Stomach sticking. + a little reddish fluid, no
food. When crying mucous + a little bloody mucus
in cavity. ? menstrual.

Hiding. Husband died (suicide) March 25, 1914 Great shock
H₂O tube. Veronal. - until since + had taken it
is present in sleeplessness. For years June 10
got present for 100 gr. tablets of veronal. for
Orlando Hillier + obtained bottle for chemist
found unconscious in bed on June 15 afternoon. She
was cyanosed in face. Heavy breathing. No reflex exc. slight
corneal Temp 104°. Warmed up + stopped Temp 107.
Died June 16, 10:20 P.M. found bottle of veronal by bed.

Swiney N.S. 8.4 Days. Inhal. Blood into Lungs. Haem. From
Nose Result. Conspic. Defect Heart.
19.6.14. Length 15½" Wt. 2 lb. 15½ oz. 2/52

Chest small Patent foramen ovale + large duct. arter.
Ext. Very small, Puhid dit. Lops TNs TNs + juve line
Dried blood outside nostrils.

Int. Membrs cong. Ht. Small. Large patent foramen ovale
and partly covered by valve, also large patent duct. arteriosus
lungs N in size. Air in every part. Small areas of
haemorrhage throughout lungs also inhaled blood. Some
fluid blood in upper air passages. Thyroid cong.
Thymus small liver cong. Adrenals large. Cortex
congested. Mouth smeared & blood. A little fluid blood &

mucus in stomach, No milk, No epiphys at lower end
femur

History Born June 14 3:30 pm Died June 18 11:30 AM
Child premature $6\frac{1}{2}$ months. Very feeble child. Midnight
clock Bark. Child had been born when I arrived a few
minutes before I thought it might live Mrs Mobb
saw child on June 18 at 10:45 AM. Alive + died at 11:30 AM
Making a noise before death

Denton G.L. 5.22. Acute general peritonitis due to 2/53

23.6.14.

St Nansen

acute appendicitis & perforation.

Miscellaneous in course of disease.

Ext: Well nour. hips & ft's rather hard

Int: Mucous Cong. Itr Rt cecum somewhat dil. Left amide

of dil vent more marked so. Commencing acute

pleurisy over Chapman's space of each lung. Some

pannic cong: Acute gen: peritonitis. Much turbid

fluid in cavity, more marked in pelvis & most

more intense round appendix Spl 4 of St. Cong

Kid (4 + 4 y) cloudy wall. Appendix 2 1/2" long hangs

down to broad pelvis, very acute inflamed, gangrenous

with perforation about midday + large amount close to perforation
No local abscess. Uterus 5". Cervix canal = 2 fl. Body lined
by soft friable chf. beneath this wall healthy; placental
site visible on post wall high up. NO injury or inflammation
History - Unmarried; about 4 months pregnant. Taken
ill about June 13 + pain right side abdomen, sickness
+ diarrhoea. Dr called several days later. Diagnosis = helvetic
peritonitis due to either appendicitis or intercurrent pregnancy
Sent with VCH June 17. On admission, pulse
Rate rapid, sickness, little temp; helvetic peritonitis; absent
on height of June 19, a little pain. came away with
membranes, foetus dead, but uncented. Better afterwards
but not diet collapsed a few hours after + died June 20 at 2.5 PM
She was to have been married ~~on~~ on the week of death.

Brunkiel J.W. ♂ 53. ~~Heart failed~~ Dise., Coron., Arts. & Calcif ^{2/57}
25. 6. 14.

+ much narrowing + fibrin of HT Muscle.

Manylebone

Ex^t: Very stout. Hypert. with hoid. Lips, neck, arms
& hands with hoid. Pupils contracted

Ints. Marked atheroma middle cerebral art. HT, Rt. Cor. &
L. Cor. Joint marked dilat. Lt vent. marked co. Muscle
= numerous plate areas in Lt vent wall esp one musc. papilla.
Arts. very ath. Numerous ath. areas, some Calcif.
+ much narrowing of coronary art. lungs = some gen
emphy. + chronic. Air pass. cong + contain some
mucus. Thyroid. Small cystic adenoma

Live ent: Some fatty infilt of cuticular zone near
Spl. Soft + curvy. Tongue circumoral back. Stomach
almost empty. No abnormal appearance or odor.
Hurt. I don't + temperate. No pre- or post-
Stage carpenter. At garden park Botanical Gds
June 23rd. Had lunch 2-3 pm. In evening then called
at public house about 7:40 pm. Ordered a Beer but
before he could take it he suddenly fell to ground
inconvincible + breath heavy. Died almost immediately.

Collinson E.G. ♂. 54. ~~Head Tail & Hooves. Trauma. Aneurysm~~ 2/55
1.7.13. ~~Axilla Open & During Op. NOV Accl Anaes~~ a

Manylebone Traumatic Aneurysm Axilla Artery
Ext. Well known. Lips & livid. Three recent closed Op^s
wounds on lower part of vet neck, Rr shoulder & upper arm
Rr shoulder, upper arm & elbow much swollen & redness;
Int; Hr Cvs all much die esp Lt vent which is hypert
Muscle = adv. patchy fatty - necros. Adv atheroma arter
& coming wts - no narrowing of these. Rr subclavian
& axillary art thick & atheromatous. In lower part of
axillary art. an arteriovenous was a small circular
opening in artery with thick rounded edges. This opened

with large oval cavity, size of clenched fist, filled
by laminated grayish old clot. cavity partly bounded
by condensed c.t. partly by membrane + callus
formed intracapsularly blood, the clot extended up to surface
neck around radial flexor with structure sac
had the artery on its inner side + fractured humerus.
on outer side. tumor = marked yellowish + dark spots
Air parts pale. liver 461g = carc. multilobular
Cystic, crude meat = peritoneal fat infiltrate
sp. 15½ oz. kid 10+8 oz ? due to diabetes. Fracture of
surgical head of humerus, extremities com minuted; did
not get into joint. No callus but clot between ends.
Another fracture lower end of humerus.

~~Coville T. 8. 38. Subtotal Home.~~

Continued

~~20. 1. 13.~~

Collinson, E. G. 1. 7. 1913

2/55
6

History. Sister. Strokebroker's clerk. Suffered from
~~Diabetes~~. Had fall 9 weeks ago. Fell down
10 stairs in passage. Said he had hurt arm & was
~~not~~ shaken. Went home in cab & knew after.
Said to have weak heart. Adm: Middlesex Hosp
June 26. Rx arm & shoulder by nurse. Suspected
fracture & injury of blood vessel + blood pressing
on vein, perhaps traumatic aneurysm. Decided
to remove head of humerus + to tie axillary
artery. Op June 30 2pm. Anaesthetic bromid

into theatre. Sir John Blizard-Johnson operated. Small
exploratory incision not of great value. Blood clot
removed. Then made long incision down shoulder
& arm. Then tremendous spurt of blood which
could not be controlled. Cut over subclavian
art. to tie it but man died first. Duration
of op 5 minutes. Death from loss of blood, but
caused by anaesthetic which was gas + ether
followed by ether

2/56
Re Henry Lincoln Rose ♂ 49. at Dumbell Hotel

Tuplus July 2, 3:20 p. Prob. Syncope - at coming an address
Dumbell Hotel + Shock of immersion.

Ext. well norm. Decomp adv. Face swollen; color deep red
to green. Neck + chest swollen, gas beneath skin + blebs
Abd. firm becoming green. Scrotum open + wetly
dist. by gas + greenish in color. Arms + forearms
purplish + greenish lines. Hands skinless + green
FAs cyanosed. Decomp: much less marked lower extremities
Reddish fls + oil drops escape from nose + mouth
Jaws tightly clenched; tongue between teeth + bitten.

Stimuk ^{contingent} escape when jumped
mt. Bruni Adv. decomp: HV L vent rather dis.

No trace of wood in head
Left corner art or comm: of vent. hand, calcium
plates & ^{shadows} ~~long~~ ^{thin} marks further along in Pt acty.
Stained central in air pump due to 2nd brush
but no fish. Plenum = a little clear and fish. hump
large + empty. Some hypox: any. No worms
in any of fish in hump. Stained dirt: by gas
& certain soil bag amount of porous like material
= part electric food. No water. Interlock & vent N
Think: He was an expert outdoorsman & Hunter found
to spend much time on river in earlier years

~~Brown B. 3/14.~~

~~Contractors (Ohio - ...)~~

~~6.16.14.~~

2/56
6

Re Henry Knack Kiscoe. 3.7.14

History cont but not recent. No one knew he was
going on river on Saturday June 27. But a servant at
home saw him leave house ^{South Andover} in afternoon dressed for
river. No evidence of changed demeanor or any trouble
Sawd comm some businessable. Member of firm
of Field Kiscoe & Co. Soldier of Shinarump. No business
trouble. Engaged hunt at Maiden head on Saturday about 3 p
at his usual place - well known. Paid in advance
& went up river. Hunt for Kroatig down stream

Sunny morning. Had not been tied up. 8 straw hat in front,
2 paddles, no pole. Point channel on bows + 2 lock tickets.

Time 9:30-10:00

PC Mendenhall June 30 at 1:45. message that body seems
in a back water about 8 feet from bank. About 4-5 feet deep.
Feet entangled in weeds. Minor or less steering posture; cut
Court + thin visible on surface. He could swim.
EZ + Gold chain + watch in body + gold
watch box. Watch stopped at 11:2. Scar to be small
wound behind ear + mark on left side of face
like gravel rash

Michaelson C. 8. 70. Degen. Heart muscle + Anaes. (Ether).

4. 7. 14.

2/57

Marylebone

Op. - four corneal ulcers (24/1)

Ex^t. Poor view. Left pupil at die, R^r opaque + yellow
lyes at lining. Small scar below R^r inner canthus
Int. Adv. ath cerebral arts. Eyes. Much ening + opacity of white
at cornea = previous ulcers - Hr. R^r cns + Hr. Air much that
die, R^r vent membrane. Mucosa = fine full deg. of
mucosa in atth mucosa. Also small fibrils areas.
B^{ut}is = Adv ath the th + calc. at lower end. Cornea R^r
= marked ath + calc. not much narrowing, lungs = marked
open emphyse + chr. bronchit. St pars cong. L^{iver} cong

Two lungs calcified full of B + one at heart. Sp. fine + very
1 Kid, 3 + 2 by Marked arteria sclerotica disease, small of
Ethos in chest.

History Adm Middlesex Hosp June 15 for bleed from
+ abscess in lung and ~~the~~ ^{the} abscess opened + drained June 24
of abscess 2nd op. on July 3, 11.30. Previous op. was
followed by open Ethos. This time started to open
+ Ethos, then open Ethos before quite much. Took it
well. Taken into theatre + lifted on table. Took 2
Malle breaths, then stopped; pulse ~~had stopped~~ ^{had stopped}. She
was ready for Op. Restraints failed.

Kepple T. ♂: 74. Heart ~~fail~~. Shock (Delayed) Follow. ~~2/13/7~~
21.7.13. Fall on Back to Fract. ~~in~~ in Rt Hip Joint.

Hammerhead + Paralytic Flus 2/58

Ext. well nour. Abdomen dist. - Oedema Joreskin
Penis almost black. Bruise 8" x 4" vert. over lumbar
spine rather more on rt side

Int: Some osteoarthritis, lumbar spine. HT Curved dil
esp. left ventricle. Muscle = marked bron atrophy some
patchy fat mins. Lung = marked pars. cong. + oedema
Some emphysema. Rect: a little clear fluid in pelvis.
Sp. soft + cong. - Vessels of parav. cong. A little
clear urine in bladder. Stomach - great dil + filled by

Yellow watery fluid. Upper coils on outside of
dial + much fluid; lower coils numb. Fracture of
bone in vertebrae of spine where line of thin
& transparent. Fracture $1" \times \frac{1}{2}"$ displaced backward
with little harm done

Hick - Very healthy apart from rheumatism. On July 18
at 5:45 AM going down escalator at Liverpool St. Station
& fell back and about 2 steps for bottom. Helped him up
Had used escalator for some minutes. He was alone
and unsupported. Returned home. Helped off with
coach. Went to bed in great pain, bruise on back. Show later
on July 19. 1:15 pm. Much bruising & intense abdominal pain
had buried bruise. Abdomen much tender. Died July 19 of PM

Acute Mercurial Poisoning. 179 Cr. Suicide 2/59

Elsie Forrest ♀ 22. Pm 29.7.14 SMH $\frac{126}{14}$.

Ext. Well nour. Rm present.

Ints. Brain & N. Heart. RV cavity sl dil; muscle
appena. LV. Slight fatty change in intima of aorta.
lungs very congested & oedematous. Slight bronchitis
& emphysema. Air passages. Gungi contain much
fatty kind. Liver. 60g. Small irregular areas of
diff. fatty change. Spl. very cong. Kidney $5\frac{3}{8} + 5\frac{1}{2}$
Marked injection of stellate veins. Congested. Cortex
nodes & ? fatty changes. A little cloudy urine PTD.

in bladder Tongue a little discolored of under
surface each side. Oesoph ~~and~~ long + superficial
crimson at lower end. Stomach contains dark fluid
Cong! + rough + covered with thick greenish mucus.
Sm Int: in lower half more marked. Mucosa
+ deep cong + covered with thin mucus. Vag at
apex of valvulae ~~covered~~ with mucus. Small
changes but more marked throughout large
intestine + cecum. Non-venous. Kidney mucin
= necrosis of epithelium of cecum: tubules History Took 8-
solid. Died 4 days later. Bloody diarrhoea, vomit + anaemia.

Storey A.E.S. 26. ~~Head~~ Haem. Into Pleur. Cavities Course.
13.8.14. Par. Bullet Across Chest.

8 Pancras Rex v Donald Hesbini. Murder 2/60
a

B.T. Well nursed: HT - 5ft 4". Surface of body pale. Pupil dil. Hippiculi

Entire wound. In R axilla 1" below apex + $\frac{2}{3}$ " behind ant fold
Wound oval $\frac{1}{2} \times \frac{1}{20}$ ". Long axis down stab. Skin edge demarcated
Surronded by bruising. Exit: Group of 3 wounds back of R

Shoulder, 2" behind apex of L axilla. HT above ground 4ft 1/2"

One wound = exit of bullet, others fragments of ribs.

Int. Course of bullet straight line at left, some
backwards - sl. downward as far as left rib then
more direct backwards. Entered at chest

Smacking 4th rib, entered lung at middle lobe, emerged
close to ~~not~~ ^{not} ~~lung~~, curved past mediastinum, through
dense thoracic aorta where 2 ragged wounds, the
entrance larger & stellate than entered left lung
in upper part of lower lobe emerging lateral aspect
in base of upper lobe. Several small fragments
of bone (from right rib) in bullet track, then
shredded 5th left rib, through left scapula
close to axillary border, lung lacerated by one of the 3 wounds
~~Bones Head~~. Small one right side at back, the other
rather higher in middle line at back. Organs pale

~~Steward Q. 8. 8. Heart Fail. Follow, Eysen, Alzener's & Co.,~~
~~23. 4. 14. Perils Not Arising Therein.~~

2/60
6

Re Alice Ely in Storey dec 13. 8. 14

Int. Cont. Some blood along bullet track
29 oz of blood in Rt. Pleura, 31 oz in left.

Hunting, Assistant at Fairland at the Skooting Range
On Aug 12 about 3.45 pm Leslie. Asked for revolver which
dec. handed for him. He pointed it at target, then
dropped it to his side, then pointed it at dec
saying 'Now I have got you'; she tried to escape
He followed her. She screamed 'Dunt Dunt' the
sound of discharge. She gave me terrible screams

• was found lying on stairs. Bullet found in wall
of shooting range. When detained by police
Christelle Prouin said "The woman
insulted me & shot her".

Stone E. H. 8. $\frac{5}{12}$, ~~Head & tail, & Ac. Blood Poison.~~ Not Connect.

28.8.14,

Acute pyaemia

Vaccination.

Wilmington

2/61

Exp Wellnons. 8 lb. 22 $\frac{1}{2}$!. Decomp. advancing. 4 vaccinations

Scars left upper arm. All appears healthy in incision.

Unopened abscess thigh. contains thick yellow pus Streptococcus
Open abscess hump at hand - did not extend far up arm

Small open abscess on palmar surface left wrist tracking up

to elbow but joint not involved. Other abscess unopened
in rt groin, back of rt elbow, over xiphisternum

but. Meningeal cong. Ht Petechiae on surface. Muscle = fine
unopen joint incision: hump back + embly backs cong.

Murkum in circums. - smaller ones. 2 + Axillary had enlarged

Sp. Cong. King Chandler

Hinky. Full term, Healthy. Vaccinated July 18 by
public vaccinator. Government by mouth; other children
having same by mouth not affected. Inspected July 21 healthy
reacts well. Aug 1st L. arm append. much inflamed
Two scabs had separated. One of remaining scabs - one of scabs
a little moist (3 weeks after vaccination). Taken to Hosp Aug 2
going each day. Pt had opened Aug 22, left hand on Aug 24
Died on Aug 26. Vaccination had all healed

Cox R.E.H. 8.30. Heart Fail. + Dise. Heart Muscle whilst suffer.
1.9.14. + Liver Deleium Triemens

Manylebone

2/62

Ext Well nour. lip pale. Recent bruise on Rt shin
+ knee, left shin, Rt Elbow, Rt Forearm 3, Rt + left hand.
More sl: abrasion bruise right wrist, right side of lip
of head + above.

Int Bruise beneath nally on head. Hr. Rt Carpus
dil: left ankle sl, vertebrae marked dil. Muscle joint
marked patel fatty mass, lungs - marked passive cong
liver 87g. Adv fatty inflt: mass. Edges rounded Spl
+ Kid cong.

History - Married but not living with wife
No occupation. ~~Had~~ Health apart from drink
Heavy drinking for about 5 years. - chiefly spirits
Has had fits? epileptic been alone
Adm. Middlesex Hospital for Commencing D.S. on Aug
29. On Aug 31 so violent that he had to be strapped
down. Died Aug 31 2'30 pm.

Harris R.A. ♂. 64. ~~Dise. Heart Muscle~~. Acc. Insuffic. Food -
2.9.14. Adv. Jatt heart Open Act

Reading

NOT real starvation

2/63

Ext Poor heavy old man lips + JNs lined. Left upper
arm shrunken. Several sp. scars + bone calcification on
outer side. Broad scar over left shoulder all old
hr. Old adhesion between skin + chest on under surface
irregular like C but high marked between scapulae; less
marked on back surface of left joint also = Mov: v. on
Ht. Cus all much die, left ventricle thin Muscle = adv. Jatt
degen + some thin at top veins. Lungs. Marked passive congestion
+ oedema, also Adv. bronchitis + emphysema. Thorax small.

Liver rather small. Upr. deep red colour. Spl: Cong.
Kids = fine passive cong: Stomach = a little bile stained
~~fluid~~ No food... D. particles in upper rectum
History. Widower. Private means. No occupation.
He was a little odd. Rather seclusive. Not healthy.
Had epilepsy all his life about once a month
very temperate. Always by the fire. Aug 27
said not to be well. On Aug 31 found dead in
bed in his flat. No disorder. Papers in order. Had
a weak heart.

Marshall S.L. ♂ 9 $\frac{3}{12}$. ~~Head Fail. ~~Ac. Blood Poison. ~~Lowest.~~~~~~
Scarlet Fever. Thymus normal.

4.9.14.

Kensington

Sudden death, 2/64

Ext. Well nour. Decomp. advanced.

Int. Meninges Very engorged esp. over base of brain. Middle
ears cong. Pericard^m = a little deep red rather thick
fluid. Ht. Cav. all much dilated. Muscle = some fatty
degen. Lung = some passive cong. Enlarged glab
in upper part of h. each side - pale + soft Spl. 4/3
Intest. Cong. Kid. cl. well. Tongue clean + bright
red. Tonsils enlarged. Ureter: ureter to decompnd.
History. Went to school Monday morning. Taken ill

with sickness on Monday evening. Sent for Dr
on Tuesday morning but child clear. Mrs had
vomited at school on Monday morning + complained
of sickness at midday. Two other children in
family away with Scarlet Fever.

Sudden death. Coronary artery disease. Fibrosis of heart muscle. 2/65

George Lawrence of 60. PM 11/9/14. SMH $\frac{146}{14}$

HR. Well nour. Rm + Hypertension present

HR: Brain to IV. Fairly marked atheroma of arteries.

Heart. All cavities dil; ventricles hypert; Muscle dark. Small areas of fibrosis. Aorta atheroma esp lower end

Coronary arteries very diseased. Marked narrowing in one part of left artery. Plaque had adhered apical left

base. lungs. Chr: bronchitis + emphysema. Passive cong.

Air passages cong; + contain mucopus. Spleen, kidneys

+ Pancreas cong; Prostate hypert;

P.D.D.

Hertz: nil. B.I.D.

Henry D.V. ♂. 9 $\frac{9}{12}$. Coma & Head Fall. & Press. Brain Tumour Glioma
12.9.14. † Anaes. (C-E mixture). Thymus normal. 2/66

Paddington.

? previous accident & related to tumour

Ext Tail well kept. Hypnot after Pupils dil. Lips sl.
Civid. Head shaved. Recent of wound across lower part back
of scalp & median nerve on cervical spine. Old
fracture of ~~car~~ left side of top of head over left ear

Int: Skull thin esp. top. Bone removed over left whorl.

Cerebellum. Inner surface not dry. Meningeal veins dist
over cerebellum. Cerebral convolutions further flattened.

Mass of white growth having smooth but with white
surface. It covered under surface of bone, more

extensive on left side - pons also large - pub. impregnated by
growth; also extended for short distance across under
surface of medulla. Tumor soft. Left cerebral peduncle
also large but ventral aspect to be re. cut but ven
not thinned & cut into. Mean time = typical glom
of well marked fibrillar type. No necrosis or haemorrhage into tumor.
H&C all re. did. Muscle = adv. fat. deep in muscle. Lungs
+ Kid. + amie. Cong. Sp. Cong.

History. Aet. 15 months. Twilight woman fell on her head. Wound
stitched up. 9 weeks ago fell out of bed. weakness of leg. Maudsley Hosp
July 29. Paralyzed. no. of body & limbs. Sp. Sept 10. Skin reflected. Bone
glom. by the triphony (Eg. of iron. Took it well for 20 min) when
heart arrested & stopped. Pulse stopped. No response
a little over 43 g iron

Hickwell H.F.W. ♂. 42. Tuber. Mening. Acc. Carbolic Acid Poison.
12.9.14.

? Accident in Laundry 2/67 (Accid.),
St Pancras 1/3 Carbolic Acid 1 in 20. Dead 235 mins

Ext: Spinal conv. Eyes sunken. Lips right hand. Punct
wound lumbar spine

Int.: Brain 463. Sl: thick + opact meninges in interpeduncular
space + over surface of pons. Miliary tubercles on both inf. surface
of frontal lobes, very distinct in Sylvian fissures + in cleft
between cerebral + cerebellar hemispheres. Lat: ventricles
sl: dil: Miliary tubercles in velum interpositum. HT Cars of chd
exc L+ vent which is more marked. Muscle = marked fatty
degen = mucus: Lungs = extensive fibrinophthisis. Chro

bronch + emphyse hives. Mil TB on surface + in SpL
+ hides Tongue white all over - appear thickened
Aeroph: Cystic lower end. Shank cut like strand hid
+ oil. wall very opp Cardiac orifice + at pulvulus.
St very 1 up part of duodenum.

History Delicate for years. Hemoptysis 10 years ago. Entered UCH
Sept 8. Suffering from aneurysm. Nervous & emotional life; very
depressed lately. Had been just SA in ARB'S VAH. Name
changed sputum pot + put in 1 oz of Carbolic Acid (1 in 20)
= 21.9 grm of Carbolic Acid at 7.25 AM nurse saw him putting
down sputum pot. Gop ~~his~~ other hand. Pot empty. He said
Nurse is this drink or medicine? Given 2 oz olive oil. Did not
vomit. Also had 10 oz milk. 7.35 in pain + anxiety. Could not
pass stomach tube gave him lodge bread. The apparatus
then semi curies. Staff weaker. Pulse 94. Died 8 AM

Matthews E.S. 28.

Cerebral Haem. Cause. Bright's Disease

14.9.14: III

Urgent + sudden death

2/68

870 amem

Ext. Well known. Lips rather pale. JNs rather lived

Trs: Slight atth: arts base of brain. Cerebral Conv: flattened brown
left side. Recent haem: in outer part of left corpus striatum. Kid
black in all ventricle. Small haem in right basal nucleus.

Ht. Rt Conv + left amide somewhat dil; left vent more markedly

do + much hypert. Muscle = small area of fibrils in left ventricle

Atham arteria + coronary arteria no narrowing. Lung: some pericard
cong. In the mucous upper air p groups lower 49 1/2 is pale + rather
creasy. Spl: cong kid = adv. chr. infant nephritis + micrus

Tongues: bitten each margin
Histog Single. Not always solid. High Sept 11 found
unusually in her bed on floor at 130m. Died
10m same day. Dr. Parker. Face by H. B. B. B. B. B.
station 9-m by examined. ^{swelling} Breakly shall



Darling G. 8. $\frac{5}{12}$. Heart Fail. Conseq. Pneum. Exhumation case,

23. 9. 14. $7\frac{1}{2}$ lb. $22\frac{1}{2}$ - 23 " Examined 3 weeks after death

Tottenham

2/69

Ext. Well preserved. Body rigid everywhere. Skin peeling off back & adipose from there. Decomp much advanced. Skin dark reddish brown to green. Bulbs at hand + arm. White matted at ear. Nose shrunken + mummified. Eyeballs collapsed. Lips shrunken + mummified. Two lower central incisors erupted

Int. Scalp very soft at back hairs curved but readily. Brain shrunken. Convolution visible. Brain very soft. 1st + 11th ribs decaying slaty colour. Part of dist. lobe in center. Both reddish. Abdomen clear fluid + plasma, temperature shrunken. Pale + Crumpled

in pump. Backs red to green - rather firm. At upper ~~the~~ like much
firmer than others. Large part of the like with in wall also small
pieces of lowest lobes. Upper air pump yellow + certain part
dried greenish material. Lower chamber + certain membrane just
Deep green + dry. Very hot. Pale parts. Spongy. Splice rate
A small membrane. Tongue rate abundant. Thin along edge
Spine with a little gas and in one int. At the dorsal wall
in large intestine.

July. Examined because. Further alleged I had not examined
child. He gave cut parts Mucosa + Brucella pneumoniae. Taken all
Sept 1. Took kid who did not examine but said well. Head
looked about. Took night taken it home + kept warm. Took in
bed about 4 AM Sept 3. The other children already had
measles.

Barris A.A. 58. ~~Shock & Loss Blood Follow.~~ Par. Bullet &
24.9.14. Injuring Spinal Cord, Accidental Death. 2/10
Through Neck

Clerkenwell

Ext. Well preserved. Ht 4ft 11". Lips & surface of body pale

Entrance Wound. 2" above level of neck 2 1/2" above episternal notch + 1/2" below Adam's apple. Curved 1/5" diameter.

Int. Curved bullet directed backward & upward. It: to rt of midline crossing layers through cricothyroid membrane + upper border of cricoid cart., then toward oesophagus at upper end, traversed body of 6th C.V. passed through sp cord + was wedged ~~between~~ between 2 vert laminae. Much blood in spinal canal

Main Little blood in ventricles. It was all the old lungs
A little inhaled blood in back. Blood + mucus in trachea
+ main bronchi. Stomach contains fair large quantity
of fluid very much heavy alcoholic odor
Hank shot by in public house by another customer. They
were talking liquor. Death was on a revolver at
back of head. He asked if he might examine it without
doing so it would discharge. He fell to ground. The
occurred about 9 PM Sept. 23. Paralyzed in legs. Taken
to Hosp. conscious. Died 4:30 AM Sept 24. Report
dent he had it on a pure accident

Riadore P. 6. 3. 43.

25.9.14

St. P. 111

Tuberculosis lymphatic 14/11/11

2/11

badly generalized tuberc
tracheitis death

Ex. well preserved - lymph + FN of liver

Int. Pericard. capsule: obliterated by old fibrin adhesion. Caps all much

dil. Musc. = little fibrin pattern but + some beautiful Musc. = lymph

Extensive TB follicles in mid TB. Small cancer nodules + small

TB casts - some large, faint or else at edge in lymph. Upper and

lower lymph + casts much mixed. Mid TB upper 1/2 of trachea

TB lymphatic to ulcer = Marked oedema of any epithel folds

Epithel abstract Spl. 6g. Fin temp. trich marked Peris

Conj. Caecum = 3 TB ulcers

Veronal Poisoning. Suicide

2/72

Alfred Thomas Kiersey. ♂ 39 DM 25.9.14 SMH $\frac{153}{14}$
Ext. well nour. Rm + Hg portans present. Face, neck
shoulders, lips + fingers nail livid.
Int. Brain IV. Meninges cong. Heart somewhat enlarged
Cor all st dil. Muscl cong. streaming. Some atheroma
Aorta coronary arts. Old pleural adhesions wei
right upper lobe. Lungs marked passive cong.
oedema, esp. right side. No pneumonia. Abundant
emphysema + chr. bronchitis. Air passages very cong
Small haemorrhages in lungs + upper trachea. P.T.D.

Spl: + kidneys cong: . Cyanosis of mouth pharynx
+ oesoph: + tricus right enlarged. Passive cong:
of stomach

Histology - Admitted moribund. Died a few
hours later.



Stupples R.H. ♂. 3½. ~~Heart Fail.~~ Fat. Depen. Heart Muscle ~~Enlarged~~.

26.9.14. ~~Acute~~ Lymph. Leukaemia Acc. Op. Remov. Tonsils & Adenoids.

Fulham

Ethy & Chlora

Ext Well some Pupillary. Lips rather pale 2/73

Int Hr Cons all somewhat dull, left vent with
more than the Much = ve marked fatty deg. muc
lungs = sl hypercong. Much less in upper air
passages extd due to Medun sized. Liver faint

marked fatty deg. muc & ex. only hypercong. in bronchus
Spl. Splend. Rare mites for which tonsil
& adenoids have been removed with grey sloughs loose

attached Mucous glands and enlarged spleen. Lymphs
hyperplastic increased cells

History as ~~halt~~ halt good. Op Chlora Chlora
Sept 22 for removal of tonsils + ad enids at
11:30 AM. Sent home 1 PM. Pale-colored by nurse. Poor
that afternoon + remained deathly pale. Bad night, very
restless. Sept 23. Dr called in. Temp 104°. Put to
bed. Did not improve. Temp dropped but he was
delirious for midday. Urine later changed for
some time of Sept 24 + Died 10:15 AM Opⁿ went
offered Ethyl Chloride give

Jennings F. 8.37. ~~Heart Fail.~~ Gen. Peint. loosey. Abort. to 2/74

29. 9. 14.

? Criminal. ? self induced Infect. Uterus.
Gen' Peritonis

St Paneras

Ext. well nour. Abdom: dist. + green. Puls. showed. Lips
+ FN's red. Reat open up and lower abd. c
change table. Breasts cont. milk

Int. Hr. Peritonitis on surface. Rt cross smother. Lt vent.
more mark: dil. Mucos = v. adv. fatt mucos. Placing on ante
dead base. Uses cong. Universal ante part out. Much yellow
turbid fluid + sm: into much dil. Uterus = fair marked fatt
deg. muc + mark haemus under capsule. Spl 7 of cong. Keds
= cl well. Vulva = passive Cong. Hyman about. Uterus 4 1/2"

EM- es thro + Cong. ? scarlett side. Canal dil except int. SA
& been in manus memb left part wall. Body contain reddish
granular fluid (Blood + pus) - Inner surface Cong. Canal was
 $1\frac{3}{4}$ " diam in part wall = decid and time miss. No
vent in in later or vague wall of tube thick firm & pale
Hitz. Dev stated she had repeated checked herself
top view miscanage. Take ill Sept 23 c abdomen pain
followed by sickness. Got home Dr Callera in Sept 26.
Exclude opportunity. Exclude of P. Case but + abdomen of head
under local anaesthetic. Too ill for any other procedure
→ died a few hours later.

Kernack V. 8. 26. ~~Head~~ Shock Follow. Manip. Genital Organs.

29. 9. 14.

4 Months Prep.

2/75

Paddingin

Ext. Well dev. Decompⁿ advanced. Face neck
upper chest upper limbs green. Abdomen flesh
lips & feet hind. A pale depression behind middle
of thorax

Int: longish at side sculp + dense lymphatic. Ht
Kir Cms + ht Vent somewhat dil. Lungs = mucous
cong. Reint. a little clear feet. Intest green full of gas
Spl. 8 1/2 g. Very cong. Kid stunted and Su hot - Pl stung.
Habra mollen 2 mm Hyman minor. Neutra contains

think cream ~~fluid~~ No injury (I think 6" Cervical vertebrae
 center; no dilat even extors. wall much input:
 occupied by vertebrae & meninges + placenta intact + undisturbed
 No blood in uterus, IVV repairs. heavy cap lat. Re: orange
 Breaks large + contain milk = + milk spraying.

Hindy. Belgian refugee. living with a man as wife. They
 came to this country 3 weeks ago. Last seen alive + well Sept 26
 On Monig Sept 27. Milk not taken in. No response to knock. In evening
 6-7. Door still locked. Break open. lying on back on ~~floor~~ floor. Dead
 wounds scratched out. legs widely separated, head on its side. completely
 rigid. foam from trunk. Body cool, little clothes on. lower part of
 body nude. Not well kept in. Rubber tube passed tightly round
 thigh + metal attachment tight between legs not inside her. Head on back

No moving heard nearby

Wounds present
 Kid in a cloth bag
 of orange + milk

Whelan J. 6750.

Syngisomyia lumbar spine. 2/76

29.9.14.

Trophic ulcers feet + gangrene left foot
Mandibular not accident. Arterial death. Etter
Ext Porphyrus. Lower limbs wasted, at least more than left + semi
flexed ankles, lips etc cyanosed, small open opⁿ wound
(abscess) on rt upper arm. Recent closed op wound 5" long above
umbilicus. Some ch^{rs} ulcers on tip margin of foot + one on
little toe. 5 old opⁿ - missing road left ankle. Moist gangrene
of big toe, large superficial ulcer down to joint on toes. No injury
Large left popliteal abscess unpaired. Infection = Staphylococcus
Int. Small heart sp. and lumbar end: note small Micros.
Central canal split on 2 areas. Marked gliosis canal = Syngisomyia

H+ Cuss much dil Mucos = adv. fatt clear urine. Lung faint
marked hypotatic cong. Tric ear nutmeg. Sp cong. Wids 8 1/2
pawse cong: Smell of Ether body cavity

History John & healthy. Alleged accident at port Oct 10? 1913
Tommy had suit to have fall in port Oct 20 - Many
with injury. Could work after that day. Head and got
worse. Pain at leg when walking Oct 12. Got worse. Ulcer
developed in port. X-ray negative. Jan 21 got 3 ulcers at port -
White & tender pimples left port. March 26. Left port Christmase
Later whole of left just ulcerated to tendon. Trophic Ulcers
Adm: Middlesbrough. G. Anson left port 3 weeks duration. Op:
Sept 28. Gas full. by open ether. Taken into Theatre. Then all day around
& public area. - Impaired - 3 mins later got faintly impaled.

Scalds of mouth, larynx & stomach. Broncho pneumonia ^{2/77}

Alfred Chas. Perkins ♂ 3 yrs. Plm. 2.10.14 JMH ¹⁵⁷

Ex: Well known Plm & hyperaerated p. L. lips peeling
on inner aspect & dry brown parchment area outside
lower lip & another in chin

Int: Small brain in prehead. Brain N. Meninges long.

Heart. Sl. enl. petechiae on surface. Pt. cavities
somewhat dil. ; left slight dil. Muscles pale.

Acute pleurisy at base of right lung, lungs passive
lung. Acute broncho-pneumonia: at base of right
uppermost lobe & in middle & lower lobes. P.T.O.

At inlet of lungs & oedema; congestion of whole
vessel memb. . thick pur. purulent. Yellow
membrane adherent at inlet of lungs
hair pale. Veins cloudy with "string"
Tongue furred. Tonsils enlarged Adenoids present
Stomach - large peristalsis at extreme cardiac
end & peristalsis in diaphragm (No digestion)

Hutchinson Adm. Sept 29. Died Oct: 1st

H.C. poisoning. Bunchopneumonia 2/78

Eliz Adams ♀ 49 years PM 8.10.14 SM H $\frac{159}{14}$
Ext: well nour. RM & Hypostax present. Op's 1 cur
between umbilic. spaces.

Int: Brain N. Memis cong. RT cavity & left
th. dil. LVent. more dil. slight atrophy coronary
arts Acute pleurisy cong. at left base. Lungs gen^l
emphysema & chr. bronchitis; marked passive
cong. Acute bunchopneum. lower lobes & a few at
bases of ~~the~~ upper lobes. Air passages very congested
& contain much mucus. Ulceration of P.T.O

epiglottic covered & through. Small ulcers in
lower trachea & bronchi. Acute pneumonia develops
on surface of stomach lining by 1/2 way. Enlarged
spleen fatty liver. Calcified in spleen & kidneys
Cung: Lower pharynx & whole oesophagus thickened
inner surface consists of a grey tough stomach mud
thickened throughout. Mus: memb: dest. Hair with
deeper part of wall. No thinning of any part.
Duodenum + 18th inch of jejunum congested. Small
arteries ~~veins~~ ^{veins} at top of valvulae
[think] 3rd H.C. taken H.C. 2.10. Died 7.10

Henry D. b. 20. Haem. Into Pleur. Cavities Course. Bullet Wounds

10. 10. 14. Pass. Through Heart Murder & Suicide

Chelsea

2/79

Ext. Well nour. Lips & body pale ANS livid

Bullet wound I Small circular $\frac{3}{20}$ " dia. rimmed int to at nipple

II Small circular wound point of Rt shoulder $4\frac{3}{4}$ " above + to inner side of Lt nipple; edge green black + pepper around

III Small circular wound $\frac{4}{20}$ " dia at back + lower part Lt shoulder

Edge d. center = exit wound. Bullet felt beneath skin 4" below + shifts internal to wound I. Bruising around it.

Trac. Course of Bullets I. Passed downwards + inwards, struck upper border of rt 5th costal Cartilage + reflected upwards

Back wound + to left, being cut lower of the uppermost lobes
lung, crossed ventricles of heart, toward left lung upper lobe,
High left 4th interspace marked axil: below the cap
- left lung had at base of the shoulder. If End of wood
passed down to right, 3rd left interspace, humid upper lobe
left lung in front. Furrowing part of rt vertebra of heart - whole
thickness - entered 4th right interspace $1\frac{1}{2}$ " from to
skin under which bullet found.
Much blood in both pleural cavities. Organs pale + healthy
Hitz - Shot twice by man (John Currie) as she
was changing. Found dead in landing. Man then
shot himself + found lying on his back in top floor front
room - died from bullet injuries -

McGill F. ♂ 4 Days. Incomplete Aeration Blood Courses. Conpedit.
Heart Dis. Length 21" Wt. 7 lb. 303. 2/80

10.10.14,

Washing

Ex - Well nursed. Hypert right. Pupils dil: lips almost
black. Deep widely face thick, less on rest of head. Fingers
tips deep, toes sl. livid Umbilical N. cord uninfected
Int. No Caput succedaneum. Small haem at orifice
Engorged vessels engorged - No large haem over heart
esp auricular vent: groove. Itr rather large. Rt ears
somewhat dil. Mucous Aug. Faint large patent foramen
ovale - sickle shaped. Layer like intervent: septum
Patent $\frac{1}{2}$ " diam. Arteria + Pulm artery represented by one vessel

Which gave off R + L Pulmarts + emb. as arch of
Aorta. Please examine large haem all over surface of
lungs which are partly expanded in front; parts at
back smaller when deeply considered in front

Air pass very + a little just below. Thymus large
Thymus cyanosed. Large haem on surface
Liver spleen kidneys large. Pharynx + oesophagus

History. Infant appeared local under
eyes of 3rd day when it appeared under nose cold
& blue. Child all right when he came. He presented
a high & erect forehead. Died end hours of falling mening.
Parents accused of not pursuing

Sudden death. Coronary artery disease 2/81

James Cannon ♂ 72. P.M. 10.10.14 SMH 164
Exp. Poorly nourished. R.M. & Hypertensive. Mercat. hpts
& finger nails slightly livid

Int. Brain. Lat ventricles dil. Atheroma of int carotid
arts. Old meningeal haem (yellow) over left temporo-
sphenoidal lobe. Heart somewhat enlarged. Corneas all
somewhat dil. Muscle soft & dark. No fibrils.
Atheroma aorta. Coronary arts very adv atheroma & areas
of calcifⁿ, narrowed in place. Old pleural adhesions
greater part of right lung. Lungs & general P. D.O.

Emphysema + chr. bronchitis. Some passive congestion
liver + spl. cong. Kidneys some arterio-sclerotic
disease. Bladder + hypost. Prostate enlarged
Pancreas cong.

Histology. Came into a P.D. Had an attack
+ died before he was examined

Kemp E.E. 27.

17.10.14.

Fulham

Abortion + decomposition of foetus 2/82

Reynolds of Wey

Probably Criminal Abortion.

Ext. Well known. Decomp much adv. Lips + ANs & hind
tooth little pink in heart

Int Ht. Rr curv + 15 air. membrane dil & vent
more marked. Fair amount clear fluid each pleura.

lung = marked passive cong. Peritonea = early acute
peritonitis + a little turbid fluid. Spleen - a little over
size + hyperten. - Kid deep red. Organs very decomposed
& much gas form. Shrunken + decomposed lab umb.
Cord presented for extra due to Nerva. Utens shot

more than 7" long. Cervical canal = 3 fingers. No injury
in cervical canal. Contents uterus large, wall much
thickened. Decidua placenta present attached to upper part
of posterior wall - cord detached. Wavy thin + ruptured
above placenta; admitted 1 finger into cervix =
open; plugged by macerated fetal long soft white
brain matter. Some white material in pelvis
& rectum. Large cup. later left way - uterus of soft

Hister Single Died 3:00 AM Oct. 16. 1911 well for some time
Completed of headache. W removed part of decidua and foetus
Oct 15. She said she had done nothing but had taken a lot
of pills + mixtures. She had passed much blood

Read F.C. ♂ 5 weeks. Heart Fail + Malnutrition. Conseq. Premat.

19.10.14.

Birth. Length ~~8.6~~ Wt. 3 lb. 10 oz. 2/83

Chelsen.

Saw viable at Birth. 17⁺/₄ Mth aged

Ext. Very small + thin espleys. Lips pale. 7 + T.N.s 2/3
lived. Rt testes mainly desc.

Int. ~~HT~~ fontanelle large. Brain. Inguinal pale. Small
yellow stain = few haem on under surface of it
temples spheroidal like. Brain soft HT. Muscle very fine
patchy fatty deg in muscle. Duct Arterium closed. Lungs
Deep red areas at back = unexpanded lung tissue.
Thyroid small. Several small haem on surface
little subcut. fat + none elsewhere. Ossification

Centre in Marumbi's 1st 2 pieces of body of stem
Centre in OS Calcis but no others,
Hutch Died Oct 13. - Infant of a girl of
13 years (her mother pub. by the father). Lived
for 5 weeks + therefore born viable at birth. Put
out to nurse, from one nurse to another.

Draper G.T. ♂ 35. ~~Heart Tail. b Fat. Depen. Heart Muscle As Fat~~
~~Credit. Stat. Lymph. & Anas. (CHCl₃ ~~to~~),~~
24.10.14.

Ham mummified - ^{? Status Lymphaticus: HP anaesthetized 2/84}
Prepared for repair completed finger
Ext well nour. Lips + FI a slight hind. Left index finger
had had terminal phalanx + 1 next phalanx removed
clean + oblique. Wound appears clean.

Int. Hr. Rr cav & much dil. Left cav dil esp vent
Much = joint joint joint micros: lungs - some passive
cong. Air passage cong. They are 17.35 gm; much
atrophied. Spl Cong + lymphohyperplasia. Kid
marked pass cong. Pancreas cong Pharynx & Oesophagus
Stomach cong: + contains a little fluid. Blood fluid

+ dark. No smell of anesthetic
History, Health, Patient, & Description On Oct 22
in morning he was cutting heads with machine when
he severed part of left index finger. He took to hospital
to hospital & returned at 4 hr for op. - ether given
2 drams. went under normally. About 10-15
mins after & before op. started he began to
struggle. Breathing stopped, no pulse & could not
hear heart. Artificial resp. 40 min. Ether inj
& strychnine. Then injection into heart.

Kruzin S. ♂ 38. ~~Injuries & loss blood.~~

2/85

29.10.13.

No Evid. Burning or Electrocutation.

St Pancras

Crushing injury - Run over by train
on Metropolitan railway.

Ext: Well worn man. ~~Crushing injuries~~
+ ~~the~~ head, neck, chest + upper abdomen, left
lower limb, amputated. Rt thigh & leg bones
fractured. Part of hair missing & facial
area almost & separated from cranium
Structure of neck missing - Chest crushed
most ribs fractured & spine fractured + separated
mildly in region. Heart + lungs torn & there
of liver in chest. Stomach + intestine partly

in chest. Spl + kidneys + lower abd organs
escaped injury. Strong smell of cumphos
in stomachs.

Histry. Opⁿ on genital 8 weeks ago. Prick
depressed - No worries, on Oct 27 about 11:30 AM
Two trains pass in opposite directions in tunnel
bet. Knipp's + ~~the~~ Porter square were cut off
stopped by gun directed ~~at~~ body just
between rails, one train having passed crushed
over body. - watch had stopped at 11:35.

Scott D.L. ♂ 69. ~~Heart Fail.~~ Embol. Pulm. Art. During Op. Remar.
31.10.14. Prostate. Not Acc. Anaes. (C.E. Mixture).

Maylebone. Pulmonary Embolism During Op: 2/86

Ext. Well nour. Lips pale. Hs sl: loud. Open
suprapubic op = wound 2" long.

Not: Ltr cases all died, but vent more than others
Muscle = fine just decayed & mottled brassy of men

Pulmonary Embolism. Heaped up ~~mass~~ mass across
trifurc. + it main cut ext. in branch toward
lobe almost completely obstructed. None could enter
into wall. Two pieces about size of little fingers
the other much thinner, long with branches.

clit & all of pin; outer layers pale, central dark red
lungs: pass cong. Gen. empty + also heart. Spl cong
Kid. Some by choangh + dil. wreters. Prostate proclits
left side. Kidneys not inflated + normal. Bladder large
& cont. a little fluid blood. opening in top. wall hypert.
- muc. memb. very cong. Prostate had been removed.

Hist. Good health until last few months. Feels
since removed operation Mr. here - 1st op in Oct 22.
1st = suprapubic to ~~head~~ - clean up bladder region
2nd op Oct 29, Duration 1/2 hour. No Carter-Brownie anaesthetic
cases full by $C_2 E_2$. Mr. here had just removed prostate
(duration 13 mins) + was about to stitch up abdomen wall
when pt turned grey + stopped breathing. Pulse also stopped.

Ferguson R. J. ♂ 47.

2.11.14.

St Pancras

Op = upon mother's structure 2/87^a
+ Periparturient abscess - NOT abscess
by Stovaine. Also had malin. ends of ends

Ext Poorly nour. R + Pupils dil L + cent. Lips - F to R
livid. Pales around - punct. - Wood lumbar spine. Open
perineal sinus. Small incised wound on penis

Int: HP Cava all much dil. Some hyper. Lt vent. Mucosa
= fine fatty + marked hum stuff muc. Antic valve thick
+ shrunken; malig ends cond - e preparation of each comp.
Antic 1st part much dil + ath e ? Σ + athi also marked
at lower end. Mild ~~pleurisy~~ pleurisy e effusion - more than
1 pint round back base of left lung 2 TB. Lungs - Lt lower lobe

Much compressed. ~~Low~~ low chv bunch & empty & marked
paracine chv + vedum. Small pitw carem nodals
in uterine. ^{active} ~~lungs~~ at back of left upper lobe. Early T.B
Laryngitis. Air Vamp pale. Liver Eng nutting slightly
Spel: very soft + very. Kidneys none by dissection & acute
pyelitis + ureter dilatation. Marked cloud swell. Bladder large
& full of turbid foul smelling urine. Wall very hard + very
large periprostatic abscess full of thick stringy mass,
extending to base of bladder; it opened into perineum by sinus
Prostate shrunken & small calculus. A structure had been
divided internally in med. in part of prostatic. Another
structure about 1" from end of penis

~~Carlisle A. D. 3/11/62 Total Prostatectomy & Proctitis.~~ 2/87
7.5.15.

