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Highland Division, in the Crimea**

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197

*Medical  
Register.*

*Pathological Register of the Highland Division*

PATH. LABORATORY

197

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197

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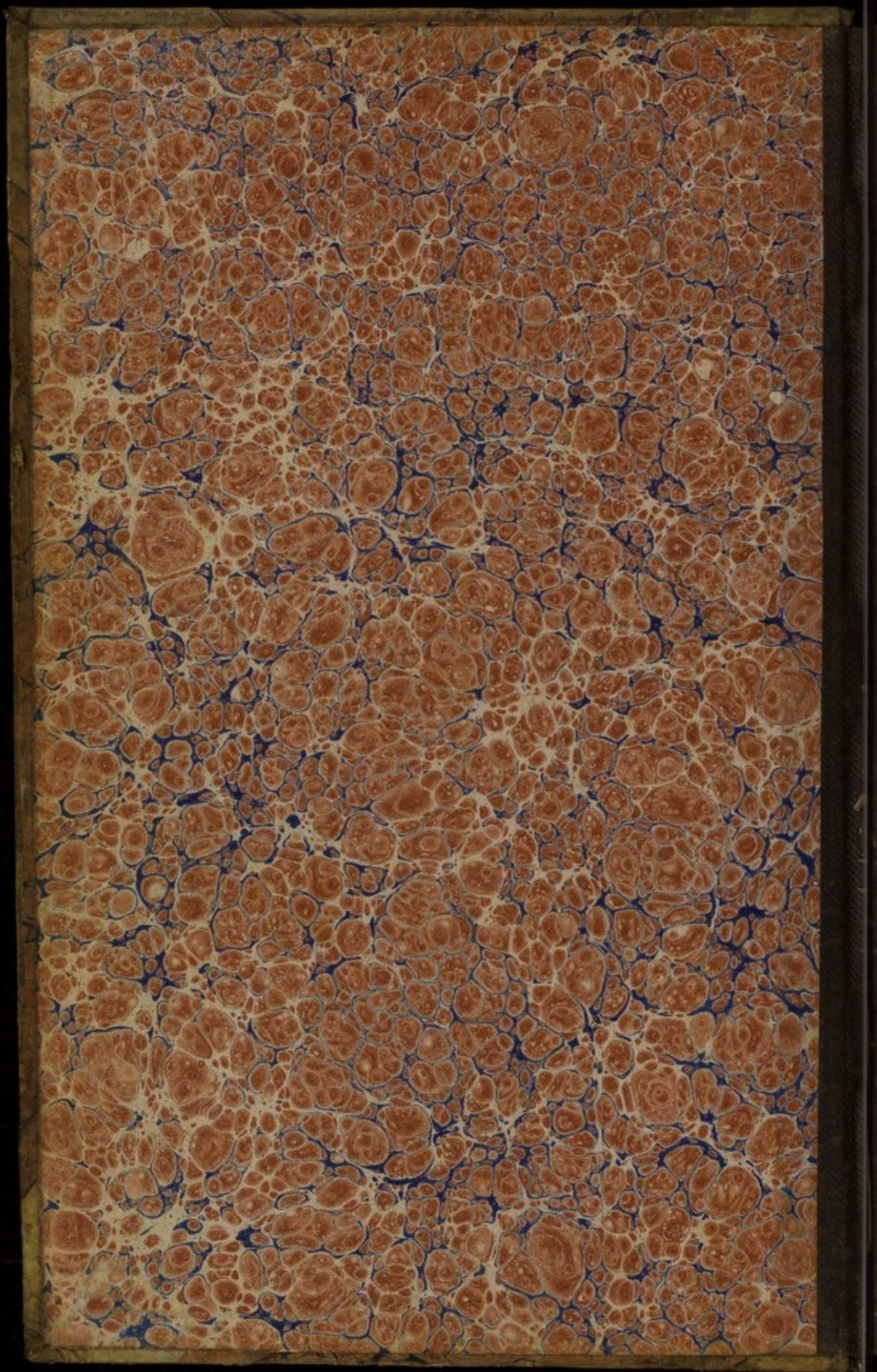
Pathological Register

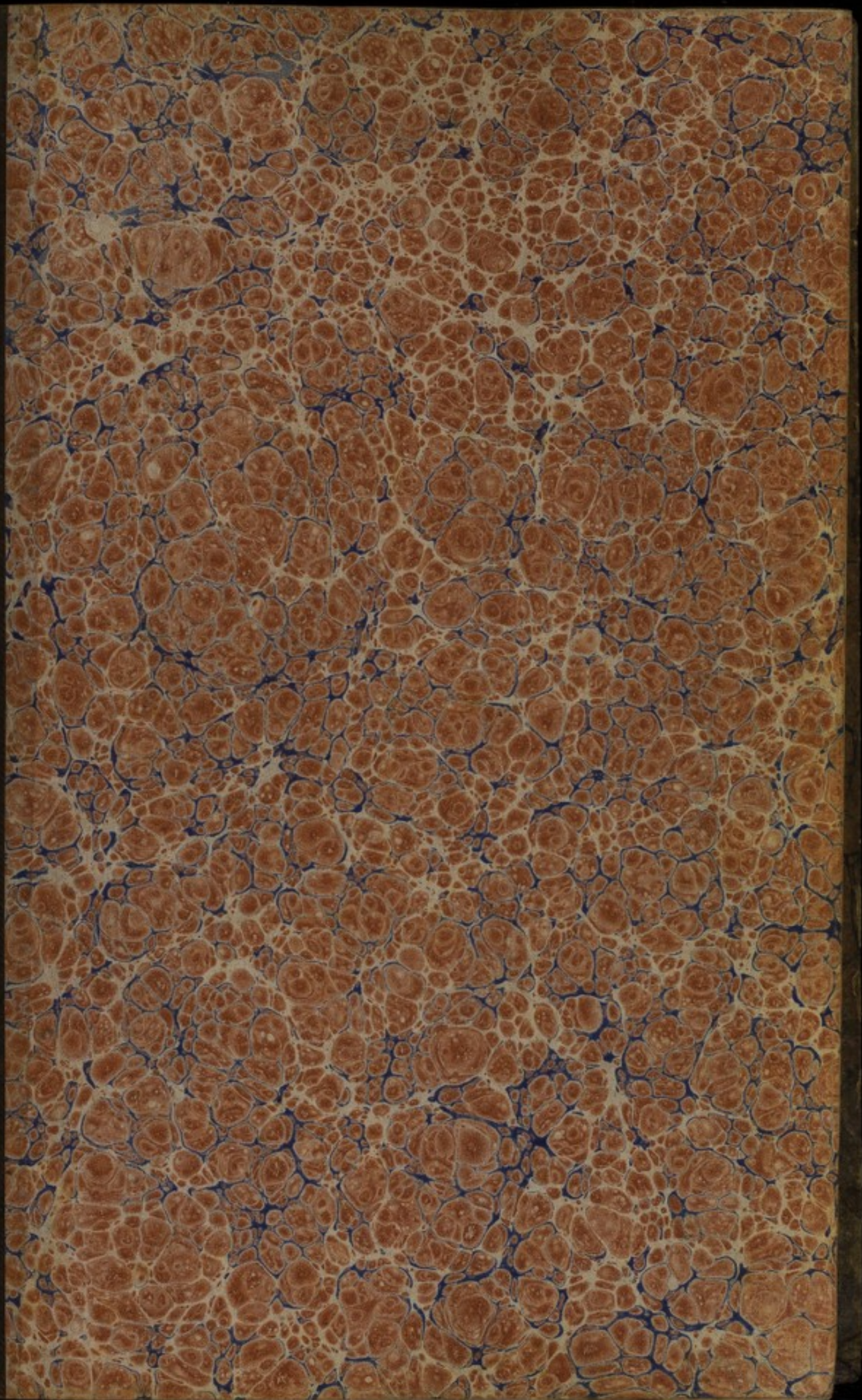
Highland Division

Guinea

January 1856







197

Pathological Register  
of the  
Highland Division  
1856.

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Date

DISEASE—with detailed Symptoms

Report upon the death and post-mortem appearances of the body of No 3429 P<sup>r</sup> John Chalmers 93<sup>d</sup> Highlanders who died suddenly on the evening of the 7<sup>th</sup> January 1856.

Between 8 and 9 o'clock on the evening of the 7<sup>th</sup> January a report was brought to me that the above named man was thought to be dead. I immediately went to the hut where he was and found him lifeless. He was lying on his back with his clothes on and a small quantity of bloody froth was issuing from his mouth and nose. I carefully examined the body and found no marks of external violence but on the left and lower part of the abdomen there was a trifling scratch.

He had been quite well during the day, at least made no complaint, and had been employed as Company Cook. In the evening as he was preparing to go to bed he and another man had some dispute during which the other man struck him knocked him down and kicked him. The blows & one that was inflicted on the head the kick on the abdomen. Immediately after the scuffle or during it, I do not know positively which he was dead.

After inspecting the body as it lay in the hut I ordered it to be removed to a tent, attending the removal myself to a tent for further examination and to day a careful post-mortem examination was made by myself assisted by Assistant Surgeons Murray and Pollard of the 93<sup>d</sup> High<sup>l</sup>.



TREATMENT

Class of  
Diet

Extra Allowances

## Autopsy

External appearances, the body was that of  
16 hours a strong muscular man, apparently about  
27 years of age, with a large head and  
short thick neck, the face was swollen and  
bloody spots was oozing from the mouth  
and nostrils - no marks or blows or other injuries  
about the face or ~~neck~~ or head. The back of  
the neck and shoulders erythematous; a scratch  
on the abdomen just opposite the sigmoid  
flexure of colon.

Cranium, vessels of the brain enormously  
distended; about two ounces of fluid blood  
in the occipital Cavity and the whole  
base of the brain covered with a thick  
Coagulum of blood, on washing away  
which I found the basilar artery ruptured  
about quarter of an inch from the junction  
of the vertebral arteries. Section of the  
brain presented nothing abnormal  
and the lateral ventricles were quite  
empty.

Thorax - Heart - Considerably enlarged  
and thickened; Mitral and Semilunar  
Valves thickened and several hard Car-  
-tilaginous bodies on their edges.

Lungs perfectly healthy -

Abdomen - Stomach filled with food, no marks  
of injury on either the internal surface of the  
Abdomen or on the intestines the other viscera were all

transmission  
8<sup>th</sup> Jan 1856

healthy

Wm. Munro M.D.