Re Alexander John Ferguson ^{Cont.} Dec Cont

Hist. Adm UCH. Oct 26. Had heavy slung
stricture. Later difficulty in passing water. Mr
Barnum called in Oct 29. Had stricture of urethra
& peri-prostatic abscess, very bad urine fever. Op -
Oct 30. 6 pm. Had stricture 1 cm of 15% vol. 5 mm
before op. Stricture had been cut inside & abscess
was about to be opened in perineum. Op = had been
started about 5 mm. He suddenly turned pale & lost
consciousness. Pulse failed a few minutes later than

Respiration failed . No response to measures for
resuscitation . ~~Heart~~ Heart appeared to fail ~~over~~

Pulmonary Embolism. Under anaesthetic for gastrotomy

Edward Woodell ♂ 53. Pm 4.11.14 SMH 170.

Ext.: Poor nour. Rm Hypostases present. Spleen
enlarged. Legs slightly cyanosed

Int.: Heart small. Cav all 22 dia. Muscle soft
& firm. Ant. aorta & slight left coronary art.

Pulmonary Art Several emboli arboriform & filling
lvs main branches, partly pale, part dark red. No V
attached to wall. No thrombed vein found

Old adhes. backs of lvs. Lungs very large & gross
emphysema + chr. bronchitis. Marked passive P.T.O.

Cong: + oedema of lungs. At back of left lower lobe
acute bronchopneumonia + pleurisy. Circumference of
vesicle at level of bifurcation of trachea, nearly ~~trachea~~
left bronchus which is narrowed 2nd gland to back
liver. ear multilobed cartilage Spl: Cong.

History Adm: 15 October. for indigestion. Wasting
sensation of food stuck in oesophagus... developed
pyrexia which subsided in a few days. WVH
anaesthetic given for gastrectomy. During administration
of ether after a start he suddenly became
dyspnoeic, ~~shaking~~ + cyanosis. Taken back to ward
+ died during night.

Olley F.R. 5.41. ~~Ac. Blood Poison. Cured. Abortion.~~ 2/89

10.11.14.

Septicaemia Caus: upon abortion

Hammermark

?? name of Criminal

Est, well nour: marked jaundice skin + mucous membr

Hypert: slight Decomp: adv. Pupils dil. Breasts contain milk

but HR conts die esp w/ adv: + left vent: Murder = adv.

felt degn ~~micro~~ micros. Lungs passive Cong: + swollen

Liver very decomp & gas conts also kidneys. Spl 7/8. Very soft

+ Cong. Blood clot in bladder Genital. Vulva + Vagina IV

Uterus 5" long. Cervix adm if exact adv int os.

Uterus empty. Inner surface smooth very. No sepsis

Placental site IV. Corp: luteum - not very large in lo Ovary.

History Separated from husband for some years
one child. Fair good health recently. Temperature
Completed recent of right pain and body; she
thought she was about 2 months pregnant. She was
worked. On Oct 29 on return from work she said
pain in back was worse - next morning much worse
& more in stomach - would not have doctor. About 3 hr
she said she had passed blood & a mass of flesh. Still was
not here Dr said she had done nothing & had nothing
done to her. Improved until Nov 4 when she became worse
more so in Nov 5 showing + of rich less. Dr at 8:30-9 PM
Pulseless + moribund - Shivering - some vaginal discharge
Died 7:05 AM Nov 6. I had always had a syphilis

Stevenson N.B. 8.? Heart Fail. & Degen. Heart Muscle & Kidneys

11.11.14.

Follow. Admin. Amylene Hydrate,

Bethlehem Royal Hosp:

2/90

Ext. Fairly well nour. lips & hands cyanosed

Int. Ht Marked dilat of gall cavities. Muscle degen
lungs. Marked passive cong. Chv. vessels & empty
Thyroid enlarged & has characteristic micron: of tissue
of ~~the~~ goitre. Liver fatt. GB large, wall thick
& full of calculi also hepatic & common ducts
Kid. Kid. & clinically, stomach dil. Pancreas cong
Brain cong. Intes pale, + thick. White
matter diminished. No titans

Lempriere V.E.B.? Heart Fail. Follow. Admin. Amylene 2/91
Hydrate.

11.11.14.

Bethlem Royal Hosp

Est. well known 2 Bumps left knee

Int: HT. Left corv. sl: dil. , lungs = marked hypert.

Cong: Some clear fluid in each pleura liver
fine stuff deep in all lungs , Kids = cl. swollen
No urine

Hoather M.E.B.? Heart Fail. to Depeu. Heart muscle Follow-Admin.

11.11.14,

Amylene Hydrate.

2/92

Bethlem Royal Hosp.

Ext. Well worn:

Int. AT. all cav. much dil. Muscle = marked
in artery min., lung: = marked parme eng
about airless at back. Some emphysema in front.
Liver. Marked fat degen artery mus min., Kid
= cloud mod. Stomach spangeas eng
Brain eng. Poor circulation. Grey matter
narrow spoke
Hirt unc.

Baker A.M. 8th Heart Fail. & Dis. Heart Muscle & Kidneys Follow.

11.11. ~~14~~

Admin. Amylene Hydrate.

Bethlem Royal Hosp¹

2/93

Ext. Well now.

Tru. Ht. Some dilat. Rt. cav. & left cavities also dilated. Some thick of mitral & aortic valves. Coronary arteries atheromatous. lungs - chr. bronchitis & emphy. & Bacter. cong. . Air passage cong; mucopus in main bronchi. Adenoma of whole of thyroid left lobe small. Old peritoneal adhes. esp over liver. End uterine lues Kalning granules
Cervix cong. Stomach spannus Much cong

Some others, middle cerebral. Brain very
Cortex pale + narrow + indistinct in places

History None,

Cliffen A.L. 8.19. Heart fail. & Loss Blood From Post Partum
Haem.

11.11.14.

2/98

Islington

Est. Well nour. lip pale. Breasts contain milk
Rears clear & round Rt Forearm

Butt Membranes pale. Hb cuts all die up Lt Vent. Murch.
= some pale & fall. hump = re. Parasitic Cores; Air passage
pale. hiv & hiv pale Sp $10\frac{1}{2}$ Cong. Thyroid pale Lt
tend to pale. also intestine. Genital fl: suprapubic loc -
of Uterus vaginal orifice at back est for short distance up
post vaginal wall. Not deep. Vagina capax. Sp
lining of cut walls of pelvis est to vagina

Uterus 9" long. Cervix canal full of blood. NO uterine
cavity. Slight subperitoneal extension into
upper abdominal wall for short distance. No placenta
or membranes. Layers of blood not adherent to
placental site. In upper part of post wall
found large corpus luteum in less way
No history -

Beaton F. S. ~~Head Tail~~ & Bronchopneum. Follow. Admin.

12.11.14.

Amylene Hydrate,

Bethlem Royal Hosp:

2/95

Ext. Well now, lips slightly hard. Small bruise inside of foot

Int. Brain very congested on surface & sections. Gray matter of Rolandic area thin & in places indistinct. Pattern of convolution rather small. Some excess of fluid in sulcal space. Ht. Rr curv much dil. Lrr curvitis dil esp: vent: Marked cong. Acute pleurisy common. at back of each lung. acute broncho pneumonia (typical) at back of each lobe, also marked

passive cong + oedema. Air passage cong + tends
much with. Liver congested with blood. Spl cong
Kills - cloud, mucus + cong. Adrenals + Pancreas cong.
Tongue firm, Pharynx + oesoph cong. Spleen cong
Bacteriology: gram + streptococcus
Histology ~~the~~ none

Sutton J. ♂. 21.

13. 11. 14.

Ac. Gastroenteritis. - deceasation in 2/46
large mitotum 2 Acute food poisoning

Wilmington.

Ext.: Spare man. Face pinched. Comp.: slight
Pupis dil.: Eucyema. Lips + to liver. Blood
fluid pure rectum.

Int.: lt Cass all somewhat dil.: Muscle = a little
fine fatty mus.: lungs pale. Sl.: passive cong.: left
base Spel pale + dry. Kids = swell + cong.: Stomach
= lt. hypert.: cong.: thick apyloric end.. Whole shull
int., cong me memb. esp.: in lower part - where also
swelling A me memb.: Large int.: also cong.: except in

Trans: Colon, + intense inflow, section - description where
group of small ulcers. Contents of small large intestine
- greenish gray fluid. Mucosa Conjunctiva superficial
ulcerate in these colon. Gram + streptococci found
in ulcers.

History Healthy man. Batches. Very sober + careful
Taken credit all on afternoon of Nov 6 complaint of abdominal
pain + diarrhoea. Had 2 eggs for breakfast that day
one of them burnt + had steak green potatoes for midday
meal. To bed to cooking work after 8:30 PM then
very sick all night. Vomit green diarrhoea
continued until death on Nov 11 at 10:30 Vomit ceased by
reaching end of intestines. Stools offensive thin + green

Moline^D P.F. 57. Fat. Depen. Heart Muscle ~~Conc.~~ Diabetes
13.11.14. Mollities Aec. Morphine Poison. 2/97

Kensington ? Diabetes

Ext Well nour. Pupils N. Lips + FNs sl. livid
Tuv. Mennige conglid. Brain soft PM. HT Cases all
much dil esp h + Vent. Murk = very adv. fatty
& marked to atrophy. Ureins. Marked atherma aorta
& coronary arts. Lumps Some parvicong. Chokuch
& emphysema. Spl thin & cong. Bladder Contract
Ureins urine-fermenting & gas. Stomach contains
some dark fluid + a few fragments of food
Chemical Urine contains about $\frac{1}{2}\%$ of reducing sugar.

History Healthy. Temperature 100 trouble.
Never complained. Did not dis'pense + took
no drugs himself. Died 7 pm Nov 10.

Cook's Complaint of headache Nov 6. Went out at
10:15 p.m. Nov 9th. Next morning found him at 7:55 AM
lying in drawing room in his pajamas + shirt. Empty
glass + empty whiskey decanter which was almost
half full night before. Dr. sent for + arrived 8:30 AM
Unconscious + stereocous. Pupils pinpoint. Left arm
ruth stiff, right arm twitching. Dr. Newton Pett
called in. 2' diagnosis Pontine tumor. Worked out
Steward. Contents analyzed + a little less than
 $\frac{1}{2}$ grain morphine found

Giovanni E. 49. Heart Fail. Conseq. Ac. Pericarditis
14. 11. 14. Sudden death 2/98

St Purpur.

Ext Well Marked: Lips r. livid. Oedema of Neck
Int: Meninges cong: Acute pericarditis & much effusion
Bact: Gram + Streptococci. Ht Corv. all somewhat dil
Left Vent. more than other parts. Muscle - a little fine
fats & marked ven. cong. Mitral valve + ~~chordae~~ ^{chordae} marked
thickened; no acute endocarditis. Lungs Marked
passive cong. General emphysema & chronic bronchitis. Air passages
cong & contain a little froth. Thyroid very small
& much atrophied. Liver 4 3/4. Enlarged central blood spaces firm

4 Cong. 9/24/54 Baswe Cong. Panam Cong.

History Fairly good health. Taken ill Nov 12 about
3:30 AM. Pain and head at 7 AM condition pretty fair
Daughter help her to turn over 8:30 AM stayed in bed
No food during day. Pain in stomach. Took sleeping
pills 6:30 PM - Hot Balm, grx + Complan. She
the sleep. About 9:30 PM she made two noises
in throat. Died 10 PM. Dr sent for arrival at 11:15 PM
Dead 14 hours after onset of illness

Baron J. S. ? Heart fat. b Ac. Peit. Congea. Perfor. Wound

16.11.14. Through Neck Uterus. ∴ Criminal Abortion

Holborn Rex V. F. Klein Manlaughter
5 years penitentiary 2/98

Ext: Very well now. Pupils dil. Lips + Tarsl: livid.

Breasts large + pink on incision. No milk

Int. HV Cans all somewhat dil. Muscle - fairly marked
patchy fatty mass. Pleura - esp acute attack of
left lower lobe. lungs. Pancreas cong: swollen. No pneumonia

Acute peritonitis esp pelvic where found fluid + soft

lymph over uterus + esp in pouch of Douglas. Tubal fluid
in flanks + a little by upl over dil: soft intestine. Kidneys:

= cloudy swollen + cong: large intestine wall + capv

Pregnancy 2 months
Wound vent up to 1 week
last 4" was tinghened + contracted + mixed surface
implant = small areolar masses + suppuration
Ulceration - genital. Vulva + vagina N. Uter
4" long. Ext os moolen + bloody mass purlets.
Cervical canal somewhat dilated; longitudinal split
in part wall of cervix about 1/2 way up with a narrow
trache for its center passing back through cervix into param
etio angles with long transverse split in part. Border
lined by kerky mass easily removed leaving clean wall
This mass had been present at intervals - follicular
masses + a hybrid body was present into body
- mass cloudy placenta. Cervix had small hole
no foetus. This in tubular tube large enters into

Servante N.C.L. 63. Heart Fail. + Depen. Heart muscle to 2/100
17.11.14. Bronchopneum. Follow. Admin. Amylene

Hydriate,

Bethlem Royal Hosp

Ext Poor, nose, lips slightly livid.

Tru Meninge + Brain Cong. Brain appears normal.

Its cuts all somewhat dil; left ventricle more than others. Muscle = adv. fatty degeneration + very marked brown atrophy micro. Marked atrophy + adhesion of coronary arteries. No narrowing. Early acute pleurisy at back of each lower lobe. Lung Each lower lobe almost completely white for cause bronchopneumonia - typical micro with pneumococci, a little phlegm in upper lobe.

also gen emphysema + choleliths. No parasites cong.
Heart: extensive old adhesions + calcarea. Many
con liver (44g) which showed marked fatty
degen: in peripheral zone micros. Spl. cysts
+ cong; kid ch. with cong; Pancreas cong;
Tongue firm, Its vessels contracted + firmish.
(prev. hepatic bleed).

History: Good health until last year when loss of
appetite + great insomnia. Dreamt almost
Nov 8 at 8:45 P.M. Dr. Phillips, bottles hold
1 1/2 oz. Amount given in each case 1 oz or slightly more
Strength of Ammonia Hydrate in drinker 1 in 8.

Phillips I.E.B. $\frac{4}{12}$. A cute blood poisoning Vaccination ^{2/10/14}

18.11.14.

lesion subsequent to Vaccination
SI Pancreas Streptococcus

Ext. Well Now Wt 9 lb Length 19". Eyes sunken
Lips slightly livid, On upper left arm Trifoliate area
of ulceration $2\frac{1}{2}'' \times 1''$, Base sloughy, edges slightly
raised + red. M hairiness along trunk + across head
Int. M Curves Cong HT curv all sl: dil. Much
= marked fatty deg er of all cells micro. Lung
= slight emphy. Dark areas of collapse at back of
each lung. Thyroid small liver = adv fatty deg er in
periphery 3 ms micro + cut treatment. Spleen micro. K lids

= cloudy swell + some crag. Tongue found ^{Back of throat throat} / ^{Alveolar} ^{gum} ^{gum}
Slight at base extending throughout subcut. fat but no
deeper + no spread to surrounding tissues. Subperitoneal
pus upper part left hemi- in ⁱⁿ shoulder joint
~~History~~ Full time + healthy. Vaccinated by Public
Vaccinator + given mumps lymph on Sept 20. 4 places
3 took. Result show. Not ill until 3rd-4th week
Bore a link and to cover lesions + not rubbed off.
Vaccinator saw child age Oct 17. Arm had + inflamed
the lesions had now become ulcer size of 5/- limited
to that area. Condition remained the same. Adm. of
Ormond St Hosp Nov 7. No evidence of spread of infection
grad: got worse + died Nov 15.

Stewart G. 8.50. Asphyxia for pressure when ²AOZ

24.11.14.

St Pancras air Passes of Endothelid, Sarcina of
medulla Tracheitis + blood in larynx as

Ext. well known. Pupils: lips pale. Traces of oedema
ankles. Open track entering wound 3" long front of neck

Int.: Mucous Cong: 2nd growth in dense water $\frac{3}{4}$ " diameter

+ flat over the islandic area. Pericard - = Much clear

fluid. Median turn projects into cavity over base of

heart. It can somewhat dil: Much - marked brachy

or flat guttation. About 1 pint clear fluid Rr pleura, lungs = open

embryos & choleliths. Rr middle stomach like ~~Compound~~

Compound almost - complete. Rr larynx like almost complete

replaced by growth. Dorsal chiectases 2 pm at its base & branches
prominent. A little blood in lung up + trachea
glad at bifurc = cancer 2 by deposits of growth. Tumor in
Lup. Medullarum = Endothelial Sarcoma micra invading
lower trachea & right bronchus which was greatly narrowed
also at pulmonary veins. 2nd shift also in region of great
tracheobronchus of left lung. Lower end making $75\frac{1}{2}$ in
Sp 7 of Cong. Kidney marked Parasitic Cong. Periph
Compromised but invaded by growth
1 Heart kept 6 months - enough + difficulty of
Heart Royal Heart kept 2 months. Tracheotomy
Performed Wright Nov 22 12.30 pm under urovian bleed
with trachea from cut vein + Apoplexy

Moody G. ♂? 36. Heart Fail. 2nd Subacute Hepatitis Course.
26.11.14. Inhal. Aeroplane Varnish "Dope" Contain. 2/103
Tetra-chlorethane.

Marylebone

Ext. Well nour. Tail deep jaundiced skin + mucus
mucous lips pale. Fr. sl. livid

Int. Meninges Cong. HT. Cava all some dit. Muscle

= Adv. fatty of all muscle cells mins. Lungs = megalocystic

Cong. + right empty. Liver 3 1/2 oz. Uniform shrunken

+ surface finely wrinkled + a number of small nodules

Projection esp. upper part white, absolute staining + green

Color throughout. Lower part rather lighter color + 1 spot

fibrosis, upper part black. Nothing. Thin Nuclei in G B

For minor changes see Willcox's report Spl small
+ long Vets (7 + 7 3/4) Cong esp pyramidal + cl. small
min = cloudy walls + a little fatty degeneration: + bile stained
debris in some tubules. Tongue firm. Stomach + Duodenum
= n: hypertrophied. Feces clay colored + irregular.

History. Healthy. Started work at Henderson 3 months ago.
First complaint 7 weeks ago. Nausea + loss of appetite
vomits in mornings. Said he could taste the stuff
He painted the airplane wings with the dope. Became
jaundiced. Said fellow worker had been to Bart with
same condition. Stopped work 5 weeks ago. Entered
Middlesboro Hosp Nov 11. Died Nov 25. Thought to be Carbolic
poisoning, became delirious. Coma last 24 hours.

Hall n.c. 5. 34. ~~Heart Fat, Degen. Heart Muscle Cause~~
27. 11. 14. ~~Chronic Dis. Acc. 20 Poison.~~ 2/104

Clemenswell

Chronic Pulmonary Ulceration
CO poisoning - Accidental

Ext: Well nour, mucous membranes $\frac{1}{4}$ hypostasis
bright red. lips pale. Inguinal cl. line

Int: Brain + Meninges; Ht cav. all somewhat
die, left vent more than the Maule = adv fault
of all cells in. Chr: phos. case TB with small
cavity in upper part of black lung. ^{Active!} Some general
+ chr. bronch. Some pressure Chr. Rt. asilean
glad completely caseous. Liver 62g. by fine
fatty changes in liver. Spl: firm + Chr.. Kids Chr

Blood distinct pink, C & present Haldane = 23% sat
History - Health not good ^{from 4 months ago} last 3-4 months - attended Dip's
took museum all day, with mother all day until lip
appeared well when she left. As she did not appear dead
day her room which was locked was not open & she
was found dead in bed in night clothes ~~face~~ face pale. Her
child 2 1/2 years was standing crying by the bed in
night clothes; child's lips blue. Paraffin lamp alight
in room. Windows closed. Strong smell of gas. Always
happy. Never threatened life. Dr. Body warm - dead 2-3 hours
lips pinkish. Gas meter in cup board in room. Small
leakage of gas from faulty joint on right side of meter

Fraser R.C.B. 32. Int. Hydroceph. Caused Cyst 3rd Vent. Brain

27.11.14.

Sudden death - 2/105

Paddington

Ext. Well nour. + muscular. Pupils dilated. Lips livid.

Int. No hair on head. Skull thin + wavy

surface especially in area of cerebral convolts.

Small area of fruit pin culture in relative diameter

at N. temporal pole. Cerebral convolts marked

flattened + pins spread out + flattened. No indention

of nervous meningitis. Latent 3rd vent. + ventricles

all marked. Full of clear chambers (P.S.F.)

Thin walled cyst $\frac{1}{3}$ " diameter full of clear fluid

in 3rd Ventricle attached by short stalks to back of
ventricle; narrow joint lined. Spine + Cord in
groove for middle of dit of upper end of
central canal. HT Small petech haem on heart
heart. Can get mouth of. Mucous fluid marked
fat some beautiful mucous. Lung tissue very fine
crystals. Thyroid somewhat cystic + full of colloid. Mus
Spl: ribs key cog. Much clear urine in bladder

Histology None of hand injury or of fits. Dr. E. C. Rawlinson
Kern see for long time. About 17 months ago, severe
headache for week? due to eyes, it had glaucoma, in Kern
3-4 weeks ago headache returned, severe for 24
I saw him in street. Did not stop. Found acute headache
later in afternoon - ~~found him in street~~ ~~not taken~~

2/1056
Re Robert Charles Jumper dec 27. Nov 1914

Sudden death 2

History: presented to me today which he did not take. Called again at 8:30 pm. Pain then of severe - scared knew what he was doing. Pupils dilated - he had been sick. Gave hypodermic gr $\frac{1}{2}$ Morphine - began to quiet down. Pupils did not contract. I returned at 10:30 pm. He was then dead. Died between 8:30 - 9 pm on Nov 24

Smith C. ♂ 75. Heart Fail. b Depen. Heart Muscle Acc. Fract. About
30.11.14. Fractures ~~in~~ ^{of} Shoulder Joint 2/106

Clerkenwell Fell on alighting from bus. Accident
Ext. Poor honv; Hypert right. Lips pale frostid. Extensive
bruising upper part of lateral chest & front, inner side & back
of upper arm & back of forearm in upper part. Extensive
eczema outbreaks & bedsores & one over middle of spine
H₂O₂ Rt cross joint marked dil:; L₂ Rt cross dil sup vent
Muscle = marked brown atrophy micros. Lungs = marked
Chronicitis & emphyse, passive cong + carcinoma liver 33¹/₂
early nutmeg. Spl pale. Kidn passive cong. Bladder
hypert. ~~marked~~ inflamed + ulcerated + contains some

Turkey foul smell urine. Injuries - granular blood in
at shoulder joint. Recent fracture Rt acromioclavicular
Process of greater tuberosity of humerus & much displacement
no sign of repair. It occurred into our riding times
Histories. Getting feeble - on Nov 6 about 1 pm he got off
his when it stopped but still held his head & fell
when he started again. He fell - not heavily fall but
when he continued should fall down on pavement, Shooked
& complained of pain in arm. Taken to Bart's sent
home some day afterwards: Woke morning, did not
return to Bart's but kept in bed until Nov 28.

Sudden death Coronary artery disease. Jehovah's Witness Heart Muscle

William Beddome Bridgett ♂ 55 DM 1-12-14 SMH $\frac{176}{14}$

Expt. well known. Rm lower limbs. Marked hypertens
hter: Brain N. Much atheroma of arteries. Heart. Right
ventr dil. Muscle dark but firm (Micro fairly
marked fibrosis. & atheroma into Coronary arteries adv:
atheroma; much calcified & narrowed. Lungs large & very
cong. His passages cong. Spl: Pancreas cong.
Stomach arteries relatively diseased kidneys.

Hester BID. 28 Nov.

Moss C. ♂ 64. ~~Coron. Arter. Dise. (Angina Pectoris)~~, 2/108

8.12.14.

~~Atherosclerosis + thrombosis; left coronary artery~~
Sudden death

W. Knight

Ext. very well nour; lips + hands livid.

Int. HR. Cav. all much dil. thick, fine fat + marked
ven. atrophy + several small areas fibrosis. Micro? Coron.
arts at all; left narrowed = contains recent thrombus
not completely blocking vessel. ^{micro} lungs chr. bronch. + emphyse.
St. hypost. cong: Spl. firm + cong. Mouth + pharynx livid.
Stomach almost empty.

History. Occas attacks of indigestion, otherwise healthy
On Dec 5. Complained slight indigest. before breakfast

Taken ill later + went to Dr at 11:45 AM In acute
pain + excite. Sick in surgery. Reborn + had morphine +
+ returned home better at 12:30 PM - apparently acute
viral infection (Arsonal). Had treated him phenol for
today the last time in May 1946 + on return home
he was unwell + went to bed. Seemed
comfortable at 3 PM complained of slight pain and
gave a little water for vomitus + diet started
after at 3:30 PM

Sansom 6.8.62. Coron. Arts. Disease. Sudden death

11.12.14.

SM case ATH crura + narrowing of coronary arteries
+ fibrosis of heart muscle 2/1001

Ext. Well known hypertensive. Left pupil larger than rt. Lips + fts all firm. Received car left temple. Mr. S. bruising with left temporal muscle
- small area of contusion on forehead - on under surface of rt. temporal sphenoidal lobe (previous head injury). 1st Petechiae on surface. Rt. eye muscle left eye fairly marked dilatation. Marked constriction of pupil: + fibrosis. Coronary = adv: athero embolus which was much narrowed + calcified.

lungs Sen lungs + also limited. Slight passive cough
Lungs in hands cough. Liver (675) Engaged with blood
Spleen cough, kidneys = passive cough. Pharynx + throat lined

Stomach = passive cough.

History: Fall from shunting trolley a month ago
Head injury. Not detained in hospital. Has since
complains at times of pains in head. Dec 9 taken in
for first time as casual porter Midland Ry. Appears
in good health. About 9.30 AM when wheeling
barrow having a load of 1 cwt 2 qts when he
was seen to fall backward and did was
conscious + appeared to be dead. Did not slip.
Dear wife saw him face pale

Odell A.M. 5.41. Heart Fail. Conseq. Pelvic Cellulitis & Ac. Blood
Poison. Follow. Abort.

15.12.14.

2/110_a

Hampstead

Ext. Poor view: Nausea over Sacrum, Rt Pupil contracted
Lft sl: dil. lipslivid. Lft thigh & leg very bedridden
& at ankle right w. Bullae left foot & leg. Small
open open wound on left moustache

Int. Single petechial haem: on surface of heart. Cans all
pericardial dil. Muscle = marked fatty degeneration. Some
brown atrophied muscle. Euf acute fibrin with about
6 mg of fibrin in each vessel. Passive congestion
& oedema esp left side + each acute myocardium

at base of cut wound as left. pus in cut passage
in wounds + in upper air passage. Lived = cloudy
swelling. Spine soft + cong. Vices = cloudy swell
+ cong. genital, Vulva + Vagina N. Uterus 3 1/4" long.
Cervix N. Body more moist - swollen but inflamed
below ends outside. No mucus of injury. No inflammation
Ducts of flow of mucus of N. Ovary has 2. peris. inflam.
Acute cellulitis esp. in left side ovary + cut walls of
pelvis with much thick yellow pus. No osteomyelitis
or peritonitis. Left ovary + cut. Uteri veins almost
blocked by right side clot = atrophy ovaries + uteri. Rt
Cervix + vagina covered 2"
History. Husband. IVR good health last 14 years

~~R. J. S. 65. Heart Muscle Disease, Cancer~~

~~26. 11. // 29. 36. Rectum, Anesthetic.~~ 2/110

Re Annice Modell dex P.M. 15/2/46
Abortion

History cont., cough + bronchitis esp winter.
Worse than last 4 months. About 8 weeks ago was
out part of night helping a woman in her confinement
complained of pain in inside on her side
This cont. for several days. Dr. then called in. he
diagnosed "inflamm" in "inside". Attended until
Nov 7 then sent her into hospital. She told me
she was not pregnant. A labor for night

Before death she told me she had taken
"Hikey Pikey". Hampstead Hospital. Very ill in
common pain in back. Indeed she said
she had been 2 months pregnant & had taken
pills to get rid of child. On Nov 8 the nurse
told Dr at hospital that 10 days previous
she had when she thought was an
abortion. Later developed abscess spine which was
operated. Septicemia & died. General condition got
some s/he died Dec 13. Before death was Dr. She had
taken Beecham's pills + Hikey Pikey to bring on miscar.

Quinnell J. 8. 37. Shock Follows. Immers. In Cold Water.

23. 12. 14.

Accidental Death.

Wood Green

2/11/14

Ext. Well nour. Limbs fair sized. No hypertension
decomp. - weakly tingled in hands & fingers, not
cramped. Pupils dilated. Lips & livid. Face in
left side in front & plantar with shiny mud.
Mouth tightly closed & tongue slightly between
teeth.

Int. Mammalian veins congested. Single
petechial haem surface of heart. Cap. - somewhat
thick. Muscle = finely gran. & some brown

atrophically mucous. Blood fluid. RT coronary artery has
double size in aorta. Lungs - right pulmonary
cong. No water in lungs or air passages.
Mucus in smaller air passages + foamy
Mucus in upper air passages No foreign
matter Liver 75% = marked fatty degeneration.
Epi. innumerable mucous. Spl cong. Kid (80%)
marked passive cong. Tongue slightly indented
at margin by teeth; not bitten Stomach contains
much pale soup like fluid + fragments of food.
Marked small bowel. Small fluid in upper
small intestine

~~Robertson O.G.S. 65. He. P. ...~~

~~24.12.14.~~

S/111, 2

Re John Quinell dec 23.12.14

Special Constable Shook of Commission in water.
History Healthy. On Friday Dec 11 at 6pm
Went on duty at New River pumping station
Winchmore Hill, Recently transferred to the
State - did not know it well. Should have
met with Special but ~~he~~ he did not
turn up. He did appear, his hat by foot
on river bank 1 or 2 days later Dec 21
his body was found in water some distance

Further down when it was caught
under arch of bridge. When he saw
he was ~~lost~~ holding tightly grasped
the tool which he had when he went
on duty. He was a coachman
& was under no ~~need~~ to leave his
situation

Mitchell J. 8.57. Rt. Heart Fail. Conseq. Press. Aneur. Arch

31.12.14.

? Aneur: by accident of Aorta.

Paddy

2/11/29.

Ext. Fairly well man. Lips + 75% livid
Oedema of lower limbs, penis + scrotum.

Int. Merning's cong: Much clotted in pericardium
H^o Rt. Ventr. much dil + walls much hypert.
Lft. ventr. somewhat dil + some hypert: of aneur. ~~Muscle~~
= marked fatty + some atrophy, large sacular aneurysm
Atrio Ventr. or base of infund. whole arch gone, it
pulsed into pericard. wall thin everywhere; very thick
Lumbar vert. in sag. ~~See~~ Superior vena cava

↓ Palm: art + main handles much completed
Rev of art in thro → ath. Much clear but left pleura, ad
adherens right side. Lungs = a passive cong. Left lower
lobe part cong. Marked the bunch + nodules, Much
aspirate thick lower = adv matting much. Spl very fine
& cong. side = passive cong. Paniculus cong. Passive
Cong. Normal small ink 2 small cante near Normal
1 thick. Labourer. Health. Saher got right on Jan 16
1914 at his work fell from roof cong to breaking of tile
& ladder falling, landed on top of a scullery up there
to ground, distance 25-27 feet
Landing on right hip, he was conscious + sat up
& said he had hurt his back. Never complained of

~~Kennedy W. T. # 29. Chronic Bronch. Nephritis~~
~~23. 12. // 31. 36. P. Term. 2. 6. 8. 10. 12. 14. 16. 18. 20. 22. 24. 26. 28. 30. 32. 34. 36.~~

James Mitchell 31. 12. 14. // 2
2/17

Hinky cont:

giddiness or of fainting attacks. Nevertheless
after accident he lay up for some time then
got about with a stick. Dr. Magon first saw
him same time as accident. Extreme pains over
lower right rib, right buttock & hip. No running
then. Visited him until middle of March,
then he came to surgery once a week until
end of November; then he went to bed & visited

him until death on Dec 29th. Oedema
of feet for 6 weeks before death.

Gore N.A.S. 64. Heart Fail. & Depen. Heart Muscle Result. Ch. Blood
6.1.15. Poison. ^{from} Left Leg Foot. General Amyloid
Not Acc. Inject. Stovaine into spine. ^{Chw ulcer} Disease. 2113

Fulham
Ex 1. Very poor. Lips pale. Pubes shaved. Swelling left leg
& foot. Large chw ulcer on outer side leg in lower part + scarring
+ scarring inner side leg. Open sinus + small abscess wound
inner side left foot

Ins. Marked with cerebral abs. Brain old haem. small in rt
Cup: striated. Some osteoarth. spine. Hr. Rt. cor. chl. + leg resp
Ventricle Muscle - a. r. fatty chym. Ad. atherom
arteria. Lung - marked by put. cur. + old. Ch. Branches
+ emphy. 1/2 pint clear fluid in left pleura. Air passages contain

mucous & Amyloid deposits. Also in suprarenals, marked kidneys
& some in liver & spleen. Liver 5 lb. 4 oz. also fatty with
fatty degeneration & multilobed: contains Spl. foci & amyloid
knots & fatty degeneration. The pericardium of left ventricle
tremulous & blue

History. Chloroform left leg for long time. Taken ill Oct 14
Fulminant meningitis Oct 21. Sinus food discharging from nose
Ulcer scraped & cleaned up but minor discharge continued: much
pain present sleep. Agreed to amputation. Op. Jan 4
Stomach with spasm but vomiting became shall & patient
weak. & died before op. performed

Flatow A.B. 49. Sub-Throat. Homicidal. Q.C. 2/11/4
7.1.15. St. Francis. Rex v. Louis Flatow - Husband

Ex P. Very well known:

Guilt but insane.

Surface pale. Rt pupil smaller than left. Lips & livid.
Slight bruise on each shin. Small bruise front of shoulder
& another on rt forearm. Blood in mouth & nostrils
& blood on hands - no cuts. Cutthroat. Gaping wound
Upper border $5\frac{1}{2}$ " , lower $6\frac{1}{2}$ " ; curves from left to right
& upwards at angle & horizontal of 30° . $1\frac{1}{2}$ " of wound on left
of midline; wound terminates $\frac{1}{2}$ " below attachment of
rt pinna. Notch in upper border $\frac{3}{4}$ " from right end
where it passes over jaw. Rt end deep & under cut

left shelves gradually. Structures directed are
muscles in part of larynx - but stemomastoids thick
right external. Thyroid cart: divided & larynx very
by oblique cut ~~deep~~ deep on left side & cutting
to upper right border about $\frac{1}{2}$ way along. But right
wall of pharynx & divided & present: muscles to right of
heart & outside of: hitched. Cervical cut divided
completely - vagus partly divided & cervical sympathetic
completely divided. Small piece of submaxillary
gland cut off. ^{into} Brain pale. No fatty blood in
at heart w/ pulmonary artery. Inhaled blood areas throughout larynx
upper back of left lung & much blood clot in lower trachea
& bronchi. Horse's liver kidney pale. Spleen pale.
Blood in mouth

Harrison W. ♂ 51. Entrance Blood Into Air Pass: From Cancer.

8.1.15.

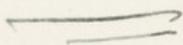
Ulcer Tongue whilst unconscious ~~Anest.~~ (Ether),
During Opⁿ for removal of tongue 2/115

Marylebone

Ext. V. Only nose. Pupils rather small. Opentrach: wound
Two Meninges cong. HT. RR Cues much dil; left Cues
dil esp vent. Mucos = fine jact degen + marked bron-
chosp. Lungs = passive cong + oedema. Some inhaled
blood at back of lungs. In emphyse + chrtrach. Much
jact blood in lower trachea + down to median bronchi liver
enlarged Spl firm & cong. Kid Pass cong. Large
Malignant Ulcer Epithelium in left half of tongue
& 2 ulcers in 2 glands in left neck. Root of tongue has

been divided among the floor growth on the right part of
left side. Stomach contents thick + a little blood
Smell of ether in chest

Hiding up. = on Jan 7. for removal of tongue
Anesthetic gas followed by ether. Tonic well
did not hold up.



Bruce D. M. 8735. Heart ~~fil.~~ Fat. Depen. Heart Muscle

11.1.15. ~~Living~~ Dental Abscess ~~P.F.O.~~ 2/116

Hampered. Patent Foramen Ovale Sudden death

Ext. Well nursed. Hypert rather pink. Pupils rather
dil. Lips pale. Ix's rather livid

Int. Ix's several petechiae on surface. Rt. Cor. mild
dil; left Cor. dil esp vent. Musc. = very adv.,
fatty musc. Pericardium pale. Valves not stained
thin & a number of circular oval openings, 3 of them
fairly large. Lungs = marked passive cong + oedema.
Further mucus in lower trachea + main bronchi.
Lives 79 vs = adv fatty depenⁿ musc. Spk firm

* Cong: Kids panie Cong: Tongue found. Recent dental
extraction (impacted) in left upper jaw. No
abscess apparent. Stomach. vit abnormal: panie
Cong. of small.

Hist - General health good. Recent tooth ache
Tooth extracted but pain continued. Two days later
abscess burst into mouth at night. Slept well that
night. Woke at 7:45 AM - felt better. Dressed & went
down to market. Wife checked & heard growl
down stairs; he was lying full grown on couch
in dining room. Neighbors called. Still breathing. Dead when
Dr came

Parsons J.S. ♂. 34. Ac. Mening. Coneq. Ac. ~~Midea~~ Dose.
12. 1. 15. Mutaka chrysuris (Uraomia) 2/117
Middle Euxine

Wington

Ext. well known. Lipid

Int. Central ommatidia flattened. Ventrals all somewhat
tilt. CST furred. Acute rostrum merges over base
eye. Under surface of left temporal process white;
much turbid streak very short. Base of left middle
eye = acute ommatidia + veins + infill by
mus. Middle eye cavity full of thick cheesy
material. At. Pecten on surface. Cornea all
mus. cil. Muscle = all parting full mass. Pecten

over bases of lungs. Marked passive congestion + vesicular rales 80%
soft pale? Jact + end vomiting Spel 12 1/2 1/3 soft + pale
Kills. Chest well + cong.

Hitz. Engineer Labourer + Trooper 1945 + Hussars. Healthy
went away August. Had had falls for long. Arrived
home on leave Jan 2. Shingle in head. Staggered + heard
it. Sober. Worse next day. Delirium + head bad. Temp 4
Dr sent for. Temp 99. Pulse 116 RR pale dil LRR contracted
LRR weak. Sent into Lt Northern Hosp. Pains back
of neck + headaches. Cints + albuminuria. Diagnosed
Uraemia. Died Jan 7 at 9 pm.

Engler I. 8. 35. ~~Syphilis~~ ^{symmetry} ~~tumors~~ Brain & Soften. Brain.

12.1.15. ~~with hydrocephalus~~ Sudden Death 2/118

STP amens

GRF, well preserved. Pupil dil. lip + FT's somewhat hard
Int. Skull hard, Cerebral Conv. flattened esp. rt side over
front of temporo-sphenoidal lobe where convol. is widened
Cerebral vein enlarged. Int. cerebral peduncle widened
ml. thickening of meninges in interpeduncular space
All ventricles dil esp lateral. Third approx N. Small pale
firm translucent tumour in rt Temporo-sphenoidal lobe
near surface of lobe, surrounded by v. large area of
softening extend to surface of lobe + involving greater

part of it corpus striatum. Some area of gray in
lup corpus striatum extend into cerebral peduncle & a
small white gray size of pea embedded in area.

Moss Tumors - typical glioma of cerebral peduncle
meninges covering tumor when 2 meninges contained
H₂O can slide. Lung same color. Spinal cord can
be adherent and uterine tubes & ovaries

History - Married 15 years. Sep: head at last summer
Pretet for 3 years ago. Cause of Subaracn. Well since but
becoming strange in manner. Delirious at times Pretet for
headaches. Several attacks of unconsciousness. Intense
headache + sick vom Dec 25. 1914. Better next day
Sudden attack Jan 4. In Jan 10 dead in bed + cold.

Warner E.P. 8.18. Perit. Follow. Ac. Append. to Perfor. Appendix,

13.1.15.

Ford poisoning suspected

2/119

St Pomeroy

Ext. Well nour. Pupils dil. Lips & T's livid.

Int HR caws all r. dil. Mucos = fluid mottled fatty

mucos. Lungs = mottled passive Cong + oedema. Pentone

Acute general peritonitis. Int anatomy free abd = thick

yellowish sticky pus. Small int: dilated & soft by touch

Liver 40g. Cloudy well + slightly degenerated mucos

Spleen 7g. soft + mucous. Kid = mottled cloudy well

Appendix large. New brain is inflamed: neuritis

spread over a connection.

Hurtly. (Had fish Green of Jan 7. (Sister had some
but no ill effects). Pains in throat + sickness
in May of Jan 8. worse on Jan 9. No cough
by Jan 10. Still ill. Sick that night. Died
Jan 11 in ^{morning}
good poisoning suspected.

Hansell. ♂. N.B. ~~Imperf. Arterio Blood + Congest. Heart Dise.~~
15. 1. 15. W. 6 lb. 33. Length 19½" 2/120

Jr Panu Cong HT. Large patent ductus arteriosus
Lungs well nour. Fertile desc. Incisions of pericardium
Lungs firm + TNA hard. Mark of blade of forceps - Pale on rt
forehead scalp, Umbilical cord cut tied
Int - Meninges Cong. HT? Large patent duct arteriosus
Petechiae on surface of lungs. Air in all parts of lungs
which are full fully expanded They were rather Cong
Kidney Cong. Scrotum oedem.

Horwood H. 5. 26. Regurg. Vomit Air Pass. Whilst Unconscious
18.1.15. Inhalation ~~25~~ Chloroform. Suicide. Temp insane ^{2/121}

Holborn.

G.I. Well nour. Hypostasis after. Pupils dil. Lips swollen
Blackening of rt side of lips extending to left of midline (? Cited
hours). Face purple & cyanosed. A lot much cyanosis & cyanosis
of surfaces generally. Superficial? Burns on eyelid & cheek
& rt side of chin. Dark area with slight blistering on side
neck & upper chest. Int. Mercuric Cong. HP some end
Rt cavities somewhat dil. h⁺ Awd right ventricle more marked
dil. Petechiae back of rt lung. Lungs Marked passive cong
& oedema. Petechiae in lower part. Much stomach contents

in upper air passages down to medium bronchi. Faint
smell of CO_2 in chest. Kidney & pancreas empty. Stomach
contents in mouth-pharynx & oesoph. Much partly digested
food in stomach. Uterus ? menst. / No pregnancy
Histology Good health. Student at Pitman School. In
Austria & left just before war. Rather depressed since
owing to war & pretty work. Found dead Jan 16.12 midday
High spirits & emotional, easily depressed. Sober & cerebral
in habits. Appeared Normal on night of Jan 15. Found
dead in bed about 2.45 AM 16th - Door locked inside
fully clothed. Key under bed = 3 small empty bottles smell
of CO & CO & CO under neck. CO & CO
Body on side face toward empty water dish. litter found

Death & work. Death 12.15 hours / midday.

Goldson H. ♂ 41. Rupt. Aneur. Abdom. Aorta Into Left Pleur.

20.1.15.

Kemping

Not connected with injury

Cavity

2/122
a

Ext: Well born. R pupil larger than left. Lips
rather pale. TNs kind

Int: Ht Cvs all somewhat dil. Aorta. Some atheroma
& arterio-scler. No E. apparent. An aneurysm sacculus size of
small orange in upper abd ante evading bodies of 12th
& 11th vert, more on left side; has formed in post wall
which consisted of lam: clot $\frac{1}{2}$ " thick. Ant wall
of aorta inf it: stretched & dilated 3" in length. Aneurysm
pointed upwards inward: to left of spine, pass
through diaphragm & forming small pocket into

Left plane early when it ruptured. over 4 lb of
blood clot & another 1 lb of mixed blood & effusion
Lungs. Left much compressed, not quite airless
Airs sacs pale. Kidneys - Passive Cong. Venous hypert:
History Railway Guard. Healthy until Dec 1913
A year ~~ago~~ previous slipped on line catching foot in
electric wire as he crossed the line. Complained for
2 days of pain in hip & thigh. In Dec 1913 crumpled at
lumbar - could not stoop or bend much. - could not
lift anything. Off work until Sept or Oct 1914 & continued
until Jan 14. Then thought he had chill & died
suddenly in afternoon of Jan 17. Difficult in breathing

~~Sander R.G. 8.40. Asphyx. Conseq. Delens. Larynx 2nd Syphil.~~
~~3.5.13. Uleer. Larynx & trachea..~~ 2/122

Harry Goldslee. Arterioanemys 6

Utility Cent. all previous night, had pain in
upback downward as when he had Umbago
On Dec 22 1914 was drunk & fell down 2 steps in
front of his home. A boy picked him up & he went up
to bed. Had been to work since & seemed no better
worse for that fall. His back has been worse for last
week or more.

Dr Murray. I know nothing of fall 2 or 3 years ago
In Sept 1911 had pain in abdomen, gradually got

were Sick list for Mr B - Jan 13 1912. Mr B had
of S.M.H. diagnosed spinal TB. Much better under
treatment. I did not connect illness with injury.
Worked for Jan 14 - June 5. 1912 - then recurrence of
pain in back + severe abd pain lumbar muscles rigid
+ very tender. + emaciated. Co. off work until Dec 14. 1912
Well until Aug 28. 1913. Same signs + symptoms. On sick list
until Oct 14 1913 Not seen him again until Jan 15 1915
Some symptoms again. Put him on sick list + told him
to come to me again on following Monday. On Sunday
the renter told me he was dead.
I never connected condition with injury.

Lisle E.C. ♂: 66. Degen, ~~Heart Muscle~~ Cong. v. Chr., Bright's Dise.

21.1.15.

Very sudden death

2/123

Chelsea

Ex li. Well born. Lips + IT's livid

Int., IT + CVS all much dil. Muscle = marked atrophy.

Some atth: thyrod art. Lung = marked passive congestion

Gen: empty + choleliths. Sl. oedema. Amygdaloid folds.

low engaged with blood of lung. Kidney: reduced in size

+ show marks: consid arterio-sclerotic disease + some chronic

interst: nephritis.

History. Well until recently. more suffered from 'neuro'

+ was under Sir Fitzmaurice at St Thomas's Hosp

was a Centinel. . . on Jan 17 was in good health
when he went to bed at 10:40 pm. He coughed a little
about 12:45 AM, then made a noise in throat.
Wife shook him. No answer. He was unconscious
The next day. Came in. Found him dead
Death very unexpected. Took no drugs. He ~~was~~ was
to complain of pain in left side.

Collier J. D. ♂, $\frac{6}{12}$ Ac. Bronchopneum. Length 2 ft. $3\frac{1}{2}$ ins. 2/124
22.1.15, Wt. 13 lb. 10 oz. Thymus well formed.

Jubham

Very sudden death.

Ext. Very well born. No teeth erupted.

Int.: Meninges: cong. 147 cons all dil: Muc. St. part

Full mass. No congenital disease. Lungs. General emphyse

Many medium sized bronch cuticular creamy pus. Dark
red areas at bases of lungs & collapsed lung: in right lowest
lobe numerous fine dark red areas of definite bacterial
pneumonia - confluent areas: Bad death Mucosa Catarrh

Upper air passage cong: + contamination creamy pus

Thymus very large cl: well Spl: In + cong. Kidney

Cl: well & cry, Tongue pink
Healthy (Mother has 3 children) Slight sickness
+ diarrhoea. Went to bed 2 days later. First convulsion
Jan 18 - lasted 3 or 4 min. Took little afterwards
then went to sleep + slept all night
Jan 19. about 2.30 p.m. looked strange - took in and out. Had
twitching of left hand all afternoon + died at 6 p.m.
Dr. Knox. Saw child for 1st time Jan 19 3 p.m. Unconscious.
Eyes fixed. No convulsions. - breathing short - pulse feeble

Anderson A.G. ♂ 73. Potash Cyanide Poison. Suicide. 2/125

22.1.15.

Splanchnic

Ext. Well nour. Lips + Hs + hair. Dark dry area in middle third of lower lip.

Int. Mucosae = st. excess clear fluid submucous space. Arteries opaque over cerebral hemispheres. Lt. P. technique in surface. Cerebellum much dil. Mucosa slight patch + some fatty + adv. thin at top of mucos. Left coronary art. 2 areas of adv. at base + much narrower. Lungs very cong. + swollen at base. Adv. in gm. in l. lobe + large bullae just y at lower lobe + some clear bullae. Much mucosae in ~~main~~ main bronchi

Thyroid small liver 39g. Fine uniform fatty deg. + whitish
 centers near 脾 for + cong. Kidneys - 4g each, slightly
 granular surface. Some passive cong. Most clear urine. Pancreas
 very cong. Tongue found cryst cong. Stomach contained about
 43 of reddish fluid. Small like soda walk congested at
 cardiac end + part wall where outer surface reddened
 Mucous sub memb. softened + wall thin at cardiac end. No
 ulcerat. Duodenum + first few inches of jejunum were cong.
 + haemorrhagic mucous. Chemical stomach contents strongly
 alkaline. White cake in tin box = crude KCN + clay + paper: found
only. Found goat health but bad enough. Depressed at times + felt
 worse + said he was not tired of life + death. Found lead in tin
 letter in table number. R14 present. White cake in locked drawer

Membr. Polishes

Sherman E. ♂. 58. Ac. Bronchopneum. + Pericard. Course. 1

23.1.15.

Overdose Laudanum. Suicide, 2/26
+ Lymph: Ct + Cl₂ a

Hampstead

Ext. Well nour. Lips catarrhid. Incision of p₁ & p₃
Small urine on front of each thigh.

Int. Early acute pericarditis. AP cross del, CA vent
more than others. Muscle = ad. fatty deg. + marked ha
atroph. Urine: Pleurisy recent at back bases of lungs.
lungs, v. cong: oedem. Extensive acute broncho-
pneum. Back of each lung, more in lower lobes in
in rt lung. ^{Streptococci} in bronchi + emphyse. Extremities
Perit: adhesions Level 4, 6 & 9. Ad. fatty deg. en -

Antibiotic men + cl; weak spleen, kidneys, lungs
cloudy with + neg. Pancreas atrophied, tongue found same
lung stomach, had wandered tempt. Crains + pullopa
tubes missing

Hub Cook general health. I met him drunk too much
Reynolds into you place. Worried + depressed
in Jan. 14. Left his body in a, saying goodbye
at 2:30 pm Thursday found unconscious in a chair
in Colders Green Park. Had in mouth Two bottles
labelled brandy in his bag. Adm - 1 sample for 1 Feb
3:30 pm. Practically unconscious, could be roused
but did not reply. Pupils small Resp. also. Waked cut
Sheld + canther. One bottle pure brandy, other was

~~Neville J. 1872.~~

~~to Poison. Acid. Death.~~

~~28.1.14.~~

Re Elisa Sherman

2/126
6

~~1st~~ 1st Child ~~the~~ complicated Chol. Recurrent
 Comma on morning of Jan 15. Temp rose
 in Jan 16 & in 17th delirium. Died Jan 19
 in early morning, at one chemist she had bought
 1st with her hand (not quite drums) for toothache
~~at night~~. Purchased abt 3 weeks ago & she
noticed a little of what it had been purposely
purchased for some chest. At an at
 she had purchased 1st of hand + 1st Compound Chol. in

One bottle. I cut she wanted it for toothache. Purchased
on day or day before it was taken. The bottle
cont. 2 drams of handann

—

Barker A.S. 43. Fibrosis Heart Muscle.

2/127

26.1.15.

Marybone Ext. Diffuse fibrosis of heart muscle. Cause Sudden death

Ext. Well known. Decomp. advancing. Pupils dil.; tips
+ flushed. Slight redness about ankles.

Int. I.T. Cavities all much dil. esp. left ventricle
by part of rt ventricle. Muscle. Whole left vent wall traversed
by strands of fibrous tissue. Musc. = marked brown atrophy, no fall
degen. Also diffuse fibrous - numerous areas of dense called infilt
(lymphocytes) + fibroblasts, replacing muscle cells; also numerous
multinucleated giant cells, arranged in places in lines parallel
to the muscle-cells, prob. secondary atrophy (katabolism) of

muscle cells. NOB, Carotids, with tuberculous changes
→ No disease apparent in arteries of heart wall. Lungs = Pains
Cong: Spleen enlarged + cholecystitis. Mucopus in upper air
passage, St: oedema, atelectasis: Jct: Ext old pneumonia adhesions
hiv, Spl. Kids lung; Old pyo salpinx lung on each side.
History Temperate sober, Healthy until last 2 months
Short of breath since Sept 1, 3 weeks ago = told to lie up. We
moved home Jan 21, complained of feeling tired that night
found dead in bed next morning by husband who slept in
same bed. Neighbour sleeping in room below heard her
one in morning with very violent cough, struggling for
breath then she expired. Oh my God about 2 hours
later as husband came down ~~to find her~~ ^{to find her} ~~she~~ ^{she} ~~was~~ ^{was} ~~dead~~ ^{dead}. ~~difficult to breathe~~ ^{at heart}
→ difficult to breathe

eyelids. SE corner point of nose + of both lips on NW side
fracture of nasal bone. Fracture of lower margin of
orbit. 3 parallel abrasions on outer side of shoulder
Very abrasion on side of left chest, 1 small bruise back of
shoulder + 2 parallel right abrasions at base of angle of
of scapula; these 2 are in same line as 2 parallel
abrasions on back of left upper arm - course of these down
front, $2\frac{1}{2}$ " above elbow. Slight abrasion back of each elbow
haz. wood $1\frac{1}{2}$ " long on back of left thigh; ^{very close}
Skin broken on knuckles of left thumb + ^{1st} finger + ^{middle} finger
of left ring finger at back
Int: Skull Distended fracture pans forward through outer part
of left orbit. Distended fracture oblique across orbit orbital

~~1886~~
~~1887~~

Re Bennett. Bull dec Curt 2/128²

Int. Exam plants which was thick. Some of subdural
Nuclei over greater part of brain. Spina, Prunstone grade
of body of 8th DV. No dis plants. Fructose Mimus prunes
of 3 4+5 D.V. Considerably in hands and the
vign + in broad band across chest at this level Curt
with in surface but covered in the alveoli over
at surface. Spinal pulp for 4" in injury area
It can all right all. Mureta = all full degeneration
1/2 inch flat under at volume. Dep. line had in cut part of
at uppermost layer. In several times along back of left

Lower lobe. Rv middle of lower lobe curled when collapsed
Cong. bronchitis & atresia. Some of emphysema character
white tubular blood in each lung. Blood in upper lobe
pumps. Haem in sup. mediast. In fracture of rib ~~in~~
sternum. Haem into rt submax: gland $\frac{1}{2}$ pint of blood
Under in Vit: high - deep, low - spigular like & superficial
one in under surface of it right liver. Splice long
deep lobe in blood in vent. organs pale
Hinty Accidental at 6.50h on Jan 24. He stepped out
into road in front of rapid moving car. He walked
down. Taken to Hosp: found to be dead. Night
dusk & street lights had
Charge of woman daughter dismissed.

Lee S. ♂ $2\frac{1}{2}$ Term. Bronchopneum. Follow. Coma Course.
28.1.15. Syphil. Mening. Hydroceph. Thymus very small.

Wilmington wt 7 lb. Length 21" + Marked by: Hydroceph. Not Date Blue alloy cut

Ext. Emaciated. Lips + jws thin. Ant fontanelle wide. Head within large 2/129

Int. Skull v. thin. B. Curv. ^{considering much flattened} large. All ventricles very greatly dil; + full of clear CSF. Ependyma thick + a few small pale spots in wall. Basal meningis limited to

interp. space, pons + medulla it is that pale + opaque
+ Meninge dense infiltr by lymphocytes, plasma cells + a few poly nuclear, chief red small blood vessels; anterior
- Marked Σ endarter + narrowing. No perichastal

HP, Caus all rel: dil. & hump Emphys → acute
bronchitis. Acute bronchopneumonia lobe of each lung
(pneumococcus). Thick membranes in upper airway &
hairs = marked cloudy swell. NOZ. Kids also Al Swell
Hirsty Born Nov 1. 1914. Not married but living & father
of child. Full term. Healthy at birth. Well until
Dec 12 at night. Then had prolonged screaming attack
Father said he had hit it but he had quarreled with
Mother & afterwards said he was angry & had not really
hit child. No mark going. Next morning it was
quies. Found a strange cry. To Hosp Dec 18. Contemplated
I wanted. Gave Hyd & Chloroform & a hypodermic injection
Then head began to swell & signs of meningitis. Died Jan 26

Hoban S. 8. 49. Tuberc. Meningitis

2/80

28.1.15.

Chr pneumonia TB.

Wilmington

Ext. Spandy nose. Pupils equal. Lips + FNs livid

Ins. Skull more rugose patterned by cerebral convulsions

Meningeal veins eng. Excess of clear fluid in subarachnoid space over vertex & numerous white TB over upper part of frontal lobes. No meningitis over base. Venous IV.

Pericard - whit. by old fine adhesion. HR. RR. Cw. + Lt vent faint marked clear zone of left aur. 1st thoracic = fine fatty mucus, lungs. Left upper lobe almost solid by TB

Two TB. & small cavity + TB pneumonia; less elsewhere

in lungs. Gen Emphyse + also kidneys. Passive congestion
Mucopus in upper air ways. Liver markedly fatty
infiltrated. Hep. cong., kid. congest Micro Mammals
conspicuous TB meningitis + a few TB

History. Health not good recently for some time
He drank to excess for some time. He would go out
→ ambled in about an hour quite changed - dazed
→ tried to sleep for several hours. But every day
until Jan 12. Gradually weakened for some time + right
siding. Curious when he went into Hosp on Jan 13
his nose became partly on Jan 22 deep unconscious
+ died Jan 25.

Atkins W.C. ♂. 6 1/2.

Death caused by meningitis (Gibbs?)

28.1.15.

Chelsea.

~~2nd given for Op. 2 on September 2/131~~
~~base of brain in meningitis & not hydrocephalus~~

Ext. Poorly nour. Face pale. Pupils dil. - lips livid. Ventrals
open op. wound $1\frac{3}{4}$ " long down front of left tibia. Bone
greatly enlarged & much thickened & wound opens into
large central canal. Bone spongy. NO supp. - Old op. scar
across middle of front of left leg.

Int. - Skull thin on top & behind; inner surface
roughened. Brain rather large. Convolution rather flattened.
All ventricles faintly marked with oil. C57.14. Small colloid
tumour $\frac{1}{2}$ " x $\frac{1}{4}$ " on right side of medulla in its

Upper part Muris = wall of great squamous pit - Cuts full of
muscles + cholesterin = cholesterin. HR. Cuts all
more old Murle = well marked fatty deg. mus. Myop
emph. low + mus of small pel cong, T mus end. Thy mus
atrophied. Small of ether in Cu int

History. Health until Nov 1915. Then ? blown left leg Paris
in leg. Op: crural artery - piece of bone removed left leg. In
hosp. until Feb 1914. Adm. Chelsea Hosp. Child: Jan 16
1915. Discharge. Minor part of left leg = infective
osteomyelitis tibia + much dead bone. Op: Jan 22
at 11 AM. Open ether. Patient to know. ~~Not~~ Not
much ether required. Circul: unsatisfactory at end of op.
Breath bad. Pulse good. Unpulsed. Died in ward at 1.5 pm

Did not remove Cu int

Darker T. ♂. 24. ~~Head tail.~~ Ac. Perit. Conseq. Ac. Inflamm. to
29. 1. 15. Perfor. Meckel's Diverticulum. 2/132

St Pancreas Fish Poisoning suspected during life

Ext - Well now! Hypert: Intestine. Decomp. advanced
Pupils: dil. Lips & T's splayed wide. Reddish brown stain
for mouth & nostrils.

Int: Meningeal Cyst. Lt - Rt Cysts smaller Lt & Right dil:

Mucosa = by fine pitted path muc: Lump = barium cyst:

Esophageal perforation in lower part where joint: An ulcer

to be by esophagus In Int est. thromb. Spl. Cyst. Kills

= Cl: well tongue joined Stom cut near hepaticoga

(Hypert. long wall, Meckel's diverticulum ^{me} ~~at~~ above ileo-

Calcul Valve, 1 1/2" long, ~~exactly~~ acutely angled infund + ganglion
heads tips where there is a tiny perforation. This is
abdomen.

Hinky. Coal Cannon. Healthy, sober + Careful
Jan 25 - night; brought home fish + chips + had them
for supper. went to bed 11:30 PM. Midnight vomited
supper + complained of pain in stomach + on right side of
hips all night + pain + vomits. He could not get to sleep
Jan 26 - to Dr at 9:30; seemed weak + collapsed. Continued
for little while pain; ^{Dr} re: abdomen tenderness, suspicious
vomits + pain went steadily + night on Jan 27 + died suddenly
at 5:30 PM that day.

Flowersole W. 8. $\frac{13}{12}$. CO Poison. Prod. Outbreak Fire in Room 2

29.1.15.

Which Child Found Dead

Length 27" Wt. 15½ lb. Thymus normal.

2/133

St. P. 11/15

Ext: Well nour: Hypert route bright red, P₁ in
minis of press P₁, Pupils dil. Lip + FIV, set in
but M emig + Woodward bright red, Ven: rate by the
Red Itr All ears sl: dil: Minus N minus:
rather bright red. No emig: dil. Lung bright red
but: emig. Mass in upper air passage. Liver sple
& Kidney: bright red. Tonsil sl: end. Stomach
muscle bright red. Blood shot + bright red + give spect
Test for CO Hb. when in front in large amount

Hurt's Death on Monday night Jan 25

Fireman. Called to fire at 11:45 pm. A sofa

→ an arm chair had been burnt. Fire had
already been extinguished. No smell of

paraffin or of smoke in room. The fire
was not near child's cot.

Bartlett I.M.F. ♂. 7 $\frac{1}{2}$ Weeks. Ac. Pemphiguo. Not Acc. Vaccination.

2.2.15.

Length 22"!! Wt. 9 lb. 4 oz.

2/134

Thymus rather small (8.6 gm.).

Fulham

Ext: Well nour. Pupils cent; Lips + TTs + TMs ^{lined}
two sunken, 3 vaccination areas left upper arm
all healthy; scabs on two jaw gum, none on third
but fresh and forming. Mottled red colour over
whole surface of body, esp: marked + raw in vulva,
on buttocks + appressed surface of upper thighs.
Int: HS cons ab. dil: Mucosa = uniform fine faty mass
Small patent = pink of artery; artery; hemp = after passage
cong. Kids = cl: well mixed. large intestine. 2 small

areas at splenic flexum of very congested by hyperplastic
follicles & small haemorrhagic. Left axillary glands
2: end: & congested & eosinophilic cells & swollen
endothelial cells. Micros. but no replication
of bars or vacuolation areas.

18th. Born Dec 3. Healthy full term. Vaccinated by
public vaccinator. A few days later 5 spots on face
also had throat. Arm (left) slightly swollen
Then rash on other side of face & on neck & lower part
of back. D.V.B. Saw child first at time Jan 25 -
feverish & irritable. Erythematous rash - almost
general Jan 28, looked at arms. Vaccination
areas healthy. Throat was the most healthy
in body. Most inflamed over buttocks. Died Jan 29.

Hutton N. S. 78. Lobar Pneum., & Ac. Pericard., Not An. Per.
2.2.15. Accid., Carcinoma Rectum 2/135

Hobson. Death induced by accident on 16.12.14
Exl. Poor hum. pupil cons: lips pale. FIVs all ² blind
Meninges cons: adv atth cerebral art
Easy acute pericarditis on left side - LFT Cons all
dit: esp. left vent. Muscle = fine patchy fatty + very
marked brown atrophy. Lungs left upper lobe
completely solid = grey hepatic & ventr. pleura.
Also gen emphyse + chr bronchitis. Heart and
by heart very turgid upper con pass
cons - cutaneous Spl. stom & con

Kids = cl: small. Ad cut ~~carumina~~ upper
rectum (mus). No 2 ~~days~~. No structure.
History. Dec. 16 1915. Stepped into road in
front of house. Knocked down slight groyse
& made cut at cheek. In hosp. 20 hrs. No
serious injury found. Afterwards complained
pain right side but continued work (drawing)
until Jan 18. When taken home & saw Dr. Had
brucellosis & low state of health, worse on Jan 26
Great pain on left side & in stomach

Hermann C. ♂. 42. Ac. Pericard. & Aortic Regurgitation
2.2.15. Sudden death in train 2/36

St Pancreas

Ex: well nour. Pupils red. lips & A's hid.
Int: Meninges cong. Acute pericarditis - vs cong & small
transverse deposit of lymph + a little turbid fluid in small
folds of pericardium = gram + strep. HT. 22/13. Cor. all
great dil: a hole by part esp. vent. Aortic injud = 3 fingers
lips & valve thick & calc: = aortic regurg: muscle = fair
marked fatty & adv: brown atrophy, Aorta, but part
great dil: a. a. th. c. 2 mics. Left pleura = 1/2 pint of
clear fluid. Lungs very cong: + oedema esp. bases

+ marked gen: eruphs + chv hndi. Upper air
Pass: veg cong: + cy unnd live 59 1/2 g ♂ = unupn
adv: nutmeg + some fall degen unns Spl. 6g Tim
+ cong: . kids = marked passive cong + tel. well
Panic - pass any Back of unnd, phrag + oocph, unnd
+ intentions. The up hnd = marked Pass: cong.
Hthly. Ht disease 5 years. lived at Huel cur
Internat at Isle of Man. Jan 29. Brought by
Walter Douglas to Liverpool. Said he felt well + dazed
all way across. 'Not sick'. Then drive to home
at Liverpool for lunch. D. gid. Just before leg in
Buszard tunnel hall gave a gasp + died. Said
nothing. At Liverpool he said he felt better.

Acute Morphine poisoning, suicide.

Diabetic 2/137
gangrene

Arthur Abbott of 64 Ph 3-2-15 S 17 H 7'
Ext. Rather stout. R.H. slty post presat lips ears
cyanosed. Pupil equal slight contracted. Left leg & foot
swollen. Commencing gangrene of great toe + inner
part of foot. Left little toe missing. 3 small ulcers on
right shin - scabbed over.

Int. Brain small cavity - old - in at basal middle. Meninges
eng. Arteries dil. very atheromatous. HV cut: RV cavity
much dil; left aur. dil, vent markedly so. Muscle
soft + brown in lute shy w/ fatty smudged brown P.T.O.

atropine. Mitral + aortic valves thick + slight calcif.
Atherosclerosis aorta, aortic valve end; some of coronary arts.
lungs emphysema + chro bronchitis; passive cong. Cirrhotic
cong. liver (5 lb 10 oz) much end. Some multi lobular
cirrhosis. Spl of 13 end; soft + cong. Kidneys of 8 1/2. end;
hypert. + passive cong. Fair amount of urine in bladder
Pancreas small but appears healthy. Slight passive
cong. of stomach.

History Adm: 1 Feb suffering from morphine poisoning
Cunative, pinpoint pupils, stertorous + cyanosed
bates pupils unequal + dil. Diabetis of long standing in
feet. Died same day.

Stayton E.E. ♂. ~~48~~ ⁶⁸ Ac. Meningitis (Influenza),

2/138

5.2.15.

Hampstead

Sudden death,

Exr. Well nour. Lips red. livid.

Int. Acute meningitis base, right over convex
surface cerebral hemisphere. Convulsions flattened. Latent
Vents dil + entire clear CSF. Bact. influenzae type
bailli found. N. T. Cells chiefly poly: but lymphocytes in
fair numbers. Sp: end + mening N. H + Cans R. dil
Muscl = fine salt fibres. Lung r: typ part. Cong:
+ ple effusions Spl 2 1/2 g. N. Kid R: pars cong
Large tonsils + adenoids

Had a cold in chest - otherwise well. On Feb 2
woke in morning complaining of headache. Studied to
day, middle of night. Later in morning vomited
repeatedly. Put to bed & went to sleep. About
2:15. Made a noise in ^{croupy} throat, unconscious & appeared
to be in fit. Taken to Hamp. Gen Hosp. Arrived 3:30 pm
Cheyne-Stokes breathing. Pulse faint & good. Cyanosis
cyanosed & dying. No cold sweat.
Died 3:45 pm.

Wheatley W.H. ♂ 67. Dise. Heart muscle & Liver Acc. Injuries
5.2.15. (Fract. Ribs & Blow Head), 2/139

Wilmington Chronic alcoholic

Ext. Stout build. Lips & T.S. hard. Bruise left eye
Several recent bruises back & outer side of upper arm & lower
part forearm, wrist, back of hand & knuckles. Large bruise
back of lower part of rt upper arm, small bruise outer
side of elbow & small ones back of wrist & knuckles
Two fair large bruises back of rt & back. Small bruise at
knee. Abrasions & bruising inner side of right toe & bruising
on back of 2nd & 3rd toes. All bruises recent.
Int. Bruise at side of back of head $2\frac{1}{2}$ " behind ear

HR Cases all much dil. Muscle = very adv fatty + muscle
beating mms. Arter + coronary by att. No narrowing
lungs. Some possible Cong. Gen: emphyse + cholelithiasis
Wgt 82g. Adv. Multilobular Cirrhosis + fatty degener-
ation emphyse (7 1/2 + 8g) & well + some arteriosclerosis
+ pan Cong. Stomach - cholelithiasis. Fractured Ribs. R + 10,
11 + 12 cracked.

History. Strong man. Intemperate. Not very well last 4
months. Went to business until Jan 30. On that morning
in bed c/ blood eye. During afternoon in great disabled-chair
+ table to upright. Jan 31 + Feb 1. In bed morphine. On
Feb 2. Found lying on bath room floor. Conscious at 9 AM
in night clothes. Cap found over head in bath room. Helped
him to bed. Complained of pain in side. Found dead 7.30 pm

Martin C. 8. 67. ~~Dise. Heart Muscle Acc. Obstruct. Small Intest.~~
Caused Strang. In Femoral Hernia. 2/146
11. 2. 15.

Wilmington

Sudden death

Ext - Prof. vom. Abd dist + tense. Lips + F. bluish
Large rounded swelling left femoral region (femoral hernia)
Int. Lft. Cav. much dil. esp. to vent. which al. hypert.
Muscle - marked br. atrophy in brain, lungs - some parame
lung. Gen. atrophy + chr. bronch. Perit. Shrunken
Femoral Hernia. Small int. 4" + 4" diameter.
Kid. (7) 3 (total). Some characteristic neph. + arterioscl.
Stomach + Int. much dil. due to strangu-
+ emb. much foul smelling fluid + gas

Strong: 18" above iliac crest. Value Wall
of string: int. int. engaged. Not gangrene.
History. Domestic servant. Spinter, felt queer
in night of Feb 8. ? bilious attack. Had complained
of sickness + diarrhoea that day. Found dead at 6 AM
in Feb 9 in night clothes lying across bed.
She said that she had often had attacks
of sickness + diarrhoea before. She had been
in bed for great part of Feb 8.

Tasker C. 8. 36 hours. ~~Trachea. Aeration Blood Courses. Confront.~~

11.2.15.

Heart Dis. Length 194 Wt. 6 lb. 303

Large Patent Duct: Arterious 2/14

Islington

Sudden death.

Ext. Well nursed. Paps cut. Lips, hands, & feet livid rest of body bright red. Incessant pressure P14

Int. Remains of caput succed in RW vertex of anted

regio. Meninges cut. Hr. Muscle pale. Large Patent duct: arterious. Petechiae on surface of lungs

lungs almost full esp with small red areas of partial expansion. Petechiae in Thyroid liver pale. Kidney little necrosis in large intestine. Little mucus, no food in stomach

History. Normal labor. Mid wife attended. Child
normal at birth. No artificial resp. necessary.
Noticed to be blue at interval & found dead in
cot 36 hours after birth. Not in bed with
mother who was ill - ~~menstruation~~ child had a
little mother's milk + water - given a short time
before death. —

Beaupre J. ♂. 78. Loss Blood Coag. Penetr. Wound Heart to
12. 2. 15. Wounds Throat, Suicide. 2/142

Paddington Stab

Ext. Fair well nour. Lips pale. Mucous membranes
Oedema over back, flanks, lower limbs & scrotum

Superficial lacerated wound 1" long, left side neck horizontal
to right side. Incised wound $\frac{3}{8}$ " long, almost transverse
to rib cage $1\frac{1}{2}$ " above & to inner side of left nipple.

Small abrasion found on outer side left shoulder
Chr: ulcer across dorsum of left foot. Pigmented
scar on each shin

Test, Mening. Path. Mud blood clots in pericardium

Star wound passed through 4th left intercostal space
at level of costochondral junction, pierced first
wall of left ventricle: through inter ventricle: septum into
RT ~~ventricle~~ ventricle. IHR cavity much dilated + ventricles hypertrophied
hypertrophied. Muscle = fine fatty + mottled. Joints
shrunken. Arteries sclerotic. Lungs pale. Generally, + the
muscles. Filina phthisis small cavity, left upper lobe
Cut across upper larynx sever base of epiglottis
+ several parallel cuts in thyroid cartilage: which are
cancerous + thick. Much blood in air passages. Lungs ad-
nected. Spine + ribs pale. Found in mouth + stomach,
H. H. Filina. Very ill. Unrested suicide. Found as
before. Large pair of tumors one on each parotid
gland. In his abdomen. Chest unenclosed of clothes. Dead

Miller J.W. ♂ $\frac{4}{12}$. Sharp. Inguin. Hernia. Not Acc. Stomach
Inject. into Spinal Canal As Anaco. 2/14/38
16.2.15. Length $22\frac{1}{2}$ " Wt. 8-06. 14-03.

Stomach

Anaesthetics
death, Stomach

~~Ext.~~ Poorly nour. Lips & head, open opⁿ about 2" long in
left groin. Hernial sac open + intestine in it. Perit. wound
lumbar spine. Open opⁿ: wound 2" long upper abdomen
= cardiac manure

Int. Meninges all cong; also spinal meninges. No injury
from injection. HR course all dil. Muscle = fine fatty mass
Duct adv. closed. Lung = fine fatty debris. Thyroid N. 23 gms
Liver. Eng: arteriole. Kidney paraviscous cong. SM Intest. N
& almost empty in upper $\frac{1}{3}$. Remainder dilated & filled

~~1st~~ by fluid. One inch of gut in med above ilio caecum
valve was in hernia & was thick + very cong; also
adj membrane. No haem or gangrene. Hernia contents
inf tips of 1st finger + is sharp. Below the intubation
are normal + almost empty.

History Child weak for birth. Hernia found 6
weeks after birth. Taken to W. H. circumcised + truss
ordered. On Feb:10 Hernia became too big for truss
& child ill. Truss put on again. On Feb:13 child
became ill 2 p.m. Screaming attacks + later vomiting.
Took to 1st up at 10 p.m. - strang. hernia. Special anal.
Stovaine 3 centi. grams of 5% sol. Op. performed for 8-10
mins, sudden hole, uncurved + resp. ceased. Ht failed just

Fuller R. 5. 6/12. Head Tail, to Bronchitis Acc. Fract. Ribs Caused
20. 2. 14. Osteogen. Imperfecta. Wt. 12 lb. 8 1/2 3. 2/144
Thymus normal (20.1 gm.)

Clerk smooth. well born R. leg 3/4" shorter than left
Ext. Purplish area on inner side right thigh & early
dys. inner side knee

Skull bones rather porous & vascular. Meningeal cong. HR

All cavities etc. No congenital disease lungs, pleura, esophagus
Mucopus - much - in upper air passage, down to small

bronchi. Liver cong. Ventricles cong. Old united

fractures last decade All left ribs were fractured & some

fractured - Bone union in most. Fibrous union in some
R. fem. shorter than left. Fracture which united & much

Callus. Rt tibia & fibula somewhat curved
Hitz. on Feb 15 Mother noticed bruise on right
side of abdomen & back when undressing child. Slept in car
well on Feb 17. Feeding more later ceased and
became semi-conscious. Foam from mouth. Recovered
a little but died within $\frac{1}{2}$ hour (No haemorrhage found
under skin of discolored area on right thigh)

Atherfold J.H. ♂. 41. Heart Dise. (~~Dilat. Aorta & Subcor. Aortic~~

22. 2. 15.

~~Regurg.) + Term. Ac. Bronchopneumonia~~

~~Pericard.~~

Σ Aorta. Aortic Regurgitation: 2/145

Hammersmith 9 produced by strain

Ext. Well born. Marked cedema of lower limbs, & cedema in flanks
Rt Pulv. Contract. hfr + A/Vs rather thick

Ind: Skull hard. Early acute pericarditis with numerous haemorrhages
-little effusion. Hr 25/3 Rt. cav. greatly dil & much hypert. Lt
cav. greatly dil: + some hypert. of walls. Musc. - marked
patchy fatty deg. minor Atria much dil: in ^{lt} part + almost to
end of arch + adn. atheroma + ~~Q~~ Σ A/Vs normal wall. Aortic
orific enlarged (aortic regurg.) Valve N. Slight adn. under aorta
Cor. arts N. All valve rings dil: but tricuspid + mitral valves

Only rt: thickened, lungs = marked passive ^{Gen. emphysema} cong + ^{oedema} oedema.
 Very recent infarct of rt base. Smaller air passages dilated
 + acute bronchitis (gram + cocci). Much protein upper
 air passages. Liver 87 g. Adv. uniform hepatitis. G.B. oedema.
Stom. Small stomach cong, Kid. Stom.: Marked passive cong.
Pancreas = marked passive cong. Gserph examined in lower part
Stomach = marked passive cong. also some of Stom.: large int.
 No scar in perisperm in growing.
Mucos of Ant. Intest. Marked ulceration thick of intima (lamina propria)
 + cellulular fibrous tissue. Media much reduced in thickness. Marked
 endarteritis + thinning of adventitia entire diffused by lymphocytic
 infiltrate into lax capillaries + lax thick media also surrounded
 by lymphocytes

Small lymph hemorrhage congest admitting

~~Farman A.S. 41. Loss Blood From Wound Throat. Wounds In~~
~~20.2.15. Abdomen.~~

2/145
6

Re J.H. Atherfold dec PM 22.2.15

History Strong healthy man. Steady + temperate
Bachelor. Was a van washer at Lyons to
Cudby Hall. Employed for 3 months 1912-13 Discharged for
keeping bad time. Returned to employment. Feb 1914 worked
continuously until Oct 31st. Last night no work done
On that night when pulling a van "he felt something go
click over his heart". Felt bad, could not speak + the
other men had to finish his work. He staggered + could
not get his breath. Another worker. 1 saw him in the

last night he was at work. He was resting on a shaft
The said he was done. He never worked ~~any~~
Saw Dr. next day - Nov. who said heart was in
shocking condition & that he would never be able
to go back to work ~~again~~. Never able to lie down
afterward but slept in chair with feet propped up
Had to take to bed. Feb. ^{4th} 1915. Hammerhead injury
Feb 10. Had menhik + dial for. Swollen feet about beginning
of Feb.

Keppeler L. 5. 23. Fat, Degen. Heart Muscle as Part Condit. Stat.
22. 2. 15. Lymph. + Anas. (Chloroform) 2/146

Clemenswell

Labor Primip.

? Status Lymph

Ext. well nutr. Lips + Jaws rather livid.

Punct wd Rt breast. Dry blood on vulva + lower abd:

Breasts large + contain milk

Int. HP Cava all dil expt vent. Muscle = very adv
fatty degen: micis. Lung = slight hypost cong: Air
pass pale Thyms 15.2 gms - atrophied micis; Liver
36.9 g = a little fine fatty degen micis. Kid = sl passive
cong + ~~sl passive cong.~~ + slight hydneph. Sm Int
slight lymph: hypoplasia at lower end. Genitals

Recent lac = of perineo back to anal orifice - stitched up
anal canal not involved. Vagina Capacious
& a little bruising in cellular tissue within of wall
Wen 10" long. Cervix thin & adnits hard &
lacerated by postilip. A few small clots in
vag. 11/10 placenta. Site not extends to int: es.
Few shreds of membrane remain. Wall of
uterus normal. Ovaries flattened. Corpus luteum in at way
History, 1st pregnancy ^{always healthy} STB.H., confinement
started Feb: 18. Very slow. Child born Feb: 20
about 12:15 pm. Died about 1/2 hour later. Instruments
used. Child alive CHCl₃ chem 10 grains. Died 1/2 hour
after birth. Negent loss of blood

Waters E.E. 8.33. Ac. Perit. Conseq. Infect. + Rupt. Parovian Cyst
23.2.15. Into Perit. Cavity. Rupt. Acc. Labour. 2/147
No Puerperal Fever.

Paddington

Allegation against Dr

Ext: Well nour. Abd: protub + green. Pupils dil. lips
dry. Breasts large + mature milk.

Int: Hr. cav. all dil. Mucous membrane pale
lumpy = marked pass cong + venous. Acute gen'
peritonitis + much turbid serum in the free fluid. Thick
yellow pus in pelvis. Liver cl. well. Spl. cong. Kidn. cl.
well + cong. Stomach + 1m int. dilated. Slight
- a little - on surface of intestine. Uterus showed
normal changes shortly after full term labour except

superficial tear up part wall of cervix to int. os. Base
of tear clean. No debris in uterus. Remains of a
ruptured parovarian cyst attached to left ovary.

uterus & ductum: Sober. Normal full term labor in
History 3 previous children. Normal full term labor in
Feb 14. On Feb 16 Temp 101. Headache & backache, pain in
chest & a little difficulty in breathing. Feb 17 Temp 102°
Feb 18 Temp 102.2° Feb 19. Felt better Temp 99°
Feb 20. collapsed & died. Had complaint of pains in
back during pregnancy.

After her death relatives expressed dissatisfaction
with Drs treatment. Reported to Council.

Hansell H. ♂ 45. ~~Case, Monday~~. Acc. Admin. Anaes. 2/14/82

23. 2. 15. (Chelz followed by ether)??

Islington ~~Acem & Nephritis~~ ~~Wraemia~~
Ext. - Well ~~knock~~ ~~tip~~ ~~of~~ ~~head~~. Open up wound 8" long
on rt horn. 2 small scabs on ant abdomen wall 2" to left
of mid line. 2 scabs on back of left upper arm. Bruise
on 2 k nuckles of left hand ~~Artery rupture central~~
Int. Meninges ^{potential} ~~cont~~ in ~~Prax~~ ~~W~~ ~~in~~ ~~firm~~ ~~bone~~
wall = previous meningial haemorrhage - fair large. In this
area is a small thin walled aneurysm ~~Right Brain~~
Rt temporo-sphenoidal lobe shrunken firm white firm
+ cysts present - prob: previous softening. This extended to

surface + pia arachnoid thro' over it; also extends to
cuneus striatum right + rest of basal nuclei. Shrink-
+ atrophic. Rt lat vent dil. HR cartilage joint
marked dil; lt vent - some hypert. March = marked
to atrophy + a little fatty deg - lung Some gen emphyse
+ chr lung. St: pars cong. Perit: a little free blood
large haem area at kidney extends down into to below
wall, both sides + lower ant abdomen wall + joint
extreme with cut of mesenteric of 2 male int. Bun
opposed muscle each side. No fracture of spine. Rt Kid
No 10 joint. heart ant end. Spe: pale Kid best = $1\frac{1}{2}$ g
rudimentary - one pyramid - lat health Rt = $10\frac{1}{2}$ g. Much

Hartigan R. 8. 58.

5. 11. // 28. 36.

Re Henry Hensell ^{2/148} des Cont

PM Wlington 23.2.15.

Int: Exam cont. — enlarged. Severe deep
lacerations, one crossing middle + opening into pelvis
almost completely divided organ in middle. Organ
appears to have undergone coagulation necrosis. Layer
vein fully thrombus. Much haemorrhage into perirenal
fat. No blood in urine. Micrs of Cerebral Anemys
Altered kind pigment in cells and anemys = previous
haemorrhage

History Journeyman Carpenter until 3 years ago when

he had stroke. Recovered in 3 months. Night watchman since
Feb. 19. Knocked down by motor ~~car~~^{van}. Brought home by
Police 11 AM having been to S auto. Said he was in
gear as my. Banner of car struck him; wheels
did not pass over him. Lay under van between front
& back wheels. While hood of car passed over him. Not
travelling fast. RR side of car & right arm received
the blow. Passed no urine for 24 hours. ~~Then~~
Some bloody urine then drawn off. Then passed more
urine but got worse. Much worse Feb 20. Op - ~~thru~~
Cly 1-2 drams then Ether $\frac{1}{2}$ g. Need 10 minutes - HR failed
op - practical completed

Baillie G.O.S. ♂ 18. Wound (Sabre) left Side Back

26.2.15.

into left lung

29/49

Golden Green Crematorium

Ext. Fully clothed in uniform. Lacerations in all clothes on back of chest. Open wound 2" long, innamed: to left of dorsal spine. Direction longitudinal.

Int. Wound passed through left chest wall with pleura close to spine. Smashing neck of 8th left rib. Small fragment of bone in wound. Penetrating wound in lower lobe left lung.

No other structures injured

Adipocere formation in places in subcutaneous

Tissue + some in heart wall.

Harting killed in France Sept 7. 1914
Exhumed recently + brought home for
cremation. —

Cole. ♂. N.B. ~~Stamp. Band Neck. Under.~~ Length $18\frac{1}{2}$ "

27.2.15. Wt. 5 lb. $2\frac{3}{4}$ oz. Thymus normal. 2/150

Clerkenwell Res. ~~Strangulation by ligature~~ Mander
~~St.~~ Well nour. Pupils dil. Lips + face reddish blue
Finger + T. Nostril: hind tongue protrudes, right: Hands
Umbilical Cord 14 " long, cut + tied. Cord bloodless (semicircular)
Ligature = band of black material, hemmed along each
edge + about $1\frac{1}{2}$ " wide tied tightly round neck + snugly
deep into neck knot at back. Length of ligature
after division $4\frac{1}{2}$ ". Skin above ligature deep red
Measles measured over trunk + thighs
but No caput succedaneum. Meminges engaged

Brain cong: III Petech on surface. Blood generally
thick & dark red. Duct: anterior, small. Foram
nale N. lungs fair size. Air in every part & most
fully expanded. but dark areas in lower lobes
not fully expanded. Upper air passage N & clear
No mark of ligature. Pale groove across each sternum
mastoid muscle. No bruising in neck. Liver spleen
& kidneys dark red & very cong. Stomach st. cong
& contains mucus & bubbles of air. No air in intestine
No food in stomach. Meconium in sigmoid & rectum
Epiphysis 5 mm in length from Nucleus tubid. CCC. 26 Mar 1915
History Mother at 18 years of months. Pleading health
Concealment B and C

Eleg C.F. 8.25.

2.3.15.

Shock due to injection of soap

Fulham

2 solution with uterine to pressure
abortion Self inflicted 2/15/15

Ext: Well nour. Lips + JNs r; hind. Large bleedings
plaster over lower back. Breasts fairly large

Int: Meninges pale. Ht curv all dil up bt vent: fluid
fluid in all cavities. Muscle pale. No discum macula

Lungs sl hypert: cong: Air passages reddened. Thyroid end:
vesicles dil - thick colloid masses. Spl $5\frac{1}{2}$ cong: kidneys

($7\frac{1}{2} + 6\frac{1}{2}$). Pyramids cong: cortex pale Genitals. A little
thick material in Vagina (scrap). Uterus 6". Cervix dil:
up to int: os which is ~~light~~ closed faint light closed.

Dilated cervix admits 1 finger easily. A little mucus
balled up in cervix. Several slight lacerations and ext
os + one at intro. Body contains fetus - 4 months c
members intact but separated from uterine wall over large
area on post. surface + thick material like that in vagina
in gap - impurities firmer + finer like 3" long.
Total amount about $1\frac{1}{2}$ g. No blood in uterus, cervix or vagina
Large clump of mucus left cervix.

History. Married 1 year 11 months. Healthy. 1 child 12 months / 16
miscarriages. Worried at being pregnant again. Husband left
home at 8:30 pm Tues Feb 27. Returned 10:50. When he left she
was reading paper & baby asleep on her lap. When he
returned she was lying on her back in bedroom.

Anderson J. K. 0732.

Abertain - Muck 2/15/1915

~~9.7.11~~

Re. Caroline Frances Elgdee Fulham
History cont Floor den. - Dr. Juffitts Examined her ^{2.3.1915}
re pregnancy 4-5 months ago & again 6 months ago
She said it was strange that she had not come
on prof again but did not seem ~~at~~ anxious
Called by husband at 11pm on Feb 27, a sheet
was spread out on bedroom floor & she was
lying upon it clothed in night-dress chemise
& dressing gown. Small amount ~~of~~ blood
stained in it on bedding basin with string

Soap water being white & cool. One end of
Higginson's Syringe (Identified by husband) was in
padding basin with some of soap on it; the other
end of syringe was in crumpled vessel. Think that
vaginal fitting on syringe but no thrust. There was
cotton wool & a diaper nearby. Bed had not
been slept in. Need had dined & was in morning after
husband's contact

Little A.W. ♂: 18. Inhel. CO contained in Coal gas.

2.3.15.

Coal Gas

2/152

Clerkenwell.

Ext: Well nursed. Pupils R: dil: Lips rather deep red
Bright red flush face, front of trunk, hypostatic area
on back lower limbs & upper arms. Healing superficial
wound on left thumb. Film over at corner - said
to be blind in that eye

Heart Meninges brain bright red HT. Rt ears much dil
Left ears dil esp ventrals. Muscles bright red. Blood fluid
& bright red. Lungs bright red & slight hypostatic Cong;
Air passages & bright red. Liver Spl 1/2 g + kidneys bright red.

Pancreas light red. Sternum Cong Muscles light red
Faint smelt of coal gas in stomach, in lungs
& in skull.
CO in blood 18% after correction - Haldane

Hicksc.c.t.34. Haem. Into Perit. Cavity Follow. Rept. Extra
2.3.15. Uterine Gest. Not Acc. Stovaine (Anaes.).

Hammermunk

Sudden death 2/153

Ext Well born. Lips pale. Skin colorless. Hypertens about
Throat large contain milk. Recent closed up: wood
lower abdomen & transverse wood

Int. Brain + meninges pale. HT: Cows all somewhat dil:
Mucle = faint marked fat micr. Lung = right
hypost: Cong. Air passage pale. Some blood clot
in parts of abdomen (most removed). Liver & kidneys
pale. Pharynx + esoph pale. Body of uterus stuck removed
by op → large corpus uterus left only.

Luxford W. ♂ 52

Carbon Monoxide ^{2/154} 71%

3. 11. 15 Kers.

Ext. Big stout man. Hypert light red. Bright red
Colum. legs & feet, minor rufous: thighs grain patches
on stream. Decomp. Ad^{ca}. Green, swollen + hallow in
Int. Blood in limbs light red. Merg's light red + ^{thick} skin
Bright red of hypert lungs, of air passage, spleen & kidneys
passive con. stomach & muscles light red. HT
RT con marked oil, also at vent. Vess = some bronchitis
Mins: Lungs also cho bronch + emphys:
CO Haldene 71% No Haldene

White E.A. ♂. 14. Ac. Cerebrospinal mening.

2/155

6.3.15.

Sudden death

Fulham

Ext. Well nurs. Pupils dil. Lips & Ns livid. Traces of pressure on the along trunk & across top of head. Mottled red eruption over whole surface of body. With in places purpuric spots esp on face & upper part of trunk.

Int. Meninges intensely congested over whole surface of brain & spine. No meningitis apparent. But a little purulent material over ependymal plate. Meningo excess found in this material. Brain congested. Convulsions flattened. H⁺. Petechiae on

surface. All cases appeared somewhat dil. Muscle = marked
patches of fatty tissue: also tiny haems in muscle
Endocardium & Valves, Lung = patchy hypert cong & slight
emphysem. Liver & kidneys = Cl: Swollen Spl congested caps
malpighian bodies; th: enlarged. Tonsils enlarged. Nasopharynx
very cong: Petechiae in mucous memb. stomach & petechiae
& large haems: in wall of lower part of intestine on
outer surface; small haems: in mucous memb of part
of large int. Small haems in mucous memb of glands
No history.

Linell H.D. ♂ 71. Hydrochloric Acid Poison.

2/156

6.3.15,

Suicide Unsound Mind.

Islington

Ext Poor now: Abdomen retracted. Pupils sl: contracted
lips + fins re line. Red area left forearm + another
above left nipple - Ether injection

Int HR curs much chl ~~but~~ ventricles sl: hypov:
Muc - marked to slight spher fatt degen mucos. Pump

= marked vas cong. Some gastritis + chr bronchitis.

Slight oedem conjunctiva folds. Mucous in upper air passages
Perit: A little fluid, very acid, round stomach + a little
clear reddish fluid in pelvis. No peritonitis. Liver Early

nutriment + some fully infolded mucus + excess of polymorph cells
in portal veins. Veins - marked arteriole like areas. Sp. upper
pole in superficial part indicates lactone acid.
Three pyramidal areas dorsum of tongue. Beside dist. minor
surface blackened + eroded throughout length. Stomach contains
some brown fluid - very acid - also fragments of food. Wall
at cardiac end slightly blackened but pyloric portion
much thickened + blackened from haemorrhage internal. 16
Erosion visible; less change in pyloric canal + thickening with
blackening of first 1 1/2" duodenum. Two small chro. peptic
ulcers lower part - at least
History. Strange in manner last 2-3 weeks, Wed March 3, appeared
suddenly + asleep 4:30 pm. At 6:00 pm heard groaning. Rubbing all over
bed in great pain - collapsed Richard Spens. B. H. Ford + prodigious fumes

placenta, expressed about $\frac{1}{3}$ + made det other
attempts produced only clot. About 12:30 AM sent for
mid-woman. It removed about $\frac{2}{3}$ of placenta by hand
bleed continued for some time but stopped later.
She became collapsed so gave injection + saline
effusion + sent for mid-woman again but
deed became moribund + died about ~~1:50~~ 1:50 AM.
Vaginae but named around. Clot alive + healthy

Whyler G.E. 6731. ~~Heart Tissue + Fat~~ ^{Fatty} Heart Muscle Path. condit.
8.3.13. Stat. Lymph. Arter. Core (Ethyl Chloride).

Dental Extractives 2/158

Marybone

Et Well Num + muscular Hypertasia marked + liver with
Patches. Lips pale. Finger tips livid
Int. Hr Rt Cardio mus. dil. lvt vent marked gr Muscle = very
fine uniform fatty degm. viscous. Lungs = pass cong + oedem
Ep: lvt. Thymus 16 gms. lobules different with cortex
→ medullar mass. low eng. = hard. Spl soft + cong
+ lymph hyperplasia viscous. Kids = marked passive cong.
Pancreo cong. Tongue + lingual tonsils enl. Lymphoid
hyperplasia in pharynx + pyramidal tonsils. Slight hyperplasia

at lower end of stem. Faint smell of Ethyl chloride in
lung. Teeth, recent extractions back of each lower jaw
+ right upper jaw

Hist. Healthy, Cannon. Dental trip on May 1st, 5 to 7 to
extracting each line. Gas ~~1st~~^{2nd} occasion. ~~First~~^{Second} time took
gas had struggled a lot had time to rest before extract-
ion. Then gas allowed to come out + Ethyl chloride
substituted for gas. Gums were the extract; after 7
breath stopped. Rebreathed measure for $\frac{1}{2}$ hour without
result

Philpot F.P. ♂. 15. Lobar Pneumonia.

11. 3. 15.

Sudden death

2/154

Chelsea

Ex P. Well nour. Hypertrophic liver. Lips + Flap white
livid.

Trx. Meninges very Cong. Ltr. crumpling acute pericarditis
→ numerous petechiae surface of heart. Rt cavities
somewhat dil. wall of Rtr. clot mainly pale. Lt ventr
sl. dil. Muscle = well marked fatty deg. in M. inf.
Lungs = early acute pleurisy Rt side, also left with
numerous petechiae left side. Rt lower lobe
completely solid, grey hepatized - in upper half.