Surgeon 93<sup>rd</sup> High

Date

DISEASE—with detailed Symptoms

January 7<sup>th</sup> 1856

Examination into the Medical Case of Alex. Wood Oct-3<sup>rd</sup>, 42<sup>nd</sup> N.H. A Scotchman Coal Miner, who, having been formerly a healthy man, was about the first of Sept<sup>r</sup> 1855 sent from Camp at Kamara to the heights of Pala Klava affected with diarrhoea. Fifteen days after admission was suddenly seized with an acute pain above right Mamma, extending into subaxillary region of same side, occupying a space about the size of the hand, accompanied by considerable difficulty of breathing & increased by long or deep inspiration. Amongst other remedies exhibited by Dr. Beattie (who treated him) was the application of a blister in this situation. states that at this time he had neither cough nor expectoration but, off 4<sup>th</sup> or 6<sup>th</sup> day the pain and dyspnoea ceased, & on 6<sup>th</sup> day the weakness ensuing upon this, and the bowel complaint—contraindicated his discharge until the 3<sup>rd</sup> of Oct<sup>r</sup>. His stay in hospital having been about a month. Having been at his duty for 2 1/2 months he was again admitted on the 14<sup>th</sup> Dec on acct<sup>o</sup> of varicose veins on the back of calf of leg (left), together with dyspnoea, cough and considerable expectoration of a whitish colour, and very tough consistence—the latter most profuse in the morning.—

Previous history &amp; history of the disease

## TREATMENT

Class of  
Diet

Extra Allowances

In about a week both the Cough and expectora-  
tion have ceased, since the occurrence of the  
latter the bowels have become more troublesome.  
The Countenance is now (Jan 8<sup>th</sup>) anxious,  
the features sunken, Complexion pallid  
and eyes glassy & languid. The emaciation  
being general, the coverings of the chest  
are very spare, suffocation of the Glac  
Hasi may also be observed as well as  
pulsations of the Lips. -

Today (having rained & very windy)  
he has experienced considerable dyspnoea,  
& spectral oppression to a great degree.  
Tongue moist but busy, having trans-  
verse furrows, Thirst excessive (even since  
admission) and insatiable, Appetite  
indifferent, Bowels prone to relaxation,  
Pulse quick and full - and taking  
into consideration his extreme weakness,  
Strong & often very restless, & without hy-  
-pnotics, generally sleepless. -

Insured, both anteriorly and posteriorly  
the inspiratory movements of left chest -  
transverse more than perpendicular - are  
laborious and exaggerated. Those of right  
chest - but comparing the one with the  
other - especially towards its upper third -  
less than natural, - was obscure. The flatness  
Anteriorly - Over Apex and upper part of left-  
lung down to 3<sup>d</sup> Rib very marked - Left  
supra and infra clavicular, supra & infra

General Appearance

General Symptoms

Physical Signs  
Inspection  
Manipulation

Date

DISEASE—with detailed Symptoms

Physical Signs  
Percussion  
Continued

Scapular regions abnormally resonant on percus-  
sion. The same regions of the right chest dull,  
throughout the whole dorsum of left chest  
the resonance is intensified. Through the  
same extent is the amphonic resonance of  
the right-percussed. Left-most clear on percus-  
sion in its upper third. Right least so with  
in the same limit. Local pectorates in-  
tensified over the apex and upper part of  
right lung, as well as, to a less degree, over  
the greater part of its dorsal aspect.

Physical Signs  
Auscultation

In upper third of left lung Auscultation  
elicits shortening of both the respiratory  
acts—especially expiration—accompanied  
with deep bronchial or I should rather  
say cavernous breathing intermixed with  
the harsh bronchial vesicular murmurs,  
Not being misled by the state of matters in  
the left lung yet it is plainly perceivable  
that the sounds accompanying the same  
acts in the same portion, as well as, more or  
less in ~~the~~ <sup>the</sup> entire extent—of the right are  
obscure. This obscurity of intonation attaches  
also to the respiratory acts, ~~to~~ and imperfect.  
Prevailing throughout the left lung we  
have anteriorly and posteriorly, superiorly  
laterally the puerile respiration—

Special Signs

Insupportable paining of suffocation, pro-  
duced by any attempt to lie on left side. The  
supine with shoulders raised. The constant  
position

TREATMENT

Class of  
Diet

Extra Allowances

Jan'y 8<sup>th</sup> Pleura = Pneumonia of left-  
 lung - lower lobe posteriorly & laterally.  
 Jan'y 13 - Pleuritis - commenced  
 about 1 A.M.  
 Jan'y 17<sup>th</sup> 1 A.M. - Died  
 (Signed) A. Maclean  
 Aft-Surgeon 42 N. High<sup>o</sup>

Sectio Cadaveris hora Aquasima  
 Septa post-Mortem -  
 External Appearances - Considerable  
 emaciation & paleness of general  
 surface -  
 Cranium not opened -  
 Thorax - Left-plural cavity almost  
 filled with a dark straw coloured  
 serum, over lateral part of lower left  
 lobe roughness is felt as well as in  
 pleura Costales oppositi. One or two  
 weak adhesions connect posterior  
 part of Apex with chest. Right-pleura  
 is partially filled with serum.  
 Right-lung posteriorly to some extent  
 laterally adhering to wall of thorax,  
 there being between the latter and  
 the former a large mass of gelatinous  
 connecting material extending from  
 Apex posteriorly to base, &c. when re-  
 moved is found in its color to be reddish  
 yellow; its consistence toughly gelatinous

Date

DISEASE—with detailed Symptoms

or polyhedral, in its structure incysted Membraneous & apparently organized - Rib-cells having to all appearance an uninterrupted pyogenic Membrane - Contains a fluid similar to the serous lymph, in the pleural Cavity - The weight of this fibrinous product is 1 lb & 11 Oz.

Pericardium filled with a light straw Coloured serum -

Left lung (Continued) presents a perfectly black bluish appearance, all along posterior aspect - this lung is emphysematous, - shows infiltration occupying its almost entire extent, - as also does the density & partaking of hepatization in the shape of Absorption - Respiration in lower lobes obscure - there being except towards the apex & anterior margin of middle lobe hardly any indication of the presence of air in the cells. Incision discloses throughout, the presence of a Coal black fluid of nearly creamy consistence. (The above mentioned emphysematous as almost uncompressible)

Right lung (Cont.) having pretty firmly adherent shreds of snuff Coloured fibrin along its posterior aspect, - presenting the same bluish black appearance, has on incision the same Coal black liquid, mentioned above, prevailing its entire structure -

## TREATMENT

Class of  
Diet

Extra Allowances

Heart pale & flabby. On Ant<sup>r</sup> aspect of its right ventricle are seen evidences of pericarditis of acute date. Valves of right & left sides of Aorta healthy. (Both ventricles empty)

Abdomen - Liver of a mottled or nutmeg appearance, universally granular, very friable. Gall bladder partially distended with a pale olive colored bile. Spleen somewhat enlarged & of a pale color. Blood vessels of lower two thirds of duodenum numerous, considerably injected, red & arborescent. In lower third of same intestine there is an angry looking circular patch of extravasated blood, increasing in thickness and depth of color (It is purple) from centre to circumference & surrounding the latter is also a light scarlet halo about half an inch broad (The size of patch itself is that of a florin) For about six inches of its extent, the jejunum presents a dark purplish appearance mottled, or transversely striated. In its remaining part the vessels are very distinct. Hern in two or three parts of its lower third, slightly vascular. At the sigmoid flexure two or three rough patches of extravasated blood lie beneath peritoneum, not having intimal ulceration or abrasion corresponding (Although there is neither abrasion nor ulceration Cor-

Aged

Date

DISEASE—with detailed Symptoms

responding to duodenal patch yet the  
Opinion is that had the man lived either  
On or the Other - *Citrus parviflorus* - would  
have occurred

By

Dr MacLean

Appt-Surgeon 42<sup>nd</sup> St. N.Y.C.



TREATMENT

Class of  
Diet,

Extra Allowances

Abstract of the Case of Private George  
Powell 1<sup>st</sup> Bate. Royal Regiment

Patient Admitted into Hospital on  
the 13<sup>th</sup> of January 1836 - Complaining of the  
following symptoms, headach, pain in back,  
Nausea, rigors and Constant thirst

The fever from the Commencement appeared  
to be of an Asthenic description great debility  
appearing after the fourth day also inatabl-  
-ity of the stomach, Patient generally eject-  
-ing his food a short time after taking it.

On his Admission into Hospital he  
received an Emetic afterwards Linnæus  
Combined with Carbual of Ammonia, and  
a mild and nutritious diet - but the patient  
gradually sunk and died on the evening  
of the 7<sup>th</sup> Inst.

(Signed) Alexander Reid  
Capt Surgeon 1<sup>st</sup> Bate

### Pathological Report

Secio Cadaveris horis viginti post-Mortem  
The body was extremely uncoloured, and  
the extremities of the nose had a scorbutic  
Appearance, there was no marks on any  
other part -

#### The Thorax

On opening the Thorax the Lungs  
were found collapsed, the heart was  
seen through the pericardium ap-

Date

DISEASE—with detailed Symptoms

-pearing larger than usual. On twisting this Membrane no ~~the~~ fluid was found in its Cavity. And on removing the heart from the body a little more than the usual amount of fat was found deposited on its surface.

The Organ itself was healthy, both in its Muscular structure and its Valves. On removing the lungs slight pleuritic adhesions were found which however were easily broken down.

Each lung was healthy throughout its entire extent; On the posterior surface of the inferior lobes some Congestion at first slight appeared to exist but on more accurate examination it evidently depended on the usual post-mortem gravitation.

The Abdomen -

On opening the Abdomen, the Liver was found to be considerably enlarged, extending to the left-side - its structure however appeared healthy and its Colour natural.

The Gall-Bladder was also enlarged and completely distended but no Gall stones were present. The Spleen was small and in its structure softer than usual.

The Small intestines were healthy, the Caecum was congested throughout, and at its superior extremity were several well marked spots of Ulceration extended

TREATMENT

Class of Diet

Extra Allowances

for a considerable distance into the Colon. -  
The remainder of the intestines presented  
the usual appearances. -

The Kidneys were enlarged and softened  
and on making the usual section were  
found to be extremely congested. -

Owing to the total absence of any  
Head symptoms during life it was consider-  
ed unnecessary to examine the Brain

J. J. Laporte  
D. A. Sw. of Wash.

Members  
Anatomical Society  
High - Division

Edward Morris  
D. C. Surgeon  
Wm. Morris, M.D.  
Surgeon 93<sup>rd</sup> High  
S. B. Morris, M.D.  
Surgeon 92<sup>nd</sup> High

Aged

Date

DISEASE—with detailed Symptoms

Statement of the Case of  
Private Dennis Desmond - 79<sup>th</sup> High  
Wisconsin Morbus Cordis aet. 23.

Died 16 hours after admission.

26<sup>th</sup> February 1856

From the statement of this man's  
Comrades it appears that soon after  
coming in from afternoon parade (with  
extension drill) he began whilst  
taking coffee (A.P.M.) to complain  
of a working in his chest (as he  
expressed it) & faintness. Finding  
himself worse he rose to cross the  
street to his sleeping place but fell  
half way, his face became livid  
and his breathing heaving, irregular,  
& stertorous, his limbs or features  
were not convulsed and the fit was  
not preceded by any cry.

The pupils were slightly retracted  
though ~~not~~ dilated, he foamed slightly  
at the mouth and there was  
puffing of the right cheek. On  
recovery after a few minutes he tossed  
his head from side to side & moaned.  
On being questioned as to the seat of  
pain he answered he had none but  
complained of cold. His face and  
upper part of chest became covered  
with a clammy perspiration,  
His pulse remained weak, during the

TREATMENT

Class of  
Diet

Extra Allowances

night he continued to rave, now & then, he answered questions rationally; Towards morning he became quiet. At 9 o'clock a second fit came on & in it he died. Treatment consisted in warm fomentations and Sinapisms to chest, legs, & feet. with Arumonia, Sennade & internally. His bowels were freely moved twice after admission, and the contents of the stomach ejected by vomiting, at no time did he complain of headache, or had any paralysis.

James N. Bell. M.D.

Asst Surgeon 7<sup>th</sup> HighlandersSectio Cadaveris horis xxiv. post Mortem

The body presented the appearance of that of a stout & muscular man. Over the gastric region were the traces of a Sinapism. There was a considerable amount of post-mortem lividity about the lips & ears extending also down the back & the back of arms & legs. (On division of scalp a good deal of blood flowed from its vessels. On removing the skull cap the dura mater was found adherent both to the bone and to the brain on each side of the longitudinal sinuses, The sinuses were all engorged with very dark blood. On the skull cap, in several places

Cranium

Date

DISEASE—with detailed Symptoms

Cranium

Corresponding to where the dura-mater had been adherent the bone was completely diaphanous, and in one of the spots the absorption had nearly caused perforation—and on each hemisphere of the Cerebrum there was trace of old circumscribed inflammation, from contiguity with dura-mater. The brain itself was firm and no abnormal fluid in the ventricles.

Thorax

On removing the Sternum the Thoracic viscera were found to be forced upwards by the Stomach which was distended with wind; The Pericardium also appearing distended, The lungs were healthy in structure but their vessels were congested and at the lower lobe of the right lung an effusion of coagulable lymph had taken place, apparently an effort of nature to relieve the hyper-congested state of the vessels.

On dividing the Pericardium a considerable amount of bloody serum flowed out and the heart was found imbedded in a thin coagulum of blood. The heart itself was healthy but on following up the course of the Arteries an Aneurismal Sac was discovered

TREATMENT

Class of Diet

Extra Allowances

Heart

on its anterior wall, nearly the size of a small-hen-egg, this sac which was partially filled by a clot had burst into the Pericardium, and proved the immediate cause of death. The Semilunar valves were perfect and the Dilatation did not extend further than the ascending portion of the Aorta. All the tunics of the vessel were engaged -

The viscera in the abdominal cavity were all in such a condition as would have warranted the expectation of a prolonged life. The kidneys were slightly larger than usual in proportion to the size of the individual but were in a state perfectly competent to perform their functions. The bladder was distended.

Signed

J. G. Logan  
D. J. Gw

Edw. Munger  
J. C. S.  
Wm. Munroe M.D.  
Surgeon High  
J. B. Roe M.D.  
Asst Surgeon High

Members  
Pathological  
Board  
Highland Division

Aged

Date

DISEASE—with detailed Symptoms

Pathological Report on the case  
of Capt. Turner, aetat 29.  
1<sup>st</sup> Batt. Royal Regt.

On Saturday morning the 1<sup>st</sup> March  
Capt. Turner went out to ride in high  
spirits, he called at a Restaurant  
on his way home and had a  
glass of Curacao, after drinking which  
he expressed himself unwell, some  
blood gushed from his mouth &  
nostrils, he fell back and almost  
instantly expired,

Capt. Turner had been apprized by  
a London Physician of the nature  
of his complaint, & was aware that  
he was liable at any time to a  
sudden death.

Section Cadaverica Horis. XX. Post Mortem

The body is muscular & well developed  
the upper part of the chest appears  
a little narrower than usual in  
a well made man of similar proportions  
There exists a considerable amount of  
post mortem lividity and upon the legs  
are numerous cicatrices of old ulcers—  
When the body was laid upon the table  
some frothy blood welled forth from the  
nostrils—



## TREATMENT

Class of  
Diet

Extra Allowances

On opening the Sternum the position of the contained viscera was normal. Slight pleuritic adhesions of old standing existed on the upper lobe of the left lung. The lungs themselves were healthy throughout - No abnormal amount of fluid in the Pericardium.

The heart larger than usual, with a considerable amount of fat deposited on its right anterior surface, being also pale and flabby in its muscular structure. The left ventricle was slightly enlarged otherwise the heart was normal. Aortic valves were much attenuated -

On following up the course of the Aorta just before it gives off the left Subclavian an Aneurismal Sac was discovered, about the size of the end of the Thumb filled with an old semi-consolidated clot. The Aorta itself was much dilated, this dilatation extending into the Arteria Innominata, on the posterior aspect of which Artery was a large Sac (about the size of a green walnut) resting on the Trachea into which vessel it had opened its way by ulceration, about two inches above its bifurcation.

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Aged

Date

DISEASE—with detailed Symptoms

and which had evidently been  
the cause of death.

The abdominal viscera were normal  
the liver being slightly enlarged—  
The bladder was distended, in other  
respects there was nothing calling  
for particular remark.

J. G. Logan } President  
D. S. Gu. }

Edward Murray }  
M.D. }  
Wm. Moore }  
Sq. 93<sup>rd</sup> High<sup>way</sup> }  
S. B. Roe }  
appt. Sq. 92<sup>nd</sup> High<sup>way</sup> }

Members

P. Pathological Board  
Highland Mission

TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of  
 P<sup>t</sup> Archibald Moss 42<sup>nd</sup> Highlanders.

P<sup>t</sup> A. Moss admitted into Hospital  
 29<sup>th</sup> February 1856 at 12 O'Clock,  
 having been attacked at 2 A.M. with  
 sudden oppression and shortness of  
 breath, accompanied by some bloody  
 expectoration & coughing.

At present he is suffering from the  
 most severe oppression and shortness  
 of breathing, respiration is short,  
 frequent, anxious, & difficult, and  
 is attended with unusual expansion  
 and elevation of the chest; Countenance  
 turgid, and anxious, pulse weak  
 and irregular, skin cold & moist.  
 On examination by percussion and  
 auscultation the physical signs of the  
 first stage of Pneumonia are  
 well marked -

March 1<sup>st</sup> Little or no improvement  
 breathing is now almost entirely  
 abdominal, and the Pneumonia  
 seems now rapidly advancing to  
 the stage of hepatisation, Bronchial  
 breathing & Bronchophony heard all  
 over both lungs except over a small  
 portion of posterior lobe.

March 2<sup>nd</sup> Notwithstanding all  
 treatment the disease appears to increase

Aged

Date

DISEASE—with detailed Symptoms

The Thorax now scarcely acting during respiration which is chiefly diaphragmatic. The patient is oppressed with the utmost anxiety, a slight cough with bloody spata has come on and he occasionally dozes.

Towards evening the countenance has assumed a bloated and cadaverous aspect and is covered with a cold sweat, pulse quick & intermittent. Patient died at 8½ O'Clock P.M. after several gasping and convulsive efforts to respire.

Treatment

The treatment consisted in blood letting both general & local. The administration of Tart. Antimony, Calomel & Opium, Counter irritants and Mercurial inunction.

M<sup>rs</sup> Alex MacKinnon  
Asst Surgeon to R.H.

Sectio Cadavris, hora decima sexta post mortem  
External appearances

Large Muscular Man with capacious and well formed chest, several cicatrices of ulcers on the front of legs and thickening of joints on the right leg, Marks of treatment on anterior aspect of chest, both cupping & blistering, Marks of venesection on right arm.

## TREATMENT

Class of  
Diet

Extra Allowances

On removing the sternum and cartilages of ribs air is discovered between Pleura Pulmonalis & Costalis superiorly on both sides. Pleura Pulmonalis and Costalis superiorly highly injected, recently effused lymph deposited in layers, & both surfaces adhering by distinct bands, some of these bands being of long standing but the majority of them of recent formation. At the upper and anterior surface of the right lung about an ounce of dark straw colored fluid was effused into a cavity formed by adhesions of the Pleura, in which space was also contained the air previously mentioned. Posteriorly and laterally the lung (right) adhered firmly to the walls of the chest, cartilaginous deposit in the Pleura Costalis beneath the 4<sup>th</sup> 5<sup>th</sup> & 6<sup>th</sup> Ribs. Adhesions of the left Pleura Pulmonalis and Costalis, neither so firm or so numerous and generally recent, about half a pint of serum contained in the left pleural cavity. Pericardium contains an ounce of serum. Heart very much enlarged, weight one pound & a half, right auricle filled with black blood, a fibrous clot impacted in the Aniculo ventricular Valves, the right lung infiltrated with serum.

Aged

Date

DISEASE—with detailed Symptoms

engorged with blood and in several places partially consolidated, the upper and middle lobes were more affected than lower. The left lung was similarly diseased but not to the same extent. The chief seat of disease being the superior lobe. On the posterior valve of the Aorta was a large (wart) excrescence and a roughness extending nearly an inch & half along the ascending Aorta, other valves healthy.

Abdomen Gall Bladder much distended the liver enlarged, engorged, friable and fatty, spleen healthy, on surface of its capsule a cartilaginous deposit, Kidneys enlarged but not diseased Bladder distended.

J. G. Logan } President  
 R. T. Gen }  
 Ed. W. Mengier }  
 T. C. S. }  
 W. W. Mumford } Members  
 Sup. 23<sup>rd</sup> High }  
 S. B. Roe }  
 Sup. 92<sup>nd</sup> High }

Pathological Board  
 High School Revision

## TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of  
Private Alexander (with thanks) 42<sup>nd</sup> R. High<sup>ts</sup>  
who having previously suffered from bowel  
complaint during the months of August, September  
and October 1855, was admitted into Hospital  
complaining of diarrhoea of which he had  
a recurrence some three weeks previous  
to admission on the 10<sup>th</sup> January 1856 -  
At a very early stage of this his last illness  
the local and general signs bore evidence  
to the presence of grave organic disease  
in several parts of intestinal & colic tract.  
The rapid decline of both the animal  
and vital powers and the consequent  
emaciation, the daily & nightly number,  
quantity and quality of the evacuations,  
the dry & tough skin and the unfav-  
-orable expression of the countenance contra-  
-indicated a favorable prognosis.  
About eight days before death, before  
which time no symptoms of pulmonary  
complication presented - he began to have  
a slight & apparently trivial cough, to which  
next day was added expectoration of  
sputa at first mixed with pure  
blood, which afterwards became rusty  
in color. The breathing became oppressed  
and the principal site of thoracic pain  
was about 1½ inches inferior to, and  
to the left of Mamilla of same side -  
These local and particular signs of

Date

DISEASE—with detailed Symptoms

pleuro-pneumonia corroborated by auscultation left no room to doubt the existence of the latter.