Pneumococcus. Spl. Parvula Angelsen. Upper
air passages. Congestant mucosa also small
air passages. Spl. Odontomax. Thyroid (28.9 gms)
Some atrophy. Fair large petechiae on surface. Liver
Blk cl nodules + slight fat deg in mammal 3 cm
micro Spl (5g) by soft reds cl nodules. Tonsils
+ lingual tonsils large.

Hint. Health. Errand Boy. On March 5+6 complain
of headache March 8. Vanished at 7 AM later
diarrhoea (food suspected). Dr sent for - did not
come. March 9. 7.30 AM said he felt better. Went
for Dr again 11.50. Sudden change died 12.45 PM
March 9.

Smith H. J. 8.50. ~~Dubal. CO contained in coal gas.~~

15.3.15.

Accid. Death. ~~Spleen~~.

2/160

Maryelone

Coal Gas Poisoning

Ext well norm. Pupils rather dil. Lips bluish red
TNS bright red. Hypertonia bright red

Int. Meninges & Brain bright red & cong. HT conv
somewhat dil & contains bright red fld blood. Muscle

=adv. Jatt degm & some Jatt's mass. Lungs cong
& bright red; marked passive cong. Cis/Pancreas pale

No smell of coal gas in body. Liver, Spl, Kuds
cong: bright red. Murder all bright red.

Blood gases, tests for CO. NO History.

Davenport K.A. ♂ 45. Head Tail. + Rupt. Aorta into Pericard. Cavity.
15. 3. 15.

Paddington.

Sudden Death 2/16/61

Ext. Very stout. Apoptosis marked + third lips
+ 7th hoid

Int Pericard: distended by blood-clot + about 12 g
of clot. Rv Cav's mark dil; + left Cav's esp Ventric
Aorta = marked ather. thickens. First part somewhat
dil: Transverse tear $\frac{1}{2}$ " long just above root amp of
Valve. Blood passed through cellular tissue + through pericard
where open admitted to right little finger. Lung = marked
passive congestion. Some gen. emp hys + chr. bronchitis

Upper airways cong. Thyroid. Rt lobe enlarged
+ adenoma. Spl 8 1/2. Large + cong. Keds 8 1/2 each
= passive cong. Pharynx enlarged. Pasmie cong.
of stomach

History. Collapsed + died suddenly when using
the telephone. Complained sometimes of pain
in chest + thought it was lung disease but did
nothing and it recurred

Yeowell L. 5. 49, ~~Head~~ + Degeu. Heart Muscle Follow. Op.
16.3.15. Rectum & Anas. (2lbs). Carcin. Rectum

{ Excised }
2/162

St Pancreas

Ext: Well nour. Surface pale. Pubes shaved. Lips + FNs
slight hind. Recent part closed up: wound $3\frac{1}{2}$ " long in
mid line between buttocks.

Int: Mucosa cong. Much clear fluid pericard = Ht. Can
oil up left vent. Muscle = marked from atrophy + fat
degen. Much clear fluid in each pleura. Lungs passive
cong. + some emphyse. Some oedema of any upright folds
EB wall oedema. Spl soft + pale. Kidneys passive cong.
Bladder cong; also Pancreas. Testis enlarged. Pharynx + Oesoph

Cyanosed. Cancer of rectum has been removed
History Symptoms of growth for about 6 months. Jordan
Exam in Feb 27. Adm Hospital March 6. On March 12 Exam
Under anaesthetic Op: March 13. For excision of rectum
Commenced 10:15 AM + ended at 1:15 PM. Open Ethel all time
with a few drops of ethyl to start. About 11:45 pulse became rapid
but anasar. Reduced + rub cut: saline given. She then
improved + op: completed as quickly as possible. Never
recovered consciousness + died at 4:15 same day.

Pond S.E. 8. Ac. Peit. Set up by infect, ~~obscure~~, with paper.

16.3.15.

~~Uterus Result, Unsuccessful Abort.~~

2/63

Paddington

gangrene with perforation of uterus

Criminal abortion

Ext Well now. Decomp. progressing Lips + 11.5 sl. bird.

Skid + mucus mounds sl: hard. Breasts large + contain milk

but Meninges cong. HR cases all dil esp lt vent

Muscle = very marked fatty microkumps Conn: acute

pleurisy left base. Marked passive Cong + edema

Acute gen. peritonitis esp: pelvis + some turbid fluid

Smelling fluid; intestines stuck together by film of soft

lymph Spl 6 1/2 oz. Very soft + cong: Kidneys 6 1/2 + 7 oz

Passive cong. Genitals. Vagina Capacans - a little reddish

epithelium at upper end. Ext: as swollen uterus $4\frac{1}{2}$ "
long. Cervix - 1 finger but is tightly closed. Body contains a
little similar fluid. Wall thick & firm + membranous
in vein. At upper end sloughy area about size of 4/6
thumb ϕ whole wall with large perforation in centre
inner surface irregular firm grey colour with sloughy
inner surface. No placenta or membranes. Pus in a
vein in wall uterus. Streptococcus infection
History 2 children. Did not want any more. on March
11 at 10:30 pm pain in stomach + got worse. Hardly at 2:30 AM
March 12 at 6:30 very bad, jaundiced, diarrhoea, weakness
+ skin rash. Died March 14 at 10:15 pm. Had a high
Temp. Examination blood stained vaginal discharge.

Wooten A. J. 30. Haem. Into Left Pleur. Cavity. Cones,
25.3.15. Pass. Bullet through Aorta & Left Lung.

Blington Murder

2164_a

Ext: Well nour. Surface of body pale, lips & finger tips
tint. Subluxation of knee. Blood from right corner
of mouth. Entrance wound of bullet circular $\frac{1}{4}$ " diameter
in upper part of left chest $3\frac{3}{4}$ " to left of midline
& 2" below middle of clavicle. Edges rt. inverted.

Int. Congested. Straight line downward to right at
L of about 45° to horizontal. Passed through 2nd left intercostal
space just ext to costo chondral junction, then
through upper & lower lung then through perforated

Portion of lower lobe emerging in mid below cost of lung
left main bronchus normal. Left pleura contained more
than 35% of blood partly clotted. It then traversed
post part of desc. thoracic aorta, entrance and by
small + exit situated close to entrance larger +
radiating lacunations. Then furrow oblique across
~~at~~ ant part of body of 6D in lower part, intersect-
desc + upper part of body of 7D. Bullet lodged at end
at end of furrow where it pierces a pty on right
side of spine. Little deposits of bullet blood in
post mediastinal tissues ~~and~~ and track of bullet
Parietal pleura on each side being raised ~~HP~~ Case empty.

Re Annie Josephine Woodtender, PO# 25.3.154 ^{2/164}

Int: Cont. Lt vent: sl dil. Muscle pale. ^{Bullid wound} Heart empty.
Entrance & exit wounds of bullet in left lung, about
size of plum and cut rather slit like. Lung pale
^{very} small areas of unclotted blood throughout lungs Air
passages pale & contain much blood clots. Liver + Kidney pale
Tongue moist, c blood, Phlegm + Oes. Stomach & large
Int pale. No blood in stomach. Oesms bleed + chor
endometritis. No pregnancy. Dissect once? TB
Exam Clothing Bullet opening in bodied apparel
to be noted on edge.

MacLagan H. G. ♂ 54[?] Chr. Bright's Disease (to Amyloid Disease), Coursey,
26.3.15. ~~Chr. Pulm. Tuberc. Acc. Veronal.~~

?? acced: Veronal

2/165

Stomach

Bas. Poorly nour. Lips slightly dried.

Int. Int. curv dil esp (+ vent. Muscle = marked fatty
degen. mass lungs. Adv. Chr. fibrin Phth + small
curv in Rt + ext in left lung. Hypert. cong + v. d. Chr. trunk + empty liver (8 1/2 g) empty amyloid mass

Spl 7 g. Marked amyloid in Malpighi capsules Kids 7 1/2 + 8 1/2 g
Chr. parenchyma nephritis + sl fatty degen. mass also marked
amyloid in glomeruli, arterioles etc. Stomach = passive cong.
Small int = about 12 large TB ulcers in middle

History. Drug taking for last 25 yrs. Morphine Cocaine
+ Venal. March 13. Took room at 9 + North Hotel. Heard
thing about middle next morning. About 7 pm heard groaning
Room kept open. Found on floor fully dressed - groaning
opened eyes but did not speak. White powder on paper
on dressing table. Electric light on. He was semi-conscious.
Small tin box in luggage cont: white powder ^{in bag} full amount
about 1/4 full. Adm Royal Hotel 11 pm March 14 unconscious
Recovered conscious about 2 AM. Rapid cont + equal Noodown.
Noodown month. Skin moist. Later he said he had
taken 1/2 Venal. Did not wish friend to know what he was
cont: impure + alg and full consciousness. Pulse
impure. Had cough - friend gave Pulm + B. Completely
Recovered from Venal. On March 24 collapsed ^{collapse} ^{suppression} of heart
died 20 hours later. Considered + coma

Potter E.A.S. 3.48.

27.3.17.

Shock & Loss Blood Conseq. Injuries (Fract. Spi-
Pelvis, Ribs) Caused Fall Windors Suffoc. Dist.
Heart Muscle. Accid. Death. ?

8 Panes.

2/166

Ext. Very stark. Lips & FN's livid. Sl. abrasion tip of nose
& upper lip. Bruise 1" x 1/2" part of chin + another along left lower jaw
Bruise + abrasions down left side of trunk to hip, small areas back of rt
loin + bruise over lumbar spine. Superficial abrasions + bruises on rt
forearm, left thumb + fingers, inner knee + outer side of left ankle
Int. Meningeal. Body of 2nd L vert fractured + crushed.
It also down part of lumbar spine + into plexus: muscles
& subcut tissue lumbar region. Cord + meninges. 1st. Cerv
Muscul. Muscles of back degenerated + atrophy in areas

Rt pleura = $\frac{1}{2}$ pint of fluid blood, lung. Bruising back left lower ribs
of hypernat lung. Mentals gen empty + also bruise: Punera
Bruising rest body. Lt: Bruising left part duoden. Fract. Ribs
Rt. 4-7 lateral + 6-12 back + much blood. Parital pleura torn
left 4-9 lateral. Ext: Bruising each side chest. Fract. Pelvis
1. across iliac line close to symphysis 2. In front
of rt cleohestinal eminence 3. left horseshoe running
pubic line. Much separate. Much blood around
History went to nursing home for depression + sleeplessness
Had special nurse. In bed most of time on March 2nd at
5:30 AM was found sitting on kitchen window ledge outside house
high fall from bath room window adj to his bedroom. Cousin
+ spoke but unavail; could not account for fall. Hit at
30 feet. In night clothes + drunk. Collapsed + died at 7 AM.

Howarth L. m. b. 34. ~~Fat, Degen, Heart Muscle Acet Morphine~~
~~Poison, & etc. Alcohol.~~ 2/167

31.3.15,

Westminster ~~+~~ Fatty degen Ht. v. kidneys = Chd alcoholico
~~+~~ Morphine Sudden death
Rt. Well nour. Completely bald. Face blotchy lips + fingers
livid.

Trv: Meninges cong. Petechiae over back Ht. covs much
dil except left amill. Muscle very adv fatty degen: mins
in near of adv. lungs Marked passive cong + oedema; some
gen. emphyse Jwthy trachea air passage which are pale
lvs 3 lb 11 oz Kidneys 10½ gtogether both show very adv
fatty degen mins. Bladder = much clear urine
Pancreas cong Trunc large Tongue furred not bitten. Desoph cyanosed

Asphyxiated. Stomach rather large, clear gasteric
fluid large amount of aromatic fluid + a little food.
Hwy. Nurse + Cert. midwife. IV used Dr. Marsh's
mother the remainder as housekeeper. Recant influenza
Admitted to drink. Tell down stairs, March 1st the
Hwy + Hwy home. Dr. told her not to return to his
that owing to drinking habits. On March 2nd returned to
Hwy to collect clothes + stayed in from day to day
continuing to drink on March 2nd about 2.30p. She said that
she had taken Morphine. He treated her - She
was comatose for some time. On March 3rd had normal
consciousness. Relieving Officer sent her to a nurse removal. A
few mins later Dr returned to her. She collapsed + died.

Harding E.W. 8.2. Ac. Cerebrospin. Mening. (Weichselbaum) 2/1/68

1.4.15.

Hammermitt

Two sudden deaths from CSF in same family

Ext: Well nurs. Pupils red. Lips slightly dried

Petechiae in skin of trunk & limbs - a few on face & neck.

Int: Brain. Cereb. cortex flattened. Meninges Engorged. Acute meningitis, base of brain & thick + turbid CSF in arachnoid which are yellow also at temporal pole & some over convex surface of cerebral hemispheres. Spinal meninges also involved. CSF in spinal canal turbid. All ventricles of brain dilated & CSF turbid. Ventrals absent again found in small number. Middle Cereb. V. absent. A single

Petechial haem on surface. HT cuts men but dil. Mucosa
= fine patchy fatty mac. Lungs Petechiae on surface
Acute bronch. & small areas of collapse. Some passive congestion
Rus in air passages. Thymus 23.9 gm liver + kid = cloudy
swell. Petechiae in stomach wall.

History. Seemed ailing. No complaint Mar 29 + 30. Sleep
was ~~less~~ 30k. Twitching of face + mouth. Died at 8:10 AM
before Dr arrived. Rush on 6:45 PM + 6:30 AM
to the in hospital air service. Not in contact with anyone CS-1
Sleep home every night - at 7:20 PM Mar 30. Poked child
in by arm for 20 min - brief. Then sudden squelch
beams, eyes closed + face twitched. Cut in hot bath
intended soon afterwards. Other child 6 yrs of age

~~Corrie S.E. 8.66. Dine Brown Atrophy Head Muscle stiff,~~

~~20.3.15.~~

~~Overseen Tumbler~~

1.4.15 Re E.W. Harding CMT

2/168
6

2 Sudden deaths in CBT

Hinky CMT was a/c at this time complex
appain in head + ears & back of head. No rest
the head retract. feverish. Died in a fit late
same night



Major H. ♂ 2 Days. ~~Imperfect Circulation~~ ~~Blood Loss~~ ~~Compensat.~~ Heart

2.4.15.

Dise. Premat. length 17" wt. 4 lb. 103. 2/169

Thymus small (6 gm.). Patent for Orale

Holborn Almost 2 month premature + large patent duct.

Exr. Fair well born. Pupils dil. lips + IVs livid. ^{Anterior} F.V. bands to

ends of incisors. Testicles not desc. Much lanugo trunk + limbs

Stump of umbilical tied + mummified

Int. A little subarachn. haem. west of brain. elsewhere pale

Heart. petechiae on surface + a few over lungs. Muscle - very

adv. fatty deg. minor. large chest: anterior, & joint large

patent foramen orale. Lungs rather small. Air in every

part but very incomplete expansion. Thyroid cong.

liver: Engorged with blood spl + beds cong. Seroph: livid

Stomach Comp. Some milk present + air. Membranes in
lax int. No epiphysis lower end femur. Cortices
for *B. callosus* + *cutrugalus*

Hink. Born 6:30 AM. March 28. Feeble. ~~1~~ Died two
days later. Almost 2 months premature.

Prout L. 8. 41. Ac. Pancreatitis (Haem.)

2/170

2. 4. 15.

No fat nerves

Sudden death

Holborn

Ext: Well now. Lips pale. FNs livid

Thick HP Cysts somewhat dil. Muscle. Very adv. patchy fatty
mass. Lung. Petechiae over lungs. Spl: Passive Cong
Stomach contents in upper air passages extend into lungs.
A little clear reddish fluid in pelvis. Liver 4 lb 10 oz
= Adv. fatty degeneration micro Kidneys. Very adv. fatty degeneration
micro Pancreas somewhat enlarged, firm + dark red
thickened + gangrenous in microsc. Scurvy time
oedematous + red to green colour Tongue fixed

Stomach wall congested adjacent to pancreas
Hitz. Sudden death

Smith E.L. ♂. $\frac{5}{12}$. Fat. Depen. Heart ~~Acc.~~ Overdose Digitalin. 2/17/

3.4.15.

given by mistake,
1 neutrophilic naevus.

Mammary

Ext. Well nour. Pupils sl: dil. Lips sl: livid, Orbits
& lateral aspects of left chest was a naevus $1\frac{7}{8}$ " vert
by $3\frac{1}{2}$ " horizontal; forms great raised livid mass
extended almost to spine. Edges sharp defined. In its
core 2 small ulcers covered by scabs.

Int: Ht. Single petech haem on surface. Caps all sl: dil.
Muc. Very fine patches fully mixed. Lungs - well marked
Darnic cong. Emphysem. Thyroid cong. Thyms 11.6 gms
Liver cong. Pharynx + oesoph: livid. Naevus on

urine appeared faint est; thrombosed + in place
negative Streptococci present

History. Always delicate. Had measles. In middle
hop. for heart at about 9 weeks. Died there April 10th AM
Draeger tested just CO_2/NO_2 . Result not good; then
electrolysis. First application gave good result. Second
application day before death. Afterwards child suddenly
developed rapid pulse + respiration. At 6 AM April 12th
 $\frac{1}{700}$ gr Digitalin ordered but by nurses mistaken $\frac{1}{700}$ gr. Child
seemed better after it but later collapsed + died.

Re Mrs Mary Dorothea Woodman ^{act. about 32 yrs} 194.4.15
at Eastbourne. on order of Colonel Dr. Benson 2/192
Septic poisoning due to injection of infected
pituitary extract

Ex Well known. Decays progressing. skin
green colour lower abdomen. Veins mapped out
on shoulders + upper chest + gas under skin
neck lips + ANS line. On rt buttock area of
marked swelling + discoloration $8\frac{1}{2} \times 6\frac{1}{2}$ ". From
an incision. Sloughing area 2" drains
sit: $1\frac{1}{2}$ " from surface of septic infection.

Old op - Scar bet Umb: pubes (removal of ovaries
tubes + part of uterus - also Appendix).

Int. Organs of Gen: healthy apart from changes
due to Sepsis. Lung. lower lobes Cong: + oedema.
Petechiae over left lower lobe. HT marked adit
of all cavities. Cultures for slough area, spleen,
+ ht blood Result. Staphy, Strep + Coliform with
Ititis Chemical analysis negative

Dec. Suffered from flushing + nervous system - due
to removal of ovaries - also occur at menopause
Pituitary extract administered. Inj given into
at intervals Mar 26 + 28. Cause of death
Septic poisoning - injections of infected Pituitary

Martin Dale

Beaveridge S. G. 8. 10. ~~Entrance Water into Air Pass. Conseq. Submers.~~
~~In Ball Followed by Syncope Conseq. Stat.~~

5. 4. 15.

Kensington. Ht 4ft 6". Shook of Immersion ^{2/173} _{13 aft.}

Ext. Well hum. Pupil dil. Lips slightly livid. Tongue
slightly between teeth + a little cloud over tongue +
between right teeth. Red flush on face + limbs
+ in places cyanosis

Int: Veins over cerebral hemispheres engorged.

Ht Petechiae on surface. Cavities all dil. esp left
ventricle. Muscle + very fine fatty deg. mic.

Lump = small number of petechiae chiefly over back
of lower lobes. Found marked passive congestion + some

oedema. a little frothy mucus in smaller air
passages. Upper air passages contain some water fluid
& finely divided sternal contents. No smell of
sulphur in fluid Thymus = 22gms. Pericardial
surface of sp congested by peripaludic. Vids marked
pamnic any. Tongue slightly bitten. Lingual tonsils
large & adnates present. Pharynx & oesophagus with
sternal contents in pharynx. Large amount of fluid
in air fluid in stomach. No free fluid. Lymphoid
hyperplasia sternal & lower end small int.
Hetero. Had small number of Sulphur laths in May 1914
Inferior for 1 cubic. Good health. No jets. Baked in April 3
Lentils of path 44r 8. Lycopodium for 30 units. Found under
water covered but is resuscitated.

Linery J. 8. 49. Aortic Regurg. (? Syphil. Disease). 2/174

3. 4. 15.

Paddington

Sudden Death.

Ext. Very well nour. Hypert: marked + livid also
hands - lips sl: livid.

Trp. Skull thick + hard. Arachnoid thick over vertex.

Heart. Petechiae on surface much enlarged. Cav's greatly

~~by~~ enl.; Rt wall hypert + left vent: greatly so. Triumpr

Mitral + Aortic cusps much enlarged. Aortic Valve much
thickened + shrunken extending to CT at base of valve which
is thick + very dense. Base of valve shows mucous \bar{z} endothelium
of aorta + areas of cell infiltr = lymphocytes + plasma cells.

Sl: ath, only by Antio + comma arts. Lung cholelithiasis
& emphyse. Slight Pass. Cong. Liver 780g. N Spl
Finest cong. Kid 8 + 7 1/2 oz. Marked passive cong.
Tumid spleen. Cyanosis back of tongue & pharynx. Stomach
= some passive cong.

History. Health Coppermith. Had a stroke? who
lifted a lathe into a cart June 1914. Said he had
fallen although in a fit. He prof. when he came home
Had a week's holidays. Another fit? Returned to
work later - only light work. Perfectly good health
when he went to work on morning of April 2nd.
Died suddenly - who saw by Doctor July 1914 he had
Cerebral cortex

Norfolk W.A. 39. CO Poison. Suicide. (Coal Gas) 2/175
5.4.15.

Wilmington

Ext: Well nour: Hy part. Bright red. Pterius in incision - lips
Bright red + skin over parts of face, ears, neck, arms + thighs.
Hair singed on Rt temple - skin there black + hard
Small equidistant ^{1/2" apart} ~~hairs~~ ^{hairs} on left side of face, extend from left
angled mouth to scalp. Mustache partly burned on left side.
Skin baked hard + blackish with small blisters along side burn
on left side of face. Outer part of left eyelid. 4 eye burn marks
Hair left temple short singed. Swelling of lips on left side
Mouth Scuffs. Slight reaction to burn on left side. Pericardium
oblit by old adhesions HR 1703 - RR cws dit, latent

marked for. Lungs of passive congestion (said to have been
engorged). Some chr. bronch + emphy. Liver 78g
adv. fatty degen micros. Spl. cong. $7\frac{1}{2} + 6\frac{1}{2}$ is
Spl. passive cong; ? small burn on left meninges tongue
Stomach: spl. passive cong + chr. gastritis. Smell of ~~fresh~~ bear
blood red rather bright red. CO Estimation by Haldane
method = 66%

Hirtz. Found dead March 30, 22:50pm with head inside
gas oven. Strong smell of gas in room. Beneath his
head on bottom of oven was some olden sticks + rags.
Had be threatened in his change of employer for drunk
+ took it to heart. Wife stated that he was more drunk
than ever before when she went out ~~3~~ 2 hours before found

Nally N.E. 6.7. Suffocation by foreign body in mouth
6.4.15. + Pharynx. Sexual interference. 2/176
City. ? Statusymphatic. Murder against some
Ext Well known: Ht 43-44". Hyperm: rather mild
Pupils contracted. A few petechiae under lower eyelids.
Lips + frs al: livid. Over rt malar bone is a dry brown
area in skin ^{1 1/2"} ~~No hair.~~ Sickle shape 1 1/2" long. Two
tiny abrasions just below + in front of globe of rt ear ^{bruising}
Tiny abrasion on left ala nasi + one on upper lip in
middle line. Further to left on upper lip superficial
abrasion 1/2" long + 2 tiny abrasions on lower lip at same
level. Recd moist blood on vulva + adjacent thighs

Dirt on inner side + part of thigh

Int. Small recent urine over back of it parietal bone near middle line. Marked congestion of meninges, Brain cong.

HP Minute petechiae on surface. Cans all sl: dil Muscle
- Very fine fatty mucus: A few petechiae over lungs chief at back
lungs - some hyperplastic cong: sl: empty. Lower part trachea
→ main bronchi cong: frothy mucus in main bronchi + branches

Thyroid large, well developed + cong mucus. Glands of neck
+ mediast enlarged + congested. Spleen 2 1/3 times: + marked by hyperplastic
hyperplastic mucus. Redness passive cong. Bladder cong: Bladder
Teeth N. Tonsils much enlarged + thick mass of adenoids - very
congested by mucus of lower pharynx + oesophagus. Heart
food, no food in stomach. Lymph by hyperplasia at

Transverse laceration $\frac{1}{4}$ " long in muc. memb. in back of vulva
wound ext to parallel to hymen & rather deep lacer-
of hymen wound above it with a little lacer into it
Small lacer $\frac{3}{20}$ " long on left side of vulva ext to hymen
Vagina uters re IV. Trace of fresh blood vagina. No semen
Exam. of clothing, etc. Ray removed from mouth had
several blood stains some of them pale upon it. Ray dirty
Drawers torn down whole of outer side & all except
lower end of inner side of one leg & down whole of
inner side of other leg. Pale blood stains on outer aspect
of lateral surface of second leg. No semen. Knitted undershirt
torn on left shoulder. Stains chiefly fecal on inner surface of back

Krell E. 8. 35. Haem. from ~~Tamias ulmus (Retain. Placenta)~~

6.4.15.

Placenta 1 month after hmcarrig 2/177

Kensington

Sudden death

Ext Well nurs. Body pale Lips slightly livid
Milky fluid in Heart. Moist blood about Vulva
Int, HF Cervix all dil. Mucosa pale, no chills
Little blood in Venae cavae pale. Slight hyperaemia conj.
Upper air passages pale. Liver pale. Slight patchy
fatty degeneration, Spleen + Kidneys N., Pancreas
Pharynx + Oesoph: Stomach + Intestine pale + dry
Genitals - Vagina pale + contains some thick pinkish
fluid. Uterus 4" long. Cervix dilated. wall of body

rather thick in spots. At top + ant wall of bod
projected a fleshy mass about $\frac{3}{4}$ " diam, rather
whitish on surface + attached fairly firmly. Large blood
vessels on surface + a little clot adherent to surface.
Small corpus luteum in left ovary. Micros: of uterine
tumors = Placenta, chorionic villi large + well formed but
some fibrin change villi rounded + covered over by fibrous
exudate include much B.C. Exudate by invasion + replaced by decidual
cells. Surface fibrous exudate infiltrated by polyphuclear
Many large blood vessels in mass. Uterine wall just invaded
Staphylococci + Coliform bacilli in large numbers in parts of mass
where polyphuclear present.
History. 5 children living. Miscarriage 1 month ago. Well since,
April 3rd in evening suddenly started bleeding profusely.
Several Drs next day, Dr. Kilmer says at 11.30 hr arrived 12.0
She was dead. Bleeding closed some time. Dr. K. saw much blood

Sudden Death. Arterio Regurgitation 2/178

Arthur Walt ♂ 47. PM 8.4.15. SMH $\frac{41}{15}$
Ext & Stom, Rm & Hy post present. High Jugular ¹⁵ vein
Int: Brain & Thymus cong: laterome garters.
Heart much enl: RR courts dil, vent: hypert.
Left Caus greatly dil, aorta slight, vent greatly hypert.
Aortic cusps = 2 f cusps & cusps thick esp: at base & contracted
unifam, slight cong. dil. Muscle firm & brownish & slight
hemorrhagic areas. Aorta dil at vent part slight
alternating throughout & in constricts. Old pleural
adhesions whole of left side & right base P. 10.

long, large. Marked empty & the brackets. Some
hypertensive cog: . Air passenger cog: high 516 2 1/2 3
Much end. end uniform nutmeg. Spl 13 or
much end, soft & cog: Keding, somewhat end
& marked passive cog: Cyanis back of mouth
& throat. Passive cog: of throat & shoulder
Hiding, Bought in dead April 7.

Carr D.B. 8.23. ~~Loss blood from wound throat.~~ 2/179

9.4.15.

Cut throat. Murder

Wilmington

E. Woodthorpe found guilty but insane
at CCP. 29.6.15

Ext. Well near Ht 4 ft 9 1/2'. Hypostosis not very marked.
Pupils dil. lips curved. Blood back of head + neck in hair
Cut throat wound on front & at side of neck extending slightly more
toward " to left of midline. Upper margin 5 3/4" long with small
serrations as wound curved & given lower edge 6 1/4" long.

Wound left to right + upwards. Left margin shallow, it
under cut. Angle of wound between end 45° changed into
but cut across length only 15°. End of wound 1/2" below at pinna
+ shot about 2 x jaw + 1 1/2" behind lower pinna. Left end

shows skin cut obliquely downwards. Left sternus trunk
muscle cut right. Cut in ^{Two cuts in larynx} larynx passes $\frac{1}{2}$ way back
by deeper on rt side. Laryngeal muscle + thyroid
gland cut on Rt side. but jugular vein cut in 2 places
the layer $\frac{3}{4}$ " long. Rt sternomastoid cut
Small recent vein $1\frac{1}{2}$ " in part of Rt of Jaw.
cut. Hr. Carn almost empty. Mandible pale. No disease
lungs - a little inhaled blood at back of rt uppermost lobe
Hirpassage pale + anterior much blood just cut in
lungs though curved cut. liver spleen + this pale
A little blood in mouth pharynx + oesophagus + several
ouches in stomach.

~~Birchmore M.A. 29.~~

~~Dagen. Heart Murmur.~~

2/179⁶

~~23.4.18.~~

Re Dora Beatrice Curdlee

Cut throat
Murder

History. Unmarried. Treated recently for indigestion. Had been engaged for 2 years to Edgar Woodthorpe. Broken off last Xmas for a fortnight. On April 8th at 8 AM whilst we were at breakfast Miss Curdlee said: went upstairs. After about 2 min heard a scrambling noise upstairs. Had not heard her talking. Myself was outside door, blood running down blouse & hands up to her face. I ran for Dr & had to pass Curdlee who was lying flat on

his back & rested by lying on his right side between
his elbow & wrist.

Dead dead when Dr arrived.

Lawrence A.E. ♂ 44. Degen. Heart Muscle & Anas. (CHC 3). 2/1/10
10. 4. 15. Op. Remov. Glands & 2 Lymphatic Tonsils.

Hump ahead

EXT: Fairly well nour. Hyperthiria. Pupils dil. Lips & 7 No
tired. Recur op^r wound down at side of neck. Laryngotomy
wound. HR Massage and left hypochondria

Int. Venous engorgement over brain III. Cerebral fluid markedly
dil. Mandible - el. pat. Jaws & marked brachygnathia. Left coronary
arte double origin + RR art. behind same carap. Larynx

gen: amphys & chlobrachis. Sepassive cong. - frothy blood
main bronchi. Some oedema at aryepiglott fold.

Laryngotomy wound through thyroid cartilage. Nails = slight

Runner A.E. ♂ 43.

12.4.13.

Marylebone

Est. Wellhouse.

Marked lividity of face neck & lips. Projecting lower jaw. Erythematous

Int. Meninges engorged Arts = marked at them. Pituitary N

Engorged pericarditis & effusion. HT 2 5 7/4. Pushed to left.

Carotid all much dil + walls all hypert: esp. lost ventrals

Much = some fatty degeneration & some atrophy. Adip: at the

lower cortex. Large emphysema lower right lung. Pneumonia

Lung. Right ventricle completely compressed. Much mucus in

in upper air passage white mucus. Penis 3-4 pints water

Anaesthesia death 2/18/13
Proposed for autopsy of rib for
Pneumonia fully Pneumonia
acute pneumonia. One pleuritic
Also

Patrick A.O. ♂. $\frac{6}{12}$. Ac. Bronchitis. Length 25" Wt. 14 lb. 11 oz 2/12
14. 4. 15. Thymus large (29.9 gm).

Paedington

Ext. Well nour. Pupils conr. Lips + FNshid. Tongue protrudes

slightly

Int. Meninges cong. HC Caus all 2: dis. Muscle = a little fine
fatty nuclei. No conr. defect. lungs. A few petechiae on
surface. Some uniform cong. marginal emphysema. Smaller
air passages contain pus + thick pus in upper air passages
which are congested. Petechiae on surface of thymus,
liver cong. No teeth erupted. Early rickets.

History Mother single. Born in Remington Ind. In care of

different foster mothers. Branchlets developed about a
month ago. Hitting of snuffles from 3 weeks after
birth. Breeding improved for a time. Had a fit
on April 25 + died in another April 26 about 11 AM
Fit? due to ticks

Parker H. ♂ 65. Ac. Perit. Conseq. Perfor. Pept. Ulcer Duodenum,
15.4.15. Not Acc. Anas. (Stovaine). 2/183

Hammersmith ? Air-embolism.

Ext.: Well known. Recent Op. wound 7" long down
front of abd. 1" to 2" of umbilicus white about mid point
of wound. Recent tracheotomy wound (3) Puncts
wound over lumbar spine (4+5) Puncture at forearm
but Meninges Comp: Hr. Rt. Cross faint mark del
left cross del esp ventricles. Muscle = marked Gram atrophy
Cor: aorta rather small + aortic hump Numerous petechiae
at Rt Base. Marked gen emphyse & chr bronchitis. Pericard
ring esp left side. Air change comp: both blood in trachea

+ branch. Trachea very thick upper 3 rings of trachea: irregular
Rt-Ant Jugular vein close to trachea: round + blood
partly getting in Rt tr. canalic. Pentonic: end ante
with a little lymph + much in fld + some gas
liver. End 'intoneq': Spl. pale + gr. Bluish part of
tongue, more on rt side. Much coffee ground fld
in stomach. - Culub. $\frac{1}{2}$ " beyond pylorus were 2 papillae
weeps: the larger was circular, $\frac{1}{2}$ " diam. in part wall; thick
base. Smaller was $\frac{1}{4}$ " in greatest diameter on ant wall, had
perforated; whole bare one. Smelly ether in body.

History: Health. Sudden acute illness - pain in stomach in April
[3. morning] in London. Rapidly worsened. Sp. 11/4. Stomach
0.55 cc of 10% sol into spine. A little other given. Mucous excess
made in abdomen. Much fluid found, ventral surface

Funnell S.E. 8.25. Ac. Pneumonia (Septicemic Type) 2/104
17.4.15. Pneumococcal Septicemia

Manxbone

Sudden Death

Ext. Well nursed + muscular, Hypert marked. Pupils
advancing. Lips + 4th d: livid. Abd: dist
Int. Mucous cong. Biz vs soft. Ltr. Cava all much
dill. Mucos = fine felt micros. No pleuris or petechiae
Lungs. Stained dark red throughout. Backs of lungs
vesperodermatis, none marked on left side + in upper
left lobe a firm area sunk in water. Middle of
this area = vesper + complete circlines, Many
Vesperules in alveolar capillaries + small veins + a

alberti cont. p. 104 under cell. - *Opjimum* ex. 104
Pneumococci in culture in section of lung + spleen

Oryzom general stunted deep red + much decrease

Apr 15 g. Engaged kid (6 $\frac{1}{4}$ + 6 $\frac{1}{2}$ g) Clad with Gas in

wall of stomach + small int.

History. Healthy. Sober. Clerk at Selfridges

On April 13th at 6:20 AM he asked wife to rub his

side with embrocation. Went to work 8:45 AM

Returned home unwell 11:30 AM. wife helped him to bed,

sent for Dr who came at once. Complained of pain left side

Temp 101.2. Nothing definite found in lungs - suspected

pneumonia - was relieved all but did not see best death

Complained of headache + pain in limbs. Servant went to

his room about 2:50 - he was dead - confirmed by Dr a few

minutes later.

Fisher T. 8. 37. ~~Dissect Head Muscle Acc. Excitement Prod. Adonin.~~
19. 4. 15. ~~Anaes. (cttclz) Given Op. Follow. Injury eye.~~

St. Pancras Proposed op. = removal of injured eye 2/15
Depth in excise ment stage.

Ext: Well nour. lips + fts al livid - left conjunctiva Cong
Wound in rt margin of cornea. Ant chamber eyeball opaque
Int. Excess. Penetrating wound inner side cornea from which
Vitreum escaped in pus. Endball less tense than right
lens not found. Ant chamber collapsed + empty + iris
adherent to deep surface of cornea. Vitreous clear

Front. eyeball H₂O. Cornea all much dil. Muscles
= marked fatty mass. Lungs = passive Cong.
marked in right. Some embryos + chr hatched

Air passage cong: below + contain a little fluid
Spel: rgt + veng: Kids - some passive cong. Puncta
cong. No smelly anastoma
History. Healthy + sober, on March 30 whilst at work
piece of metal entered left eye. It blea a little. Was back at
work April 1st. Eye looked better, wore a shade
Did not see Dr until he went to Hosp on April 6
Show up that day under cocaine. Later consented
to have eye removed. Op. arranged for April 16, very
nervous. Chl Clz given. Not more than 31. Period
3 mins. Not completely under. Reached extenuated
stage + struggled. Then sudden feel back dead
Pulse rapid at commence ment. Pupils con + reacted to light

Ringwood W. ♂. 6. Ac. Cerebrosp. Mening. (Weichselbaums
Organism). Thymus = 28 gms 2/186

20.4.15.
Clerkenwell Sudden death
Ears well nurs. Pupil dil tips AN, trich
Petechiae skin of face, abdomen & lower back
Upper forearms & thighs.

Meningitis cerebri convulsions flatted & pale. Acute
meningitis over base extending up over convex surface
of cerebral hemispheres. Thick pus over cribiform plate
Base very soft (V0 C8 7 in ventrals; lateral vents
filled with thick dil. Meningitis evident over lumbar
cord & C8 7 tented; Meningococci found in films

+ grown in culture. Cell infiltr by poly + lympho cells abnly ab
H&E cross all re: dit. Mucos = fine patchy fatty mucous
hinge + Petechiae over back of left lower lobe. Hypert
Cong each lung. Pus in upper air passage but no
meningococci found. Petechiae numerous over thymus
Petechiae + lymphadenitis over small int. Liver = cloudy
swell. Spl cong. have encapsulated cong. spots in
lower mesent. Petechiae mucous membrane upper
History: He takes ill. April 16 morning - could not
take breakfast. Later sick + sent to bed. Much the
same for rest of day but in evening twitching of lips
to rest for good him delirious + could not say
oh my head. Become unconscious day night + died at
7:30 AM following morning.

Citcher A. ♂. 45. Blow Abdomen Prod. Bruising Pancreas, ^{2/187}

20.4.15.

Sudden death for shock shock

Cleekemwell

Ext: Very well nour: Hyprat: rather hard. Lips + FNs hard
Fluid in odour of beer escaped from mouth

No external injury,

Int: Meninges cong. HR cases all somewhat dist
Left vent rather more so. Fluid blood in vent

ventral of hyprat Muscle = some brown at top lung

= marked passive cong. Cho bronch + emphy. Air

passage cong. Liver 563 g. Edges clouded Enlarged

but blood. Advs fatty white mucous Spl cong

Kids 8 + 6 1/2 y. Veg. Cong. Much clear urine in
bladder Adrenals enlarged - chief medulla
Pancreas Cong. Brain of small area in body + muc
and heat. Back of tongue pharynx + upper esoph
Wind stomach cong + contains much gas + a
little true flt. small flt. Small intestines
dist by small flt. Meranti ~~of~~ Verschlagged
History Journey from litcher. Healthy - got drunk as
mundays. Came home drunk last mundy 4:30. b
Violent in drunk. Family cleared out. Landlady found him
at 5pm lying on stairs - 45. which had for passage to
back door. On his back. head 18" from door. head + feet
up 3 stairs. True bird. NO vomit. NO one in house
No sign of struggle. Next at bottom of stairs. head in app
floor head at bottom one of them. don't drink

Delayed CHCl₃ poisoning

Gastrojejunostomy 2/188

Kate Hewitt ♀ 45 Wm 21.4.15 J14 H $\frac{45}{15}$
Ex. Poor nutrition. Rm thy part present. Slight jaundice
Pupils dil. Lips & conjunctiva livid. Oedema lower part of back
Rectum closed up - wood in upper abdomen.
Int Brain & Meninges pale. Heart. Peritoneal adhesions
Ratios small. RR cav. & left ventricle red dil. Muscle pale
Small haem. in subcardium of L ventr. Sc adhesions of
left coronary art. Some clear yellow fluid in each
pleura. Peritoneal ves lower lobe of lungs white
Nervous system hypostatic cong: oedema PTO

+ chv. lenticles + empty. Air passys pale
+ centin. faty inner liver 1/6 1/4 1/2 g. Small
liver deep yellow + green, + small grey spots
Spe. cong. Kidn (3 3/4 rows) small, pale + green.
Pyramids cong: Tongue fused. Recum post:
Gastro sigmoides. No disease of wall

Hutch adms: April 9. Died April 20

Thom. H + W adms: faty full cells Liver Adm
fatty degenerated cells at periphery, nucleus + chromatin
of cells at centre. Kidney adm. faty in convoluted

Stanhope H.H.S. 8.34. Ac. Bronchopneum. White 2nd Condit. 2/189
22.4.15. Unconscious. Prob. Morphine Poison. a

or ? CO or CO₂

Paddington

Ext. Well nour. Pupils dil. lips + 7th hand
Tut. Mucousy & cong. Lt. Rt. conv. joint mark dil
Left conv. dil esp vent Mucous = marked jct
Muc. Erythematous over diaphragm surface of
cushion. Lungs. Backs intense cong + oedem
Ext. acute bronchopneum. at back of each lower lobe
Stomal contact in upper air passage - lower fine
jct deep muc. Spl O_2 & cong. Red cloud
swell + cong. Pancreas cong. Blood dark red + much

clotted.

Brent C. J. 8. 40. Ac. Bronchopneum. Whilst In Condit. 2/189
23. 4. 15. Unconscious. ? Morphine Poison. 6
or ? CO or CO₂

Paddington

Ext. Well num. Hypert livid. Pupils dil. legs
+ T.A. + T.D. livid. Muck in hearts

Ints. 2 cule. plaques in Jaks centre. Meray cong
ITP Petechiae on surface. Cereb. all dil. esp. left vent.
Mucos. = adv. patchy Jakt mucin. bronch. = some hypert
Cong + oedema. No pneumonia - broncho - early Jakt
mucos. of bronch. lobes. Thyroid xent. + cardiac
mucos. - liver = cloudy swell mucos. Spl: cong.
Kid. cloudy swell. Pancreas cong.

History Men health. Took no ~~drugs~~ drugs, as far as
of both known. Bank clerk. Father died, not known he
was acquainted with Mr Brent. Gas stove in
room in which they were found (2 cylinders in carter's stable
2nd cylinder filled when Mrs took room in March 15. as she
complained that it wasn't warm enough) Shilling in slot.
No chimney in room + no outlet for waste gases. ~~Man found~~
Both found in room by morning of April 9. He was on bed
deep unconscious. Pale rather grey colour, jaw dropped
Rapid stertorous breathing. Pupils tightly shut. He was
sick at then improved but remained unconscious + died April 21
Mrs Brent in same condition but breathing quiet
both found, skin + pulse etc. Colour same. Died April 22 543
Dr Hoyer was called for low CO₂ pain. Dr Hoyer No poison in Mr
Brent. found in some Amian. Not enough to account for death

— ♂. Infant. ~~Decomp. Imperf. Aeration Blood Conseq. Conspic.~~

26.4.15: Unknown, Age 2 months or more. ^{Heart Disease 2/190}

Blindly Partly mummified. Patent Duct Arterium

Ext: Female infant in white night dress stuck to body. Garment rotten. Body shrunken & partly mummified. Dark brown color. Abdomen ~~shrunken~~ sunken, white & green mottled on face, neck & lower trunk. Pieces of newspaper stuck to head. Hair on rather abundant. Ears pale grey. Nose sunken lips & tip of tongue covered by white mucus. Tip of tongue projects a little. Chest depressed by pressure. Ventralia healed, smooth & pale. Ext genital female. Length $22\frac{1}{2}$ " Iris blue.

Int. Skull bones separated from one another. No fracture
Brain = pinkish somewhat near structures, 1st layer
reddish brown spots on surface? (petechial). Patent
Duct Arterius ad mult. probe possible sciss. thyrot.
Small reddish brown spots in each layer of pleura lungs
Small gas in air under left lower lobe more in right
lung. Bile in lung tissue uniform reddish brown Air passage
dark color. Liver Shrunken, white deep in part of surface
Spleen + thick shrunken. Adrenals small. Stomach
Contains white fragments of food. A little thick yellowish
white creamy material in small int. Bile stained semi
solid material in large intestine Genitals - female
Epiphysis. Lower femur 12 mm, upper tibia 10 mm
Husk one. Found in base 2 areas

Edwards, ♂? N.B. ~~Inhal. Blood into lungs lower V. Superiorly~~ |
~~Mouth Acc. Corneal. Head disease.~~

27. 4. 15. ~~Asphyxia - inhalation of blood from water~~
length 19½", wt. 6lb, 5g, Thymus small. 2/191^a

Chelsea. ~~Concussion of brain~~
~~by introduction attempt to expedite labour.~~

Ext. Well marked. lips + greater part of surface of
body cyanosed. Umbil cord severed. Stumps ragged. Pro
nounced at umbilicus. Abomasas. Slight red
neck down front of jaw. Similar on left neck in
corresponding position. ? finger nail. Similar
abrasions on front of test ear + left cheek
+ one on left forehead

but Small Bruise ^{over} left frontal bone. Extensive

bruising over left frontal bone extending back almost to
ear, slight bruise over back of right parietal bone. At
post sup. angle of right parietal bone was a group
of small circular bony defects, traversed by a
fibrous partition. No hair on scalp. A little
fluid blood subcutaneous over base of hair over back of
central hemisphere + cerebellum. Brain IV. Large petechiae
over heart shows ribs of heart. HT Munch - Munch
Jelly deg. in heart. Large dark arteries $\frac{3}{4}$ sized
arteries. Lungs. R. lung ^{left lower lobe} was fine deep red. Mucin
thick may abate to the glabra but lung tissue well

~~Tame c. 11.7.12. As mening. of Pneumococci, 722 Military~~

~~17.3.15~~

~~Re Ulegit child of Violet Edwards~~

2/191
6

^{low cont}
exp. ^{cont} ~~to~~ other parts center air. Some of
small air pass into blood parts of
lungs and lymphatics. Air passes into
vessels mixed with blood. Diffuse haemorrhage
into cellular tissue of rocky neck & into deep
mediastinum. Liver pale kidneys & pancreas congested.
Abscess in hind part close to ~~small~~ eye, one
on each side, the rather deep. Haemorrhage in
mucous membrane of ~~respiratory~~ & ~~ant~~ surface
epiglottis. Slight haemorrhage beneath abscesses

Coch side of med. Epitax lower from 31

Upper Dlin 2 km

Hug. Moth (Violet Edward) was waitress & nurse
maid at Dickson Jones. On April 22 she stayed in
bed feeling ill. Later she asked to be allowed to
go home & went in cab with another girl
Afterward baby found in her tin box - dead. on
top of something. Lid closed. She was at work
as usual that morning, appeared well but went to
bed after lunch. Referred med: exam about 5:30
pm She walked downstairs to taxi. Next morning
box reached baby found. Box locked. Box 20" deep

~~Carrington C. W. D. 9. Fat & Log. Red M...~~

211913

16.3.15

Re illegitimate child of Victor Edwards

Hurry and about 1/2 full of clothes, child lying comfortably in its back + alive. Plenty of air in box. Child washed + taken to hospital about 2:30 pm. Air space about a foot deep + top did not fit tightly. Strong healthy baby child; not likely to come to harm. Note afterwards taken to hospital + said she had had child born between 4 & 6 pm April 22. Said she had done nothing to child; it was born in twenty or thirty hours. The remainder

Lavate for some time the tooth chisel to her son
She was much depressed + upset prob. for labor
Physical condit. good
Child collapsed + feeble on admission to infirmary
at 2.55 PM April 23. Had for me + munt.

Harris C. 5. 47. Haem. Ints Pows.

2/192

29. 4. 15.

St Pancras

Sudden death.