After the application of counter-irritants—(which were not severe on account of the irritability and extreme weakness of the patient) and the administration of other medicaments, the more intense pleuro-pneumonic symptoms began to subside, and the breathing became more free. Two days before his death a re-accession of pleuritic symptoms took place in the above mentioned locality, which after the application of two mustard poultices seemed to succumb. At length on the 10<sup>th</sup> March at 3 P.M. being perfectly worn out, he died.

The treatment in this case, a first medicinal & dietetic, was, with the exception of local applications, hygnatics & emetics, later ~~was~~ <sup>was</sup> confined to the latter; as a last resource to the dietetic was added the Mercurial, the effect of which while it appeared in some <sup>measures</sup> to modify the pleuro-pneumonia, hastened I fear the fatal termination.

A. Maclean  
A<sup>l</sup> Surgeon 42<sup>nd</sup> R.N.



## TREATMENT

Class of  
Diet

Extra Allowances

Sectio Cadavris horis XXI. post mortem  
External appearance

Extreme emaciation of muscular structure,  
Contraction of flexors of toes, Sphincters,  
Rigor Mortis otherwise weak -

On raising the Sternum the contents  
appeared much collapsed but in their  
relative positions. Firm adhesions  
posteriorly and laterally, and also  
inferiorly, of the Pleura Pulmonalis &  
Costalis by firm old membranous  
bands. These adhesions were more  
extensive on the right side than on the  
left. - Pericardium contained about  
two ounces of pale straw colored serum  
membranes healthy - The heart was  
small with pale & corrugated  
surface, Right Ventricle full of venous  
blood, Left ventricle also full,  
valves healthy, muscular structure  
attenuated -

Left Lung On the boundary between  
the anterior and lateral surfaces  
midway between apex & base exists  
a superficial abscess, about the size  
of a walnut, containing granular  
fluid, walls & margin smooth, the  
anterior part of lung crepitant and  
apparently free from disease - Much  
congestion and nearly almost consolidation  
posteriorly, Section of the upper lobe through

Aged

Date

DISEASE—with detailed Symptoms

The abscess exposes milium tubercles thickly deposited round its walls and also through other parts of the Lung with excited action. The lower lobe is partially consolidated and ~~with~~ studded with small tubercles, some crude, others in a state of degeneration. A small abscess also existed on its posterior surface.

Right Lung. On the posterior surface of the upper lobe an abscess existed much larger than that on the left side containing a dark greenish fluid. This abscess had a distinct secretory lining membrane which also rendered it multilocular. Apex & upper margin crepitant but on section found to be studded with tubercle. An abscess filled with the same fluid & similarly lined existed also on the lateral aspect of the lower lobe. The remainder of the lung was congested.

Abdomen. On opening this cavity the omentum appeared much attenuated and free from fat, organs in their relative position. Gall. bladder, partially distended with bile. Liver natural in size, pale in color, healthy in structure. Spleen, natural. Kidneys normal in size & structure but of a pale color.

Lungs

Abdomen

## TREATMENT

Class of  
Diet

Extra Allowances

Stomach; external appearance normal, nearly full of a fluid highly colored with bile, mucous coat natural

Large Intestines almost empty, Longitudinal ulcers occupied the whole of the mucous lining of the Rectum, some of these ulcers being superficial, others deep and all much congested

Mucous lining of Caecum & ascending Colon deeply congested and the Glandulae solitariae ulcerated -

Small Intestines, Mucous coat of Ileum of a deep plum color with clusters of Peyer's glands in a state of ulceration the ulcers being circular, their bases covered with a yellowish exudation, & their margins raised & congested -

Mesenteric glands enlarged, Duodenum & Jejunum contained a small quantity of fluid of thick consistence & bilious color Mucous lining tolerably healthy -

J. G. Logan	} President
W. J. Guise	
Edw. Murphy	} Members
Z. C. S.	
Wm. Mumford	
Surg. J. B. Noel	
Asst. Surg. J. B. Noel	

Pathological Board

Highland Division

11<sup>th</sup> March  
1856

Aged

Date

DISEASE—with detailed Symptoms

Statement of the fatal case of  
P<sup>t</sup>. 3721 George Robertson 79<sup>th</sup> High<sup>rs</sup>  
Aetat 20, Service 3 years

Kamran 11<sup>th</sup> March 1850

This man was brought in by a picket  
of the 12<sup>th</sup> in a state of complete intoxication  
at 1/2 past 4 P.M. after having been  
about 1/2 hour, for an hour he was  
left lying, as the sentry of the guard  
supposed, asleep, but it was  
then noticed he did not breathe,  
and on close examination that he  
was apparently dead. On seeing  
him, he was lying on his back,  
his face, nostrils & mouth, covered with the  
Soup & pieces of meat vomited. I also  
took out, one large piece of meat  
impacted in the throat and another  
in the posterior nares, leaving no doubt  
as to the cause of death—

James N. Bell M.D.  
Capt. Surgeon 79<sup>th</sup> High<sup>rs</sup>

### Pathological Report.

Latin Cadaver. Nois XVIII post mortem  
The body presents the appearance of a muscular  
young man of the middle size, there  
are no marks of violence with the  
exception of a slight abrasion of the cuticle  
on the anterior aspect of the right tibia,  
considerable post mortem lividity extending

## TREATMENT

Class of  
Diet

Extra Allowances

along the ears & neck posterior to the Sternocleidomastoid muscles. On removing the hair some small old cicatrices were found on the scalp. On dividing the scalp little blood flowed from its vessels. The membranes of the brain were healthy, the sinuses engorged with very dark blood, the proper cerebral vessels also were filled with blood, and on section the substance presented a red dotted appearance. The left ventricle contained about  $\frac{1}{2}$  of dark serum, slightly colored, the choroid plexus being extremely dark and congested. The right ventricle was empty and the neighboring vessels not so dark in color. Structure of the brain, firm and natural.

An incision was made from the sternum to the Pubis & the skin dissected back as usual, the Trachea and Oesophagus were thus dissected out in a direction downwards, after dissection close to the tongue. On removing the Sternum, the lungs did not collapse and were of a purplish black color, the Stomach appearing distended. The left lung was adherent posteriorly and laterally by old adhesions, the right lung was free. The lungs, heart, with the Trachea &c attached were

Date

DISEASE—with detailed Symptoms

then removed from the body. The opening of the Trachea was found plugged with a piece of coiled beef, and on dividing this vessel near its bifurcation and passing the finger upwards this obstruction was found to extend to the distance of nearly an inch & a half, preventing the glottis from closing and most completely precluding any access of air.

The lungs were healthy but much congested & in consequence quite black in color, particularly the lower lobes of each lung.

The heart was healthy, the right side (both Auricle & ventricle) being perfectly empty, the left ventricle contained about 3ij of dark fluid blood, The valves were healthy.

The Stomach was full of meat in large lumps & in a semi digested state. The remainder of the abdominal viscera perfectly natural.

J. G. Logan } President  
 1849  
 W. C. P. }  
 Wm. McAnis }  
 Surg. 93 High }  
 S. B. Hall }  
 apd. Surg. 22 High }  
 92

Pathological Branch  
 Highland Division

## TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of  
P<sup>t</sup> Thomas Corry, (at 25 years) 1<sup>st</sup> Batt. R. Regt.  
Two years service, 8 months of which he served  
in the Crimea, received a contusion on the  
27<sup>th</sup> August 1855 in the trenches, but had never  
been in Hospital.

He left on Monday morning last, for the  
purpose of going to the races, and was not  
heard of till Thursday evening when he  
was brought to the Hospital dead from the  
Camp of the 7<sup>th</sup> Regt.

According to the accounts of his comrades he was  
not in the habit of drinking.

The Sergeant who was in charge of the party  
who brought the body of deceased states  
that he was not dead when brought into  
the Hospital of the 7<sup>th</sup> Regt.

Camp Varnouthke  
March 27<sup>th</sup> 1856.

Robert Atkinson

Capt. Surg. 1<sup>st</sup> Batt. Royal Regt.

### Pathological Report.

External appearances. Body stout & muscular,  
great congestion about the upper part of the face,  
and traces of a bruise in the left hypochondriac  
region, marks of an old Bubo in left groin.

On dividing the scalp no blood flowed from its  
vessels, on removing the skull cap, the sinuses  
and cerebral veins were found greatly distended  
with very dark blood, on removing the brain  
a small effusion of serum was found to have  
taken place at its base.

Corry

Date

DISEASE—with detailed Symptoms

Cranium

The substance of the brain was firm, and on section presented a red dotted appearance, in some places; There was a small quantity of clear fluid in each ventricle

On removing Sternum and Cartilage of Ribs the viscera completely filled the cavity. There were no Pleuritic adhesions. No abnormal amount of fluid in Pericardium, Muscular Struck of heart greatly congested; in all other respects this organ was perfectly healthy.

Thorax

Both Lungs, congested throughout and fully clogged with bloody mucous.

Stomach; externally appears distended; on opening it it was found half full of semi-digested food, considerable congestion of its vessels particularly about the lesser curvature, The mucous membrane near the Cardiac orifice was slightly inflamed.

Abdomen

Liver & Spleen, natural in size but each of them much congested; Kidneys also much congested; Bladder empty, Intestinal tract healthy.

J. G. Logan } President  
Rep. Surg. Gen

Edward Menzies }  
L.C.S.

W<sup>m</sup> Monroe }  
Surg. 93<sup>rd</sup> High<sup>st</sup>

S. B. Kael M.D. }  
Asst. Surg. 92<sup>nd</sup> High<sup>st</sup>

Pathological Board  
Highland Division.



## TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of Private Michael Waters 72<sup>nd</sup> Highlanders,

P<sup>t</sup> Michael Waters, aged 19 years, Irishman, 2 years service, was admitted on the 27<sup>th</sup> March complaining of headache and loss of appetite said he had felt unwell for several days. On being questioned said there was some tightness but no pain across the chest.

Pulse quick, Tongue clean, On the following day he had cough with pain in the left mammary region. A expectating rale was found there but only on that day. His expectoration at first was scanty, very tenacious and slightly pasty. Afterward it became very copious, viscid but not adherent to the bottom of the spitting cup, and of a green color. After being cupped and after taking small doses of Calomel with opium, and Tartar Emetic, he felt he said very easy but his respiration was almost entirely abdominal. There was marked dulness posteriorly on the left side & respiration was bronchial.

He became slightly delirious on the evening of 30<sup>th</sup> March. Other symptoms continued till his death for some hours before which he was unwell. After the cessation of head symptoms his pupils were dilated. The treatment consisted in an emetic and purgative on admission, cupping on the

Aged

Date

DISEASE—with detailed Symptoms

left side posteriorly. Colored with  
Tartar Emetic & Opium, Colored with  
Tartar Emetic, laterly Carbonate of Ammonia  
& Camphor Mixture, Wine & Bloodroot.  
A blister was applied to the chest anteriorly  
his head was shaved, and a blister  
applied, but his restlessness, interfered with  
its proper application.

W Seaman M.D.