Ext. Well nour. Hypertens rather lived. Lungs & H₂ lived
Int. Meninges cong: A.S. = marked at the except cereb. cerebral
Brain fine large haem at ^{upper part} ~~lower part~~ lobe into 4th ventricle.
In left corpus striatum, part + inner part fine brown
area - brown haem. - Lat vents rd dil. No blood
H₂. Ar. cong, rd: dil. - left dil esp ventricle which
is somewhat hypert. Muscle = marked by atrophic
lungs. Hypertens cong: more in left. - Some embolus
& clots beneath hairs fine full dense mass. Sp. - very cong

Scid = some parasite Cing. Panera = purple Cing.
Back of tongue sphincter + liver

Hist I had a stroke 2 years ago. Feels health
since but able to get about usual health Apr 27
Attended prayer meeting in afternoon + taken all
there. First asked for drink of water, + said she
had no headache. Then became unresponsive + vomited
Carried home Dr saw her at 5pm. Unresponsive - started
breath + vomits Died 5:30 AM following morning

Bourne H. 57. Carbolic Acid Poison.

2/193

1.5.15. Suicide Unsound Mind.

Holborn ^{Impure chemicals & glass contain crystals}
= ^{cutting and}

Ext. Very well known. Hypert marked + lived
top of chin. Forearm + hands very lived. Brown
staining of lips + down from rt angle of mouth
towards point of chin

Int: Meninges cong. Hr cav. all the esp left
ventricle, each vent hypert, left markedly so. Muscle
of fine uniform faty deg. + marked brown
atrophy. Lungs. Very marked pass cong at lower lobes
less so elsewhere in lungs. Gen emphyse + chr bronchitis

lived 50% Mucis = Currid: fatty degm in central
lobes. After peripheral zones sple very soft + long
tongue rather pink. Back of tongue + pharynx
cyanous. Oropharynx + trachea + larynx
+ mucous, white head + opaque grey. color
of cerebellum. Stomach = a little clear fluid. Strong
smell of acetone. Whole inner surface white
to orange. No villi. Whole duodenum affected
+ several feet of jejunum grad less + affected + valvula
curcul. Chem Acid + normal cuts + Halobacterium
Hdy Oulogomphus 12 months - dies by depression
April 29. Jnd described 10.15. All right in morning
Not dead any better to corner. Body warm

Ham No. 42 Graves disease + Intestinal 2/194

1.5.15

Walingin

Obst: due to malig heart stricture relief
surgically operated.

Ext; Fairly well nour. No exophthalmos. Lips + Hottish

Recent closed suprapubic op: wound 6" long

Int. - Meninges cong. Htt. Curv all sl: del Mucos

= marked brachyl. Micros. Petechiae in back of

parietal pleura. Lung passive cong. Some chr

trachei + emphyse. Trachea sl: flattened opened

to right. Thyroid ~~right~~ lobe large - globular. Rr lobe

small Micros. Left lobe = typical Graves micro

Rr lobe not so. Thyroid present cong micro. w/ liquor

Old perit adhesions lower part of fundus
+ gas in stomach + small intestine. Malin most
thick (serous - cancer mass) upper part
Did not admit little piece of but great did
above stomach - full of fluid juice. 2nd of growth
in back of body of uterus (trans plant) + 2nd
growth in ovary

History Bad health for some time. 12 months ago
+ see notes. Slight improvement in treatment. On
April 26 signs of intestinal obstruction began. April 27
+ 28 - At 4th of day - became a coma. Weakly +
subject. Soon collapsed + died

Smith M.F. 8.23. ~~Drawn, followed by Syncope + Die 2/195~~

4.5.15.

Drumming

~~Heart muscle~~

St Pancras Suicide. Insane

Ext. Very well nour. Hypert. marked thin
Pupils dil: ~~ker~~ lips deeply lined. F.Ns right so

Traces of mercury pts. Milk in breasts

MV: Meninges sl: Cong. Arteries all appear
slight dilat. Muscle = fine fatty deg. mark

Lungs. As high petechial haem in rt upper most
lobe. Thick mucus in some smaller air passages
no passive cong: w excen of that in lungs. Upper
air passages said to have been full of

blood stained fur. Spleen 5g Cong Pancreas Cong
Pharynx + oesoph: cong. Stomach said to have
been full of water. No food

History. Confined about Xmas. Strange in head
since. Husband in army, she threatened to kill
child + herself if he did not return. In
Islington Infirmary as mental case 10 weeks ago
Discharged improved April 27. Bright + appeared well
Body recovered in Highgate Pond on April 31st

Fur from here + mouth. Hands clasped. Tongue
slightly between teeth. Disappeared from here night ^{Apr 30} ₃₁

Oakley S.E. 8. 24. ~~Heart fail. & Infect. Uterus Follows Labour.~~

4. 5. 15.

~~Puerperal Fever. Death Natural Causes.~~

Puerperal Fever

2/196

Str Pancreas

Ext Well nour. Decomp adv: 4T x 1/2 in. IV & milk
tut. Mening. Cong. Skin much damp & green. HC Cuv.
die esp. left vent. Muscle = adv: fatty micros. Lymph ^{nodes}
hypert. Cong. Liver very damp & gas sple 19g semi firm
very Cong. Kid. (7+6) cloudy node & Cong. Deambled
Uterus length 5 1/2". Cervix adv: 1 finger. EXT as ~~from~~
swollen. In part surface at top of uterus was crink
area 2" diam (placental site) which had projecting
taxis of ~~the~~ lymph. Blood vessel in ~~the~~ area are full

of left lymph + pus. Small lacert. at int os.
Superficial lac. at lower end vagina part wall extending
towards rectum appeared to be clean

History. Married 10 months. Always healthy. Labour
started 3 AM April 12. Dr arrived 11.30 AM. ~~at 10.30~~ delivered
but labour pains went off. Used forceps. Born 130 lb
(Calve + wall). Did not hurry delivery. No injury forceps.
Slight perineal tear. 1 stitch. Next day well. Vomiting started
4th day + temperature. Later vaginal discharge became
offensive, pains in back, headache + insomnia, then
neurotic symptoms + toxæmia. Temp: rose to 107.5
Died May 1st. 9.30 AM. Streptococci found.

Pulmonary Embolism

Appendicectomy 2/197

Alice Wilson 9 45 PM 4.5.15 GMA $\frac{56}{15}$

Ext. well nour. Rm presen. Hypertensive shiver
Tupis + jugiv tups shiver. Pupil small. Recently healed
Op. wound over appendix

Int. HR somewhat incl: RR, cws much dil, left vent
A dil: muscle soft & brown. Spleen + some br atrophy
lungs: Scl at them - coronary arts. Several pulmonary
emboli firm + pale on surface up to $\frac{1}{2}$ " diameter -
formed cluff under emboli at bronches supplying lobe
on left side. NOT adherent - lungs pale. R.T.O.

sl empty: Abdom' found limited finding no
recess. Appendix site, fine adhesions but no
inflammation. Spl: Cong: small cyst near
upper pole Kidneys cong: Pharynx covered
Pneumonia scar in stomach. Uterus at: end
of fibroid present.
Source of emboli not found.

Hunting Adm. 19 April. Died 2nd May.

Egan. S. N. B. Imperf. Aeration Blood Course. Conspic. Heart Dine.

4.5.15.

Length $18\frac{1}{2}$ " Wt. 5 lb. 9 oz, Thymus small.

Presidential Labour

2/198

St. P. annuus

Ext. Fine will hair. Pupils dil. Lips + FNs livid. Body
Generally light livid. Vermis ~~cuspid~~ on surface
Umb. cord 9" cut. Not tied. Large + bloodless
No caput felt in head

Int. Scalp only. No caput. Small haems deep
surface of scalp. Numerous haems in skull base under
on outer surface. Hemispheres only. Petechiae surface of
H. + lungs. Some patches of foramen white large
patches of dark: arteries almost as large as ~~arteries~~

Attitude + men + has also passed

arteries, pump. Large. Air in every part but less at
backs. Tints mottled backs more uniform red
Thymus small liver eng: 2 blood, Kidneys = pinnic very
Bubbles of air in stomach + mesos. Altho membrane in
~~system~~ lower end small int + the part large
Epiphysis of lower femur bone = 3 mm diam. None hypertrophied.

History On Monday May 31st labour pains commenced
about 8 pm, she got into bed. About 8:30 a lot of sweat + salt
in chambers. ~~Head~~ + baby pushed further ^{after 31} sharp pains
increased + continued up until Dr came + helped her
through the narrow birth canal + movement immediately
after child passed. ~~Wrote~~ wrote ⁱⁿ 2 days journal. It is
had the children. Dr arrived 8:50 am at ~~the~~ ^{the} ~~place~~

Charlesworth V.R. 5.2. ~~Shock follows. Taking Cressote bird~~
5.5.15. Suffer. Bronchitis & Pneumonia. 1/199

Wingham to Cressote poisoning. Accidental.
Ext well run. Pupils dil. Horns at base. Brown
stains on lips & at nasal orifices & odour of Cressote.
Int. Membr. Cong: Ht. Cars somewhat dil: Muscle - slight
fatty degeneration. Numerous haemorrhages under
endo cardium of left ventricle. Blood generally dark
Lungs large. Marked gen emphyse & small scattered areas of
collapse. Spleen somewhat cong: General acute bronchitis
& thickly cleaned pass in many air passages. Fair large
area of acute bronchitis (compromised) in W middle lobe

+ area of collapse in bronchus in left upper lobe, upper
and lower lung + central strand thick yellowish per
hilar + hilar = cl: swell Spleen cong: Pharynx cong
Gross: inner surface covered by laid detritus whitish
membr: except in last 2". NO congestion. Stomach contains some
pinkish creamy fluid with dark oily drops. Strong smell of
creosote. Wall had grey or white membrane extending
from cardiac orifice down part wall + faint lines seen
in greater curvature. Membrane faint adherent in
places. Smell of creosote in duodenum + jejunum
Tit: Adm. Hops Apr 5. 13 months. improved after 10 days
Relapse about April 29 + had ~~had~~ whooping cough. Then
improved. On May 2nd 10:30 AM. Chest cracked for vessel
cont: creosote od. Cyanosis. Rapid breathing. Smell of creosote
3 pm. Weak. Cyanosis + severe cough. Died 3:30 pm

Mowlam R.R. 5.32. Subject. Fluid Uterus, ~~to status lymphaticus.~~

10.5.15. Milder. Toprine abn. Prob: relf;

Clerk m. well. Putrefaction develops. abd: distended. 2/200
Exs. Well num. Hypost: marked + livid. Pupil contracted
lips - to livid. Frith between lips. Bruising of lower
part of tip of tongue. Bruise + slight abrasion Rt forehead
livid fluid in heart. Face scap for areas
but Mennas pale. Ht group of petechiae over back
all cases die esp at vent. Muscle = sl. Liver atrophy minor
lungs = more hypost. Cong; liver engorged & blood
spl very cong. Kidn = marked passive cong. Back
of tongue, pharynx + oesoph cyanosed. Genitals

Vagina Capaech + a little thick creamy secret. Faint
smell of Carbolic A. No mucus. Uterus enlarged almost to
umbilicus. lower part of cervix admitted 1 finger. Upper
half faint tight closed. No injury or break or laceration. Body
normal & dry but? + contained foetus 8" long (about 5 months)
c membranes + chorionic frond complete. About 6 1/2 oz of
thin fluid. cloudy color in lower uterine zone
separating membranes, & from uterus. No blood. Two
cuprus like left way. Breasts active.
Hulu had seen alive May 8th about middle with another
woman. Husband found her dead when he came home
about 2:50 p.m. Child playing in street - for some time
lying face down head in living room. Fully dressed
except slaps. Clothes partly unbuttoned. There was a bowl

~~Strutton G. ♂ 1/2. Ac. Bronchitis & Ac. Otit. Media~~ ^{2/209}
~~5.12. // 29. 36. Wt. = 8 lb. 14 g. Thymus well formed.~~

~~Re Rachel Rebecca M. W. Can. Shock of inject~~ ⁽⁵⁻¹²⁻⁶⁶⁷⁾
History cont.: containing soapnut - Semina 2
containing small, also a small tin of Higginson
syringe & a tapering piece of wood which was
rotted & appeared to have a metal rod running
up its center. Had told neighbors several times
that she was injecting herself - "to try & shift the
rod". Mother in law had had her a douche can
to douche herself. Syringe could not be traced

Anstey L.R. ♂. 13 $\frac{3}{4}$. Ac. Cerebrospin. Meningitis. 2/20/15

13.5.15.

Sudden Death

Islington.

Ext. Well born. Pupils red dil. Lips livid + F₁₂ spots w. Minute petechiae - about 12 on face, chest + limbs of abdomen + limbs.

Int.: Cerebral convulsions, flattened, meningococci + acute meningitis (pic anachnoid opaque + grey over vitreous membrane space, over p₁₂ + p₁₃, along Sylvian fissures + in cerebral sulci almost up to great s₁ + s₂. Meningeal, less marked over whole spinal cord + spinal C₈ + T₁ had trunks). All ventricles somewhat

dilated + empty. Cerebellar cong: tissue + organism
found, Ht. unaltered on surface. Cartilage
marked. Muscle = fine judd degm. marks. Lungs
sl. passive cong. Thyroid ~~16.79~~ 16.79ms underlying
atroph. Liver engorged + blood. Spl + kidneys = marked
passive cong; Tonsils much enlarged + slight
enlargement of lingual tonsil.

History Healthy Child Taken ill May 11 in morning
Headache + fainting, Vomiting. Dr. Walter saw her at
6pm same day. Restless + delirious talking - unable to
answer questions. Turning about bed. Pupils dil. Pulse
rapid. Tongue dry. Skin dry. Died same night

Drill C. 8. 37. Drown. in Bath. Suicide Unsound mind.

14. 5. 15.

2 p 02

Hornsey

Ext. Wellbourn. Ht 6' 0 1/2". Lips pale + frothy

Single patch haem in left conjunctiva.

but Membranes cong. HRN apart from Mucos

2 very sl. fath + some thin strips. Pleural. 64

adhering not whole of lung. Left lung

Large overlapping right, pale + empty sensation

Marginal emphysema Rt lung. Much watery fluid

in back of each lung esp Rt. Frothy Mucos in smaller

air passages. Bloodstained frothy Mucos in main bronchi

lividness very pale. Bruise left margin of tongue - bitten
Bloodstained frothy mucus in nasopharynx. Stomach
contains about 8% fluid & a little finely divided food.
Sigmoid contents upper part small lumps

Histology NRV good health results. Treated
for skin eruption on face & depressed. On May 13
found dead in bath at about 10 AM in cold water
wearing undershirt drawers & stockings. Husband
found her. He pulled plug & lifted her out onto
floor. Measurements of Bath. Length at 10' 5" 4"
- bottom 4' 5"
width 2' 7" to 20"

Bentley. ♂. N.B. Compress. Brain By Haem. Ints Meninges. + Around

14.5.15.

~~Left Parietal Bone Skull, length 20.5~~

2/203

Wt. 6 lb. 11 oz. Thygms normal,

St Pancras

? Infundicula

Ext. Well worn Previous PM vicinoss. Pupils

Sl: dil. Eyes bulging. Protruding in Corio. Congenital

top sl: FN marked line. Oedema swollen

Umb: Cord 1 1/2" tied spart mummified. Bruises

3 small recent. 1. over lower dorsal spine 2 upper

dorsal spine 3 over scapulae. Small ones on

lateral aspect of chest over lower limbs

Teeth. 3 small ones close together on forehead ~~2 by~~

2. by fingers & one in front of ear.

Said to be large collection of blood between pericranium
& parietal bone no fracture of skull. Said to be
some subdural blood over whole surface of brain, more
bulky over at temporo sphenoidal lobe. Under tubal
narrow said to be thicker than elsewhere. Brain
tissue up but appeared well apart from ^{softening} ~~softening~~
No cerebral defect apparent, lungs well expanded
Hale. Large haem under pleurae & in lungs chief at
base. Hilly Born early morning May 7. Inf of Putnam
→ ~~lived~~ ^{lived} 2 hrs later. Healthy then for following day.
Dr. Harlow on morning May 8, child dead. Child born
into bed - not assisted. Rather blue when dead. Shelly
on head only found at 12:14.

Desor E. 5. 47. Cerebral Haem.

15. 5. 15.

Sudden Death

2/208

8 M. Anomus

Ext. Poor view. Hypertensive lips + mandibular
Dried discharge round mouth on left cheek

but Cerebral convulsions flattened + meninges pale
veins full. Large recent haem into W. cypa
stomach. Working white vent which is intended
by det + blood in other ventricles. Two tiny haems
in upper part. Cerebr. has small + by atheroma

H. Cerebral N: dil. No vent some hypert. lungs
= marked gen emblys + chr bronchitis; some hypert. Cong

Frothy mucus in upper air passage. Liver 36 oz cing
Sple: 1/3 pale firm Kid (4+3g) marked passing
Tongue slight bitter left side. Back of tongue, pharynx
& oropharynx

History: Fairly good health, not very temperate. No
Recent medical attention. No cough or cold. Took
her food well. In May 13 she complained of headaches
at midday. At 10:30 pm husband came home. She
was in a chair half asleep. She spoke & gave him
a message. He went to bed & woke up at 3:45; she
was not in bed & he found her still sitting in same
chair & clothes before - dead & leaning against wall
Died at 5 AM. ~~Star~~ Rigid. Had been dead several hours

Weber A.L.G. 2 Days. Imperfect Aeration Blood Conseq. Congenit.
17. 5. 15. Heart Dise. Length 18½" WT. 4 lb. 12 oz.

St Pancreas, Large patens duct art + patent foramen
Small but fairly well dev. Hydrates kind
+ gen cyanosis. Umbilical cord mummified
but thin by long + short Meninge ext cong Skull bones
very cong + haemorrhage on their surface. Nucleus Anterior
almost as large as cortex. Foramen also patent
Blood greenish + dark Numerous petechiae surface of
lungs. Arteries + dark red except ant: lobes of upper
lobe + of it middle lobe which were fairly well expanded
Thymus Normal size + cong. Liver Kid. cong: Pharynx

* Oleth Cyanus. Epiphyse lower form = 24/16

Hirta name



Gosling G. ♂ 8. Ac. Pneumonia + Pleurisy - Thymsus rather
18.5.15. large but normal (18.0 gm.). Sudden Death 2/206

Southwick

Ext. Well dev. Hypertens. head. Pupils dil. Lips ~~to~~ ^{7th} head
A few petechial on part of trunk + on limbs

Int. Meninges N. Veins engorged. Brain rather large - some
flattening of cerebral convolution. Heart: ventricles
rather dilated. * ~~ext~~ + ~~enph~~. HI: Petechial over left
ventricle. Cans all sl dil. Muscle - fine full, degen micros.

Early acute pleurisy - no effusion at back of rt uppermost lobe
lung At back of rt uppermost lobe actual distance below
apex is wedge shaped area of pneumonia $1\frac{1}{2}$ diameters which

resemble grey hepatoid - late - mucus - pneumonia
Marked hypert cong + oedema esp at lung. Fatty mucus
main bronchi. Thy mucus somewhat atrophied - mucus
Spl $4\frac{1}{2}$ g, Sdr + cong + some lymphoid hyperplasia Kid
Cong + cloudy wall. Spl by droneph rt, rather muddly
liver dil esp lpr. Bladder dil + much clear urine
Meatus rather small. Rt suprarenal large, lft small
Tongue fused to midline + adenois. Stomach some lymphoid
hyperplasia right hypert cong. lymph hyperplasia of
whole small int.

History - Sudden death. Cause unknown. Dr Stokes Collection
May 16. 1892 but child recently dead. Warm Very Pale

Keen C. ♂. 52. ~~Convulsions & Coma & Pressure Upon Brain By Ex-~~
~~tended Haem. Course. Fract. Skull.~~

19.5.15.

^{Accident} Fracture base of skull. Extrusion ^{1/207}
Clerkenwell Haem & Curie case near.

Ext. Well nour + muscular. ~~Force of body exceed that~~ present & Haem. Small
Haem at margin of cornea. Tongue tightly clenched with
lips + thro' livid. Small Bruise L temple & labrum + a
trickle of dry blood from it up into scalp

Imp. Bruise on left temple large + recent - from impact of bit
ride up & into scalp. ~~into~~ Temporal muscle Skull not
thick but dense. Fissure fracture 3" long on left side
passing down + into cross left middle fossa near
ant end. It crossed groove for middle meningeal ant.

Along common junctions of tracheal ham, ~~tail~~ ^{tail} ~~bulb~~ ^{bulb} in ~~middle~~ ^{middle}
foss + indented vein. Sl. subdural + sub. arachnoid
ham (center cup) round. w/ temp. sphenoidal ~~lobe~~ ^{lobe}
Small clot in angle of ar. cerebral peduncle with Pons
Brain pale Arts N. A little blood in ventricles.
H. Petechial on surface. Cars much dil. rents by part
Muscle = fine fatty deg. + marked bratup micro
Lung = marked Rasmus Cong + oedema. Some gen empty
& chr hyp pts. Upper air pass red + contains frothy
mucus. Liver 5 lb. 10 1/2 oz = ad = fatty micro. Spl veg Cong
Rid pass Cong. A little clear urine in bladder. Tongue
indentations bruised with Cong artery in front of pressure area
Tongue also tured. No source of alcohol in stomach.

~~Jeffrey F. O. 42. Pyloric Obstruction 2/207~~
~~2.1.4. // 11.27. Carcinoma Stomach.~~

Foreman Re Charles Keenlee 3
~~Platch~~
Hurler took alcohol to excess. Widower.
Wife & son having died recently, he first in asylum
the sentenced at the jail. He had lived with a small
woman last 3 years - they had quarrelled - she had
not been seen with him for some time
last seen alive at 1:00pm May 16. Appeared well then.
May 17. Neighbors saw his front door open all day
He shut door at 5pm. Deed was not lying against
windows then May 18. That door shut at 8-AM. Wide

open at 9:30 also at 11:30 when RA Inspector entered flat
& saw deceased lying on floor on ~~the~~ his back with head
inclined ~~slightly~~ to left. Shoulders propped against ~~table~~
under window which was windowless. Cushion on
window ledge, fully closed. It was kitchen. (What the
gas stove not ~~close~~ close to ~~him~~ him. No sign of struggle.
Dr. Palmer struck after midday. Posture peculiar. Lying
on back under open window. Head bent as much as it
could be on body & slightly inclined to right. Only ~~the~~ ~~top~~ ~~of~~ ~~the~~ ~~head~~
top of shoulder touched wall. Appearance of mouth
& face suggested that obstruction to breathing had ~~nothing~~
to do with death. A ~~small~~ ~~amount~~ ~~of~~ ~~blood~~ ~~on~~ ~~the~~ ~~left~~ ~~temple~~ ~~&~~ ~~trickle~~ ~~of~~
blood down towards left ear. ~~Body~~ ~~quite~~ ~~cold~~ ~~very~~ ~~rigid~~
Thought he had been dead 10-12 hours

Giles A. 8. 3. Overdose CHCl_3 Admin. Liquid Form From Inhaler,
20.5.13. Purpura sp. Tonsil & Adenoids. Sunked

2/208

St Pancreas

Ext. Well nour. infant. Abd: rather protub. lips & feet lined

Pupils dil: Teeth clenched, tongue retracted between

Int: Central vein sl: engaged. Hx. RV Cass + Lt vent.

renormal dil Mural micro: Lung sl: empty. Dark
red areas back of right lower lobe, one in upper lobe
+ other small one back of left lower lobe. Smegma

reddish. Due to haem: into lung tissue + some milk +
water (adm of liquid CHCl_3). Blood stained mucus
in some medium sized bronchi. Thymus = 24.5 gms N + fat

Liver Cong Spel: = lymphoid hyperplasia. Tonsils ent: st: of
lingual tonsil. Large mass adenoids. Pharynx livid. Strong
odour of CHCl_3 in stomach which showed brown lines of
desud = along veins. Cong: duodenum. Lymph. hyperpla
stomach + intestines. Abt. haem in muc: memb. stomach
mucis.

Hilli: Child illegitimate. lived in Creche. Had running from
ears found to have eye tuis + adenoids. Taken to Thurst Hop
Spray in R.A. for removal of these. Induced by CHCl_3
in Skinner's mark. Taken to theatre + junkies tobacco used
at one point liquid CHCl_3 be administered. Child changed col
ourance that CHCl_3 ran from mouth. Swallowed out mouth
+ gave restorative. Artificial resp. pumped. resp. recommenced
+ heart: fully several minutes + it + grad failed.

Picard L. 5. 25. Heart Tail to Ac. Perit. Course of Sept. Abortus
20. 5. 15. About 3 month pregnancy Mucoid 2/209

Paddock in R. v. Berthe Roth, Mansfield 18 July
Ext well nour. Pupils dil. Lips + fNs sl. thick
3 gems, p. great serotinity.

Incisions of Mercus RN. Blends contain milk
but Mummie's comp. Ht Rt Cars somewhat dil. Lt Vent
slight sl. Mink = sl fatty deg. mias. Early planning ^{Ed + Duse}
lung = joint marked by part comp. A cute general
peritonitis - after deposit of lymph case = sl fatty deg.
mias. Spl 1 2/3 very soft + comp. Kids sl. well
+ comp. Intestines dil. Hyphal. peritons (fine uniform)
Uterus 5" long. wall thick. lymphatic deposit on outer

superf. Cervix bl. dis. Superficial lacⁿ up lower half of
cervix in. right wall (seen at op = 2 days before death)
No suppuration in tear micros. Inner surface of body
smooth + pale except rough area in part wall no
upper part = micros: placental site covered by soft lymph
no placenta. Septic thrombi in v. sing. Large cultures
Intens. R/O vag. (Gram + Streptococci)

Helen French Woman. Husband Rev. in French army
Said to have miscarried once twice previously 4 years before
Carrying in with 2 mos recent. In May 8 WW Hotel at
which she worked + took a room. Taken ill there May 12
when she said she had miscarriage. May 14 Margabon
Infirm. Peritonitis + Vomiting + diarrhoea Temp high. Total
vaginal discharge. Curetted + removed fore-much placenta
Died May 18. Admitted at King's Hill. Had visited Dr Connor.
Engot M.

Hawker J. 87. 56. Regurg. Stom. Conts. Into Lungs Whilst In Condit.
Unconscious. Potass. Cyanide Poison. Suicide.
21. 5. 15.

2/210

Chelsea

Ext Well nurs. Pupils re cent. Lips + No hard
Int. Hr Rr aus. somewhat dil. L + Ventricle rather more
so. Lungs = gen. emphyse. + chr. bronch. Marked
hypert. cong + oedema + a smell of beer. Upper aus
passive cong + contain fatty masses. Liver = cong multilob
cavernous + cong fatty changes. Spleen = 8/10 very cong
Kidney = marked passive cong. Tongue firm Stomach
= 3-4 oz firm fluid + smell of beer. No solid food. Waleray
cong: ~~ext~~ ^{ext} pulmon. Similar fluid in upper 1/3 of small

int.: which is congested

Italy Health. Not notes. Often took sleeping drops
esp. Barbitals. Business every day. May 20 got up + went
out. Drinking beer few days. Little food last 2 days. Returned
home 11:30 AM. went out + returned midday. had been
drinking. Spoke about work worried. Sat in chair until 12:30
then to bedroom + lay down. Heard snoring 15 min. went
to call him 1:45 PM. Lying on bed rolled in crowd. Dead
Suffer much results from Salt + Rheum + Sleeplessness

Never suggested taking his life.

Dr. Freyburger. Analysis. Tumbler contain $32\frac{1}{2}$ grains
Pot: Cyanide - thought about 40 grains Stomach = $\frac{1}{2}$ grain KCN
Other organs = some KCN.

Jeffrey F. 8? 55. ~~Heart Fail.~~ & Ac. Blood Poison. Coursey. Ac.
Inflamm. left Arm (Ac. Cellulitis). 2/21/15
~~38.5.15.~~ ? due to injury of left index finger

Wilmington

Ext. Fingertwellness: Hypert. rather livid. Lips of N. which
left hand, fore & upper arm almost to axilla was much
swollen red & glazed, epidermis peeling. 13 recent open
op- wounds up to several inches long in area. Slight pustulid
had crusted for hours. Oedema axilla. No
enlarged glands found. Over joint of 1st index finger was
small demyofibrous scar, underlying tissue healthy.
Int. Brain. Excess subarachnoid fluid. HT 140/90 per cent
fluid. Cars all fairly marked dilat. Ventr. hypert esp left.

Muscle = al. fatty deg. + marked watery. Blood dark
+ partly clotted. Lungs. Gen emphyse + chr bronchitis
Oedema. Back of left upper lobe. Liver 82g. Eng malleo
Whole liver + ends fatty right max spe 83g. Soft + purging
Kid. = cl swell + al chr interst neph. Back Gram + Strepto
Hinky Barrman. Fair health. Not drunkard. On May 14
on return from work had cut on left index finger. Said
he had to eject a drunk man + caught his hand on the
man's tooth. Did nothing for it. Dry blood on it. May 20. he
returned home ill + went to bed without supper. May 21. Red
pates left elbow + 2 streaks up arm + lump in armpit
May 23. arm by an to swell + was painful. May 24. Isl. business
Cellulitis. Area increased. No aneur. there. Condition continued
to spread + became delirious. Died May 27. at 5.30 AM.

Case N.I.B.31. Ac. Bronchopneum., & Uterine Poison, Suicide.
1.6.15. 2/212

Hampstead

~~Ext~~ Well nour. Hypert: livid. Lips + Ft livid.

Punct: wound each breast & subcut & alveol

Int: Small rectum base top of head. Mammils empty

HF Petechiae on surface. Rr ears somewhat dil. ~~left~~

Caps. of ltr. w. Muscle = adv: fatty deg. Lung. Ery

acute pleurisy back of ltr lung. Marked hypert:

Cong + oedema ltr side. Acute broncho pneumonia back

of ltr lung & a little at apex of r lower lobe. Much

pus in upper air passages. Kid ch: Swell + Cong:

Much urine in bladder. Tongue joined. Stomach empty
Passive Cong:

Helen, Husband died Nov 1944. Very weak
& depressed since. Would not see doctor. Remained
in bed for days. Last night May 28 she
remained in bed all day. Had good sleep just about
5pm was apparently asleep. 6pm could not be aroused.
Then breath became heavy; then tide from N to
sent for. Several bottles of fluid in her bed. Notable
bottle held under bed. Dr arrived 8:50 pm. Conscience B at
breath. Pupils not contracted & reacted to light. HR rapid
improved a little in strength & only resp. - Hampden
at 10 pm. Flaccid but jaws clenched. Died May 30 5:15 AM

Anderson E.M.B. 30. Term. Bronchopneum. & weakness follow.
Haem. Uterus Conseq. Abortion. 2/213

1. 6. 15.

Hampstead ^{read} Murder against some person
or persons unknown.

Ext: Well nour. Lips & T's livid. Breasts contain milk

Incision of perineum PM.

Int. Ht Cervix some dilat. Uterus = marked fatty mass

lung = st passive cong. Early acute broncho-pneum cut
back of rt lower lobe. Spl & gr + cong. Genitals, Uterus 6"

Had been cut open & was empty. Wall thick firm & pale

No corpus luteum. Placental site $1\frac{3}{4}$ " diameter on

upper part wall. No placenta scars. In upper part

of Cervix diffuse haem. in mucous memb. ? rapid

dilat: - vacuum extended deeply into wall in part surface
Hilda. Died May 28. 7:30 AM. Not aware of
pregnancy. Did not say she would but have
another child

=

Guest R.G. 8726. ~~Heart Fail. & Low Blood Count.~~ Pass. Bullet
2.6.15. Through Heart, Arteries & Both Lungs. Accid. Death.

St Pancras

Accidental Shooting by another.

Ext. Well worn + mired. H. 5 ft 10". Hyfent: rght. Surface generally
pale. Lips + nose: livid. Bullet wound - entrance -
front left chest 2" from midline 2" above level of nipple
4 ft 7" from heel. wound circular $\frac{3}{10}$ " diam. Edge blackened
& 2 inches No blackening. exit. Back of R+ chest 3" from spine
10" below level vert. promine. 4 & 4 $\frac{1}{2}$ " above heel. Shape irregular
 $\frac{7}{20}$ " from above diam. $\frac{4}{20}$ " transverse. lower edge shagreened, upper
under cut. Course of bullet. Passed into chest through
3rd left intercostal space $\frac{1}{2}$ " from edge of sternum - then passed

through lower part of ant border of upper lobe of left lung
then passed through ~~at~~ ventricle just below pulm valve, then
transversed through ant. wall - few ragged + 1" long, partly
through 1 mm of valve also, not damaging valve, then
traversed lvs of aorta, then entered at lung just below root
after ? deflection by spine, traversed lower lobe of r lung
backwards + outwards through small, passed through 9th
intercostal space breaking upper border of 10th rib.
Pericardium contains more than 7 oz blood. Left pleura about 11 oz
Rt pleura 57 oz. Lung pale a little blood in air passages
Kidney cong. Stomach empty. No smell of alcohol.
History. Trooper Royal Horse Guards in Albany St Barracks

~~Terry J. 17. Ac. Osteomyel. Lumbar Verte. + Infect.~~
~~22. 11. 11 29. 36. Endocard. + Insect Bite Rt. Cheek.~~

Re Richard Geary Guest. P 14. 2. 6. 15²
Accidental Shooting 2/21/8

Hilly Creek. At 10:45 AM May 31 Rode told Trooper
Prime to whom he had sold a Colts Revolver, that
he did not think Prime knew how to use it. He said
he would go into next room, come back & walk
to window - Prime should then fire at him to
see what position he took up. He did so & when
he reached window & was standing in a slight stooping

position facing the Prime there was a report. De
Maggard found several faces said "You fool what
have you done" then fell unconscious. Dr. Maughan
found him dead. Prime collapsed & was
unable to do anything. Clothes not changed
180 man of struggle

Vicar A.B. 48. Entrance Water Into Body (Drown.) Whilst In Bath.
3.6.15. Not Suffic. Evidence Show How Drown. Occurred.

Wilmington

?? Drowning.

2/215^a

Ext Well known. HT 5ft 8 $\frac{1}{2}$ ". Hypos: very kind & small
haems. Lips dilated. HTs more to . 1. Large circular
bruise outer side of elbow + adjacent arm 2 Small bruise back
of rt elbow. 3 Group of very small bruises? Hypos on
on outer side right forearm just below No 6 ⁴⁺⁵ Similar groups
of small bruises on inner side of rt biceps M → on
inner side of upper arm to axilla. 6. Small bruise outer
side left forearm + another 7. Back of left wrist + ankle
8 forearm of left hand. 9. Group made to 3, 4 + 5 on outer side

At thigh + 10. Small bruise over left Tendo Achillis.
Nrx. Meninges Cong: HR all can re: del: Mangle = now
brain atrophy necros. lung. Several of claw tip in each
each pleura. Both large + bulging in front. Marked emphysema
thighs + much frothy fluid + chief intrac. + down that of
stomach contents. Much frothy fluid in smaller air
pass. Air passages very cong. + contain a little frothy line
enlarged. Some fat in belly + outermost. Marked fat deep in most
Some necros. Spl. soft + cong. Kid passure cong. Tongue
very furred. Marks of teeth round edge but no
bruising. Back of tongue pharynx + upper oesoph
fluid. Much gas + much watery fluid in stomach.
→ upper half small int: Phytoid odor: NO sign of vitant poison

~~Harding E.W. 6755. Coronary Art. Disease & Thrombosis.~~
~~1. 3. // ●. 37.~~

Re Archibald Vicars Case 2/215 2
?? Drowning
6

History Not well at times. Intermittent. Had
suffered from TB lungs, June 1. Sore throat
July, went to bed usual time + slept well.
At 6.30 AM June 2. Wrought wife cup of tea.
Wife found bath room door locked at 7.55 AM. Husband
usually locked door. She called husband
name + got muffled noise in reply.
She burst door open + found him naked in

Bath. with head & shoulders above water.
Bath about $\frac{1}{2}$ full of warm water. She said:
"What is the matter". He made some answer
but I could not understand what he said.
With help lifted him from bath in ~~the~~ ^{to} floor
Alone when Dr Bell came & died about
8:45 AM. Never able to say anything though
part conscious & tried to do so.
Bath 6 feet long, 18" deep, with a top end 24" at
bottom end 12". Water clear. No soap but flannel
Suds & towels in room also mouth wash. Pyjama suit in
bath room. About 11" of water in bath.

Sykes C. F. 31. ~~Heart~~ Tail. & Ac. Perit. & Pleur. Conseq. Abort. &
3.6.15. Sept. Infect. Uterus. 2/216

Sit Pancreas Not sufficient evidence to show that
abortus was caused
Ex Well born. Pupils sl: dil. Kerat closed up was
2" long. Amount to pubes. Breasts contain milk
but: Membrs cong. Itr cuts all sl: dil. Muscle
= sl: fatty. Micros. Ear acute planing at ~~each~~ each base
with some effusion. Lungs = unexplained cong. Ear
acute peritonitis with a little pus. Liver slight fatty
degen in central zones micros. Spl - soft + cong
Kid = cl. well + cong. Small haem in wall of ilium
& cong (peritonitis) Genitals open opⁿ - work in post.

domix opening into Douglas pouch. Two small
superficial abrasions in upper vagina in rt part: wall
with small pieces of muc. memb partly separated in
each. No inflam. Uterus 4", wall thick & firm
Cervix = 1 finger. Ext to lony. Placental site little over
1" diam. Cicatrix cong. + right rough end. Bleed open
in B+ face tube. Placental site inflamed mucos + gran +
strepto cocci

History Single. Subject to colds. Helped according to elec
started May 27 & had had constant diarrhea + sickness
since. May 31 looked up ill. Abd in killed. Great
tenderest pain. Suspic for gen peritrits. Op = May 31
Gen. peritrits. tubes enlarged. Prunoid peritritis. Caused
impaired at first - then worse. Died June 2 at 10:30 AM.

Edwards E.E. 8.13. Ac. Cerebrospin. Mening.

4.6.15.

Thymus well formed.

2/217

St Pancreas

Sudden Death

Ext. well known. Hypert marked + kid

. Lips + FTs right hand

Abnt. Meningeal cong over base. Euryaente meningitis
base meninges thick. Meningo coccy found lat

Vents much dil + rupt, other vents li dil.

Convolutum flattened. Similar over spinous lower

part. HR Cms all dil. Lungs = hypert

cong + all emphyse. Spl: 6/3. Soft, cong + lymph

hyperplasia. Kid: 3 1/2 each cloudy swelling

Tongue found tonsils much enlarged. Lymphoid
hyperplasia back of tongue

History - Complained of headache. History
of fits; 3 on previous occasion, last 5
years ago. May 31. Pain back of neck & headache
worse June 1. Became unconscious suddenly in
evening, turned eyes up & foam at mouth
that also vomited
She fell on back down steps of stairs 3 weeks ago
& said she had hit her head
Dr. called on 10:30 pm June 1. - Recently dead. Blister
just mouth & nostrils, not cyanosed

Chamberg E. B. 40. Constrict. Neck. Strangulation.

5.6.15.

Suicide Unsound Mind.

2/218

Islington Decomp = advancing - abd dirt + green
Ext. Well nourish. Hypert. Marked + livid c haems
lips very livid + Ns right so. Whole face + neck very livid.
lips + face sl: swollen. Blood from rt ear. Large
sub cong: haems each side. No mark of constriction
and neck, though livid + less marked and middle of neck
Int. Meninges Cong. HT can all somewhat dil: Muscles
= trace of half decay: some hanging over hemip. petechiae
suback. Slightly flat Cong. Some gen. empty + choro
conditio. Air Passages Cong. No mark of constriction

Thyroid emg - 3rd night + very long. Kids emg. Back
 of tongue pharynx + vomph: vivid. Chv gastritis (pneum
 Scarring 1st part duodenum = previous ulcer
History Coachman / ^{Sobers} Tel long time ^{at always} ^{complaint of pain} - ulceration duodenum + very
 depressed as result. ^{wife} June 4. Missed him when I got
 up - he generally woke me. I went down + called his name
 No answer. Went into yard + found him in front house,
 lying on his side; clothed except coat + boots. Dead. Piece
 of flannel tied round neck; it was cut from his
 pyjamas looked as though asleep. Face blue. (Never
 threatened life. No wrist left. Flannel tied in 3 knots
 first tight other two loose. Knots placed on left side neck.
 No sign of struggle. No arrival 7.50 AM Dead about 1 hour.

... Companion ...

Strangulation by ligature. Suicide 2/219

Edward Chamberly ♂ 40. PM. 108. 1915.

Ext. Well nour. Rln present Hypostasis marked + livid ^{34 hours after death}

small haems. Decompⁿ commencing. Pupils N. lips very livid, finger nail slightly. Whole face & neck ~~livid~~ very livid. Lips & face swollen. Large petechiae in conjunctivae

Blood escaping from right ear. No mark of constriction

Round neck though lividity less marked round middle of neck

Slight abrasion over left lower jaw

Int. Meninges congested. No petechiae over heart. Heart

slightly enlarged. Cavities all somewhat dilated. Third blood slight hypertrophy of left ventricle. PTO

in right cavity. Muscle firm & slight fatty degen & some
brown atrophy microscopically. Valves N. Slight atn: coronary a.nts:
Pleurae old adhering left apex & base. Petechiae over back
of lungs & cranio-parietal pleurae. Lungs stained deep red
slight hyperstatic cong. Some chr. bronch & emphysem.
Air passages cong: & deep red. No injury or mark of constric^{tion}
Thyroid cong. Thyroid absent. Liver, Spl: & kidneys congested
Tongue fused but not bitten. Back of tongue pharynx & oesoph:
cyanosed. Chr: gastritis in stomach & 1 card previous ulcer
in 1st part of duodenum. Hertzog. Coachman. Fell for long
time. resp: diaphragm ulcer. Depressed. Found dead in jail house
dressed, etc: coat & boots. Piece of flannel cut from pyjamas
tied tight round neck in 3 knots 1st tight over 2 loose knots
tied tight on left side of neck. Slight compression of neck when removed.

Baker W. ♂. 40. Ac. Perit. Conseq. Perfor. Peptic Ulcer 2/220
5. 6. 15.

Quodenum.
Rather sudden death

Wilmington

Ext Fair well known: Decomp: tips & FTs all kind.
Int. Mucous Cong. HT cannall dilrupt Vent. Much
= some fine faty some w: abrupt vacuol. Lumps marked
hypert: cong: Some gen empty & cho bruchts. Ante
Gen bruchts & much thick bruchts. Althly with sticks
together did not intubate. Spl firm & cong. Kids cloudy
swell & cong: Duodena Ulcer in med beyond pylorus
chronic peptic type, the edge - perforate almost $\frac{1}{4}$ " diameter
& Pin or Scw extended from the edge of ulcer = bur. ulcer.

Hilly Wain. A clerk Safford much for injuries during
time & treated medically. On June 3rd when at work he
was of sober Careful habit - comp. of reading & occur
of mind. After 4 p.m. felt more the usual. At 5 p.m.
was doubled up with pain. At 6 p.m. advised that he
was sent in taxi to Royal Free Hosp. He & sister took
coffee & hot blood before leaving for Hospital. Lady D. said
that he was well enough to go home - he left at 10³⁰ p.m.
doubled up with pain & screaming - Home & bed. They
had all night walking about at times in pain. Sent for
Dr at 8 AM but died at 8:50 AM before Dr arrived.

Wedge W.G.B. ♂ 23. Ac. Cerebrospin. Mening. ? ? ? 2/221

8.6.15.

Paddyhik ? Death due to involution (Typh)

Ext. Well nrv F. Shira.

Tut. Intense Cong. of mening. all over brain soft ex car
of CST over base where mening. rather glazed. Brain con
Vents rd dil. CST clear. Spinal Mening. by cong but
CST clear. Micro: some cell w/ infl of mening. (lympho & poly)
• ? Mening. & cong). Ht. Numerous petechiae on surface
Rt. Cav. mult dil. left Cav. dil. esp. ventricle. Much
-ve marked fatty micros. Petechiae over base of brain
c. marked hypert. Cong: over Spl. 4 $\frac{1}{2}$ long: Kids.

cong: + cloudy swelling. ~~Heart~~ = hypert. cong
+ numerous petechiae in muc memb: at caudal
end.

History. Always healthy. Entered May 26 in Middlesex
Regt. sober + careful. Came home June 3rd after inoculatⁿ
(? Typhoid) full on arrival - had been inoculat^d that day in
no strength. Throat bad. Dr. Ellis on June 4 diagnosis ^{mening.} (temp^{er})
influenza (W. rank). Could hardly walk. Was delirious at
times when he first came home. Completely unconscious
about 6.30 p.m. June 6th + Died 11.30 p.m. same day.
No mark of inoc: seen by Dr.

Prior G. 3. 57. Coal gas Poison. Suicide Unsound Mind.
10. 6. 151 2/222

Inhale

Ext well preserved. Decomp. very advanced. Back hole.
Int: Meninges pale. Brain much decomposed: - some purple
masses. HT curs all some dil: Muscles in body
gen: bright red. lungs. Basal cong. Some gen' empty
- ch. bronchi. Air Passes standard red. Liver rather
small - Spl: cong: V. ut rather bright red Pancreas
red Smell of coal gas internal. Blood bright
red colour. Spectroscopy = CO - about 50%.
History - News vendor living apart from wife

Intemperance. Depressed writings. Son went to his
address at mother's request on night of June 8th. No
reply when knocked at door. Lockey went in.
Found him in scullery. Sitting in chair beside
gas stove with arm upon it + head in shirt. No
smell of gas (parmy in door) but tap on. Fully
dressed. Dead. Face black. He threatened his life when
we left him 7 weeks ago because he was brutal to mother
when drunk. Tried to take life by gas by an 630 + had
threatened his life before that. P.C. Very decomposed
when found. No smell of gas

Stephenson H.W.E. ♂ 29. CO Poison. Accidental Death.

11.6.15.

2/223

Kensington

Ext. Well nour. Hypert. Bright red. Pupils dilated
lips & ears bright red. Maxillary prever. Pt.
Int. Mucous bright red. Petechiae on surface of HP
all cavities: Lungs bright red. Spl. hypert. Cong.
Air Passes bright red & cong. Liver Spl 15g & Kid Bright
red & cong. Stomach hypertatic cong & bright red
Normal organs. Blood generally thin & bright red 72%
CO by Haldane. No history.

Leading W. 8:60.

Malignant stricture large intestine 21324

13.6.13.

Packington

+ acute intestinal obstruction. Regurgitation & vomiting under anaesthesia but not relieved.

Ext. Well nursed; Recent closed fracture of tibia 7" long

in lower abdomen, lips pale IT's lined

Int. IT's curv all much dil. Much = marked dilatation

meas: large. Marked Pancreas: + oedema. Gen empty

+ cholecystitis, Stomach contents in upper air passage

down to medium height. Some injection of pleura

Stomach contents in mouth + down oesophagus. Shows

much dil + much bile stained fluid present. Small int

+ large dil to, structure greatly dil: lower

part hyperk. + similar to part. Malig. vent. structures
by numerous masses below splenic flexure
& a single 2-3 gm. in liver

Hills, Paris in stomach June 4. Dr. Joseph St. Andrews

Adm. Hosp. June 12/11. Walked in - vein ill - intestinal
obstruction. Swir. at 12:30, 2:30, 4:30. After 5 man
anastomosis vent. could momentary during struggle
the remainder of embolism & small intestine
perforation. After 15 hrs. this ap. healthy. Cervel
& became cyanosed; death 2 hrs. after comm. of
anastomosis

Tate J. ♂. 49. Heart Dise. Conseq. Aneur. Aorta.

14. 6. 15.

Sudden death

2/225

South wark

Ext. Well nour. Hypert. marked + hair c hairs
lips, face neck + shoulder hair. Small hairs in skin of
upper part of trunk + back of upper arm

Int. Meninges cong. Excess of clear fluid in cranial space.

HT 16. 2y. Much clear fluid in pericard. R. V. Cor. greatly
dil + walls much hypert. Left cor. similar dil + vent
greatly hypert. Sacular aneurysm size of small Tangerine
Orange projects forward just above aortic valve. # Small
slit like opening into aorta. First part of aorta was

dilated + whole thorax part by disease. Small
sacculus on esophagus on splenic artery close to aorta
about size of marble. lung cong: up to white to
red color at back. Some clear round + empty
upper air passages cong + lined + small hairs
in inner wall. liver 5 1/2 lb. Adv. metastasis of
lung + cong. Kidney tuberc. R. 1 3/4 g. Adm. parasite cong
Back of tongue pharynx + ventricles lined.

Harty Widow Fair good health. Invalid for Police
on Sunday June 13. Hearty dinner at 1.30 p.m.
Then lay down on his bed as he often did for a rest
+ 1 sat by him. about 2.45 p.m. he made noise as though
snoring. tried to rise him. face went black + died in
about 15 mins before arrival of Dr. Fully dressed except coat + collar

Hill J.S. ♂ 10. Lobar Pneum. + Ac. Pleurisy, Thyroid small
14.6.15. † appears normal (14.46 gm.). 2/226

South work

Sudden death

Ext. well preserved. Hypostachid. Pupil sl: dil.

Lips + ANS lined

Int. Meninges cong. Htt. Petechiae on surface. Rt
ears + 2 vent: somewhat dil. Muscles = fine fatty layer

Early acute pleurisy back of Rthwart lobe. Lump

Spherical mass of lobar pneumonia $1\frac{1}{2}$ " diam. at back
of upper part of Rthwart lobe (irregular grey hepatic
mass in pneumonia). Rest of back of lobe very cong
+ oed. Sclerotized cong absolute. Air Passages cong

+ contain a little pus Spe soft + cong. Unit Cloudy
swell + cong: Tongue fused - Tonsils enlarged
+ adenoids present

History. Healthy. At school until June 9th when
~~complaint~~ complained of headache + throat pain at
home. Cried much because news of Ruth killed
at front. No sickness or chills. Dark food until
June 10 had no milk. June 11 did not eat
he was worse (Mother). Went out to get her a powder.
Returned 2:15 PM was Dead. NO marks or pain in chest
NO cough or difficulty in breathing. Sent for Dr. who
arrived 3:45 PM. Resid in arms, not in legs. Dead

Unknown 45-50. ? Shock Of Immersion In Water. ? 2/227

17.6.15.

Isingiri

Ext. Very well now. HT 5ft 6" Hair greying. Decomp[~]
Advancing. Mucousy previous PM. Recurr[~] mucous
eye[~] + slight hudge g[~]. Slight abrasion left cheek
due to nose. 2 tiny bruises front of upper arm. Small
recurr[~] bruise right knuckle. Small bruise outer side back
of left arm. Lacerated wound on left side of back of head
3" long + oblique - in down to bone. Scar running about
1/2" - Mucousy eye HT. Cans all dilated by right cans
+ RT vent. Lungs some hypostatic cong. Chr. bronch + emphyse

no excess of fluid, Air passages reddened. Said to be
clear. Hi-ing. No water apparent in stomachs.

History. Found floating in Regents Canal face
downward on June 15 at 3pm, about 18 feet from tow
path side. Body stiff. No water seen out of mouth.
Body dressed. No sign of struggle. No ~~hat~~ hat on head.
No money. Dr Maurice. Dead within 2 days.
Referred this man use. No prints.

Moyes E.F. 5.26. Heart Fail. to Depen. Heart Muscle Comrav.
3.7.15. mitral Stenosis to Stat. Lymph. to Anaes. (CHCl₃
to Oxygen)

St. Pancras

?? Stat. Lymph:

2/223

Ext. Well nour. Hypert. livid lips ears + toes livid.

Trach: wound front of neck. Wound right near over vein. Blood stained
wound in hospital.

Int. Menages cong. Ht. Petechiae over base. Rt. ears greatly dil
& vent hypert. Left ears some dil at + a little hypert. Muscle

= fine fatty mias. Mitral regurg = tip of little finger. Valve

+ chordae much thick + contracted = adv mitral stenosis

Aortic valve also thick + contracted, Lung. Inhaled blood in
backs A little thick blood in air passages + smaller bronchi

Enlarged pale glands upper part neck each side. Wid 5 1/2" Enlarged
in blood + enlarged uterine cong. Spe 9 g. Trm + cong: lymph
hyperplasia Kid = passive cong. Lingual tonsil large
Pharynx + oesoph. livid, Stomach + int cong. - lymph hyperplasia
in lung int. Emb: pale glom. and abd: anta. Nos med
of Anaesthetic Thyroid 24.5 gms under atrophy

History, Op - for Tonsils + nasal trouble, on July 2nd at
8 AM, in morning home, Dr HR Phillips anaesth. CHC + O₂
musty stone. Ether induction. Not strong woman. Operated
20 min. Much laryngeal spasm during induction. Day
op - Curbitts cord one tonsil removed + was cauterised. op
just finished when breathing cleared + she became dusky. Heart
stopped at same time.

Thompson A. ♂. ~~Degen. Heart muscle Coroner. Dis.~~

5.7.15.

Disen Coron. Arts.

Hammersmith

+ narrowing. Fibros. of Heart 2/229

Ext. Stout man. Decomp.: adv. Sudden death

Int. Mennys cong. HT Coras all much dil. L Vent
somewhat hypert.: Numerous small fibrotic areas in inner
to left vent wall. Marked br. atrop. Micros.

Coronary artery with small; adv atheroma + some calcif.

+ much narrowing, more adv. in ventricular branches

Lungs Sl. hypert cong. Some gen emphy. + chr bronchit

Spe-Kid cong. Fairly large amount of solid food in
stomach

Hicks Came home at 10h on July 2nd, apparently
rober. Found deep unconscious on July 3rd between
9 & 10 AM. Pupils tight contracted & did not
react to light. Died shortly afterwards.

Price J.A.R. 8. 19. ~~Come to Heart Fail. & Diabetes Mellitus Coma.~~

6.7.15.

~~Injury Meninges Brain & Ac. Mening.~~

2/230 (Staphylococ.)

Paeldington Diabetes following head injury.

Ext. Emaciated. Decomp. advancing. Pupils cl. Skin rough dry & scaly

Int: No evidence previous injury scalp or skull. Subdural deposits black? prev haem + putrefaction - in rt ant + middle fossae + a small one over lateral aspect of rt Temporo-sphenoidal lobe. Arachnoid thick + fibrotic (micro) over sharp clymeal area on under surface of pons + over middle of under surface of each lateral lobe of cerebellum; also acute

Meningitis = staphylo coccus. Meninges over vertebrae
very cong. Brain ex hernia clear fluid + inflames
Simplified IIT. RR cur's somewhat dil, Lt Vent
markedly so. Muscle = adv: fatty deg in: micus. Lungs
= marked passive cong; emphysema. Liver very decreas
Cgs. Spl. decamp: 5 2 Cong. Kids 4 $\frac{3}{4}$ + 5 3 adv;
decamp. Pancreas appear IV. Spleen decamp.
History. Healthy. Porter at GWR. Enlisted RA. as driver
in Jan 9. Stationed at White City. On Jan 12 fell about 14 feet
from top of tall steps used for clearing air lamps on to
concrete surface. Unconscious. Concussion + bleeding from
nose. Taken to hospital but unconscious. Head injury.
Never able to tell about fall. later 3 weeks sick leave. Then

~~Ashton E.S. 8.29. Head Tail. & Ch. Bright Disc. 2/2301~~
~~6.13.7.15. Not Acc. Vaccin. Lost January 6~~

Re Joseph Alfred Reuben Price dau P.M.

History Cont: Diabetes following head injury. 6.7.15

Then to Hospital at Cosham at end of March
Told that he had kidney disease. Then back at home
Passed much urine - but never before accident.
Called in D. Anderson 4-5 weeks before death.
He diagnosed diabetes (Discharged from army for
diabetes) Became incontinent some time before
death. Died July 3rd 5pm.

Hollans W.E. 8739. Heart Fail. & Bronchopneum. Come from
Veronal Poison Misadvent 2/23/
11.7.13.

Marylebone

Ex^r Well nursed. St: hardness of lips & F.V.s. Spl. bruing large hands
Int. | Ht. Cvs all somewhat det. Mucos = all fully den -
some bronchopneumias. Fair acute bluing of lower left
upper lobe, lung, Cong + oedem at bases. Patching acute
bronchopneumia back of right breast & left upper lobe & 2 back
of left lower lobe. Lungs = all wetting cong. Spl soft & cong.
Kidney purrue cong.

History - Good health & cheerful. Subject to fits of depression
& high strung. No knowledge of taking drugs or sleep

Last year w/ thro' v. hard worked & keeping Gato
hous. Sunday Jul 6 drussy all day. On Jul 8 at
9 AM. Unable to wake him having gone to bed
at 4 AM. Could not be waked. Snoring. Bottle - no
label - just in drawer Died Jul 11. 5 AM

Dr collected in - 9.15 Jul 8 Depts uncomm. No Cornell
reflex or meninges. Two coals + 2 pins placed in
dressing table. I never received curriculum
Temp 104° at 4 PM Jul 8 = Bunch of worms. Fever
← cont. to end. Last thing at end on night of
Jul 4^o. Not great toward others. Not by temperature
Cald. Smell of ~~drugs~~ when he came home
Monday of Jul 8

Scalding of throat. Acute Laryngitis. Bronchio pneumonia. ^{2/23/22}

Harold B. Noakes ♂ 2. Pk 12.7.15 SMH ⁸⁷

Ext: well nursed, Rm & Hy part marked. Tracheation ¹⁵
opening in a little membrane in surface. Pull ~~hard~~ hard
areas on left lower lip ~~part~~ prob: reads

Int: Brain N. Meningeal cong. Itr cans all rd dil; Muscle
pale. St joint deg in Minos. lungs petechial over back
& ears acute pleurisy at back left lung. Pale & empty
in front lung; behind. Acute bronchopneumonia at back of
all lobes, Pus in matted air passys. Upper air passys
cong; & contain pus. Edges of tracheation green PTO.

+ strongly. bed of angeliolide folds +
acute lamprosis. Greater part of epiglottis missing
+ ragged edge covered in green lymph. Acute
supp: mediastinal extend. down for tracheostomy
opening liver thickness of swelling. Pus
+ tonsil IV. Pharynx acutely inflamed + covered in soft
curd detached membrane. No apparent ulceration. Beside
of sup: all over head. Carem TB. glands root of
mercury + TB blew in lower jejunum.

Hindley Adm 1 July. Hindley swallowed boiling water
from kettle. Dysphagia. Tracheostomy performed
Died July 10. 

Merrell J.W. ♂. 4½. Fat. Depen. Heart muscle Course. Empyema
Left Pleur. Cavity & Anas. (A.C.E.).

14.7.15.

Thymus small & atrophic (4.3 gm.)
RT displaced left lung. Carles 2/233

Spanurus

Ext. Pong num: Pupils dil. Lips hard. op - wind pack
closed back glass chest

Int. Membranes Cong. HR Fairly large amount of clear fluid in
Pericard: Cava all somewhat dil Muscle = marked
uniform fatty. Large empyema round greater part
of back side of left lung, cont: fine thick pus + much
soft lymph. Shut off by dense fibrous capsule. Empyema
had been opened. Rt lung large + emphyse + soft + loose
Cong + thick pus in some of its bronchiales. Left lung

completely compressed + distended. Pus in upper airways
Thyroid small + atrophic = 4.3 gms liver cong. Spl
cong. Kidney cong + cloudy, sweet. Tongue fused
Smell of ether. Bacteroides Pneumococcus
History: healthy until this illness 6 weeks ago = whooping
cough, pneumonia + pleurisy BCH July 12 Op: 6.15 pm
Same day for removal of rib + opening empyema. Heart
displaced to right + left chest full of pus. Condition
not very good for anaesthetic. ACE given in mask
Amount used 1.03. Child under in 5 mins. ^{1 2 3} Op = started
+ after 10 mins breath suddenly became very shallow
O₂ given + hr managed thx at ~~the~~ wound in chest

intestine + mesent: glands. Smell of anal. the skin lumpy
History. Difficults of health since Jan 1913. Brought to Boston
end of Feb - urgent dyspnoea. Tracheotomy. 3 subsequent
ops for removal papillomatous growth. Went out in April
much relieved, voice partly restored. Taken in again June 6
& 3 ops for Trachea + removal of growth. Op July 14 to
apply Radium. CHCl_3 though taste like the CHCl_3 + Ether
Foot not well. Pale thyrist. Larynx examined + Radium
tube had been inserted about 5 mins (about 20-25 mins
after anaes: comm) when breathing became shallow then
stopped. No return to treatment. Pumping H_2O machine

Young A. ♂? 35. Lacer. Aorta By Pass. Bullet to Haem. Into RT.
15. 7. 15. ^R Pleura. Wilful Murder. 2/235

Hampstead CID Rex v Capt R. Georges
Ext. Well nour + muscular. Ht 5 feet 10½". Hyposp.
slight. Surface of body pale. Lips livid. FNs of h/ps
Swelling back of rt shoulder + haem under
skin 1" diameter. Entrance wound bullet 4 feet 5½"
above heel. In midline of chest 1" above line
joining nipples + 4" from suprasternal notch.
Shape elliptical, undercoat regular, 3/10" long.
No changes in surrounding skin except narrow
zone dark red in colour. Course of Bullet.

Very oblique upwards + backwards + slightly to right
at angle with vertical of about 35° . Passed through
sternum, pericardium, tore wound $\frac{3}{4}$ " long in right
wall of aorta 2" above origin, penetrated into ant
border of uppermost lobe of lung, midway between
apex + base of lobe, wound of exit being at 1/2"
higher level, marked 3" at rib close to spine
& ended in swelling behind it. Wound when
bullet found. Pericard = cuts level of blood clot.
Hr curs rd dil: Munk = trace fatty degeneration. Rt
pleura contains $2\frac{1}{2}$ pints of blood. Lung + air pass
pale. Liver adv fatty degeneration + infilt: rd: Coritis minor
Spe = kidneys pale. History Det: shot when attempting arrest.

King B. ♂? 33. Heart Fat. & Degen. Heart Muscle Conseq. Stat.
16. 7. 15. Lymph. & Anaes. CH Cl₃. 2/236

S + Pancreas

Prepared sp. for Chr Middle Ear disease

Ext. well nour. Hypertrophied Lips & Tail
Head shaved and ear - . Laryngotomy wound
- open. Punct wound over heart

Int. Menses of Cong. R + Middle ear. Bone very dense
Bony roof of tympanum very thick. Canal lined by
thick grey membrane & tympanic membrane
thick. No auditory ossicles. Semicircular
canals narrowed bone dense. NV acute disease Hr. Cars
all much dil. Muscle - fat marked fatty tissue.

Lungs pl: passive cong. Some inhaled blood in backs.
Blood in air passages. Thyroid 15.9 gms - much atrophy.
+ fatty replacement micros: Liver enlarged blood
Spl: 7.3 Cong + lympho. ~~by~~ hyperplasia. Keds pass cong
Small burn at margin tongue. Tonsil + Lingual tonsil
enlarged. Back of tongue pharynx + oesoph. hard. Lymphoid
hyperplasia pyloric stomach, lower end ileum + in caecum
No smell of anaesthetic.

Histology - Ear trouble 304 ca. - Came to OPD. Royal
Free on July 14 Adm same day. Op July 15 at 9.35 AM
Proposed op. for middle ear dis: by Gary French. Gave
C₂H₂^{3/1}. After few breaths, became very excited, struggled
violently + breathed deeply, pulse became irregular + heart
weak. Breathing finally cleared. Total time 6 mins

Pratt S.H. 8752. Dise. Heart muscle Conseq. Empyema, Acute
Pericard. & Pleur. & Anaes. (Nitrous Oxide).
19. 7. 15.

Kennison Op: to open empyema. Death as pus ^{1 1/2 in} escaped. 2/237

Ext.: Poorly nour. Hypost. slight, hips, ribs, hind. Opⁿ wound
newly open 2 1/2" long on lat. aspect left chest 1/2 down

Int. Meninges Cong. Acute pericarditis & fluid thick deposit
of lymph on little clear effusion. HR cows all made die

Heart hypert. Muscle = ab: fatty deg. marked hypertrophy

micro: Eff. exerts pleurisy over rt. lobe. Large

empyema over outer side & back of rt. lung. Cont. acid reveal

of thick pus & mud had escaped through up - wound.

3/4 firm adhesions shut off empyema Lung. Left lower

Lobe crumpled, upper lobe almost cinders. R. lung - marked
pneumonia + edema, also chr. bronchitis + emphysema
+ some bronchiectasis. Thick mucopus on smaller
+ main air passages. Marked edema on epiglott
fold liver. 50% Ad nutmeg. Strep Fun + lung
Kills cong. Small abscess in Rt Fund Back. Strep + Staph
History. In Manglebone Infirm since March for Chronic
Bronchitis. Asp: day before death sp as found in left
pleura. Op: to drain empyema. Nitro Oxide
given in chlor inhal. Took it well until incision
made & as pus escaped with a rush resp sp rapidly
failed. Total duration: 1 1/2 mons

HCE poisoning. Perforation stomach. 2/238

Albert Jones ♂ 55 Pm 19.7.15 S.H.H. $\frac{91}{15}$
Ext: well known; R m Hty part present. Very slight

examination of guppies lip

Int: Brain N. St oedema surface. Heart. Rt caws
sl dil. Left ventricle somewhat dil. Muscle soft + dark

→ small haems under endothelium of L vent. Slight
atresia 1st part of aorta + some of coronary but no
narrowing. Old pleural adhesion Rt apex. huge
intense hyperostosis cerebri. Cerebr. + oedema largest
→ a few haems in some memb. St cerebri of P.T.O.

Sayer G.L.F. 6.18. Press. Tumours in Cerebell. Acc. Op. Decompress.

20.7.15,

Glioma. Not Acc. Anas.

2/239

Mangleton

Ext well num. Hypert. rght. Pupil 4 die - lips
+ JNs somewhat thin. Head shaved completely
Recent chrap wound back of scalp - ear to ear
Int: Skull thin apponietal eminence. Meninges pale
Central convolution much flattened. Superficial lac-
backs of ~~cer~~ cerebellar lobe. All ventricles dilated
+ clear C.S.F. Rt lobe of cerebellum occupied by central
tumour 1 1/2" diam, coming to surface in upper
aspect where convolutions obliterated: grey soft + translucent

neurtic + haemorrhagic in centre. Surrounding brain affected
Structure = Glioma Muc. HP L + vent r/dil,
Muscle = marked fatty degeneration. Lung I hypoxia
Hitz. Very healthy girl. No accident. Vomiting
+ headache in Jan 4. Treated successfully until Easter
when vomiting recommenced. Entered Maid Vale Hosp
July 17. Much worse + had attacks of respiratory failure
Op. July 18. 11:15 AM. Novocain 3 oz of 2% injected scalp
+ scalp reflected. C.E. machine used by girl as she has
hormes. When sitting up head she became blue + breath
stopped. HP continued. Cerebral resp for 1 hour. Then
head opened + skull trephined. Then artificial resp
for 1 hour when heart failed. Death 1:15 PM

Dean W. ♂? 23. Congenital disease of heart - Patent 1.
21.7.15. Foramen ovale. Sudden death when in bath.
City Hermaphrodite. 21240
Ext. Fairly well nour. HT 5ft 3" 1 taproot: slight^a
Pupils cont. Lips ears hands hind, slight q. rest of face
Penis short. Hypopadias marked. Left testis under cordal
Scrotum small. Breasts rather large
Int: Meninges cong. HT. Br. Cans much dil + walls greatly
hypert, ventricle being as thick as normal Rt Vent. Foramen
ovale has patent $\frac{1}{2}$ " long at ^{admission} front end + 3 small
openings further back. Tricusp: + Pulmone valves ent.
esplatter. Tric: Valve sl: thick + Musculi Papillares et

Valves - greatly hypertrophied. Left auricle small also aortic
thrombosis length. Pulmonary art + branches chronic
medium sized ones in lumen were uniformly dilated
+ walls thick + sclerotic with numerous atheromatous
patches in smaller ones. Main art micro shows areas
of athero-sclerotic thickening (no atheroma) in some
part of wall; media thinned. Thin fibrous inter vent.
septum but no opening. Ductus arteriosus obliterated
+ a calcified nodule at pulm: artery base. lungs
deep red. Some gen' emphysema. No fluid. Air
passage cong: + clear. Thymus (15 gms) congested
tail well developed atrophic changes but marked
large retroperitoneal haemata left lower abdomen

~~Neal H. B. 42. Dis. Heart Muscle Cong. Bronchopneumonia & Eff.~~
~~12. 6. 15. Cirrhosis of Fat Dis. Liver & Gall. Bladder Dis.~~

Re William Dean dec PM 21.7.15 ^{Sudden Death} 2/240

Int: Cmt with large opening in lower part;
It contained about $\frac{1}{2}$ of small int. Liver engorged
with blood. No metastases. Spl cong. Kidneys - marked
passive cong. Marked hyperaemia with the opening
in perineum. Pancreas cong. Tongue not bitten; back
of tongue pharynx + oesoph. cy. covered; food & water
in stomach. Intestines - ad. adhesions to one
another, also large but no obstruction; coils in
hernia ball. Other cong. - Genital organs Breasts

contains fairly abundant gland tissue. No activity meas.
Small at testis & epididymis rather widely separated
from it; these were in scrotum, also spermatic cord
& seminal vesicle. Left inguinal canal patent only for
 $\frac{1}{2}$ ". On this side a flat oval structure & small cyst
= ovary & closely to a fallopian tube & fimbriated end.
This was traced into a thick junction mass 2" long
& $\frac{1}{2}$ " diameter - firm & muscular = uterus which
ended in a thin cord like structure passing to
junction of spermatic cord with seminal vesicle
History. Meat salesman & Hawker. Unmarried
never had heart attacks. Visited Chest Hospital 12 months

Case F. 8. 46. Perfor. Duod. Ulcer - local perit. & pleurisy.
9. 8. 15. Sudden death 2/248

Re William Dean Lee P. 14 2021. 7. 15 3

History Cont: Where congenital ht disease diagnosed.
4 sisters & 6 brothers - all well - one other dead. Entered
Bath June 30 for ht disease diag congenital. Not very
bad. Had drops & got much better. Day before
death arranged to send him to Swanley & he was
examined for that purpose on afternoon of death.
Fully strong, temperate & non smoker. He went to bath
with fellow patient at 6:30 pm. Bath half full of tepid
water. He undressed & got into bath & was standing in bath

Working hurriedly. The other patient went to fetch clean
slippers (was away about 2 min). On return found
him stretched out at full length in bath - length ~~of~~ 5ft
6". Length at bottom of 6". Lying on rt. side. Mouth
& nostrils & head underwater. Thought he had a fit?
I lifted him out & on to floor alone. Then summoned
Phelp, Apparently dead when taken out. Blue ^{all over} ~~the~~
water came out of mouth. Water 8" deep. Flashed in
water. No soap

Strong H. 39. Ac. Blood Poison. Course. About. 1 Sept. Infect.

22. 7. 15. Uterus. Self-inflict. Felo-de-se. 2/241

Washington about 6 week pregnant. Bone crochethook

Ext. Well nour. Hypertens. rght. Decomp? adnancy.
Wpso 7 Ns rht. Old lines over abdomen

Int. Meninges cong. Ht. Caus all much dil: Murder
= fine felt clay: + much brown atrophy micra. Lung - rght
hypert. cong. Spl 8⁺ 253. very cong. Genital Vagina contains
a little thick reddish fluid. Uterus 4" Cervical Canal admits
little finger thyract. Just inside cervix is small puckered
scar in part wall. Just below int os is small superficial
lacuna in $\frac{1}{2}$ " long involving vulvovaginal ments. B. are pale + show

of slight inflamⁿ + no sepsis mics. Body contain some
thick reddish fluid + soft clots. Inner surface pale
+ smooth. No placental site visible. Left ovary
= large corpus luteum. Breasts well formed + pink.
History Two sons by husband. Living with another man
last 10 years. Always good health + strong. On July 15 in
bed in evening ^{came home from business} did not feel well. At about 10 PM
July 18 early. Restless + thirsty. Dr 9 AM. She showed me her leg
after Dr A had gone. Better that evening. Worse July 19. in
great pain. Delirious next morning then unconscious + died
before Dr. could be fetched. Dept said they had had a 6
week mis. Later left leg became very swollen + black in places
Next told husband that a bone crochet hook had been prying
She said that this time she had taken pills. Then used the
crochet hook as she had done 5 years before

Bone
Crochet
hook
found
in
leg
before
death

Edwards C.B. 45. Tartaric Acid Poisoning ^{2/242} _{at.}

23.7.15.

Paddington (accidental). Parturient Kidneys.

Ext. Very well nursed; Hypertensive + third c. haem. Pupils dil. Lips + 3rd c. No evidence of pyorrhoea. No lead line. Several carious teeth in mouth.

Meninges Cong. HT. Several petechiae on surface. Cerv. all dil, left vent; more markedly than others. Muscle = marked patchy fatty + some brown atrophy. Lung Marked Cong: oedema backs of lungs esp right in which is very early bronchopneumonia micro c. Klebsiella. Frothy

fluid in air passages which are Cong. Se oedema of
any epiglott folds. Liver (8g) common, nutmeg, fine
fatty degeneration chiefly in central zones micros. Spl 4g Cong
Rids ($6\frac{1}{4}$ + $6\frac{3}{4}$ 13). Cortex pale swollen + opaque + areas of
Cong + hemorrh. Pyramidal Cong Micros = some covered
tubules have flat epith + dil lumens, & by alve
cysts, other show common regeneration. Pale
areas in cortex = small recent infarcts & necrosis
hem: + euf calcific $\frac{1}{2}$. Organization commoner
at margin of infarcts. Tongue heavily flared.
Back of tongue pharynx + oesoph Cong. No erosion
Stomach. No erosion. Marked emphysema at Cardiac end.

~~Fleeson R. 8, 80. Corning Art. Athens 2/24/2~~
~~9. 7. // 19. 37. Thrombosis. 6~~

Re Catharine Edwards

2

Ins: cont Tartaric Acid poisoning
with some thinning; area circular 3-4" in
diameter involving cardiac orifice & extend
lateral in part to back surface. When flaps show
healthy oxyntic cells, although all cells
about or degen. No blood in intestines.
History About 11 days before death she
took a dose of Tartaric Acid - about $\frac{1}{2}$ g
which had been sold in mistake for

Glauber Salts - by Boots. . Complained of
burning immediately after ~~taking~~ swallowing
it (as did another person who also took
some). She had pain in stomach & was
sick, but improved after 24 hours & grad:
got better during the next week, then loose
again, temp rising shortly before death
(due to broncho pneumonia. NB. On surface of ~~head~~
knees were ~~numerosa~~ pale areas - looking
large & were many as - infants.

Pulmonary Embolism Opⁿ on Femoral Hernia 2/243

Henrietta Leech ♀ 51. Pm 24.7.15. SMH $\frac{93}{15}$
Ex: Small + spare Rm + hypox pressure. Healed Opⁿ
wound over left femoral canal

Int: Heart small Rt cav + vein distended of blood. Muscle IV. H: atheroma arteria + coronary art.

Pulmonary Embolism Nodes the main artery in last 1"
+ extends along the main branch esp left + their larger
branches. Clot friable + reddish grey. Old pleural
adhesion scattered over lungs, lungs pale slight emphysema
+ chondrials, basal cong: Bands of pus in P.T.A

deep part of operation wound + slight effusion
Peritonitis Thrombus in left common iliac vein
near inf: vena cava

1 July. Adm: 13 July. Op = for femoral hernia
Died July 23

Oliver A. 5. 25. Shock Conseq. Inject. Fluid Uterus For Purp.

24. 7. 15.

Rev G. W. Bowman

Procu. Abort.

2/24/15

St Pancras

Ext. Very well nour. Hypert marked + livid.
Rapid rel. dil lips + nostrils, face neck
+ shoulders a little. Breasts lungs clear section
Recent urine tumour in middle part of thigh
" " 2 1/2" x 1" back left shoulder 11 to part of left

Int. Meninges pale Hr. all can redil: Muscle - sht
fine full organs: micr. Lungs = hypert cong more
marked NE side. Small of rat volatile. Air passages
cong & frothy fluid & small smell. Liver 55g

engorged c blood Sp 10 1/2 g Very cong. Kid = marked
cong. Bladder + urethra sl: cong. also Pancreas
Back of tongue pharynx + veriph cyanose. Stomach
+ upper small int cong. No Amellin stomach.
Genitals. Vagina + Vulva N. Vagina clean. watery ³⁴³
fluid escaped from vagina as organs were removed
A little mucus fluid escaped from uterus when
it was handled Uterus 6" long. Cervix dil for about
1/2" + admits little finger. Some tenaculum mucus in
canal. Body occupied by complete unruptured crown
foetus 5 1/2" long. Well formed placenta in upper part of
Cervix. Membrane sep: - the wall of int is for

Re Adelaide Oliver dec PM 24:7.15 $\frac{2}{6}$
2/24/6

Int. cont. about $\frac{1}{2}$ length of body in post. wall
Space contains a few drops of clear colorless
fluid. No blood & none escaped when ovum
was removed. on post. wall of cervix in
upper part was slight groove which also extended
rather more than $\frac{1}{2}$ " ^{up} from intro. (mark of rupture)
The groove was smooth as distinct from rough
surface where membranes had separated.
No injury in uterus or vagina & age cont: put at ovary

Pregnancy about 4 months

History Rex v G. W. Bowman

C.C.E. Nov 22, 1915. Found guilty of supplying a
narcotic substance (heroin + other mixture) to ^{labor} hard

Burmer. Stated that she entered his ^{labor} shop (an
unqualified chemist) on evening of July 22nd about 8:45 pm.
She was in a state of collapse + faint-minded.
He had been told previously that she was in trouble
& had supplied her with heroin + other mixture on
2 previous occasions. Probably he operated upon
her that night + caused immediate death
from shock.

Jackson D. 25. Potass. Cyanide Poison. Suicide. 2/25
24. 7. 15.

Clerk Ennell.

Ext. Well. now: Hydat marked + livid. Lips + ~~to~~ livid
Int. Membranes cong: HT cut. a. d. d. l. + vent.
rather more than other cards. Muscle = marked
unusual fatty mem. Blood eyes: blue + dark red. Lung
= uniform red colour. Some hydat cong. Air passage
light reddish. Liver reddened + cong. Spl. $8\frac{1}{4}$ g
Pan + cong. Kid. stained red, some passive
cong. Tongue not bitten. Back of tongue plain +
+ vesicle reddish. Stomach contains about 4 oz of

deep red fluid hanging small NTCN. Part
cracked & inner surface has deep red color
Viburnum (Sp. of Viburnum) end. Slight smell of NTCN
in part. Charms of end of alkaline + give the
Ag₂N₃ + Sulpho cyan tests for NTCN. This for
cup clear colorless + syrupy + very alkaline + give
all tests for NTCN. Solid NTCN also just

History Dec: separated from husband 18 months ago
had since lived with D'Arcy. She has of
intermittent hives + D'Arcy had threatened to
leave her on that account. This when her
found dead (about 2 hours) in kitchen floor fully clothed.

Duncan R.E. 3.25. Lobar Pneum., Pericard., D Ac. Mening.

25.7.15,

Follows. Fract. Jaw. (2) chelt 2/246

Hammenhuth blue over jaw by fist.
Ext. - Jaws well imm. Hypert. marked. Deep achr g.
Pupils: cons. hps & hinc. PM incision for prev. PM
Int. Meninges cong. opaque - acute meninges
esp. over cerebral hemispheres on lat. surface
- pneumococci. Pericard - acute pericarditis;
same inf. HT cons. uncal but dil. Muscle - jaws
marked patchy fatty necr. - Prev. endocard: mitral v.
Lung - lobar pneumonia: - grey hepatic - whole of
left lower lobe. Hypert: cong. - Sp. very soft & cons.

Kids cl: swell + crag. Saw. Recent fracture
wound at nymph: ~~parts~~ of lower jaw + ankle
fracture vertical thru left lower jaw a level of ~~4th~~
2nd molar tooth. The tooth chiefly by fracture. This
fracture has repair + outline of surrounding tissue.
Saw with small stone.

History July 10. Altercation with fellow workman
whom struck him in blow on left jaw. Did not
knock him down. 2nd fracture not
dislocated. July 4 to Hammer Inf. Had pneumonia
Died July 22.

Goldstein H.D. ♂. $\frac{15}{12}$. Fat. Depen. Heart Muscle & Liver Congest. Poison.
Tinned Salmon. Wt. 176g. Length ~~28~~ 28.5
26.7.15. 2/247 2 yr 84.

Shlinging

RT Well known; Pupils dil. PM man along trunk
& across head. Patchy red eruption on front of trunk
& on limbs. - not purpuric

Int. Meninges nl; cong. Hr Rt curs + low vent of hrt
dilated. Muscle = fine fatty degen mic. Lungs nl; emphyse
& nl; hypertatic cong. Liver very adv. fatty degen of ~~all~~
all cells. Spl nl; adv + cong. Kid - adv. cl:
swelling mic. Hem cong. + peries patches large
but no inflam mic -
P.T.U.

History Died July 22. Five days ~~previously~~ was given
by mother in evening head which had been clipped in
liquid of tinned salmon. The parents ate the salmon
& were none the worse. Child not well that night
& next morning vomited & had diarrhoea. Erythematous
skin eruption. Diagnosed Scarlet fever & sent to
Fever Hospital. There it was regarded as toxic. Goodness
became worse & died. Temp 101-102 greater part of
time.

—————→

Homan E. 8. 41. Haem. Into Pericard, Coursey, Pass. Bullet
26. 7. 15. Through Heart to Aorta. Suicide.
Scurious Cancer sigmoid. 2/248

Hampstead

Ex Wellman, Ht 5ft 6". Hypertans well marked. Pupils
sl. dil. Lips & To livid. Bullet Entrance wound. Ht 50"
above heel. Entrance of left chest 1" from midline + 4 1/2" below
suprasternal notch. Depth 3 1/16". Shape of slit irregular
Edge blackened. No exit wound but puncture under skin of
left back 2" from spine + 52" above heel.

Int. Coursey Bullet Back wound slightly upward & to left.
Subcut: tissue blackened, hole thigh stem right to left
of midline, through N. Ventricle & large ragged

wound in front. + another ragged open ~~the~~ wall a
short distance below pulm. orifice also passed through
left vertebra just below costal orifice + enters left auricle
by a large ragged hole in its right wall + leaves
by a small hole at top of auricle cloaca junction with
the pulmonary vein. Then passed through also thoracic cavity
by a minute wound $\frac{5}{8}$ " long in its left wall, through left
side of body of 7th vert. then to subcut. tissue.

Meningeal $\frac{5}{8}$ " of gland in Percard - Bruce Caudal
left lung cloaca head of bullet. Carcinoma very much
colm. - mass some narrowing. Organs not pale
History Shot hand with revolver when in a

~~Bobell S. 8.24. Heart Valve Disease +~~
~~7.11. // 28. 36. (July with Operations. 2~~
Taxi with PW Samtelman who had been a paying ^{2/248} guest in her home since 1910. She lived with him for sometime but 2 years ago was persuaded to return to husband. ~~As~~ The financial world was her home (Marty) was by dependent on this evening Michael tried to persuade Samtelman to take her away. He did not know that she had a revolver with the weapon was discharged & she fell over upon him. Her father stopped on way to Hospital. ? Re Et Hander 26.7.5

Delayed CHCl₃ poisoning.

2/249

Doris M Glade ♀ 5. PM 30.7.15 SMH 199.

Ext: well nour. Hypost marked. Pupils dil. 15
lips + fine hairs rd blue. On tracheation round
Int: Brain IV Mening marked cog: HR rd ent:
RV curs somewhat dis, left and rd ventricle more
marked dilatⁿ = Murde pale. lungs Al general emphyse
+ bronchitis, slight hypostasis. Air passage cog + some blood-
stained mucus. Numerous small haem in merent
of small int: + mucus of intestine, low size IV.
Left breast yellow + green. + some passive cog: PTD

Quickshank ^{Duck} N.O. ♂ 37. Ac. Bronchopneum. Conseq. Veronal
30. 7. 15. Poison. Suicide. 2/250

Chelms

1) outline necropsy attempted.

Ext. Well nour. Hypostom. very marked. Dump all viscera
-Esp. + thro. sphincter
Int. Meninges cong. Hr. Coverts all much dil. esp. + vent
Muscle - adv. fatt. dep. of fat all viscera. Lungs very
marked cong. + oedema glands bare. Small areas of
acute bronchopneum. esp. at base. Liver + kidneys. Very
cleans. + much gas. Marked fatt. inj. + slight cirrhosis
Sple. soft + cong. Kid. 4 + 3 each. Cloudy swell + cong
Histo. Strongly atrophic. Mammid 6 months ago - not histology

+ his wife - a Frenchwoman - went to live in France
about April. No financial worries about their
disagreement with wife. He & Mrs. Corder - his
housekeeper - decided to take their lives together.
They took the poison at about midnight on Saturday
July 24. On July 26 at 3 pm they were found lying on floor
in living room. Door locked. Windows drawn. Both breathing
ceased. He lay on stomach & had vomited. Quite weak pulse
No pupillary reflex. Her pulse was better. Color good. She threw
herself about. He died July 29 at 1:15 pm July 29. She received
chemo supplied $\frac{1}{2}$ oz Veronal on July 22 + another $\frac{1}{2}$ oz on
morning of July 24.

Greenwell J. 23. Opium Poison. Misadventure, 2/251
3.8.15.

Hampstead

Ext. well mov. Hypert. liver. Pupils IV like Amal
twice from mouth

W. Meninges: cong. H. P. brains + left vent. dil.
Rt. Lung - about 1 pint clear fluid. 6 oz in left pleura
lung. Hypert. cong. + oedema. Odour of putrefaction
strong. Both in smaller air passages. Liver engorged
Sp. of cong. Kidn. of paravertebral gang. Fairly large amount
of clear urine in bladder, Pancreas of fat cong.
Pungent urine. B. in the heart (from Shwartz II: cong)

Contains about 12g of dense brown fluid of food
clots resembling prima Chemical. Stomach contents
acid - gave chemical tests for morphine & for meconic acid
None. Also gave tests for morphine

History. Had light supper on night of Aug 1. Went to bed
as usual. Had uncomm. head (morning Dr. Vasni (family dr.)
called 8:30 AM Aug 2. Body limp & hands cold. Breathing about 6 to
minute + stertorous. Pulse 140. Reflexes - big strychnine + Sal
ammon given. Improved slightly. RR rapid & weak. del
left N. No reflexes. Dr. went to get stomach tube
but he was dead on return. Died 9:55 AM Aug 2
Had about 3 lbs of Laudanum 2 dram each for different chemists
all standard 0.75% morphine. Said it was for toothache. Always white

Stewart A. N. ♂ 62. Toxic Accident. 2/252

6.8.15. Injury Force & distal spinal cord.

Maryland

Ex Very well known. Decomp: advanced lacerated wound left side chest with flap of skin & sub cut tissues turned over to right (about size of 1/2). 2 small lacerated wounds midline upper lip - curved laceration 1 1/2" long left cheek. Lacerated wound 1 1/2" long on right top of head. Wounds stitched up.

hd. Scalp lacerations and laceration + a laceration on left side top of head. Skull & Brain hit on PM. Spine Some recent bruising over spinous process of

2nd D. vert. 100 feet. Sp cord 1st as whole for PM
but end remaining for area of being for along
distance down, 1st cans all much oil humps
marked by bent com: lines 68g - marked with infirm
mus. Sp 8 g very long. Tongue muscular with sides of tip
& large hump right side of down half way back
History About 9:30 PM Aug 2nd was in taxi while taxi into boat
in middle of road in dark. He was thrown thru window
found sitting on floor of taxi. Convinced take in ambulance
to St. M. Hosp. Wound closed next day about 11:30 AM. He
complained that legs were felt paralyzed. I visited him & arrived at
5 AM Aug 3. Wound is mostly great pain back of neck & at hand
Unconscious until Aug 4 & died 7:30 AM that day.

McEntee J.V. 8.36.

~~Fib. Circulation Blood to Brain. White Suffer~~

6.8.15.

Sudden Death Ink. Hydroceph.

Stomach following immediate upon inj of 6.6 2/257

Ext. Well nour. Hyptans marked & livid. Lips & FNs
right hand. Face & neck dusky red. Rectum closed up - and
1" long bent just elbow (60° inj) - . Perineum and rectum
in green. Soft supple scars behind glass penis left side
& a pale indurated scar right side.

Ink. Spine very thin; inner surface rough. Meninge
sl. cong. Cerebral convolution right flattened & Pons broad
Brain. by supp. All vents much dil & empty. No lesion
found. Cord & IV. HT cans some dilat, Muscle - sl. fatt deg

micro. Picked a few out part of Anta. Others 1/4. lung
= rel: by part only Spl. Fibrous nodules? old gumma
Kills = rel: passed long.

History. On Aug 3rd had 3 injections of 606 (0.6 gms) at local hosp
(Birmingham + Walsley Hosp). Injection just finished when he said he
felt faint. Sudden became convulsed just as saline injection
was commenced. Became drowsy in face + collapsed. Required
artificial resp + strychnine. He continued to beat for
time. O₂ given. Pit. extract given. Vein placed. No response
had prev. inj. on June 25 followed by feverishness
& vomiting. Positive Wassermann in Dec 1913. + had 3
injections of 606 shortly afterwards

Hayes N.B. 3 $\frac{2}{12}$. Ac. Bronchitis & Bronchopneum. 2/255

7.8.15. Thymus present (13.25 gm.).

Wilmington

Sudden death

Ext well nour. Hypnotic faint marked. Pupils cent.
Lips + No hard. Retinal first of char tabd ? lens
Int Membrs cong. Hr. Rr. Cav. + Left vent somewhat dil
Early acute bronchopneum. back of each lower lobe is cong
pleurisy left back. Both in smaller air pass
liver - cloudy well of fine fatty dens. Spl cong. Kid. Cloudy
well. Base of mouth of pharynx + lard. Stomach + duodenum
unaffected

History. Well until night of Aug 4. During night vomited

Several times - brought up Hoateu which she had got from
Ratless all night. In morning mother went to Dr for
medicine for herself. Told him child had been attacked.
The gave more medicine also for child. On night of 11th
also rattles. Following morning 8 AM she asked for
water; as she drank it, she fell back, struggled a
little, turned eyes up & was then quiet & died the
next when D. arrived. No cyanosis or other unusual
appearance.

Hoateu had no ill effect on others who had it

Pitt E. 8. 76. Coron. Arts. Disease. No Drowning. 2/256

7. 8. 15. Death in bath.

Marylebone Found dead in bath

Ext Well nour. Hypert marked + rather lined. Pupils dil
lips + hands livid. Tongue soft between teeth. No goitre skin
Mucous etc. escaped from mouth nose. Slight
oedema ankle. Small brown spots of petechiae on
hot Meningeal cong: Marked with cerebral. In the R. C. Cur's
somewhat dil. Lt vent marked so some hypertrophy of wall Aorta
= cals with lower end. Artery cuts v. g. with: narrow
+ calc gran. arteries. Lung lge. Much emphysema + some chr
bronch. Slight hypertens. IV^s water or froth in lungs or air

passages. The any kid some chr with reph
Small mus near top of tongue (litter) . Back of larynx
+ pharynx hind . It: connects in oblique . It can't feed
some water food . Two small ch peptide cells
small . Small water food food in upper half of small
int . Small mus in right lateral chest wall -
lower part

Hunter find dead in both . Head cup filled
numerous . Strong health . Cheerful

Mahoney W. ♂ 40.

13. 8. 13.

Anaesthetic death $\text{CHCl}_3 + \text{Ether}$ 2/257

South work in excitement stage + before op on jaw
removal of 2nd & 3rd glands neck

Ext. Well nour. + muscular. Pupils dil. Lips + FIVs
all livid. Old opⁿ scars 5" long. Left side neck close to jaw.

Int. Ht + Cvs somewhat dil. Many B⁺ ventricles + right

Hypert. Much patchy fat + much brownish mucus. Lung
much hypert. Cong + oedema. Gen empty + ch. bronchitis

Liver + Spl + Kidn Cong. Two enlarged glands left side neck
in upper part full of Squamous carcinoma mucus 2nd,
Stomach wall ? chronic gastritis.

History. Great pipe smoker. Cancer of floor of mouth

removed at Guy's 3 months previous. Retained
At Guy's with recurrence in glands neck. Initial Guy's
Aug: 10 Op arranged for Aug 12. Nervous
before op - Sudden heart failure due to
excitement (not excitement stage) whilst going
under anaesthetic C_4Cl_2 + Ether open. Duration
about 5 mins. Operation not commenced

Moss D. G. 31. Heart Fail. to Shock to Distent. Colon Conseq.
21. 8. 14. Injuries Prod. Fall Window. 30-35 feet

Kensington

pub. Suicide

2/258

Ext. Well nour; Stump much adv. Bruising across
upper chest in front. Bruising and lacer. ankle & heel
Int. Bruise back of head. A little meningeal haem
at back of brain. Lfr. Rt. Cuv. much dil., Left Cuv. dil
esp. ventricle. Pleurae. clear red fluid each cavity 150g
left, less at side. Lungs extremely oedematous
thickened. Fracture Sternum fractured transversely
& oblique fissure before back at junction of manubrium
& body. 2nd costal cart. separated from sternum

on each side + at 2nd rib in front, Communicated
fracture left scapula. Slight fracture left outer
malleolus. Spl of 13 Cong: Kids 8 1/2 + 8 1/3 pers.
Cong: Retro perit¹ haem over psoas muscles each side
T runy when ext dist: + wall thin. No injury
Hitting fell from bedroom window to ground - 30-35 feet
night of August ~~13~~¹³. Found lying partly on path, partly in
lawn - conscious. Shocked jobber. Depressed by financial
crisis but he was financial prod. Very temperamental
On Aug 17 Abdomen much dist + H+ displaced up - much
shocked Died Aug 19 at 1:20 pm by pneumonia
- Jan Aug 18.

HCE primum

2/259

Rosetta Stamm of 58. P.M. 25.8.15 $\frac{115}{15}$
Ext. Fat: R m + 1 by part: present. Some excretion
of minor surface of lips.

Int: Brain IV. Cong: + oldena of purple. Heart. R + Curo
+ left vent. dil: . Muscle of pale + rappers fatty. Right
atrium acute. . Old adheres chiefly round left lung. Lungs
more empty + cong of base. Air passages cong.
Peritoneum contains a curd amount of yellow brown
fluid by chiefly round duodenum. liver. Surface greenish
yellow. Cong: + irregular fatty. Spleen + pancreas P. IV

Cong: Wid cloudy well + cong: Back of tongue
Pharynx + ends of oesoph deep cong: Excretion
of piglets + short oesoph of lungs, stomach
cutters a little grey granular fluid. wall thin, cong
+ covered with thin greyish change on inner surface. wall
blackened along greater curvature. Pylorus by cong
Duodenum adv. corrosion + veg. thin but no perforation
mem: ment. dent. + wall black. Similar changes in
12" of jejunum. Ment. cong: for anterior 5 feet
the folds away to normal.

Autopsy Adm Aug 23. Died Aug 24

Dickinson A. ♂ 39. Ac. Alcohol. Poison. Acc. Enfeebled Condit.
1.9.15. Health Conseq. Injury left leg 2/260

Tottenham Hosp.

Healed Grubbed

Ext. Well nour. Rt Hypert. heart, tricuspid pneumonia
along trunk & across head. Small open sinus middle
of front of left leg down to denuded roughened tibia. Well
united fracture tibia & fibula.

Lut Meningeal Hr: Rr Cardio + Lt vent somewhat
dilat. Muscle = soft fall degen. micro. lungs - hypertensive
cong. Stomach contents in lumen. Spl soft + cong
Kid's cong. Tongue firm - Stomach very cong + chro
gastritis - velvet. Stomach contents said to have

had marked also other

Hutch. Had gunshot wound left leg which had fractured
both bones. Getting on well & had been out
previously. Was wounded May 3rd. Generally healthy man.
He & another man seem drunk tonight. One could not
stand. When helped into hall he collapsed & became
unconscious. Died in arms of Drake at camp.
He had taken about $\frac{1}{2}$ ~~lot~~ tumbler of neat whiskey

wall of uterus thick firm. Septic clots w/ veins
in lower part of body. Rough area in upper body
= placental site. Said to have had clots adherent
to it. at lower end of uterine canal were 3 ~~small~~
^{recent} small superficial lacerations running vertically
(1. rapid dilator). Inside lower part of body were 4
small recent superficial wounds of mucous membrane
within 2" above int os. No apparent repairs

Dadomo G. ♂. 24.
3.9.15.

Fat, Degeneration, Heart } Conseq. Poisoning
Liver & Kidneys } Poison, Fungi.