Surgeon 72<sup>nd</sup> Highlanders,

Lectio Cadaveris hor XII. post mortem,  
External appearances, Muscular and  
well developed, rigor mortis fully  
established. Marks of vesication on  
chest and abdomen, of cupping on  
back of <sup>left</sup> side and excoriation of penis  
& scrotum, slight post-mortem discoloration  
posteriorly.

Cerebrum

Dura Mater slightly adherent, no torpidity  
of the vessels, slight serous effusion  
between arachnoid & pia mater and  
about 3i of serum at base of brain  
Cerebral substance firm and free from  
congestion, Lateral ventricles empty

Thorax

On raising the sternum the Pleura was  
found adherent on the left side by a  
layer of plastic lymph of considerable  
thickness extending from the 4<sup>th</sup> to 7<sup>th</sup> ribs  
Pericardium contained about 3iv of a  
greenish colored serum, Slight bands of  
recently formed lymph extended from

## TREATMENT

Class of  
Diet

Extra Allowances

The Pericardium to the apex & posterior surface of heart. Left ventricle half full of dark clots, Right ventricle empty, Substances & valves healthy.

Left Lung, Upper Lobe engorged with fatty mucus, its lower edge hepatized, Lower Lobe completely hepatized throughout, and near its upper edge showing indications of passing into the 3<sup>rd</sup> Stage of Pneumonia.

Right Lung congested slightly and infiltrated with fatty mucus, otherwise healthy.

Abdomen Organs in their normal position Liver, right lobe hypertrophied, Structure natural, Gall Bladder empty, Spleen healthy, Kidneys, Stomach, Intestines &c. in a normal condition. Bladder empty.

J. G. Logan } President  
Deputy Secy.

Edward Menzies

L. C. S. Suggs

W. Mansie. M.D.

Surgeon 93<sup>rd</sup> High<sup>l</sup>

S. B. Pol. M.D.

92<sup>nd</sup> Highl<sup>and</sup>

President

Pathological  
Board

Highland Kirk

Members

Aged

Date

DISEASE—with detailed Symptoms

Abstract of the Case of P<sup>r</sup> John Brown  
2<sup>nd</sup> Batt. 1<sup>st</sup> Royals etat 25,  
Service 5 years, 2 years Mediterranean, 1 year Crimea  
Miscellaneous Diseases

Admitted into Hospital Feb 4<sup>th</sup> 1856  
at which time he was affected with bilious  
purging recurring 6 or 8 times in 24 hours  
Tongue foul, some pain in abdomen  
Pulse still disturbed, These symptoms  
gradually improved under treatment,  
Tongue became clean, pain in abdomen  
ceased and calls to stool were left frequent  
Diarrhoea however again returned with  
force & severity, Stools became gradually  
more frequent, accompanied with  
almost total loss of appetite, sickness  
of Stomach, weak pulse, and great  
prostration of strength, at this time  
he became affected with spasmodic fits  
resembling Cholera, in which spasms of  
all the muscles sinking of the pulse  
and coldness of the extremities occurred,  
purging became very frequent of a bilious  
color but thin & watery, he was much  
emaciated, face haggard pulse weak,  
He sank much exhausted on the morning of the  
6<sup>th</sup> April 1856.

Treatment has been various consisting of  
Mercurials, Opium, Astringents, Counterirritants,  
Stimulants & generous diet.

R/S. Smith  
Asst Surg. 1<sup>st</sup> Royals.

TREATMENT

Class of  
Diet

Extra Allowances

## Pathological Report.

Sectio Cadaveris, Annis xxviii post mortem  
 The body is extremely emaciated & there  
 are no marks of external treatment -  
 On removing the integuments from the  
 Sternum, the 1<sup>st</sup> & 5<sup>th</sup> Ribs were found  
 to unite about 2 inches from the Sternum  
 and to be attached to it by a common  
 Cartilage leaving a considerable  
 interspace between the ribs on either  
 side

On opening the Pericardium it was  
 found to contain about 3 ii of clear  
 serum. The heart is small and  
 flabby <sup>in</sup> its surface the vessels prominent,  
 Each ventricle was filled with a  
 pale yellow clot of fibrine, the  
 walls of the right ventricle were  
 thinned

The left Lung presented on its  
 lower lobe a corrugated appearance  
 as if an old abscess had existed  
 there but on making a section  
 nothing abnormal was found,  
 the whole lung appearing healthy  
 throughout, In the right lung the  
 posterior portion of the upper lobe  
 was hepatized as was also the whole  
 of the lower, in the lower lobe appearing  
 to be a very recent affection in the upper  
 end of longer standing

Date

DISEASE—with detailed Symptoms

Abdomen, The Omentum is extremely attenuated and destitute of all fatty deposit, The intestines appearing very pale; Liver natural in size with two or three purple spots on its anterior edge, Gall bladder almost empty the little bile it did contain being of a dark olive color. Spleen natural, Splenic natural.

Intestines, A patchy redness existed in the jejunum and Duodenum but no ulceration or affection of the glands. The Ileum was congested this congestion increasing in intensity as it approached the large intestines. The Caecum was ulcerated, the ulcers being small. In the Cecal extremity of the Colon the ulcers were small & numerous tracing it up they became larger in size but there was not so many of them. The Rectum was ulcerated throughout its entire extent, some of the ulcers being deeply excavated others appearing granular. Kidneys pale but healthy. Bladder semi distended.

W. L. G. } President

H. M. } Member

W. L. G. } Member

W. L. G. } Member

July 1832 Highland

S. B. Roe M. D.

92<sup>nd</sup> Highland

Pathological Board

Highland Division

## TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of P<sup>r</sup>. W<sup>m</sup>. Clune  
N<sup>o</sup> 3326, aged 22, Misau Felina, C.C. -

Was admitted on 25<sup>th</sup> March complaining  
of the usual symptoms of fever with a  
large Phlegmonous tumour at the back  
of neck, From the first there was  
intense constitutional irritation the  
inflammatory swelling involving the  
occipital scalp. Three days after ad-  
mission & on the partial subsidence of  
the external swelling cerebral symptoms  
manifested themselves accompanied  
shortly afterwards by gastritis and  
pulmonary congestion principally  
affecting the right lung - under which  
after one or two rallies he sunk and  
died on the morning of the 9<sup>th</sup> day of  
the attack. Treatment consisted at the  
outset of fomentations and poultices to the  
neck, castor oil, Calomel and tartaric acid  
Calomel & opium internally, Afterwards  
of singuensis blisters and Turpentine Stupes  
to neck chest & epigastrium, with  
Mercurialunction to the axilla,  
Stimulants internally as Anemona, Brandy  
Wine & beef Tea,

James N Bell M.D.  
Asst Surgeon 74<sup>th</sup> Highlanders

Date

DISEASE—with detailed Symptoms

## Pathological Report.

Sectio Cadav. Nr <sup>viii</sup> P. Mortu.

The body presented the appearance of a muscular young man. Rigor Mortis well developed, Lividity of the neck posteriorly, marks of vesication on chest & back of neck, a yellowish tinge appeared about the face, anterior part of neck and shoulders well marked, extending over the whole surface of the body in a fainter tinge.

Cranium On removing the calvarium a small quantity of Serum was found effused between the *Pura Mater* & *Arachnoid*, Slight venous congestion of the surface of brain and about  $\frac{3}{ii}$  of Serum mixed with blood at its base, substance of the brain healthy. Lateral ventricles contained about  $\frac{3}{ii}$  of Serum.

Thorax On turning up the sternum the Thoracic organs appeared in their natural relative positions. Slight adhesions on the right side anteriorly of the Pleura, none on the left. Pericardium empty and healthy in appearance. Heart slightly hypertrophied with fatty deposit on its right anterior surface, cavities empty except small clot in left ventricle, substance healthy. Right Lung gorged throughout with dark blood, Left Lung Left Lo. both being cretulant throughout and free from tubercular deposit.



## TREATMENT

Class of  
Diet

Extra Allowances

Abdomen Gall bladder half full, Right lobe of liver enlarged but healthy, a small supplementary lobe & a fissure about 1 inch long & half an inch deep was found on the under surface of right lobe. Stomach empty, along the lesser curvature and particularly near the cardiac orifice was patches of deep congestion. Spleen distended with flakes, but healthy & all tinged with a yellow color. Other organs normal.

J. G. Logan	} President
D. J. Gen <sup>r</sup>	
Edward Meuzier	} Members
Z. C. L. S.	
W <sup>m</sup> Munro M.D.	
Surg. 93 <sup>rd</sup> Highlanders	
L. B. Roe M.D.	
92 <sup>nd</sup> Highlanders	

Pathological Board

Highland Division

Aged

Date .

DISEASE—with detailed Symptoms

Abstract of the case of  
P<sup>t</sup>. Alexander Ronalds, 92<sup>nd</sup> Highlanders.

P<sup>t</sup>. Ronalds, aged 23 years, was admitted into Hospital on Sunday Morning the 2<sup>d</sup> March suffering from a severe wound of the head which he had received the preceding evening while in a state of intoxication. The whole of the external ear on the right side was found to be almost completely removed, the wound extending from behind the right temporal protuberance, backwards and downwards for nearly six inches, forming an irregular triangular flap at the bottom of which a portion of the bone was exposed. There was also a fracture of the jaw near its symphysis on the left side. The wound was cleaned and poulticed but he had not any peculiar symptoms till the evening of the 5<sup>th</sup> when he had a slight convulsive fit followed a few minutes afterwards by a second, he did not lose his consciousness and these symptoms seemed to arise from some gastric irritation as they disappeared on the exhibition of a purgative dose of Calomel. He progressed most favorably from this day up to the 7<sup>th</sup> April, by which time the jaw had united the larger portion of the wound had healed,

## TREATMENT

Class of  
Diet

Extra Allowances

and the portion of bone which had been laid bare seemed just ready to come away - but at six o'clock P.M. on this evening (7<sup>th</sup> April) just six weeks and one day from the receipt of the injury, he was seized with vomiting and pain in the head.

In about two hours he became insensible and very restless. The wound was freely dilated and a small lamina of bone removed, this appeared to quiet him for a little but his restlessness soon returned. On the evening of the 8<sup>th</sup> he was much convulsed the spasms assuming an almost Tetanic character. The right side appeared more affected than the left and at times the spasms were completely opisthotonic. He sank gradually continuing insensible to the last and died at 5 O'Clock A.M. 9<sup>th</sup> April.

Treatment During the last two days, a purgative and stimulant enema, blisters to the nape of neck & spine. Calomel in ten grain doses and Mercurialunction.

S. B. Roe, M.D.

92<sup>nd</sup> Highlanders,

Aged

Date

DISEASE—with detailed Symptoms

Lectio Cadavris hor VII Post mortem  
The body presented the appearance of a robust muscular young man, Rigor mortis was fully established with opisthotonic rigidity of the muscles of the muscles of the neck. An area of about 1 1/2 inches in diameter of the right temporal bone was exposed dark colored and rough.