2/262

Blimp

Ext well now + muscular. Hypert: marked + thro
Decomp: commencing. Lips - JNs hard. Red dot just from
nose + mouth. Front of body deep red + slight mottling
of face esp. - left side

Int: Meninges Cong. Ht. Petechiae on surface. Cap
all set up but vent + muscle = adv. Jutt decay mic. Amorph
some hypoxic cong. Micro - 7 2/3 y = Very adv. fine
Jutt decay of all muscle cells Sp 5 1/2 y. Imm
+ cong. Kid 6 1/2 + 7 1/2 y. Cloudswell + cong. Adv Jutt

Alger: Gall convoluted tubules all. Pancreas comp. T. ampae
found. Stomach dil. Mus: memb. thick & velvety. No
enteritis

Andy On Sunday Aug 24. Dec: spirit went to Loughlin
& picked mushrooms in Epping Forest. He drank a tin of
T. ampae ill. Morning of Aug 30 7 AM felt ill & was sick, then
frequent diarrhoea & cont: until death on Sept 1 at 9.30 AM
He attributed death to mushrooms. They picked the
mushrooms from ground not foot of trees. Some were
black some dark & some yellow. - some had long stems but
the common variety. Fred also had abdomen pain
Dickens & daughter who stated about stems after
eat the first mushrooms

Todd L. L. 27. Degen. Head Muscle Conseq. Nephritis
6.9.15. Sudden death. Due to Pregnancy.
Washing 2/263

Ext. Well now. Hypert.: marked. Pupils dil., lips & lower
no more so. Face, upper chest & upper arms lined
Breasts large & ~~cont~~ contain milk. Marked oedema of limbs.
Int. Meninges cong. Hr several petechiae on surface. Cars
all joints markedly dil. Mucos = fine fuff, deg. in mucus
Pleura. About 15 cc clear fluid in each. Lungs. Hypertatic
cong. more on left side. Sple - lym + cong Wds marked
enlarged. Surface congested. Cutis swollen & pale with
small red areas. Pyramids cong; Micros = marked cloudy wall

+ in places necrosis of cells + granular debris in tubules,
+ a little fine fatty debris in convol tubule + cells of
Bowman's Capsules. No mixed cell infiltration + no
vessels. Early hypernephrosis each side.
Cyanosis, back of tongue + pharynx. heraldic
Full term pregnancy. Breast present. Feet 76.63
Membrane intact. Cervix dil due to cot. as.

Histology. Mammary. No necrosis. Children. Ex. very congested
any day. On Sept 4. husband left her at 5 PM on
departure for Bardonia. NOT unwellly upset
Afterward went to a friend on opposite side of road
There about 9.30 PM suddenly vomited. Urine lost
and cramps + died at once. Had no incontinence + had →

Recent symptoms of
papillary cancer of

Humphrey A. 5. 38. Lobes Pneum. Conseq. Immers. In Water
8. 9. 15. In an Attempt Commit Suicide.

Holloway Pusin

2/264

Ext well worn. Hypert: marked + thin. Lips + FNs
slightly livid - large recent bruise 5" diam on outer
side of upper arm. Small bruise on left shin + two
on outer side left upper arm.

Int. Small recent bruise on each temple. Meninges
cong. Early acute pericarditis. HR. Cords all dil
esp left ventricle. Early acute pleurisy each side
lungs. lobes pneumonia - grey hepatitis at base - of each
lower lobe and right uppermost lobe. Marked

hypertat. Cong + oedema. Pus in air passages
Lives Much enlarged + joints marked with suppurative
arthritis. Spl. enlarged, soft + congested. Kid. cl. small
+ cong. Tongue heavily coated. Back of tongue
+ pharynx + larynx

History. Drinking heavily for some time + used
to fall about + injure herself. On Sept 2. found
struggling in water & partly unharmed. Detained by
police + after hearing. said she had tried to commit
suicide because her husband knocked her about
changed next day with attempted suicide + remainder
to Holloway Prison + placed on highway. There she developed
Pneumonia + died Sept 6

Doroque E. 6. 23.

8.9.15.

Shock due to introduction ^{2/265}

Many lesions of ~~Syrinx~~ Syrinx with cervical canal

Ext. well run. Hypertension marked + most

Neurop. develop. TNs low. Milk in breasts

but 14 kidneys very cong. 117 cows all die esp L+Vest

Muscle N. lumps = ab. hypert. cong. Spl: renal:

+ cong. Kid = some passive cong. Stomach = fine lunge

amount of food. Genital Uterus 9" long. wall thick

+ contains female fetus 9" long & placenta = memb.

intact. No detach ment. Cervical canal admits

little finger like but not included with it.

No injury in cervix, vagina or vulva
History. French woman, single, lady's maid
left in charge of mantel home in absence of
family. Last seen alive on Sat. Sept 3rd when errand
boy left for master's shop. On Sept 5, no answer
when errand boy called in morning, also on Sept 6
though dog heard barking. Then entry forced. Found
dead in her bedroom. Lying full length on back on
floor. Partly clothed. Lower part of body was covered
→ chemise pinned up. In chair opposite to where
she lay her clothes were folded & a mirror propped
up on chair seat on the cloth. Bowl of soap
water on floor close to her. Hygienic syringe beside
it, no bed in water.

original of this

Bullen J. S. 28, ~~Heart Fail~~ • Fat, Depen, Heart Muscle Part

11.9.13,

Cordiv, Stat, Lymph,

Anaes, Case

ACE + CHCl₃ 2/266

City

Op = for Deflected septum

Ext? Well born. Pupils dil. tip of left, finger nail markedly hard
Bloodstained blood in ventr. Raw area left side nasal septum

Heart At Rt Cuv - 2 + vent of dil. Lymph by fine fatty droplets in Mucosa
Mucosa. Much atthema abd. - ant. Lungs & Pan cony:

Thymus 198 gms atrophic Spl. Lymph hyperplasia. Kidney Pan

Cony: left tonsil emb. at ruptured Haem into mucous membrane
of duodenojejunal back left side. Pancreas Argent
stomach & intestines, - Menten glands all enlarged
Nasal septum deflected to left in front. Rt behind

Inf. Pericarditis swollen & almost touching septum each side
Hitz. Nasal obstruction. Deflected septum: Mouth
breathing. Entered Banks for Op. Nose plugged w/ cocaine
→ adm. $\frac{1}{2}$ hr before op - Started w/ A.C.E. Took it
well. Durat 12-15 min. Continued w/ CHCl₃ by Junker
but change volume - int. very good vol; took a
deep breath - then stopped. Pulse not felt
Restorative means failed

Charington A.M. 8.22. Mitral Sten. + Fat, Degen. Heart Muscles

14.9.15. Kidneys Conseq. Toxaem. Pregnancy.

Not Acc. Anaes. + Acc. Shock of Operation. 2/267

Inducting Labour at 7 months

Kensington

Ext: Well now. Hypert. part. Pupils dil. Lips + FTS kind.

Slight oedema ankles. Milk in breasts

Int. HT 13½ g. Gratt. ent. Cans all greatly dil

Muscle = adv. fatty mass Mitral valve base 2 FTS. Valve

+ chordae much thick + int = marked Mitral Stenosis

Pleura ½ int clear fluid in cav. lungs waterlogged

Liver. Adv: nutmeg + adv fatty deg. mass. Kids size

round Adv fatty deg. mass. → env. RR wetter

much dil. left right eye drops of urine. Amnion
Cervix = 3 firm PM Caesarian Sect. Placenta
→ membranes present but almost completely
detached. Small coagulum. No clots: Amnion
History. ^{Foetus 3615g} No previous pregnancy. Confined at bed
Nov 28. Labour pains Sept 11 in evening, also sick
Nursing home same night. Death 12:45 AM Sept 12
Adm: the induction of labour 7 months pregnant. By severe
heart disease. Kidney not very bad - little urine + sick
constant. Op 11:45 PM Under CH_2O_2 2 + $ETNO_2$ 3; she
was pulseless + unresponsive given intermittently
crystalline of Paino. Total 2-3 days. Cervix very
dilated when sudden collapse + death. Resuscitation
was being applied

Freestone J. ♂? 74. Compress. Brain By Mening. Haem. Result.
16. 9. 15. Fall Head. Squam. Celled Carcin. In Stone.

Polington Extra + subdural haem 2/268

Ext. Poorly mov. Hyphal marked. Pupils small. Lips
pale. F.H.s mid 3. Large Head wound 1 1/2" long midway
between eye ear & lat scalp wound 1 1/2" long, nerves
to protect 3 1/4" long 2" behind at ear: horizontal. All
gaped & extended down to base & blood had escaped round all.
Int. Scalp. H. haem red warts. Skull very thin esp.
Parietal & occipital. No fracture. Groove for middle
meningeal art. by deep. Meninges fairly large extra-
dural haem, less Parietal & larger subdural haem in

Same area st. at the arteries. No brain injury but compression
by haem. No dream. It causes the cap & vent. Adrenal haem.
↑ Calcif. coronary arts. lungs marked passive congestion. Cholesterol
& emphyse. Perit & thorax associated. Liver 40g Adv.
multifoc. cirrhosis. Some fatty infilt. micro. Spl. firm & congl.
Kidneys & pancreas congl. Stomach. Sarcoma called Carc.
micro. in lower part curr. No obstruct $1\frac{1}{2}$ " diameter
Two TB ulcers lower leg & nodules, widely distrib. in
vent & current areas in lung - no cavity.

Histology

Morelli C. ♂. 24. Haem. Into Perit. Result. Perf. Wound Uterus
19. 9. 15. Conseq. Pass. Instrument Uterus In Attempt

Procure Abortion.

Clerkenwell

Ext. Well born. Lips + FN = kind Milk in Mouth ^{2/269}

Int. Meninges pale. HR unmedic. of all cav. Membr. = fat

fat here lungs. Slight hypert. cong. Pale elsewhere

Perit. More than 2 pints of fluid blood. NO Peritonitis Spl.

Soft cong. Kids (12 1/2 to 14). Passie cong. Genitals.

Vagina - acutely inflamed lower half. Cong. and covered
by membrane; contains a little thick bloody fluid. NO
injury to uterus 5 1/2" long Cervix tightly closed. Small clv
protrude from ext. or. Uterus bicornuate, Rv horn small

* full of decidua, left contains complete ovum
Folles 4" long. Large perforating wound oblique
up back thru post wall about 1" above vulva
& about midway down post rupture in mid line on
outside. Wound starts at margin of placental
attachments but placenta apparently not damaged
No injury in cervix elsewhere in body. Wound admitted
little finger at circumference & admitted cellalove
regarding length of wound. Large cap. but left way
Italy. No medical Denied pregnancy. Husband went
to Italy June 12. Complained of pain in stomach for some
time went to Dr Meyer Sept 14. He took her into his house
also had vaginal discharge. Wound closed & healed Sept 16th at
8 PM

Lister 11. 8. 47. Fat, Disc. Heart, Liver, Kidneys, Conseq. Clu.
20. 9. 15. Alcohol, Poison. No Food Poison. 2/270

Wellington

NO medical opinion in this
who took some food.

Ex. Well now. Temp. advancing. Oedema scrotum
but Meninges = passive cong. H₂O cong all dil esp^r vent.
Muscle = ~~very~~ very adv. fatty + some brown atrophy micr. lungs
= marked hypostatic cong. liver 81g = very adv. fatty infilt. Spleen
partial phn. micr. Spl soft + cong. Kid (6 1/2 + 6 1/2) = passive
cong. Some fatty deg. micr. Stomach = some adv. gastritis
History. Postman. Full good health. Stomach sometimes
trouble to digest. Well until Sept 14. Came home
as usual 3.30-4 pm. Did not feel well + went to

bed & did not return to work that night. Sickness
& diarrhoea that night. Went to Dr on evening Sept 15
was still ill that night & worse on Sept 16. (It had
been rather strange in manner on night of Sept 15
Dr saw Canak in about 12-30pm on Sept 16. Weather
in bed. Could keep nothing down & ~~diarrhoea~~
diarrhoea continued. Sent for Dr at 3.30 AM Sept 17
Pulsedown + Rumbly; Collapsed. Died 5.15 AM

Benyon M.E. 5.58. Degen. Heart muscle to Ac. Haem.

21.9.15.

Pancreatitis. 2/271

Holborn

Sudden Death

Ext well nour. Hypert. pres. lips pale & no
livid

Int. Meninges cong. Lt cars all dil, Lt vent
faint mark: Muscle = slight fatty degen. Musc.
Lungs = marked hypert cong. Ch bronch + emphy
liver engorged blood. Spl congested. Kid. passive cong
Pancreas. Area of haem: necrosis involving whole
of body, fat necrosis in mid part. Chronic
Sarcitis at pylorus

D TU

History. Not very well on afternoon of Sept 17 + lay
down for short time. Not very well again at
9 pm. About 3 AM on Sept 18 not very well - pain in
abdom. + diarrhoea - better in short time + slept.
At 4:30 AM diarrhoea again + sleep again (they
had similar attacks of in previous occasions). About
5:30 AM pain then vomit. Slept again. Vomiting
→ diarrhoea at 9 AM. Vomit green + offensive. Got mixture
from chemist but vomited after taking it. About
10:30 AM complained of great thirst. Sudden
collapse + died about 11 AM Sept 18

Credali G. 8. 35. Rupt. Aneur. Cerebral Art. & Haem. Int. &

21. 9. 15. At least 2 haemorrhages Around Brain,
Holborn 2/272

Ex. Poor nour. Hypert. Rather livid. Frs. of left hand. No injury
but skull thick. No fracture. Thick subarachnoid (chess)
haemorrhage over base of brain, marked in front in great
long. fissure, along sylvian fissure & groove bet. cerebellum
& cerebrum, also marked over medial aspect of each frontal
lobe, extends along medial side over vertex of brain where
nervous gang & convolution flattened. Arts. shows of
atheroma. Lacuna anterior size of pea & contains
firm clot in left ant. cerebral art. & with blood clot

round it. Substance of left frontal lobe flattened top
& ruptured by a faint large haem: + some haem: into
right frontal lobe. all 'horn' appear recent. Blood
in all ventricles, of hemi HR cause all present del. lungs
= marked pass cong + old. Early acute pneumo at back
of each lung extending Sp: + this lung.

History. Ice cream. Healthy. Sober. Aug 21. Knocked down
& assaulted by another man + tongue bitten. Walked home
in bed for weeks after. Retired to work ~~Sept 1~~. Unwell + helped
at work Aug 30-31 + Sept 1-4 when he had fit, dropped in
van unconscious. Not noticed foamed at mouth. Came up
10 min later. Took to hospital. Dull on admission, on Sept 16
severe pain in head. 2 days later unconscious. Died Sept 18.

Binney N.T. 8.70. Dis. Heart Muscle & Coron. Art. Dis.
23.9.15. ~~follows the pharynx & submuc. in water~~ (Death in Bath).

Paddington 2/273

Ext.: Fair well now: Hypert. present. Pupils
sl. dil. lips & throat livid. Water found from nose
Tongue split between teeth.

Int. M brings Cong: hat² vents dil: HT. Pro cur. sl.
dil. ht vent: hypert. Muscle = al full deg en + some
from atrophy of fine fibrils in int. Adv. atther
+ much narrowing of main left coronary art. Adv
atther + calcif. lower end aorta. Lung large
+ overlaps + very emphyse + some div. bronchitis

Hepatcong marked. Much water fluid in lungs. Air
passage cong. Slightly jerked in main bronchi
+ much fluid in smaller air passages. Liver engorged
with blood. Spl: cong. Kid: = marked passive cong.
Tongue not fit. Mouth-pharynx lined. ~~Little~~ Water
in stomach. Passive cong. Intestine.

History. Lived at Boarding Home 6 years. Healthy
& cheerful. Mental health higher before death.
Usually had hot bath 7-7.30 A.M. On Sept 23rd
found dead floating on back in bath almost
full of water. Drowned

Chalkley T.F. ♂ 14.

24.9.15.

Stomach

Lobar Pneumonia, & Internal
Thyroid large Hydrocephalus 2/274
but atrophied
min. Sudden Death

Ext Well nour. Pupils dil: Lips ghet, FNs maelivid.
Old scar linear $+ \frac{1}{3}$ " long in middle of forehead

Int: Skull thin. Meninges cong. Brain convoluted
flattened. Marked hid hydroceph: all ventricles. No Caern found
Ht Petechiae on surface. Cass all normal at all exp of ventr.
Muscle - fine fatty degen. lung spherical mass lobar
pneumonia grey hepatic 2" diameter in upper part of lower
lobe. Hypert. cong liver - 44 g. Full of blood 脾 4 1/2 g
soft + cong. Kidn cong + cloudy mottling

Hinton Fall in street & other signs back of head 2 months
before death. Well until until On Sept 15. 1915
he was crying & said he felt queer in head That is
my occasion in which he complaint of head
At work on Sept 20 until maddy he did not return
to work in afternoon. Was quite well in morning
at 8 pm same day taken to Dr Molony. Conscious but very
-Collapsed. Complaint of intense headache. Pupils fixed
& contracted. A little better next morning. Base of right lung
dull. Told he was giddy & had vomited. Called to
Nimbley way but was dead when Dr arrived at 8.30 hr

Dickson R. B. 51.

30.9.15.

A cute CO₂ poisoning in beer vat ^{2/275} 9

Holborn

Ext very stout. Hypert: marked sterc. Pupils dil. dil
lips much cyanosed. Face, neck, forearms & hands
W. Marked Cong. Meninges. H. Pt. Cerv. fluid marked
dilat & a little dark. The blood count. Left Cerv. die, vent
marked. Muscle: fine fatty deg. mic. B. Good kidneys & dark
lungs = marked emphyse & some chr. bronchitis. Slight
hypert. Cong. Upper airways: very cong + many haem. in
larynx & some in trachea. Some contents of vat in upper
air passages. Microb. 903: Fairly marked fatty infilt. mic.

Kid = marked panic cry. Bladder. Suppurative Pancreas cry.
Back of tongue & pharynx lined. Small tumor near tip
Small cry: characteristic strong smell of beer. Indicates
N. Cry. Smell of beer in upper part small int.
History Health, Temperate. Employed Menz Brewery since
May. He was brewer's laborer. Cleaned out vats.
Vat had been emptied in March. Means 28 feet x 6 ft 6" deep
holds about 250 barrels of 36 gallons each. Some fermenting
beer had then percolated into vat. This beer was
removed (i. incomplete) She was not due to
clean it out. There was about 3" of foam in vat
& a smell of the gas, He was working with

~~Brice W. 8. 18. Abort. & Infect. Uterus. 4 Months Preg.~~

~~10. 7. // 19. 37. Infect. Intro. Instrument. Infect. Uterus.~~

Re Robert Dickson dec PM 30. 9. 18. ²

Acute CO₂ poisoning in Ber Vax 2/275
6

Winty cut a spanner in a cap at bottom of vat
when he suddenly shivered. He was started to run
got no answer & then fell on his knees
& then full length. Another man went down
to try to get him up but he was too heavy. He
then went pale & began to feel stupified
& had to be assisted in. He was then dragged

Bobby Ottus ← was dead

—

Walker D.M. 8.27.

1.10.15.

Pulmonary Embolism. 11 days ^{2/276}

Isinglin

after normal full term labour.

Ext. well nurs. Hypot: marked throat. Lips + tip
tired left leg mid below knee + some above knee

Breasts contain milk

Int. Meninges Cong: Iff caps all rd dil:

Rt ventricle contains a large embolus 2" long + size
of little finger: mottled pale + several small heads
Pulm: cut at bifurc + along main branches were
tightly wedged into mass of white clot, most
of small diameter + some found short pieces.

hump pale. hair 84, 2 ears making $\frac{1}{2}$ = 12 1/2. Left
+ cory: Kids = marked parasite cory - Tongue
ruined near tip. Uterus 8 1/2" long. Small area
of adherent placenta otherwise movable. No thrombi
in uterine (pub. v. d. s.).

Hiding Never strong. Two previous confinements
sent a stillbirth. This confinement delivered
a child alive. Got up for first time on 10th day
& died suddenly next day

Welch D.E.A. ♂. 17 $\frac{1}{2}$. Congenit. Heart Dise. + Fat. Degen. Heart Muscle
2.10.15. + Anaes. (CHCl₃) For Pump. Op. Cleft Palate.

South Wark

Started CHCl₃ + Ether. Death before
operation 2/277

Ext. Well nour., Lips + TP's livid. Surface of body
pale. Revers closed op = wound = cardiac massage
Int. HT Petechial on surface. Rt Caus + Lt Vent.
Somewhat dil Muscle = fine patches of fat, muc.
Opening in foramen caecale about $\frac{1}{8}$ " diameter.
Lungs - slight hyper: cong. Froth in cusp angles
Thyroid 26 gm. Well formed + active tissue. Kid.
= slight passive cong. Cleft palate involving whole
of nose + a small part of hard palate. Many

Lymph gland enlarged. No tuberculum. Smell
of CHCl_3 in all cavities.

History: Full term healthy. Op = for cleft
palate performed. Anesthesia given but
death before op. CHCl_3 + Ether given - open
method. To go under. Then CHCl_3 + Junker.
Gave 3i of mixture, but child changed as
soon as Junker was started. Sudden
collapsed + died. No response to
restorative methods

Braund W.H. ♂ 5 $\frac{1}{2}$. Shock Follow. Op. Ununit. Fract. Femur.
2. 10. 15. Not Acc. Anaes. Thyms well form. (27. 29.)

Southwark

Nocturnal ^{micro} 2/278

Ext. Poor hairs. Pupils dil. Lips light blue
Rr lower limb = 3" shortening. Rear & dorsal
wound 8" long diam enter side of thigh

Int. Meninges Cong. All cases all solid. Muscle
= faint marked fatty degeneration: micro: Lungs + Air
Pamess pale. Spl right end: + cong. Kidney perine
Cong. Lymph. hyperplasia stomach + small int
PB mesenteric glands - calcified. Rr femur oblique
fracture 3" long in middle of shaft. Rate special

Fracture fixed by plate which is bent. Fair amount
of callus at upper & lower ends of fracture. No
suppurative, body generally poor, muscular
& little robust. or omental fat

History Healthy. Fell down of bed room on July 28
Set next day at home. Did not do well. Sent into
Belmont hospital: Aug 30. First broke down
adhesion under anaesthetic (put in & removed).
Little improvement after 3 weeks so decided upon
op - on Sept 30 under anaesthetic. Broken down
& reset & fastened by plate. Successfully completed
came out for anaesthetic. Later got worse & died
2-3 ~~days~~ hours after op.

Logan E.M. ♂, 4 $\frac{7}{12}$, Fat. Degen. Heart Muscle Conseq. Ac.
2.10.15. Colitis. ? Dysentery 2/279
Blington Sudden death
Ext well run. Pupils dil lips + ITs slightly livid.
Int: Mennig very cong. HP Caus all rel. dil. Muc
= adv. fatty degen mias. hump. pale. Slight hypert
cong. liver sl: cloudy swell. Kid rel: cloudy swell
Large int. contains only a little watery fluid. Mus memb:
very empty throughout internal in last part where there
are patches membrane. Muc = areas of superficial
necrosis covered by fibrina exudate. Polymorph
cell infiltrate of membrane + of mucous memb.: Back:

= gram + streptococcus + coliform bacilli. No amoebae
17/11/19. On Sept 30 in morning complaint of right
headache, went to school at 8:45. where she
developed dizziness + looked ill. Water tests
twice then went to sleep 1 pm. Dizziness once
in afternoon, went to bed in evening. About 8:30 pm
looked very ill + appeared drugged. Dr saw her
after 11 pm. Had headache. Amnestic, eyes
clenched, eyes closed. Temp 101 - forehead
Tank. Last spoke at 8:45 pm. Died 6:50 AM
Oct 1/24

Thorpe J.R. ♂? $2\frac{8}{12}$. Shock + Loss Blood Follow. Rupt. Heart. 2/280
Lacer. Liver + Small Intest. Thyroid normal.

6.10.15. Crushing injuries of chest + abdomen.
Fulham Rex + Caroline Thorpe. Man sloughed.
Ext. Very well nurs. Hypert. right ribs slight hind.
Recent bruises on temples, below eye, near right angle
of mouth, above left angle of jaw. Many bruises front
of chest + abdomen, on knees etc.

Int. large bruise over ext. occip. protuberance; other small
bruises back + front of head. Meninges very congested.
Bruising in ant. mediastinum. ~~Large~~ one of lung
in pleura. Lacer. + small perforat. in W. auricle.
Lungs + air passages pale. Perit. = contained

about 7/8 of blood is small clot. Deep laceration
wound in lower middle line. Int capsule not torn
Breast diaphragms each side. Fracture neck of
10th rib & neck and that and neck of
67 & 8 ribs. Kid pale. Haemorrhage
wound body of pancreas. Rectum mucosa
and other in part, wall perforated $\frac{3}{4}$ " + 1" long
respected. Intestine, torn completely across at
duodeno-jejunal junction. No contents had
escaped beyond of cut of mesentery for upper
end almost to the caecal valve ($1\frac{1}{2}$ - 2")
to be seen into laceration. No History

Fudge. J.N.B.

9.10.15,

Hamman

Precep State Labors. Death due
to Large Patent Duct Arterium
Lack of attention at birth 2/28/15

Ext: Well nour. ht 76 1/2 length 19 1/2". Pupils sl:
dil. Lips, FN's + TN's livid. Cyanosis head, neck
→ shoulders. No caput font. Cord cut + tied

Int. Scalp cong. Sl vessels left part - partial = 2 part
caput. Numerous haems under pericranium over whole
vertex, larger at back Meninges engorged Femoral
epiphys 1/10" None upper tibia. HT 2 petechiae
on surface Muscle sl: fatty deg on micros. Ductus
Arterium as large as left pulmonary artery. No hairing

in middle of foramen. Small uncurved area. Lungs
Several large petechia on surface. Fronts pale & full
Jaw expanded. Rest of lungs mottled but contain air
except back of right lower lobe which is airless
Thyroid very enlarged. Petechiae surface of trachea
Numerous bubbles of air in stomach.

History Mother, Previous child. Took a room in Sept 10
Shared bed with land lady. On Oct 6, felt a little sick.
Went to sleep in bed at night. Wakened by a pain. Dazed
off then another pain, then another & I thought I
required treatment. Lay in chamber, with severe
pains & child was born. Called to land lady who
was asleep about 4:20 AM. Child was in chamber

~~Martin 10.8.45. Dis. Head muscle & Blood Poison. Concess.~~

~~25.9.75~~

~~Infect. throat. Tract. R. 7~~

2/28/2

Re Fudge ^{9.10.65} Prelep Labrow Duet Dites

Hit; cut Curled up, face upwards, a little
flatt in cheeks but not over face. Pleats
was empty for vagina & was resty in child's
face. No blood on night dress or hands of
mother. Little bleeding for mother. Milk quite
collected, not exhaled, no blood in bed
Mother said child was dead. Blood in
flom which was in a mess. No pulsation felt
in cord by landlady who tied it. Mother

had made no preparation for child but
said she was not expecting for a
fortnight.

Mother censured for failure to
make preparation

Codville J. J. ♂, 62. Rupt. Aneur. Aorta Into Pericard.

9. 10. 15.

Paddington

Sudden death

2/282

Ex: Spare man. Hypert rather vivid. Pupils 3/4 dil.
lips + thro kind. Small haems on back of shoulder

Meninges cong. Largesaccular aneurysm, commencing
just above aortic valve + involving whole arch of aorta; adherent
to stern + R. 3rd costal cart to some extent of lung, right
upper lobe + to pericard with tongue-like protrusion into
pericardial cavity at top in left side 10 oz of blood clot
+ some serum in cavity. Aneurysm wall thin + fibrous
interior surface roughened by calcareous plates, no anastomosis

clotting in sac. He cows all rd: chl. Lumpy St:
passive cry: As passive cry liver engaged Sp
firm cry. Kid purring cry. Back of tongue
pharynx overph: loud. Passive cry stomach that a
Heart. Known by him to have an anemyp
Died suddenly in dining saloon on boat train
from Fulmouth. He was sitting with head
back, eyes closed. Face livid? lit tongue
Died almost immediately.

Butler D.J. 5.8. ~~13.10.13~~ Fat, Depen. Head muscle ~~removed~~.

13.10.13, Stat. Lymph. Anaes (Ethyl Chloride),

~~Op. Res.~~ Tonsils & Adenoids removed

Hammer with collapse + death shortly after 2/283

Ex⁺ Well num. Pupils red. Lips pale. HNS lived

Int. Hr. Cvs dil. Ventricles more than crinicles. Muscle

= fine salt ^{Mitral valve & chordae thick + cong.} deg. in micros. ^{lungs - part in k} cong & el: empty

Trachea edema, aryepiglottic fold. Thyroid 2.3 gms well formed. A just large small clear fluid in abdomen

SB wall edema. Spl 3 1/2 g Cong + lymph hyperplasia -

Kid 7 1/2 sl cong. Tonsils cong. enucleated bases

Clean & adenoids had been removed. Lymphoid tonsils present. Lymph hyperplasia in stomach, duodenum, lower ileum

* Mercapto. glands

History: Mother Healthy. Mother had had her Ovario-removal 10 years + uterus. Op: performed + completed under Ethyl chloride. She was held before by anaesthetic. Given in bag. 3cc of Ethyl chloride given. Became unresponsive when anaesthetic. Dose of Adrenalin: 2 min after removal pulse was good. She was rath. Had no response by anaesthetic about 5-10 min later pulse became weak + failed. Subject responded to respiration

Butler H. 8. 76.

18. 10. 15.

Southwark.

Aort. Stenosis: Sudden death

Found a cow caught on front of
an electric car

2/287

Ext: well nour. lips + 7th rib.

Int: Slight bruise root of base. Much atheroma
cerebrals + coronary - not narrowed. Itt cav all

dil esp left vent which is fair marked hypert:

Muscle - marked brown atrophy fine fatty mass. Aortic

orifice small, valve thick shrunken + calc: = marked
aortic stenosis. Aorta vegetations, by adv:

+ calc: at base of aorta, lungs = marked gen emphy

+ chr bronchitis, Slight hypert: cong, Slight oedema of

any epiglott. folds. Air passage complete. Thick cong.
Tongue 3 bruises along margin. Small
recent bruise root of tongue.

Hasty labourer, retired. Health pretty good
for age. 70 ft. Left home 4:45 PM Oct 18 to
call up workmen. Had called up 3 men. It
was very dark night. About 4:50 AM he was
found ~~dead~~ dead on the cow catcher of
an electric car. There appeared to have been
a piece of packing lying acoustic rail in
front of the car.

Fergusson N.S. ♂. 20. Bronchopneum. Coma & Veronal
22. 10. 15. Poison. Sub. Hydroceph. |

St Pancreas No evidence as to causation of Veronal 5/288

Ext Spasmodic. Hypert: livid. Pupils dil. Lips
livid. Recent curv up - head - closed -
on right side back of head

Int: Skull extremely thin in places semi transparent
inner surface excavated by condensation. Trephine
opening under op - head + dura opened. Some subdural
hemorrhage over wide surface of brain, esp in inter-
peduncular space. Some dilat: of all ventricles of
brain. Petechiae on surface. Cerebellum slightly dil:

Muscle = marked patchy fatty inclusions. Lumps. Petechiae over
backs. Erythematous plaques over left back. Acute bronchopneumonia
of almost whole of left lower lobe & back of upper lobe & common
on right base. Kidneys cloudy well being. Cystitis, back
tongue & pharynx.

History. Always delicate. No organic disease. Was in OTC
Tinsley Court last 3 months. 4-5 weeks ago sight became cloudy.
Specialist diagnosed Bular neuritis. Impaired for a time
on sick leave but became very ill in Oct 14 = severe bilious
attack & very severe pains in head (had had head pain
before but not so severe). Better Oct 18 left Cardiff for

~~16.10.87. Bronchitis & A. Bronchopneumonia~~ 2/288
~~16.10.15.~~ Re Norman Stuart Ferguson 22.8.15

Veröger - mit Hydracephalum 2

Histay - cont. I add then to book for Bukhamsted
Taken ill at Burtin road to Hotel. He had stated
that at Bukhamsted camp, he fell - thought it was a fall
to not get up by himself & had shadows over his right
when he got up. Complained of pain in head on Sept: 12
Went to bed at Hotel at 9.30pm on Oct: 18. Found
Unconscious in bed next morning - Anisocoria Pupils
Equal - medium size: Reacts to light. Op - in Oct at
10pm Oct 20 to relieve brain pressure. No anaesthetics

Pressure raised, no improve ment
Died Oct 21 at 8 AM - No sugar in urine

Dr W. W. W. had a little venous - probably in
small amount of venous. Death really his
disease

→

Whelan M.E. 8.25. Haem. Lacer. Wound Neck, 2/285

15. 10. 15.

Zepplinⁱⁿ raid victim Oct 13.

City. Also fractured base of skull & fractured spine sev.

~~Ext~~ Very well nour. Lips pale. Injuries Bruise 2" x 1 1/2"

in middle of forehead. Superciliary. wound
1 1/2" long. horizontal - right temple. Large gaping
lacerated on right side of neck. Upper end below
& slightly behind level of ear. 3" long from above down.

Wound trans: arias neck wound in front of neck, also cut into
mouth. Two lac wounds each 1 1/2" long close together wound
to W of spine between scapulae = entrance & exit wound
his. Skull fractured base starting in front at level of

Cranium on forehead passing diagonally back to right & over left
orbital plate & supra-orbital plate which is marked off.
base of palatine fossa then along orbitals bone to outer end
Slight suborbital haem over greater part brain + a little
haem in lat. ventr. Lung lobes lobulated but thymus. Much blood
some food in esophagus. Epiglottis shredded + almost
destroyed. Spine. Fracture body of 2c. Fracture + displacement
of body of 8th c. + spine bulged at the end. Fracture each
vert. ramus, lower jaw. Lac. wound of soft palate + deep
lac. wound in left side of tongue at back close
to jaw fracture. Wound of pharynx lac. Wound next to
prevertebrae, not on left side. Muscles lacerated. Heart + liver
Torn across at side. Stomach contents thymus + esophagus

Absolom H.F. ♂?

Haem. Lacer. Wound Rt. Lung.

15. 10. 15.

Soldier, Zeppelin Road Oct 13

2/286

City

Ex 1. Well dev. Hypert. Liver, Lips etc. Liver
Tympan. Capillary Lac: Wnd $\frac{2}{3}$ " across just below
Rr clavicle. Nerve thick chest wall. Lac + 1 wnd
1" dia Wnd left of mid dorsal spine. Small Lac.
Wnd low lower angle left scapula + 2 smaller ones
upper part left Intcost. Larger Wnd lower part right
Intcost. Two small Wnds middle of back of
st trunk. Large Wnd back of st knee + 2 small
ones below it. 3 small Wnds back of knee

+ another below it knee, 3 outer side + back of calf
Two large lacerations: one on side of leg + two on
outer side of forearm, one to wrist + a small
one back of left forearm near elbow

Int. Mural Blood R+Plan + a little in left. R+Ribs 5+6
fract. at back + large ragged opening in chest wall
with frakt. of spine of three vertebrae + opening in back
of left chest. R+ 2nd rib fractured. L+Ribs 6+7
R+Ribs fract. at neck. R+2nd rib fractured laterally
Lungs large laceration: wood back of R+uppermost
lobe + lower part wood lower down back of this
lung. Small separate wood in R+lower lobe

Kinson H. 87. 25. Fract. Skull & Lacer. Brain. & Other

5. 10. 15. injury Zeppelin Raid Oct: 13 2/284

Cit
EXT well known. Hypertrophic Pupils. Hippocampus
injury. Scalp torn off forehead. Extensive fracture
ranet above No. 10. Small lac & wood
behind left ear - piece of metal in it. Abrasions
over face & left ear. Small lac. wood left lower abt
Abra. left hip. Circular lac. wood over
down left hip; wood over upper part left thigh
outer side. hand wood 3" x 2" inner left thigh;
narrow + metal in it. Stomach wood 1" diameter

close to lat. ? turn + small toe: wood + small
 luc + wood distal. Several small turns just
 left ~~side~~ thigh leg. Several small toe: worms
 mine side of thigh + one minor right calf
 three large toe: wood left forearm. Several
 small turns outer side left upper + forearm
 Int. Separate fragments of humi wood + dirt glass
 Maxillary. Two toe woods in pairs pericard +
 + superficial wood surface of heart between the two
 Pleural. Both blood RR, 1/2 part left. Two toe:
 wood lace left lung with wood in lung behind
 the. Much blood air space. Petechiae in left
 Pyrizom - dorsal. Skull wood thigh left dome of
 dia Rary + allan upper hole of spine. Small toe. wood

depth + strength demands

Jackman E. M. B. 36. Injuries Head Caused Fall Follows.
22. 10. 15. Burns Hands By Electric Discharge.

2/289

Islington

Ex I. Well now. Hypert: Gird & haems, Rt pupil
dilat. lipshind. Curved Luc. wood 4" long over
at parietal bone & flap turned down. Burns
in front of eyes. Rt Hand Blister palma
surface. Ring finger near base. Small blisters prox
to terni joint of middle finger. Abscesses on knuckles
of these fingers. Left Hand Two small blisters on
inner margin of little finger + 3 on inner margin
of palm, 1 on middle of palm + one at base of

Middle finger palmus aspect, one in palm
close to it + a small one in view aspect of ring
finger near tip. Scabrous + hairs of 3 inner
left humeri + one on back of prox joint of middle
finger. Sc. abrasion left thumb $2\frac{1}{2}$ " long

But bruising on each side of scapula along
line of fractured skull. Haem. on surface
of brain slight bruising superficial of brain
Spine. Fract. distal 10th DV. Bruising of back of
trunk ^{and blood by pleura} ^{Blunt air passage}
Fract. sternum + ribs both sides. Haem. red ^{at} Kidney
Horton. News

Hanging: Suicide

2/290

Helen Cassie ♀ Aet 1. Islington PM 23.X.15
EXT: Poorly nour. Woman. Rm present. Hypertension slight
Decomp: comm: Pupil r l dil: Lips & finger nails r l livid.
Marked haemorrhages in conjunctivae. Dry blood around nostrils
& mouth & in both ears. 3 small areas of dry red skin
under chin, 2 on rt, 1 on left. Smiles on Rt ala nasi. Slight
abrasion outside left eye. Slight bruise right eyebrow. Bruising
beneath all these lesions. Broad groove transverse neck
lowest in front - at level of thyroid, sloping up on each side
highest on right side of neck. Chr: ulcers & scarring of p.p.v.

Both legs below knees.

Int. Several small haems: on deep aspect of nasal p. No blood in middle ears. Meninges cong: Slight atheroma of arteries. Heart - Several petechiae on surface. Cor. all rel dilated. Muscle firm + brown. Atheroma of aorta, adv: at lower end. Atheroma of coron. arts to calicif = some narrowing. Pleurae a few old adhesions - Petechiae in left pleura. Lungs. Marked chr: bronchitis + general emphysema. Air passages cong: Haems in epiglottis. Slight oedema of larynx. A little mucus in air passages. Petechiae in thymus region. St haem: in Rt sterno mastoid at level of groove. Liver cong: Calculi in GB. Spl: cong. Kids passive cong. Bladder cong. Bruis magis of tongue & in substance of tongue + in muc. of pharynx. Stomach & intestines Congested.

Acute Colitis.

2/29/11

Ernest Charles Hart - ♂. 2 $\frac{7}{12}$ yrs. J.W. Manan PM 25 x 15

Ext.: Fair well nour. Wt 20 lb. R.M. + Deep: absent

Hypertatis marked + rather livid. hips slight, frigs hair

more livid

Int. Skull inner surface rough. Meninges Cong: Brain N. 393.

Heart. S: end: Cavities all somewhat dil.: Muscle pale. Mitral
cusps thick. lungs. Some bronchitis + emphyse. Slight hypertatic

Cong. Air passages Cong: + tubercles numerous present. End: glands in neck

pale. Thyroid large. liver + spleen cl. swell. Tonsils slightly enl.

lymphoid hyperplasia at lower end of ileum.

P.T.O.

Mesenteric glands large & pale. Cong. & hyperplasia by papilla
of first part of large intestine. Rest of large intestine very
Cong. & ulcers - small - follicular & deposits of fibrin on
surface. This part of bowel thick & oedematous

Micr. H&M = fine fatty degeneration

History Taken ill 9.15 p.m. Oct 21, when he shivered in bed
(? rigors). Sick soon after vomiting rice of midday meal. Then
diarrhoea. Tided all night & next morning but was
conscious. Afternoon of 22nd clenched his hands. Dr Mollon
came at 5 p.m. Had fit at 4.15 p.m. & died 7.30 p.m. on 22nd
Dr Mollon called in at 5 p.m. on 22nd. Collapsed but
conscious. Did not speak. Sunken eyes. Skin blanched
Group A Buchthorn given by mother.

Cornary Arty. Increase of fibrous of HT Muscle. 2/29/22 Sudden death.

Sarah Graham ♀ ? 60 years Mangleburn N.M. 26.10.15

Ext. Well nour. Woman. R.M. present. Hypertension marked. Lips slightly
finger nails more livid. Tongue protrudes slightly. Face & neck flushed
→ rather cyanosed

Int. Skull thick & hard. Some atheroma arteries. Brain N. Heart
much enl. Rt cavity fairly marked dilat. = left cavity dil. esp. Ventricle.
Muscle firm & brown with small areas of fibrosis in inner part of wall of left ventricle & complete replacement of papillary muscles by fibrous tissue. Adv. atheroma of aorta & first part much dil. Coronary art. adv. atheroma & calcif. = & much P.T.O.

narrowing. Old pleural adhesions at left back. Lungs
marked passive cong. Ple? Emphyse + chr bronchitis. Air
passage cong. + mucous present. Liver Small. Some fatty
disease Spl: soft + cong. Kidneys Small. Heart IV. Tongue
furred. Back of mouth livid. Odor of spirit in stomach
contents. Wall congested; mucous memb. thick + velvety.
Mucos. At Muscle. Fine fatty degen. + faint marked hem atrophy.
Small areas of fibrosis Liver. Some fatty degen. of outer part of lobule.
History Prostitute. Occupied room with another woman. She
drank + was quarrel some in drink. On July 22nd the 2 women
with a man went to her room. At 6 AM next morning dec a
sent for whiskey which was supplied which was procured. She
was then very faint of breath. A little later a third in room
at 10 AM found dead in floor. 2

Carbon Monoxide poisoning. (Suicide) 2/29/93

Arthur Hill. ♂ aet 24 years? PM Pentonville Prison

Exr.: Well nour. RMP present. Hypotaxis marked & ^{26. x. 15} bright red
Chaems.: Decomp. advancing. Lips pink stop of tongue which
is slightly protruded. Pinkish color of face, ears, neck, upper
chest & upper arms. R+ lower limb wasted, leg semiflexed
at hip & stiff. Old op. scars on outer side of right hip.

Old scar at back of hip.

Intr.: Skull thick & hard Meninges cong. & bright red. Spine
Active T.B. & much erosion of body of 10 Dorsal vertebra, slight
of 9th, faint marked of 11th + 12th & slight of 1 + 2 lumbar
P.T.O.

Vertebral. Curvature more on right side. No deformity of spine.
Large encapsuled purous abscess on right side. Heart
somewhat enlarged. Cavities all dilated, esp. left ventricle. Muscles bright
red. Old pleural adhesions over whole of Rt side & some over left.
Lump. Marked hypertatic Cong. & oedema. Chr. bronchitis
& emphysema. Air passages Cong. & thickened. A little mucus present;
liver Cong. & bright red. Spleen 7 oz. Soft & Cong. L. Kidney 22.
enlarged. TB. cavity in upper half. Both Kidneys Cong. & bright
red. L. Ureter much dilated & TB. ulceration. Tongue furred. Tonsils
2 enlarged. Stomach Cong. Blood fluid & bright red. Muscles
organs generally Cong. & bright red. Co in Blood by Haldane
= 68% saturation. Ureio. 14414 Jant marked fatty
& chr. bronchitis. TB. of left kidney & ureter confirmed

Cut throat.

2/294

Charles Edward Garton. ♂ act: ? Wington PM 28.10.15

Ext: Well nour: + muse: man. RM + Hypostomus present.

Lips + finger nail rather livid. Transfusion at right elbow.

1. Incised wound. straight $\frac{7}{8}$ " long on right temple, running upwards

slightly inwards, just reaching hair. 2. Incised wound right side of neck $1\frac{5}{8}$ " long || to rimmed: below horizontal ramus of jaw - more than $\frac{1}{2}$ wound behind angle. In ant: third it is a superficial cut, then a clean cut gaping wound penetrating very deeply. Total length $2\frac{3}{4}$ ".

3. Incised wound superficial $\frac{1}{6}$ " long above No 2 + at rt angles to it + $\frac{1}{4}$ " P.T.O.

from it. 4. Incised wound $\frac{3}{8}$ " long - rather deeper than No 3
but not completed through skin at distance of $\frac{3}{8}$ " from No 2.
Last 2 wounds in same straight line crossing gaping wound
 $\frac{1}{2}$ " from post. end. 5. Slight laceration at upper edge of
gaping wound No 2. Punctured wound of left breast.

Int. Slight haem. under cut on temple which does not pass
completely through scalp. Wound in neck. Sternomastoid M divided
except at post. end. Int. Jugular vein completely divided, Int. Carotid
Ar + Vagus nerve completely divided. Wound continues back and
inward to right of spine dividing partly erectus spinal muscle.
Hr cavity dilated. Lungs since chr. bronchitis + emphysema
Fronts of lungs pale, backs congested. Mucus in air passage.
Cyanoosis of back of mouth. Smell of ether in tissues of chest.
Mucos. - Some bronch. atrophy + slight fatty degen.

Rosa-Achille ♂ 33

1.11.15 City

Ext. Well nursed. FNs all livid. Punct w a lost midaxial line

+4 on lower part of back test chest

Int. No pericarditis. Hr. RV Cuv. faint marked dil
L vent marked dil. Mus: marked atrophy. Two
left emphyemata 1 interlobar, the other apical. dense
adhesions used them. Faint marked amt of tuberc
Hid in end. - thick film deposit on walls
left lung compressed - unless except small area
of organizing pneumonia at base. RV then marked

Death Under Anaesthetic 2/295

Emphyemata 2nd to pneumonia
Compression of lung

general hypox + chr: lungs with marked hyperinflation
cong + edema. Acute mediastinitis Liver 46 gm
marked pass cong sple 10g - very soft + cong
kidd (6 1/2 + 7 1/2) large white type micr

? volume of $CHCl_3$ in abdomen Bact. Streptococcus

History Death under anaesthetic CE machine
on Oct 29th in afternoon. Anaesthetic spilled
on op = table suddenly stopped breathing before
op started. Artificial resp for 1 hr. O_2 striking in
Cannula ~~to~~ via. NO response

Unknown ♂ NB Congenital Defects of Heart 2/296

DM Padd 1.11.15

Premature - probably less than 8 months

Ex. Faint well formed heart 14" wt 2 lb. 8 oz

Pupils 2 dil. " ~~left eye hazy~~ + 2. ~~effusion of~~

~~blood into the~~ ... Scrum species oedematous

Umbil. Cord 15" long, not tied, left side of head flattened. ~~no caput succedaneum~~. Red line at junction

of cord with ~~the~~ wall Lacertated with ~~the~~

Butterfly. no haemorrhages. P14

Int. ~~veins~~ ~~at~~ occipital part = caput succedaneum

Skull long ~~at~~ hemispheric horns. Brain by

cong. + petechial. a little blood ~~in~~ at lat vent.

Details: in pericard + surface lungs + thymus
Large patent duct arter. + patent for orals
Lungs small slice at back of chest. a little air
in all but right uppermost which sinks in water
feeding. A little air + mucus in stomach
Meconium in large intestine. Rt. testis clear, left in
lower part of canal. No epithel for penis. Anal
large epithel as os cula's small for arthropods
Hiding. Body found in fortway Rochester Rd on Oct 31
in brown paper parcel. Body quite fresh

Boden B, ♂ 38. Air embolism during operation ^{2/297}

2.11.15 Manglebe by removal of right lobe of
thymic gland. Under anaesth

Ex + Well nour. Hypert: rather bird; lips & hind

Curved upward 7" long across lower part of neck

Some swelling of front of neck

Int. Hr. Rt. cav. much dil. Vent. contain a

little bright red frothy blood, esp. along pulmonary

+ main branches. No other blood in rt heart

lt. auricle somewhat, ventricle more marked dil.

Mass = little fatty + mottled brown at top of mass

Lungs = gen. empty + chr. bronch; passive congestion

Trachea flattened side to side & pushed to the right Small
haem, in lungs more men from right blood affect
vocal cords & any epiglott folds narrow inlet
Thyroid. Rt lobe absent but space occupied by blood
inlet = mucus like extending. Left lobe enlarged & is
of cystic ad immature (not hyaline mucosa) No thymus
Liver lung nutmeg. Spl + kidneys cong + Pancreas.
No smell of ethyl
Hate name But Rt lobe of enlarged
Thyroid removed. Air then entered ~~small~~
Vem opened during up

Friday - Jly 5th 34

C.O. Poisoning. 82% 2/24

3.11.15 Keno

Ext. Well nour. Hyprat. bright red, Conj. bright red
& similar patches forearms, raw skin, lower thighs & legs

Decomp. Advanced

Int. Blood bright red everywhere. Ht covered in dirt

Mus = fatty marked fatty masses. Lungs = some

empty & clear bronch. Hyprat. conj. bright red. Air

pass bright red. Liv. sple. greenish - decomp. Kid's

bright red. Pancreas bright red. Muscle bright red

C.O. by Haldane 82% NO Histon

Unknown ♂ NB. Asphyxia - Cong HR Disease 2/299
Almost full term; survived birth

4.11.15. St. Pomeran wt 6lb. 6oz. Length 19½"

Ext. Well developed. Pupils dil. Lips & head vivid.

Head pointed at top (moulding) Cord & placenta attached
to body. Cord 10" Placenta 7" x 5". No caput

tongue sl: protruded. Verrucous eruptions on body.

Int. Scalp cong + haem in deeper part. Nerves

juvenc into pericranium. Meningeal cong:-

Petechiae on HR + lungs, Duct: arteries almost
as large as aorta. lungs large, almost fully inflated
cut surfaces mottled. Air everywhere

Sm. haem into vocal cords, further down in
Penetration & main branch Throat comp:
Pharynx & beneath loid a little air in stomach
& but full of mucus.

Femoral epiphysis $\approx \frac{3}{20}^b$

Wright E. ♂. 73

Cerebral haemorrhage 2/300

4.11.15 8th Manicus

? Natural orometobius

Ext - Rather poor now. Pupils shrunken. Lips + fls livid
Out op - saw left quin. Recent bruise 3" outer side
left upper arm just above elbow. Hair wound $\frac{1}{3}$ " long
through whole thick ners scalp to rt of ext occip protub?
Int: Recent bruise $\frac{3}{4}$ " in scalp over left eye. Similar
bruise 2" long beneath pericranium above left ear. Slight
bruise beneath occipital cond. A little mening haem
at back of cerebellum, more on right. Cerebral convulsions
Adm at home of city. Large rt cerebral haem

the right cup striatum, Blood in ventricles. Small
recent haematomas in upper part. HT petechiae on surface. Central
II. dil. to right of vent. II. ante. venous sinus = marked
gen. emphyse + chr. bronch. R. back very cong + thickened at
base. Lt = slight hyperten. Aorta by disc. end. Liver and kidneys
spl. cong. Kidn. = unremarkable

Hunter D + G 14 or 2 at 820 Ave sent for snow her.
Lying on bed deceased, not quite on back knees
Ratly in hand. Small irregular pulse. Stated she had
fallen in horse. Found face side - many cracks
for marks the material more easily. Better later
Saw blood on pedal of sewing machine. Green evidence
Different views of parties to cause homicide

Knaggs-175, ♂ 67.

6.XI.15 Hampstead

Ext. Poor news. Hypert. rather low temp + FT slightly so
Pupils dil: rt more than left.

Int. - A little haem and upper Pons. Marked atrophy
of mid cerebels. Cerebral conv. flat esp rt. Very large
recent haem in rt corp. striat., mostly into lat ventricles,
also ext along rt Cerebral Ped into upper Pons; all
ventricles + full of blood. Much of blood consists of clots
mixed with brain matter (? recent haem in old soft
area) In left corp. striat. at back is faint large firm mass

Cerebral haemorrhagic disorders 2/30/

Unusual symptoms - mixed
? = Epilepsy.

mass = old ^{healing} ~~mass~~ with a small recent haem at margin
Marked atter of arteria + coronary arts. Lungs = marked
Chy bunch + emphy, passive Cong. Mucopus in medium
bunches, some oedema any height jobs. Liv,脾 + Kid
Small. Kid Pass Cong + arterio sclerosis. Bladder
Mucus, Mucus in wall + blood in urine

Histology. Invalided more or less for many years
from stroke, paralysis last 2 years. 6 attacks
from July onwards dying Nov 4. Rigidity + Mucus
Caudate Organ. - How much epilepsy how much
Cerebral haem.

Notes: Septicæmia Caus: on septal wound of 2/302
Knee & septic arthritis of knee joint.

Jessie Catherine Mary Mitchell. ♀ 4 y 4 m. PM City 10. XI
15.
Ext Poor now; Rth absent. Ht part: marked. Decomp-
developing. Lips & fingers red & hard. Raw surface $2\frac{1}{2} \times 2$ " on
outer side left knee & op-wound in lower part passing into joint.
op-wound outer side left knee passing into joint. 2 abscess
at back of left knee. Several hyperdermic punctures on forearm.
Wound over lumbar spine. Area reddening over sacro-
but: Skull thin. Malign by Eng: Br + art N. Heart rel-
end: Caus all oldil Mus depale. Valv + art IV. Pleurae a
little clear fluid in left. lungs Al emphysema + patches of P.T.O.

superficial Cong: Air passages Cong: + contain a little
mucus. Perit^m N. Livers pale + green = adv. fatty.
Spl 2 1/2 g. Ent: Mottled dark + pale Kids (4 1/2 g together). Ent:
Cortex woolly + pale? fatty. Sm under urine present
Tongue fused. St contain^g a little mucus. Some lymphoid
hyperplasia glomeralis. Genital Organs N. Left knee joint
= marked injection. Back? Culture from blood = Staphylococcus
Micro. Urth = marked partial fatty liver. Schank = joint
marked fatty deg = chiefly cortical tubules. Kitchin C Schan N = No marked
fatty deg = gall conv: tubules Hist. Health. Oct 7. Fell off a coal
Curt - body lacerated left knee. Improved until Oct 16. Then worse. Joint
swollen + boggy Oct 30. Burt, Nov 2. Sp: Thus let out of sink. Very
ill, high temp + rapid pulse. Collapsed + died Nov 9 at 7 AM.

~~Presumed Accidental Death~~
MacArthur MA 076

Nov 12, 1915 Hammer.

Ext. Spines numb. Pupils dil. Conj: Cong. Lips + tip
Tongue protrudes. Face + neck cong. Small red tumor
at back of shoulder

Int. Some with cerebral abs. R & conv + Lt ventricle
fluids marked dilated. Abs all diseased. No narrowing
of carotid abs. Lung - pneumonia + marked chf. Much
water in lungs smaller bronchi. Fair amount water
in heart. No fluid in upper air passages. Oedema
anywhere in body. Keds = right paranasal congestion

Immersion in bath ^{2/303}
cold water + coronary
artery disease

Two small membranes margin tongue on each
side. Cyanic back of tongue pharynx & oesophagus
Stomach cont. part dig part mixed with about
1/2 pint fluid uniform mixed
History Fair health. Very cheerful. No trouble
Nor 8 Comp. severe headache & giddiness in evening
Nor 9. been alive 9:30 AM. Missy later
Bath room door found. lying full length on floor
in bath, arms under head. Two feet cold water
in bath. Chemise on, other clothes on table. Sponge
& towel on table. N.V. Body rigid prob been in
bath all day. Teeth in bath under head

Notes
dent.

Drowning in Bath accelerated by 2/30/04
haemorrhage from wounds. Suicide.

Walter Bedford Stevens 59 years PM of Manors 13. X. 15
Ext Well Now. Ht 5 ft 4 1/2". R.M. rthy post press. left pupil dil
rt condr: lips & finger nails holed. Very large chr. ulcer lower part of
left leg: clean & contracting. foot swollen. Recent incised wounds
1. 3" long below whole of the ear - cut through skin. 2. 1" long below angle
of rt jaw trans direct⁴, skin + undercut + deeper at front end. 3. 4 1/2"
long below 1 + 2 oblique down forward scratch in eye in front
1/2" where deep + much undercut. 4. Small superficial cut just
below front of 3. 5. Gaping 1" long transverse + 1" above suprasternal
notch. forms stab 1 1/2" deep to left of trachea. 6. Tiny cut P.T.O.

over angle of left jaw 9. Superf: scratches - 7 in all - running oblique
forward & down on left side of neck. parallel cuts. Area 3" by $\frac{2}{3}$ ".
8 Trans cut $\frac{9}{20}$ " long. in midline innom below sternum.
9 + 10 2 Trans: cuts ~~to~~ one $\frac{1}{2}$ " below other situated $2\frac{1}{2}$ " below left
nipple, upper gaping $\frac{1}{4}$ " long. lower $\frac{1}{2}$ ". Stab wound in each case
pubic from back for 5". 11. Oblique cut 1" long, front of left
elbow, subcut: times exposed. 12. Cut $1\frac{1}{4}$ " long inner side of elbow
13. Thin cut above inner side of elbow.
Note. No important blood vessels or other structures divided
in any of the wounds. Membr pale. Br & Rt V. RT somewhat
infl. Cav all somewhat dil + almost empty. Mucosa soft
& firm. Valves N. Patchy ather: aorta. Coronary art V.
Old pleural adh. greater part of Rt lung. Lung benign

Drowning in water accelerated by
~~haemorrhage from wounds. Suicide~~

2/30/4
6

Walter Bepfeld Stevens Coat: Pm 11/15

Heart large. Contains much watery fluid esp. at back.

St. hypost. cong. Marked gen. empties + ch. bronchitis.

Tooth in many smaller branches. Air passages contain

some fatty mucus. Liver 43g rather bloodless

Spleen 3 1/2 g. Small pale kidneys 4 + 6 g. - pale Bladder empty

Tongue fused. Some haem. into substance 1/2" from tip.

prob. bitten. Much watery fluid in stomach with

fragments of pentt dig food. Much watery fluid + food

in upper part of small int, lower part almost empty

Empty
Micro. 1H1h = some patchy fatty + faint markings
on atrop

Hiding on Nov 11 at 12:30h went to public baths
to have haircut. Did not appear after I know
Dow eventually burst open. Found lying on back in
bath in 11" of bloodstained water. Mouth + nose
under water. Pen knife - blunt + closed with blood on
finger blades in trousers pocket - ears reached for bath
No blood on floor. Was an old customer
Always seemed depressed.

Niles
dest:

Chronic Alcoholic Poisoning.
Delirium Tremens.

2/305

Thomas Dobson. ♂ 30 years

PM Chelsea 18. XI. 15

Ext: Well nour. 5'10" Rth Atypost pres: Conj very conj; Lips
+ fingers nail hard. Tongue protruded. Hands clenched. Recent Bruises

1. 1 1/2" diam: back of L shoulder, 2. Two small ones side + one on inside L knee
3. Small ones side left leg. Old bruise - right - outer side of Rt knee. Slight
abrasion - old - outer side of h thigh, 3 old scars Rt hip - old joint disease.

Int: Skull thick + hard. Meninges: Brain + Arteries N. Petechiae on surface

Heart wh is faint marked end: Rt cav much dil, Left Cav dil esp:

Vent: Muscle soft pale + streaky. Valves + Arteries N. Trace of atheroma L Cor Art.

Old adhesion greater part of Rt lung. Lungs ungen: emphyse: PTO.

+ chr: branch: Marked hypost cong at side, right on left. Air pass 2l
cong: liver 773. Edges rounded. Soft yellow + greeny patch pars.
cong: Spl 10 1/2 or very soft + cong: Kids marked pass. cong: Tongue
furred. Brnie left side of tip. Gessph cyanosed. A little fluid + a few
curds in stomach. S chr: gastritis + cong: Ints N.

Mucin. H+M c Brnie = Adv. fatty degen = pale muscle all
some brownish. liver = adv fatty disease - infilt - in outer
part degen = in inner part of lobule. few cells escape.

Hitz. Shovelback. Has drunk for long time, heard later.
Developed neuritis in legs. In Westminister Infirmary he developed
DTs became worse + violent. Placed in padded room
where after some hours he collapsed suddenly + died
shortly after.

Notes
dest:

Streptococcus infection of vaccination wound.

Septicemia

2/306

Evelyn Winifred Walter ♀ 5 months P.M. City 19.XI.15

Ex: Well nour. glb yz. RM? Hypert & Decomp: absent. Eyes rather sunken. Lips & finger nail s.l. livid. On left upper arm 3 open vaccination wounds & sloughy base & another partly healed. Swelling in left axilla & small abscess wound. Bright red erythema over greater part of surface of body.

Int. Skull thick in front, thin behind. Mening: cong.

Br & Arts N. Single petechial haem: on surface of HK which is s.l. ent. RR cav: somewhat dil. LA and sl vent: none mark: die; Muscle soft & pale. Valves & Arts N. Lungs s.l: P.T.O.

emphysema + bronch: some hyperstatic cong: more on vt side.
Air passages sl: cong: Liver sl: end: soft yellow + greasy + ? can
nutmeg. Colored masses in GB. Spl. sl: end: + cong: Kid. cl.
swell: Stomach much fluid + curds, wall N. Thymus N.
Vaccin = Wounds. Thin slough on bases, but subcut: fat + deeper
tissues N. Vedera in L axilla but no end: glands or suppuration
Muris H/M, joint marked fine partial fatty degen = liver cl
swelling & fine but joint marked fatty degen = of outermost zone
Earf cloudy swell. Much cell infilt = of perit. area many
polys + many streptococci. Kid. cl. swelling + sl fatty degen:
Vaccin Wd. supraf. ulcer = + shallow sloughing. Deeper lymphatics
marked by prof. multi cell infilt =. Numerous streptococci -
Histology.

Notes
sent

Congenital Heart Disease

2/307

Patent Ductus Arteriosus

Newborn Male Infant Unknown., PH/Hampstead 20.XI.15

Ext: Well born: Length 20" Wt 8 1/2 lb 9oz. Am abnt. Decomp. abnt
etc.: in arms. long veg. cong. + haems: Lips + finger nail livid. Frothy
+ cyanosed in places. Some cyanosis of lower limbs. Scutum oedem. Placenta
+ Cord 24" attached to body. Placenta 8" x 7". Vermix cariosa w/ ^{membranes}
surface of body + little blood + clots + black fragment of coal.

Int: Scalp v. cong. + small haems. No caput succed. Skull bones veg
cong. + small haems beneath pericran. Meninges cong, veins engorged
Brain + Venous N. HT. Petechiae on surface. Spleen + cava N. Muscle
pale + small haem: under endocard = of L ventr. Valves P.T.O.

+ arts IV. For wall comp: covered by memb: Duct in art: patent
+ as large as aorta. A few petechiae over bases of lungs. lungs not
fully expanded + do not cover heart. Fine mottled red + pale
throughout + air in almost every part. No fluid in lungs. Air pass:
Nucleus: Thyroid Cong: stnd Thyms well formed + normal.
Cong: in section. Liver + Kidney cong: Adrenal large + cong:
E? Can? cont: find blood in left gland. Glands of back
of tongue + of pharynx. Stomach contain a fair large amount of
clear mucus + white creamy material. A few bubbles of air.
No mucus blood, or the abnormal material. Intestines Cong
Much mucus in L int: Vertebral desc. Section below: Epiphys
lower fem = 1". Uppertibia rather smaller. Mucus. (H113) slight
but uniform fatty degen: Histog Nil.

Notes
Date: Ruptured uterus thro' adenomyoma during 2/30 8
Hæmorrhage into peritoneum

Annie Massey. ♀ 39 years. PM 8 Panama 25 XI 15

Ext: Well nour. Surface pale. RM present. Hypert: marked + livid.

Papil. r: dil. Lips + fingers nail livid. Punct: wound Rt forearm.

Recent Bruise $1\frac{1}{4}$ " diam: on joint of Rt upper arm & 4 abrasions
along lower border. Faint bruise elbow. 4 bruises & abrasions
on joint of left forearm. 2 small bruises Rt knee + 3 small bruises
left shin.

Int: Skull thick. Brain Mening + Brain N. HT somewhat enl. Cav: all somewhat dil. Mus pale. Valve N. Stath of abdomen: acute + a few patches in coronary arts. Lungs Imegen emphyse: P.T.O.

Trachea bronchi: + some pass; cong: Air pass: pale + clear. Thyroid some
uniform end: - fine cysts. Perit^o contain 1 1/2 - 2 pints of fluid
Blood + small clots. Liver (36g) Pale Spl (53) pale. Kidneys
(3 + 4g) pale. Tongue fused St: + Ints N apart for small ext
piles. Vagina contain gauze plug soaked w/ blood
Uterus 3 3/4" long. Superf. lac: of post lip of cervix + several
incis punctured. Cervix adm 1 finger. Cervix of Cervix + V
body contain blood. Indurated area in Rt lateral wall of uter
intracapsular^{at} wood passing thro: margin of indurated area
ink broad lig⁺ + then into perit^o cavity. Uterus otherwise 1/4 apart
for small blind. St small of cervix in both cavs. Meas: HEM very
marked with degen + some br atrophy. Indurated area - uterine - adeno -
History of uterine haem for some time. Cervix, Dent 4-5 (long) det. - myoma

Notes Laceration of uterus during labour.

21389

dist: ~~Removal of uterus after labour.~~ Fatty degeneration: uterine muscle.

Emily Roxina Anderson. ♀ 37 years P.M. Hammermuth 26.XI.15

Ext. Well nour. R.M. & Hypert present. Lips pale. Breasts contain milk. Blood smeared over pennis & buttocks.

Int. Skull thick. Brain meninges & vessels N. Heart rather small

Vent. st. dil. Muscle pale & soft. Valves & st. IV. Pleura N. Lungs pale

Some ch. bronchi: + simple; al. passie cong. Air passages pale

+ contain a little froth. B. pine gland greatly enlarged + contain large

mass of soft white growth + 3 mm. in length at root of neck + of

lighting. Perit. = contains about $\frac{1}{2}$ pint of blood partly clotted

Liver 53 g. Soft pale & creamy. Spleen 73. Soft & creamy. P.T.O.

Kids rather small. Soft & pale. Stom W & contains fluid
& some food. 3 large masses of gold caseous glands in proximity to
which cream & a coil of ileum were adherent. Transverse
fold in wall of vagina near upper end dividing cervix on left
side. Uterus absent. Broad lig to top thigh & a little higher
in them. Tubes & ovaries IV. Mucin .1114 = slight fatty degeneration
& some atrophy. Uterine muscle = fine fatty degeneration of some cells.
Liver. No fat but vacuolation in centers of lobules in lower part
regeneration. Kids charcoal & emphysematous sclerotic disease
Glands under & mediast. = mild TB. & amyloid
History. 4 children. Labour commenced at 8 PM, 1 Nov 22. Ovaries 2.30. Death at 6.30
suddenly. Forceps used 3.30 PM. Child born almost immediately. Ovaries
afterwards in pieces then pulled out uterus. Profuse haemorrhage until death.

Mts
dscr: Pneumococcal Septicaemia

Sudden
death

Hannah Chatham ♀ 15½ years PM/Kens. In 26 XI.15

Ext.: Well nour. girl Rm preserved. Hypost marked. Decomp
advanced - ext: Green discolor + abd: distended. Pupil sl. dil.
Lips livid

Int.: Skull Meninge Brain + vessel N Spinal column, Cord
+ meninges N. Pericard: obliterated by old leafy adhesion.

Number petechiae + larger haemorrhages in surface of HR
which is somewhat enlarged: Rt: cav: somewhat dil, Left
cav: dil esp vent: Mucosae soft + pale. Valve + Art. V. Small
haemorrhages over base, wings + parietal pleurae Lungs Both P.T.O.

Lower lobes V cong. + oedem.: No pneumonia. Sl marginal emphyse.
Air passages very cong. + contain a little white mucus.
Thymus small. Liver decamp. Spl: enlarged. Veg. root + cong.
Kidn. Al. swell. + some cong. Bladder cong. + empty. Transit
fair marked perit also bigness tonsils. Tongue turned Stomach
cong. Sl lymphoid hyperpl.: lower ileum Mucos. H+M = fair
marked patchy deg. Lungs congestion naked eye change.
No pneumonia but areas of haem. intralobular. Veg. large
number of pneumococci in lung. Histology. Healthy gut
Tuberc. ill ^{evening} ~~evening~~ of NOV ^{at 4:15} 23rd. Headache + sick very.
No rash. No history of injury. About 6.30 pm throat ^{→ + shivering}
evening madea choking noise + died at once. —

Instrumental abortion R.V. Kennedy + B. O'Byrne
Pelvic abscesses + abscesses in lungs. (Staphylococcus + Streptococcus)

Emily Shepherd. ♀ 19 years. PM Lambeth Wandip Rd 2/3/11 11.12.15a

Ext: Well nour: Ht 5 ft. Rm present. Hypert slight. Temp: slight. Pupils dil. Lungs livid. Breasts contain milk. Slight oedema feet + ankles - more of left. Ear bed sore right hip.

Int: Br c mening: + Art N. Some clear fluid in pericard: Lt:

Ext: Rr cav's somewhat dil, left Art sl, ventricle more marked. Muscles ^{fatty degen} soft + pale. Valve + Art N. Acute pleurisy over whole of both lungs c 5/3 of fluid - purulent in left cavity, Rr more than 1/2 full of similar fluid Rr lung very small, left rater. Rr partly compressed. Numerous infarcts c sepsis + abscesses

P.T.O.

Mary. Cellulitis. Wound.

throughout ltr, more on RT side. Also some hypertatua cong
 + evidence of photolysis. Air passages pale. Thyroid sl cul. No
 thymus but common: acute mediastinitis. Pelvic peritonitis
 + turbid fluid + film of lymph over spleen + ant border of liver
Liver soft + pale. Fat deg in ant most zone (Micro). Spl:
 193. Firm + very cong. Tids (4 1/2 + 5 1/2) Cl wall: + cong: A little
 turbid urine in bladder. Cystitis of ure + 2 openings into left pelvic
 abscess. Tonsil sl cul + necrotic material in crypts. Stomach
 passive Cong: Some fluid + food present. Ints N. Inf: Vena Cava Contain
 septis thrombus in lower part sin RT pelvic veins. Genital Organs
Uterus 3" Cervix adm: 1 finger. Inner surface smooth + clean. 1 acantho
 wound. 1/2" deep much more 1/2 way up post wall of body pass oblique upward
 for more than 1/2 thick here of wall. Abscess in rt side of uterine open
 + into vagina through opⁿ wound. Abscess filled + thick pus on left side
 of uterus opening into bladder + middle left tube.

Rex Kennedy + Borey - Emily Shepherd 1.12.15 ⁽²⁾

Instrumental Abortion

2/3/16

History.

Bacteriology. Streptococci + some Staphylococci

↳ Became pregnant by ~~William~~ Borey. 4 months pregnant?

In Sept began to take "stuff". Mrs Kennedy first examined her in Oct 1. + on several occasions subsequent - used only fingers. Oct 13 Pain in stomach + had a show. Saw Dr F that day Oct 15 did not feel so well. Oct 18 ~~William~~ ~~William~~ ~~William~~ Great pain. Aborted 1.15 pm. Formed child - female. Mrs Kennedy came a few minutes later + said it had all come away. Went to stan

with her sister Oct 21. Had rigors that day. Continued
ill. Dr. suspected Typhoid. Oct. 28. She complained to
Dr. that she had had illegal sex Oct. 29. Corroborated
her with friend. 2nd Op - Nov 21 for abscess - opened
into vagina 3rd Op - Nov 25 Op - for abscess
abscess Nov 28 Evidence taken by Magistrate in
court in presence of 2 accused. See Statement.
Died Nov 29 at 1pm ←
Being dangerously ill, unable to travel + inopinately
not likely to recover, being able + willing to give

~~Burgess A. 7. 18 Days. Heart Muscle Dir. Cause. Abscon. Belms~~
~~10. 2. 11 20. Between left knee to Sept. Fleming.~~

~~Length = 18". Wt. = 6 lb. 12 oz. Traps small. 2/31/6 III~~

Emily Shepherd 5. 1942 Rex v Kennedy & Bovey
Criminal Abortion

History cont. material information relating to
an indictable offence, this statement made in
presence & hearing of Kennedy & Bovey ^{why} by
themselves or their legal representatives have
had full opportunity of cross-examining the deponent
Taken on Nov 28. Single living at 15. Holland St. Buxton
Know the prisoner. Know Albert Bovey about 10 months
Had connection with him more than once. Found 1 woman in

family way I told him so. He said I must try
+ get rid of it. I bought stuff for Chemist. Nothing
happened. I told him I could not do it. He suggested
that I go to a home in Fulham. He went with me
to 5 Currier Rd. I saw a woman. He went with
me again a few weeks later. Then saw female
prisoner. She took my bedrum + examined me
with her hand; "Must a little. She told me to
come again. Boy went with me a few days later
she examined again with hand - again it hurt she
told me to go + live there for weeks. I went for a week
+ few days. She visited me there every day. She
said she could get rid of it. She examined me

H.F.W. Amundson, D. 32.

31.3.20.

Rex v Ken Borey

IV

Emily Shepherd 1942. Criminal Abortion 2/3/11 d
Hit and every day. I wanted it was to fetch
child away. On the Monday I was taken ill
& baby was born. She never examined me again.
Borey was there every day & paid female prison
twice. I had to get in bed when she examined
me. She inserted her fingers. When I got off the
bed she pressed my stomach. It pressed a
letter when she put finger inside. Casson
said I had used a catheter 3 or 4 times

Shock: due to being removed by electric train in
tube tunnel. No indication of electrocution 2/3/12

Henry Hampton ♂ 52 year? P.M. Inglis 4.12.15
Exp Well known. Body crushed & partly dismembered. Head crushed
completely. Scalp & skin of face extensively torn. Skull & facial bone
ext: fractured; portion of skull missing. Skull disarticulated from
spine. Brain missing from skull. R. arm torn away at shoulder, left
partly severed at shoulder. Lower abdomen separated from rest of trunk,
& lower limb separated from each other, with hip part of pelvis attached.
Rt lung & part of diaphragm, cranial spine, adherent to chest wall
& a few coils of int. in abdomen. Rest of viscera absent in body,
but found separated. Chest flattened for before backwards, clavicles

stern + all ribs fractured, most of latter in several places. Spine fractured in several places. Lacerations of gull birds + fractures of long bones exc. of left forearm + leg. Hands + feet winged.

Int: parts of brain + left heart identified + showed no disease. Slight atelectasis of bronchial tubes. Left lung crushed + pale air passages N. Liver 2 fragments found N. Kidneys 2 fragments found, pale but N. Bladder N. Tongue - found and torn away. Stomach was open + empty. Wall N. Portion of intestines found + N. Penis N. One testis found attached, the other separate. All fragments covered with black grease + mixed with stones + grit. No brain found + no halmarks in tissue or other indications of electric current. History Gatoma on the railway. Mined from train + remains found 50 yds from Finisby station.

Anaesthetic death - Ether

2/313

Removal of uterus for bleeding fibrin. Severe Anemia.

Sarah Rollings Platt ♀ 37 ^{Single} yrs. PM Paddr: 6.12.15

Ext.: Well nour. RR + Hypert: present. Surface generally pale.
lips bluish. Rectum closed up^h wound in lower abdomen.
Transpiration wound Rt elbow. Closed wound on Rt Radial Art.
Punct: wound front of each thigh.

Int.: Mering + Bv pale. Some clear fluid in pericard um.

Ht faint marked dil: Rt auricle much dil: left aur: somewhat
ventr faint marked dil. Mus: soft + pale. Fatty degⁿ throughout
aorta. Blood small incan^g - pale + watery. Some clear fluid
in each pleura. Lungs pale. & emphysema in front. Marked PTD.

hypostatic Cong. + oedema. Airpass: lung + contain a
little froth. Slight oedema of lung. Thyroid gland: contain
small adenomata. A little clear fluid in perit. hives pale
spl 8/3 soft + pale + small red areas. Kidn pale, pyramids
sl: cong. A little clear urine present. Oesoph: hard. Stomach
pale + almost empty. Int. IV. Uterus removed. Roof grayish.
sewn up. Genitalia: - - - - - Bone marrow in femur pink.
Marrow H.M. fair marked patch fatty + some watery. Marrow
almost completely cellular NB Small patches in body cavity lung + c.
History: blood transfusions + history of Haem: for 10 years.
Adm. Sumarta - - - - - extreme anaemia + too bad for op = kept in
for sometime. Cond: improved a little. Op: performed + uterus removed.
little blood. Post: - - - - - At end healthy became shallow. Nurse kept the cleared. 2

2/314

♂. Coronary Artery disease
& disease of heart muscle

John D. Syers ♂ Boyer PM Kans. 7.12.15

Exr: Well nour; Rm in legs Hypert present. Decompⁿ
developing. Lips & fingers hard & hard. Anus: vedana of lower
hills & flanks, penis & scrotum. Skin generally dusky brown.

Int: Skull thin. Meninges cong. Arts pale ath: Brain IV.

HT 19½ g. Some clear fluid in pericard^m. Size greatly increased

Rt. cav. gr dil; some hypert: ventricle. Left cav. greatly dil: Some
hypert of ventricle 1 Mus. right + pale, large dark area of softening in

left ventricle. Arter. marked dil of 1st part; marked attherosclerosis
of aorta + aorta of coronary arts to calaf? + narrowing. P.T.O.

Pleurae - much clear fluid in both, lungs small & partly compressed. Chr. bronchi & emphyse. Marked hypercong. Slight oedema lungs. Small adenoma in left lobe of thyroid. Much clear fluid in perit. liver big marked nutmeg. Spl 9/3
lul: firm & cong. Kid soft & very cong. Pancre: cong.
Tongue firm Stom: N + contains a little fluid.

Intestine + Genital Organs N. 1 Year. HT-14 very adv: fatty & some l. atroph. Areas of fibrin + one of recent necrosis. liver Adv. ~~fatty~~ nutmeg + slight fatty degeneration.



Abortion. Septicæmia. Gen? Peritonitis. 2/315

Jessie Jane Willmes. ♀ 16 yem P^h Holborn 7.12.15

Ex: Well nour. RM in legs Hypert pr: Decomp: rapid

Pupis dil: lipoid. Breast large & contains milk

Int: Meninges sl: cong. Brain & Arts IV. Some clear fluid in

pericard = HT size N. Cortical sl dil: Muscle w/ flatness

pale. Valve Arts IV. Some clear fluid in each pleura. Early

pleurisy left base. Lungs marked hyperstatic Cong: oedema

& emphyse in front. Air passages pale & contain a little froth.

Early acute peritonitis - General but more marked in pelvis.

Mucous turbid & contains fluid thicker in pelvis. Liver pale P.S.D.

+ soft. Spleen pale soft. Vids soft pale. c cloudy swelling
Bl: Cong. + a little turbid urine present. Tongue pink
It contains some fine food of food wall N. Ints IV apart.
Jundilant = Mental Organs & Nerve Cong. Old tears in
hymen. Uterus ent: 4" Extra swollen soft. Cervical canal
adm: 1 finger, lower soft: Cong. + contains a little pus.
Placental site recent covered with soft septic clot.
Superficial lacerations - clean - small & circular $\frac{1}{2}$ way up
post. surface of uterus. Uterus hypert. Fallopian
tubes rd dil + contain pus. Corpus luteum in left ovary
Micro. HV 1h = marked patchy fatty deg. here faint marked
fatty deg. - spotted zone. Cloudy swelling also. History 24 months
pregnant. Ill in NW 28 Mis carried best morning worse Dec 2.
c high temp + rapid pulse. Died Dec 4

Septic infection of uterus after labor 2/3/16

* acute blood poisoning consequent upon septic scalp abscess.

Margaret Ellen Maguire ♀ 37 yrs. Pm. St. Manon 8.12.15

Ex: Fair well now. RH + hypost. pres: Decomp. Comm:

Lips hard. Breasts contain milk. Scaling of skin on front

inner side of left ankle with 2 small clean ulcers.

Int. Skull thick & hard. Meninges cong. Brain soft. Abs IV.

Some clear fluid in pericard ⁱⁿ ~~at~~ size IV. Cav. all sh:

dil. Mus: firm & firmish. S. fatty change aorta, valves & coronary

Ear: plugging at base & a little clear fluid in each cavity.

lung. Gen: emphysema: + chr: bronch: Backs cong + vegetations

Ear: hard & firm at base. No peritonsils but some clear P.S.D.

fluid. liver 70g. Soft + pale. Ear fatty deg. = appearance of shales
Sple. 8 1/2 g. Soft + cong. Kid. (6 1/2 + 5 1/2 g). Cl swell: + cong. Uterus
Joint marked dist. = red pelvis. Bladder cong. base + small hairs
Ureter clear. Tongue fused Stom. + contain bilious fluid wall
Sm into dil.: Genital organs. Vulva + vagina cong. Vagina large.
Uterus 7 1/2 long. Cervix admits 1 finger. Ext as soft swollen + cong.
inner surface inflamed + ~~cont~~ smeared with foul purulent fluid.
Placental site = raised area with sloughy surface. Wall firm + pale
hot pus in veins. Septic thrombus in veins of left trunk
- upper part. Ulcers on anterior shallow + clean. Foot
Hind foot scalded badly Nov 10. Confined Nov 28. Foot
still refused, ill Nov 30. Septic symptoms + developed
foul uterine discharge. Died Dec 5th

Notes
dent:

Shock foll: severe blow on abdomen.

2/3/17

Congenital Heart disease.

Arthur E. Green ♂ 35 yrs. PM St Pancras 8.12.15

Ext. Very stout RM hypertensive. Pupils dil. Lips frozen tips, ears
back of head + neck blue Wounds. (1) Lacerated $1\frac{1}{2}$ " long along outer part of
L. supra-orbital ridge - down to bone. (2) 4" above knee 2 superficial lacerated
wounds close together $\frac{3}{4}$ " apart. A. $1\frac{1}{2}$ " long curved. B. $\frac{1}{2}$ " long straight, inside A.
(3) 2 superficial abrasions on knuckle of left index finger. (4) Deep lacerated
wound $1\frac{1}{4}$ " long down to capsule of R knee joint. (5) 2 areas of contusion
+ abrasion on R leg. (6) 3 abrasions on knee + upper part of L. leg.
(7) Lacerated wound circular + $\frac{3}{4}$ " diam - skin partly missing lower down
left leg. (8) Bruise 8" long + 2" deep at back of R leg - centre P.T.O.

pulped. Internal Exa. Sc bruising beneath scalp injury. Skull
 thin. Br + Meninge pale. Arts IV. HT. Greatly enlarged. Rt caud
 Greatly dil: + walls much hypert exp:vent. Tri or - 5 + 1th. Pelv or
 = 3 f tips. large patent foramen wale 1" x 1/2". Left aur faint marked dil:
 + some hypert Mit or = 3 f cas. Vent: much dil + marked hypert: Mus pale
 but firm Tri V. faint marked thick: some of mitral cl: of pulv. Abdom: Arts
 Small. Trace of atheroma L. coronary art. About 6 oz fluid blood in Rt pleura
 lungs rather small. Small lac at Rt lower lobe. Some emphysema
 + Schw: hunch. Bruis: A. Faint large + deep in lower part of neck
 B. Small + deep at lower end of sternum. C. Large in front of abdomen
 belt: umb: + pulse. Fact: ribs Rt. 2-5. near joint ends. 3-6 near spine
 subpleural haem: left. 8-10 on lat: aspect. Lucl. 9 1/2 oz. Much turb:
 rounded edges. Siff pale + greeny. Spl. 8 oz. N. Kidn 8 oz each. Pale.
 Pancreas plaining ~~round~~ head thin pale + clear. Tongue little - it
 side near tip. Food lower part of vent. St large + much food present.
 Mercurium extensive bruising fractious pelvis. Head side at back 1 in front.

History N.D.
 M = some brain about
 Mucus
 History N.D.

Aortic Regurgitation.

Sudden ^{2/3/8}
death.

James Wm Mand ♂ 58 yea. Pth Hammer to p. 12-15
Ext: Well nour: R.M. in legs. Hypert pres. Decomp^{tr} aetwarij.

Pupil Contr: lips pale

Int: Meninges cong. Hts N. Brain lat vents sl dil. HT
much enl: RT ~~curv~~ somewhat dil. L Aorta sl, vent greatly
dil + faint marked hypert: Aorta W = 2 fcas: Muscle pale
+ soft & small pale area in papilla ms. Aorta curv
somewhat thick + contr: Aorta very dis: dm to mid abd:
part below almost normal. ~~Coronary~~ C. H. in Arts dil
Other. Inward aorta thick & sclerotic ~~Part~~ P.T.O.

atheromatous patches + re calc. Also die exp. part.
Cung. Arts re atm.: lungs large, Gen? empty + ch. bronch.
Marked hypost. cong. + vedena. Air pass. cong. & narrow.
trachea opposite thyroid gl.: white chassone uneven
enlarge^t but w/ cystic change. Kiv. cong. blood. Trids
Marked passive cong.: Bladder cong. + empty Pancreas cong.:
Grossly cyanosed. St. m. memb. Tridi + velvet, contain
fragments of food + some fluid. Int. IV. Small hyaline R. side
Trids HR 17. Some br. atrophy. Hesing. Great smokes.
Treated jaws for some time + give tabs of Styck sulph $\frac{1}{4}$ gr
3 per day. Spill 103. The situation of breath. Did not feel
well Dec 3. Sudden became unconscious + died Dec 4th.

Notes
dent:

Anaesthetized death. Ethior lobes ruffin 2/319
for ~~B. Ulceration of intestine & proso abscess~~

Emily Frances Miller. ♀ 8 yea. P M Chelsea 10.12.15

Ext. Emaciated. R M absent. Hypost. dil. Decomp. abd. retracted & green. Oedema of back. Pupils dilated. Lips & livid. Oedema of left lower limb esp. below knee.

Int. Skull thin on top. Brain (45 g) large. Arach. thick & seen of subarachnoid fluid. Lat. Vents somewhat dil. & contain clear fluid. Pericard. contain some clear fluid. HR somewhat low. All cav. somewhat dil, 2 vent more markedly. Muc. soft & pale. Valves & Atr. N. Old pleural adhi. R. apex over greater part of left lung. Lungs fl. gen. emphy. + hypert. cong. Fibrous P.T.O.

nodules at all apices. Upper air pass: pale. Glav Bifurc + warty
 lung cont: caseum + part calc mass. Small glands upper part
 glands later side. Vent to some clear fluid hives $4\frac{3}{4}$ inch
 int: soft yellow + adv fatty. Caseum glands part of frame. Spl. 3 1/2
 a single ruling TB. Kids. cl walls. TB glands and head
 pancreas. Numerous large TB ulcers throughout to spleen. esp: in
 lower part, some completely encysted broad. Large caseum part
 calc: glands in membrane + along abd cavity. TB ulcer + perfor^d
 of appendix - large retroperit^l abscess involving
 muscle + esp half way down thigh. 2 large areas of TB
 ulcers in large int. (Normally found in Micr H+M = some
 part of fatt. +d. br atrophy Hobbs. 6 months illness. Anacrotic = etym
 gathered for examⁿ but no collapsed ulcer + died less than 10 mins after

Syncope - acute mania
+ lack of food.

2/320

Sarah Baldwin. ♀ 43 yrs. Ph. Marybone 10.12.15
Ext: Well nour. RM present. Hypert marked. Lips + fingers
tips al. livid.

Int: Skull thick + dense. Cranial Cav: small. Br Small (36g)
Cerebr. conv. small occip. lobe very small. Art. IV. HR 24
ent. Cav. dil. left vent: none marked for. Mus. pale + soft.
Valve + art. IV. Some clear fluid in each pleura. Lungs
rather large. Fair marked gen: emphyse + chr. bronch. It
hypert. cong. Food in a few smaller bronchi in both lungs.
Upper air passages cont: food. Thyroid al. ent. + fine PT. U.

Cyptic Lewis (38g). Firm & dry. Spl & one luv IV, Kids N
Food in vesp: Stomach contains $6\frac{1}{4}$ g of yellow curdy food
wall N, Int. N. Some food present. Genital Organ some
Chor: endometritis. Cyst in l. ovary. Mucos HRM = marked
by atrophy & slight fatty degeneration.

History. In workhouse for many years. Became mental
a week ago - many pretenses & refused food. Placed in
padded room; later fed by nasal tube & retained some
of the food. Died suddenly in padded room

Cochran F.E. 8. 22.

Cerebral Haem - Rupt Aneurysm

21.12.15. Manglebone History of fall 2/321

Ext Well nour - muscular. Pups dil. R^t more than left
lips sli blue, FNs more so.

Int: Meninges. Veins engorged. A little subarachnoid haem
chiefly right side of pons + under surface of cerebellum
but some on left side also + a little between frontal lobes.
Arteries all more normal. Small sacular aneurysm on one
ant cerebral art.; it contained firm adherent clot.

Cerebral convolutions flattened esp. left; In left frontal lobe
large haem: - clotted - broken down brain mixed with it.
Surrounding brain softened. No new growth. This had ruptured & all

vents dirty clot. H+ RV cav + Lt vent: Much
oil: Mus: = marked patchy fatty micros. Leucos & hyposter
Frothy mucus in air passgs. liver, spleen & kidneys: Cong. Much
urine in bladder. Micros of Cerebral Arteries. Wall very
thin in places consist. of fibrinous tissue only & infilt by lympho-
-cytes, polymorphs + fibroblasts. No vidio: THOR E. Clot ad: 1.5
mines nutant - organism

Hist Sober + careful. Very happy. Always healthy until
fall. in Dec 1. 1915. Slipped + fell in street. Never well since
complaint of pain in head afterwards. Unconscious for few
minutes after fall then recovered. Dec 14 fell again in street
- thought he fainted. Eye hardly healed. Head lay bed. Improved
well Dec 18. went to bed; but med. became hallucinations, vomited
- had fits for 3 hours + died 1:30 AM Dec 19. 1915

Shanks R.E. 8. 36.

Fatty Hr, liver & kidneys = Chro alcoholism

21.12.15. Marylebone DTs following fall. 2/322

Ext. Well nour. Lips + FIVs livid. Recent bruise
L eye - changing colour at margin. Bruise back of L hand.
Two small recent bruises inner side of upper arm,
one on upper arm + one on forearm. Small bruises
upper limbs. Lower limbs wasted below knees. Abrasion
back of L shoulder. Swelling in scalp top of head = bruise
Int: Meninges + Brain cong: HT cur's fairly marked
deletⁿ, Mus: = adv fatty micros lungs etc: bunch
+ emphyse Hypert cong. liver (468 1/2 g) Very marked fatty
micros - Spl. sm + cona kidneys Marked fatty micros

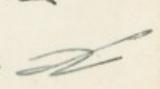
History Dr. Fures. Sawn Dec 16. Suffering from
DTs. Black eye + swelling back of head. Maniacal.
+ beginning to be violent, Padded worn of his. Wore next
day but ~~was~~ less violent, I saw the regime which
followed = mania from DTs. Died Dec 18. 8:40 AM
Head Banned at Prince of Wales Hotel. Always alone
Delusory actions. Loss of memory. High strung
No fits or Paralysis. Numerous accidents. Fall
from bus Dec 13 Not struck or run over

Notes
dent. Lebas neumonia & gangrene of lung 2/323
Chv Alcoholic O.T.S + injury

Ernest Cross Banbury ♂ 32 years PM Chelsea 2.1.12.15

Ext. Very well nour. R.M. present. Hypert. slight. Rt pupil centric.
Eyes, face, neck & finger tips cyanosed. Conj. conj. Sclerolobation
outside R ankle. Old scar at site of rt chest.

Int. Skull thick & hard Br + Meningeal cong. Arts N. Petechiae on
surface of Lt which is much enlarged. Rt cilia much dil + vent
sl. hypert. Left cilia much dil, ventricles somewhat hypert.
Mus. pale. Aorta sl dil + fatty dis. Coronary Arts N. Rt
pleura thick by old tubercles. lungs. Rt vent shrunken like
completely white = gray hepatized with gangrene to P.I.D.

liver lobes. upper white part compressed + splen-
hepatic - ch. bronch. oedema at base. Upper air passages cong.
Glands before large cong. ~~pancreas~~: ~~liver~~ (6 lbs 8 oz). Muc
end - pale. Adv. fatty dis. mucosa with infiltr. of fat part
+ deg. of minor part. Spl to 10 oz. Soft + cong. (Kid 9 + 9 1/2 oz)
U. well + cong. Tongue furled. Back of pharynx + oesoph
cyanosed. T. small large + cyanosed. St wall cong
+ ch. gastritis. Intestine cong. Recent bruising upper
part of front of l. chest. Not severe. Meas. I.H.M. = fine
pale fat deg. Histog. Alcoholic. Developed pneumonia
+ died with infarct. became delirious + violent from
bleed in padded room where he collapsed + died. 

Rid A.E. 8.73. Sudden Death. Aortic Stenosis + Mitral
22.12.15. Hammersmith. Reging. Found dead in bath. 21324
Ext. Well nour. Hypert: rather bright red. Pupils rather
contracted. Lips + FVs sl cyanosed. Tongue sl: protruded
Int. Meninges pale. Marked atherosclerosis, middle cerebral arts.
HT Rt Cav. somewhat dil: Left Aur: hypert + fluid
marked dilate, Vent: some dil some hypert: Mitral
valve thick + contr. Aortic orifice very small, valve thick
Some atherosclerosis + calc: of aorta. Some atherosclerosis + sl narrowing
of coronary art: Lungs No water. Marked chronic bronchitis
+ emphysema. Pus in upper air passage - No
water in gut. Food extends into smaller air

passages. Oedema aryepiglott: folds. Liver 48g.
Coarse nod: surface. Easy multilobular cirrhosis micros:
Spl 2½ y Cong; Kid 4 + 5 y of gl chr: interest neph:
+ some passive cong: A little food in mouth
pharynx + oesoph wh: one cyanosed. Similar food in
stomach. No water. Ity pur. cong. of wall

History. Daughter. Fair health. Rheumatoid. Pericardite
latterly not prevailing. Erratic + bad tempered. Once said
she wished she had courage to do what sister
had done (drowned herself 8 years ago). Never had
baths. Found in bath. Down open. Lying on side
in bath. A little warm water in bath. Underclothes
on body. Other clothes on floor. Towel wet though dry
edge of bath. No soap. Bath high. Plug fits badly

Leach W.A. ♂ 39.

27.12.15.

Rev J.W. heads Cur: 14 anlagites 18 months
Homicidal stab wood thigh ^{head} ^{leaves} ^{leaves}

21325

Clerkenwell

Ext: Well nour: + muscular. Pupils dilat: Lips pale
sh: hair Stab wound 1" long. Clean cut oval
situation $1\frac{1}{2}$ " int to left nipple lower end $\frac{1}{2}$ "
above level of nipple. Lower end under cut,
upper shelving. Int: Stab passed downwards
backwards & right outwards. Skin wound was
4th rib cut & wood passed below 4 + 5 ribs
hole cut $\frac{1}{3}$ " long in upper margin of 5th costal
then passed thro' Percut. Pleural wood big

Beck P. 5752.

31.12.15.

Veronal - Suicide

2/326

Hammermitt

Ext Fairly well nour. Pupils rather small. FN's 2 lines
Large bulge right lower abdomen

Int: Meningeal veins engorged. HC ~~was~~ somewhat dil
lung. Chr. bronch + emphyse, Marked hypertro
+ oedema + broncho. pneum at back of left lower
lobe

Hrdly. Dutchman. Electrical Instrument Maker
Not at work for some weeks. Suffered
from asthma + bronchitis. Attempted suicide

2 years ago - vermal + coal gas. Said he could
not sleep + took "stuff" for it. Last seen
alive Nov 29. Found in locked room Dec 29
17 inch grimy on skin of face elsewhere - had
been dead for some time. Letter found dated
Nov. 23. Said he was tired of life + had
taken vermal. Was a sober man; often
depressed.