? Cranium. On removing the calvarium no adhesions were found between it & the dura mater, the meninges being normal in appearance. The Arachnoid & Pia Mater, of the right side, & more particularly anteriorly were of a yellowish opaque color owing most probably to the fluid effused beneath them.

The substance of the cerebrum was found to be an extensive mass of pure ramollissement, the part being in the state of a soft white pulp without any appearance of pus & without fat.

In each lateral ventricle was about 3ij of darkish serum. The cerebellum was in a more advanced stage of degeneration than were the cerebrum.

The membranes of the medulla oblongata & upper part of cord were thickened & covered with a greenish-yellow deposit. Such is usually seen in acute cases of meningitis.

## TREATMENT

Class of  
Diet

Extra Allowances

The Scapular bone was examined for  
about the extent of two inches, but  
no fracture existed.

J. G. Logan } President  
D. S. G.

Edw<sup>d</sup> Mengies  
L. C. S. S.

Wm Marshall M.D.  
Surge. 23<sup>rd</sup> Highl<sup>rs</sup> } Members

S. D. Roe M.D.  
22<sup>nd</sup> Highlanders }

Pathological Board.

Highland Division;

Date

DISEASE—with detailed Symptoms

Abstract of the case of Pt Thomas  
Holder 42 R.H., aged (23)

Pt Thomas Holder 42<sup>nd</sup> R.H. admitted  
into Hospital on April 2<sup>nd</sup> having been  
complaining for several days previously  
of languor, lassitude, & a general feeling of  
debility, on admission his Countenance  
was pale, features sharp & anxious, pulse  
quick & small.

The day after admission he complained  
of severe pain under right nipple  
accompanied by great difficulty of  
breathing, and cough; and subsequently  
the expectoration of viscid mucous  
streaked with blood.

On April 4<sup>th</sup> two days after admiss-  
-ion the cough became most severe  
& the sputa assumed a bronchitic  
character. On examination of chest,  
Percussion elicits a dull sound over  
nearly the whole of right lung—  
Auscultation detects a slight friction  
sound in the posterior part of same  
lung actively & inspiringly. On  
examining the left lung the bronchial  
surface appears to be more or less  
irritated and congested. Pulse full &  
frequent, bowels natural, The patient was  
in much the same state till 6<sup>th</sup> April  
when cerebral symptoms became developed,

## TREATMENT

Class of  
Diet

Extra Allowances

coined by severe headache, giddiness, intolerance of light & noise, pain in back, loins, & limbs, much complained of, great restlessness and uneasiness present, pulse strong & full; Tongue hard, red & dry with great heat. On the 8<sup>th</sup> first complained of pain in the abdomen which is not much increased on pressure, the bowels are loose, the stools being of a dark black granular appearance. Tongue unusually red at sides & point. The disease continues to advance in spite of all treatment, the pulse becoming more frequent, dark mucous borders collecting over teeth, lips & gums. delirium has set in with insensibility though the patient is observant and answers when roused. On the 9<sup>th</sup> all the symptoms are aggravated, the pulse remarkably rapid & full, respiration irregular, low muttering delirium, subsultus tendinum, and life terminated at 1/2 past 11. A. M. on the 10<sup>th</sup> inst -

W. A. Mackinnon

Appt Surgeon to R. H.

Treatment, immediately on admission to have an emetic consisting of Pul. Ipecac. gr. i. within 1/2 h. to be followed an hour after operation of emetic has ceased & Pul. Ipecac. gr. iiii. - Do. Op. vi. Calomel gr. iv. M. Fiat Palo -

On the appearance of the vesical chest symptoms Calomel copious was given at intervals in order to bring the system under Mercurial influence, Mercurialunction was also employed, Cupping & blistering right side of chest gave evident relief as also did general blood letting to the amount of  $\text{ʒviii}$ . The typhoid symptoms were treated by the administration of stimulants & nourishment, Raf. Sea, Mir, Herb. Ammoniac in frequent doses.

Wm. M. Skinner, A. M. D. R. H.

### Pathological Report -

Setio Cadavris, Nov XXIV, post mortem External appearance, Body muscular marks of recent cupping and blistering on right side of chest, & vesications caused by blisters over abdomen traces of venesection on left arm -  
**Thorax** On raising the sternum a small quantity of recent lymph was found to be effused on the anterior free surface of left lung. No adhesions on left side between Pleura pulmonalis & Costalis, on right side general & recent, The Pericardium was adherent to each lung, and its internal surface inflamed having bases of lymph extending from it to the heart. It contained  $\text{ʒi}$  of serum, Heart flabby its cavities nearly empty, valves healthy,



## TREATMENT

Class of  
Diet

Extra Allowances

Left Lung. Upper lobe healthy lower lobe  
 much congested & filled with frothy  
 mucous. Right Lung. Apex  
 perfectly hepaticized, lower portion of upper  
 lobe partially so, middle lobe healthy  
 lower lobe slightly congested.

## Abdomen

Liver enlarged pale & flabby  
 The stomach intestines & other  
 viscera healthy.

J. G. Logan } President  
 D. M. G.

F. Menzies

2 C. S.

W<sup>m</sup> Munro M.D.

Surg. 93<sup>rd</sup> Highlanders

J. B. Roe M.D.

92<sup>nd</sup> Highlanders

Members

Pathological Board

Highland Division

Aged

Date

DISEASE—with detailed Symptoms

Abstract of the case of  
Mr James Newman 2<sup>nd</sup> Batt. 1<sup>st</sup> Regt.  
at 23. Service 3 years, 2 Mediterranean,  
1 year Crimea. Disease Diarrhoea.  
Admitted into Hospital Feb 27<sup>th</sup> 1856  
affected with pain in epigastric  
region sickness of stomach & purging  
occurring about 4 or 5 times in the  
24 hours. Stool thin & of a yellow  
color. Tongue foul pulse rather weak  
Had been treated in Regimental Hospital  
and at Scutari on three occasions,  
between May last and his admission  
with symptoms more or less similar  
to those from which he then suffered.  
Under treatment pain had almost  
ceased in a few days, purging  
however still continued and sickness  
of stomach and some tenderness on  
pressure in epigastric region, at the  
same time there was little appetite &  
he seemed gradually becoming weaker  
and more emaciated. These symptoms  
at first appeared to improve but again  
recurred two or three times on each of  
which occasions he was weaker & more  
emaciated, he went on in this way  
sometimes appearing a little better but  
making no permanent improvement.  
About the beginning of April he complained  
of heat of feet. This was accompanied

## TREATMENT

Class of  
Diet

Extra Allowances

by redness afterwards lividity of great toe which subsequently ended in gangrene of these parts during this time he had been rapidly sinking and died on the morning of April 19<sup>th</sup> 1856.

Treatment has been various, Mercurials to affect the gums, counter irritation, Astringents, Opium by the mouth & in form of enemata, Creosote with Haast Effrosens to allay sickness of stomach, The Bicarbonate of Bismuth in combination with Ext of Hypocyamus, Stimulants & generous Diet.

R. B. Smith

Wright Surg 1<sup>st</sup> Royals

## Pathological Report.

Secio Cadaveric hor XXXIV. post mortem.

External appearances; Body extremely emaciated Riga mortis established, marks of vesication about chest and abdomen. Terminal phalanges of great toe of right foot and great & third toe of left foot in a state of gangrene Thorax. On turning up the sternum the lungs & heart appeared in situ but much collapsed Right lung free from adhesion, left lung firmly adherent at the base and slightly so anteriorly and laterally.

Pericardium, contained about  $\frac{3}{4}$  of serum. Left lung, Base of upper lobe contained numerous bronchi filled with purulent matter, lower

Aged

Date

DISEASE—with detailed Symptoms

Lobe studded with crude tubercles  
Right Lung. Each of the three lobes  
filled throughout with tubercular  
deposit, some of it in an advanced  
stage of softening.

Heart small, Muscular tissue flabby,  
valves healthy.

Abdomen. Slight traces of peritoneal  
congestion. Liver pale in color, structure  
natural. Mucous coat of stomach slightly  
congested throughout but without ulceration  
Small Intestines bore traces of congestion  
here & there. Spleen appearing contracted  
no ulceration in the course of small intestine  
Caecum & Colon also congested but with-  
out ulceration, Mesenteric glands enlarged  
Spleen small but indurated, Kidneys  
slightly enlarged but healthy,  
a few patches of ulceration existed in  
the Rectum.

J. G. Logan. } President

W. S. G.

J. d. Manzie

W. C. S. S.

W. W. Murray M.D.

Lang. 93<sup>rd</sup> High<sup>way</sup>

S. B. Roe M.D.

92<sup>nd</sup> High<sup>way</sup>

Members

Pathological Board  
Highland Division

## TREATMENT

Class of  
Diet

Extra Allowances

Abstract of the case of P<sup>r</sup> Edmund Castles  
aged 28 2<sup>d</sup> B<sup>t</sup> Royal Reg<sup>t</sup> died April 29<sup>th</sup> 1856  
admitted April 20<sup>th</sup> 1856 Complaining of the  
usual symptoms of fever attended however  
by symptoms of congested brain as indicated  
by heavy drowsy appearance of eyes, with  
head ache. There was also tenderness over  
ascending Colon and Typhoidic Stool  
of abdomen

He was ordered Calomel gr<sup>iii</sup>, Pul Jacob gr<sup>iv</sup>.  
ter dia with turpentine fermentation & Opium  
April 21<sup>st</sup> was much in the same state, got  
Calomel gr<sup>iii</sup>, Ext. Hyoscyami gr<sup>ii</sup> every 4<sup>th</sup>  
hour also the turpentine fermentation repeated  
April 22<sup>nd</sup> Bowstring more marked, Blisters  
applied to back, Calomel & Hyoscyamus as yesterday  
April 23<sup>rd</sup> Skin very hot. Pulse quick and  
incompressible, was ordered Spir Othi Nit<sup>z</sup> f  
with ℥ss each of Aquæ Ammon, Acetate and  
Camphor mixture every 4<sup>th</sup> hour also blisters  
to the epigastrium as tenderness present.

April 24<sup>th</sup> & 25<sup>th</sup> No change in symptoms  
Same treatment continued with Opium  
between them on the 25<sup>th</sup>.

April 26<sup>th</sup> Typhoid symptoms more marked  
as dry tongue weaker pulse & Oidium Gillivini

April 27<sup>th</sup> Worse as regards the typhoid symptoms  
mucous rale in large bronchi; tremulous  
motion of hands, tongue brown & dry in centre  
got Carb Ammon gr<sup>v</sup> with ℥ss Mist Camph<sup>r</sup> every  
2<sup>nd</sup> hour with blisters to chest as slight cough exists  
2<sup>nd</sup> gills of Wine.

Date

DISEASE—with detailed Symptoms

April 28<sup>th</sup> Loss of power over sphincters, has now supervened; Pulse very weak towards evening, has diarrhoea also, ordered enemata of Tr. Opia gutt ~~xx~~ to arrest it, got during the day and that night 8 fells of wine Stimulant mixture as before

April 29<sup>th</sup> Is roused with great difficulty feet & legs getting cold, partially sensible when roused; 4 P.M. Quite insensible eyes turned upwards, breathing stertorous got wine & brandy alternately  
7 P.M. expired.

J. K. Birnie

Capt. Surg. 2<sup>nd</sup> Batt Royal

Pathological Report.

Sect. Cadaveris No. xl. post mortem

External appearance. Body muscular & well developed, marks of vesication on the neck and abdomen; and on the calves of legs traces of Siroapiasmus

Cranium On removing the Calvarium the vessels on the surface of the brain were found in a state of extreme congestion the dura mater was coated internally by recent lymph and a considerable effusion had taken place between the pia mater & arachnoid, the sinuses were all packed with blood, Left lateral ventricle contained about ʒiii of a clear fluid, The right about ʒi  
Thorax On removing the Sternum and opening the pericardium the latter was found to contain

## TREATMENT

Class of  
Diet

Extra Allowances

a small quantity of serum, There was a slight deposit of adipose tissue on the surface of the heart but in all other respects this organ was healthy, There were no pleural adhesions and each lung was healthy throughout - Abdomen Liver natural in size & structure Stomach and intestines healthy some slight congestion existing in the ascending Colon but not amounting to inflammation.

J. G. Logan } President  
 & Secy. {  
 E. D. Menzies }  
 V. C. S. }  
 Wm. Murray M.D. }  
 Surg. 93<sup>rd</sup> High<sup>way</sup> } Members  
 S. B. Roe M.D. }  
 92<sup>nd</sup> High<sup>way</sup> }

Pathological Board

Highland Division

Date

DISEASE—with detailed Symptoms

Abstract of the case of P<sup>r</sup> Alexander  
 Monroe 42<sup>nd</sup> R.H. aged 22 years  
 P<sup>r</sup> A. Monroe admitted into Hospital on  
 April 30<sup>th</sup> having been seized with a  
 severe rigor the preceding night at 12 P.M.  
 On admission on the 30<sup>th</sup> was in the following  
 condition. Pulse quick and febrile  
 accompanied by great heat of skin and  
 thirst, face red and flushed tongue  
 furrowed and dry, pain of right side much  
 complained of particularly on full inspiration.  
 On examination of chest commencing  
 pleurisy & pneumonia are detected in  
 Right Lung and slight Bronchitis is  
 present in the left posteriorly and inferiorly  
 Patient is very restless, tossing about  
 from side to side and moaning incessantly  
 On admission to have Tact Antem griss Pulsp<sup>er</sup> 35  
 Cupping to  $\frac{3}{4}$  VIII<sup>ss</sup> over right lung followed  
 by blisters to same lung anteriorly and inferiorly  
 Vespa<sup>re</sup> Emetic has acted well and with  
 the cupping has given relief  
 R Tact Antem griss, R Hyoscy.  $\frac{3}{4}$ ij Aqua  $\frac{3}{4}$ iv ℞  
 Take an ounce every two hours  
 May 1<sup>st</sup> No great change for the better  
 Pleuritic symptoms aggravated R Calomel<sup>is</sup> XXXVII  
 Pul op<sup>er</sup> gr<sup>ss</sup> III, Confid Ros q.s. et fil pil XII<sup>ss</sup>  
 one every three hours mint Mixture -  
 These pills were stopped by Dr Maclean  
 who saw patient in the afternoon and  
 the following mixture was ordered -



## TREATMENT

Class of  
Diet

Extra Allowances

R Vinegar ℥iv Warm Water ℥xii℥ in Lettice  
body be sponged all over with the above  
to have R Mist Camph ℥x℥ Spir Oth Nut,  
A In Honey a ℥iv In Rhci Com ℥iv ℥ss  
of which Lettice take one ounce every  
two hours till morning visit, ℥tins  
to be mixed with ℥iii Water to have a  
table spoonful when required

May 2<sup>nd</sup> Express himself much better  
this morning heat of body much relieved  
by the sponging, head ache not so severe  
pulse full & strong, Breathing very  
oppressed, Bowels constipated

R ℞. Ricin ℥i ℞. Subinth ℥j℥ <sup>℥tins</sup> Stuber  
omit former mixture and have R  
Mist Camph ℥vi Spir Oth Nut ℥ii℥ ℥ss  
℞ Take two ounces every three hours &  
in each dose Lettice have two grains  
Carb. Ammon. A table spoonful of Port  
Wine every hour till seen again

In my absence was attacked with most  
severe dyspnea and weakness seen  
by Dr Maclean who stopped above mixture  
and ordered to have ℥i Pot Wine & gr ii  
Carb. Ammon. every half hour which he  
continued taking till within a short  
time of death which took place this  
evening at 8<sup>o</sup>; Patient being quite  
sensible to the last.

May 3<sup>rd</sup> 1856.

W. A. Maclean  
Appt & Surg 4, 2<sup>nd</sup> R. H.

Pathological Report.

Actio Cadaveris. Noni. XVII post mortem  
The body presented the appearance of  
a robust muscular and well formed  
young man. Post mortem rigidity  
established. Lividity of the back.

Neck & extremities a jagged cicatrix  
of long standing on the left side of  
neck 2 inches long. Marks of cupping  
and vesication on the chest.

Thorax. On turning up the Sternum the  
lungs & heart were found in ~~the~~ the belly  
Anterior surface of right lung covered  
with a thin layer of coagulable lymph  
Right Lung slightly adherent to Pericardium  
and more firmly to wall of chest both  
laterally and posteriorly and also to the  
diaphragm by recently effused lymph  
Left Lung universally adherent to the  
chest & diaphragm by old & firm bands  
of lymph.

Pericardium contained about  $\frac{1}{2}$  of straw  
-colored fluid, no appearance of inflammation  
of that membrane

Right Lung. Upper lobe collapsed and  
crepitant, Middle lobe, an exudation  
of lymph on its surface and in its  
structure completely hepatized throughout  
having on its surface a marbled grey  
appearance. Numerous each of the small  
Bronchial tubes. Lower lobe unengorged

## TREATMENT

Class of  
Diet

Extra Allowances

in the Pneumonia but its surface covered  
with Pleuritic effusions  
Left Lung, crepitant throughout but slightly  
congested.  
Heart, Right Atria & Ventricle filled with  
coagulated venous blood, Valves & Structure  
of Heart healthy  
Abdomen On opening this cavity the  
Peritoneum was found universally adherent  
to the walls of the abdomen and the  
intestines firmly agglutinated by old  
organized lymph  
Liver, Firm adhesions existed between  
this organ and the Peritoneum but the  
size & structure of the organ was natural

J. G. Logan } President  
D. S. G.  
Ed. Menzies }  
J. C. S.  
W. Munro M.D. }  
Surg. 93<sup>rd</sup> High<sup>way</sup> }  
R. R. McMillan }  
92<sup>nd</sup> High<sup>way</sup> }  
} Members

Pathological Board

Highland Division

Date

DISEASE—with detailed Symptoms

Abstract of the case of 1<sup>st</sup> George Whittick  
Aged 34. Land Transport Corp-

Was first admitted into Hospital April 22<sup>d</sup>  
suffering from an incised wound, received  
that day on the posterior and right side  
of head. After being treated (by simple  
water dripping to the wound, and purges  
with gentiphylogenic oil) for 10 days he  
was discharged convalescent.

On May 10<sup>th</sup> he came to Hospital complaining  
of intense headache, giddiness, debility,  
nausea & prostration. He said his head  
had never recovered from the first effects  
of the blow. On May 11<sup>th</sup> he was delirious,  
perfectly unconscious of any attempt to  
rouse him. He was restless & moaned  
incessantly, eyes not injected but staring  
pupils much dilated, skin hot, pulse  
full & soft. Tongue white furced -  
No convulsions - vomiting

Vespa Singus cluckus still moaning &  
unconscious, pulse weak & distant, skin  
warm, motions involuntary, pupils  
dilated, eye balls turned up -

vomiting no longer excited

May 12<sup>th</sup>, 18 days after blow, Early the  
morning he died after passing a restless  
night similar to the foregoing. No  
consciousness was evinced, no convulsions occurred  
The treatment consisted in leeching the temples, and  
Calomel in large doses, Cupping & blistering the

## TREATMENT

Class of  
Diet

Extra Allowances

temples and head, opening the old wound and poulticing it and latterly wine and Carb ammoniac in solution with Oil Nut, and Camphor & Spiritus Sordentium, also blisters between shoulders -

## Pathological Report.

Sectio Cadavica, hor xxviii post mortem.

External appearance. No emaciation, slight ecchymosis of most dependent parts, slight puffiness of skin of the neck & face, a little serum running out of right ear,

Marks of cupping & blistering -

Cranium On the external surface of the occiput on the right side exists an incised wound of an angular shape & deepest at the angle, where the scalp was removed this deepest part was found adherent. When detached a piece of bone, about the size of a four-penny piece, was found white, divided of periosteum & slightly depressed, the internal table of bone was broken in small pieces. On opening the Cranium the dura mater adhered closely to the Calvarium especially behind.

Immediately beneath the white pine of bone a small pointing of Membrane was observed, this when punctured gave escape to ʒi of fetid pus, The Arachnoid & Subarachnoid space was full of serous fluid, the veins congested

Date

DISEASE—with detailed Symptoms

On making a longitudinal incision through the pointing membrane and on towards the ventricle an abscess was found, extending into and communicating with the right ventricle, of triangular shape, the base lay on the course of the external wound and its sides was the limits of the cerebral convolutions, the apex being connected with the ventricle, the two neighboring convolutions were untouched.

The choroid plexus was full of purulent fluid. The left ventricle contained serum fluid above the normal amount. The whole cerebral mass was softened. No examination of chest or abdomen.

J. G. Logan	}	President
D. J. G.		
Edward Murray		
2 C. S. J.	}	Members
W. Murray M.D.		
J. 93 <sup>rd</sup> Highlanders		
S. B. Roe M.B.		
A. S. 92 <sup>nd</sup> Highlanders		

Pathological Board  
Highland Division

*Admitted*

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Folio *31.*

TREATMENT

Class of  
Diet

Extra Allowances

*Aged*

Date

DISEASE—with detailed Symptoms

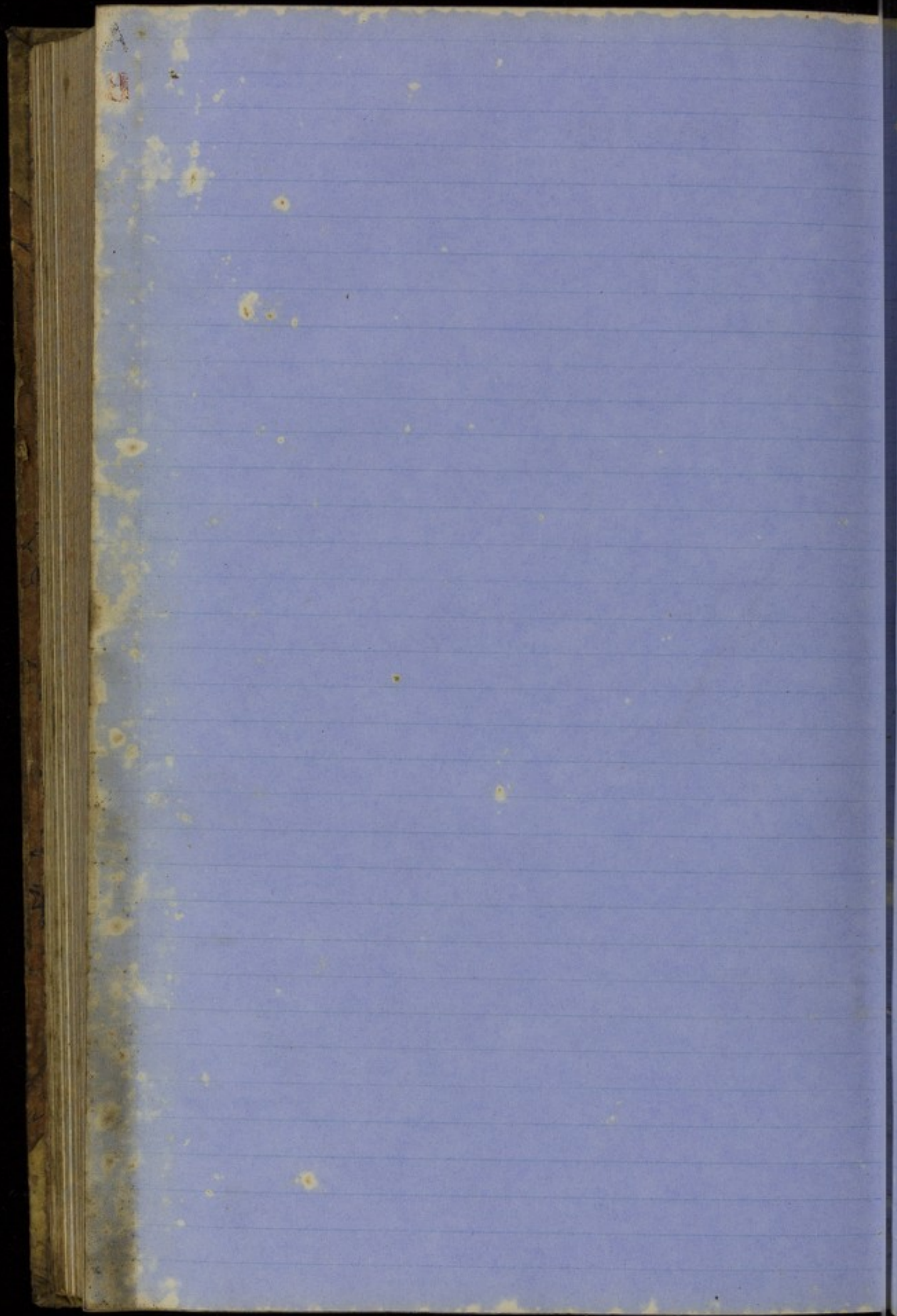


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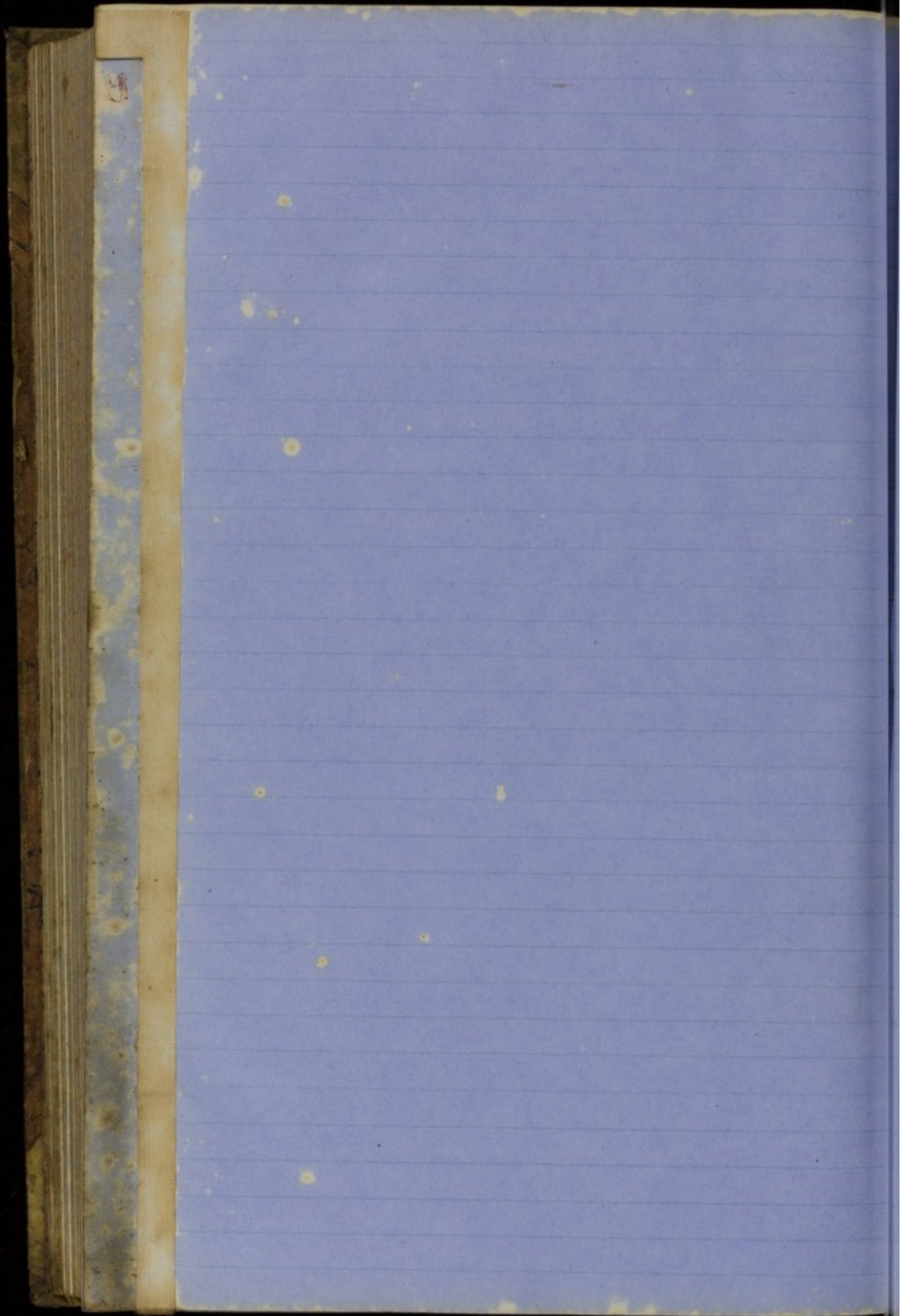
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Reg<sup>t</sup>

Rank & Name

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1<sup>st</sup>

Pt John Brown

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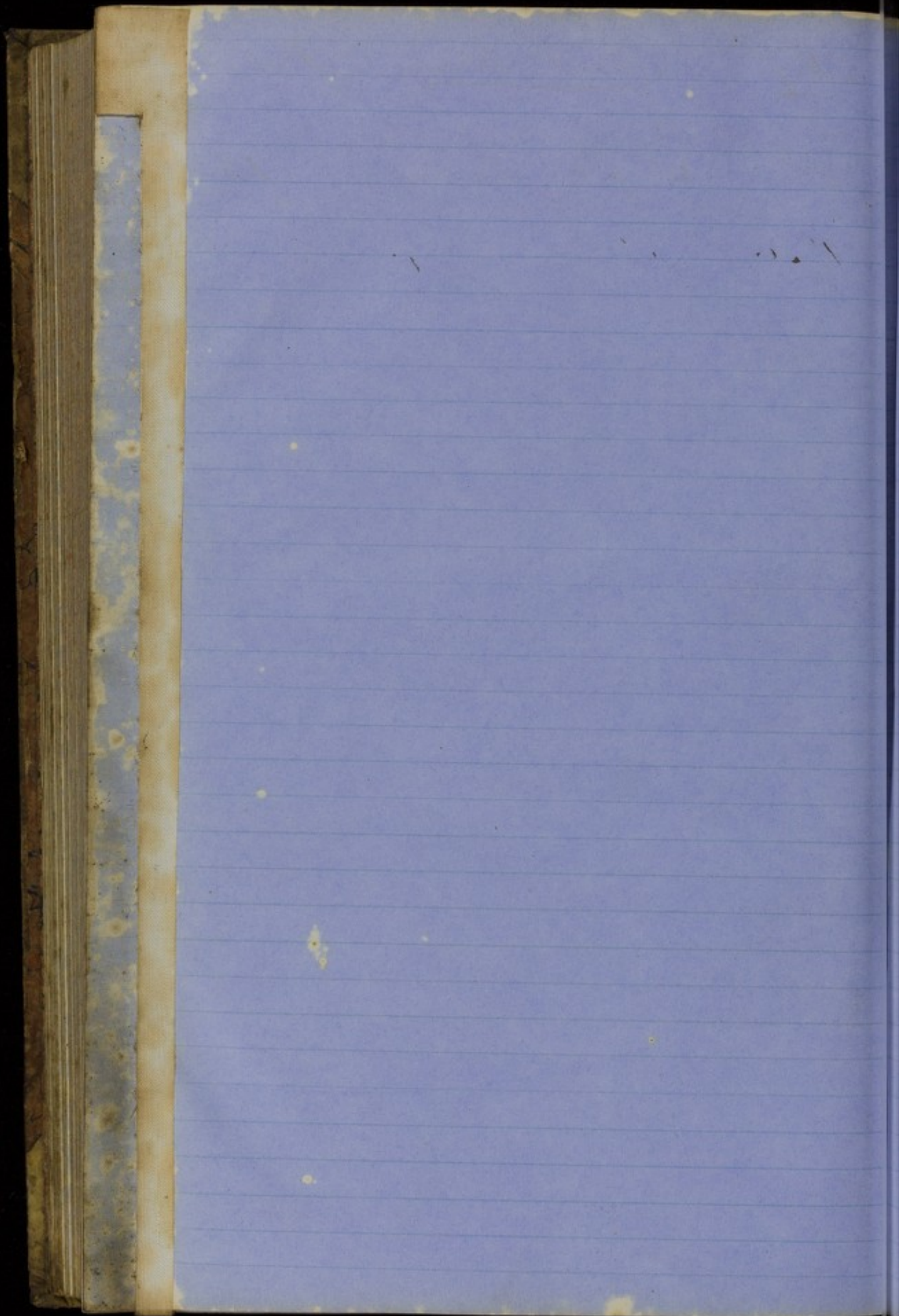
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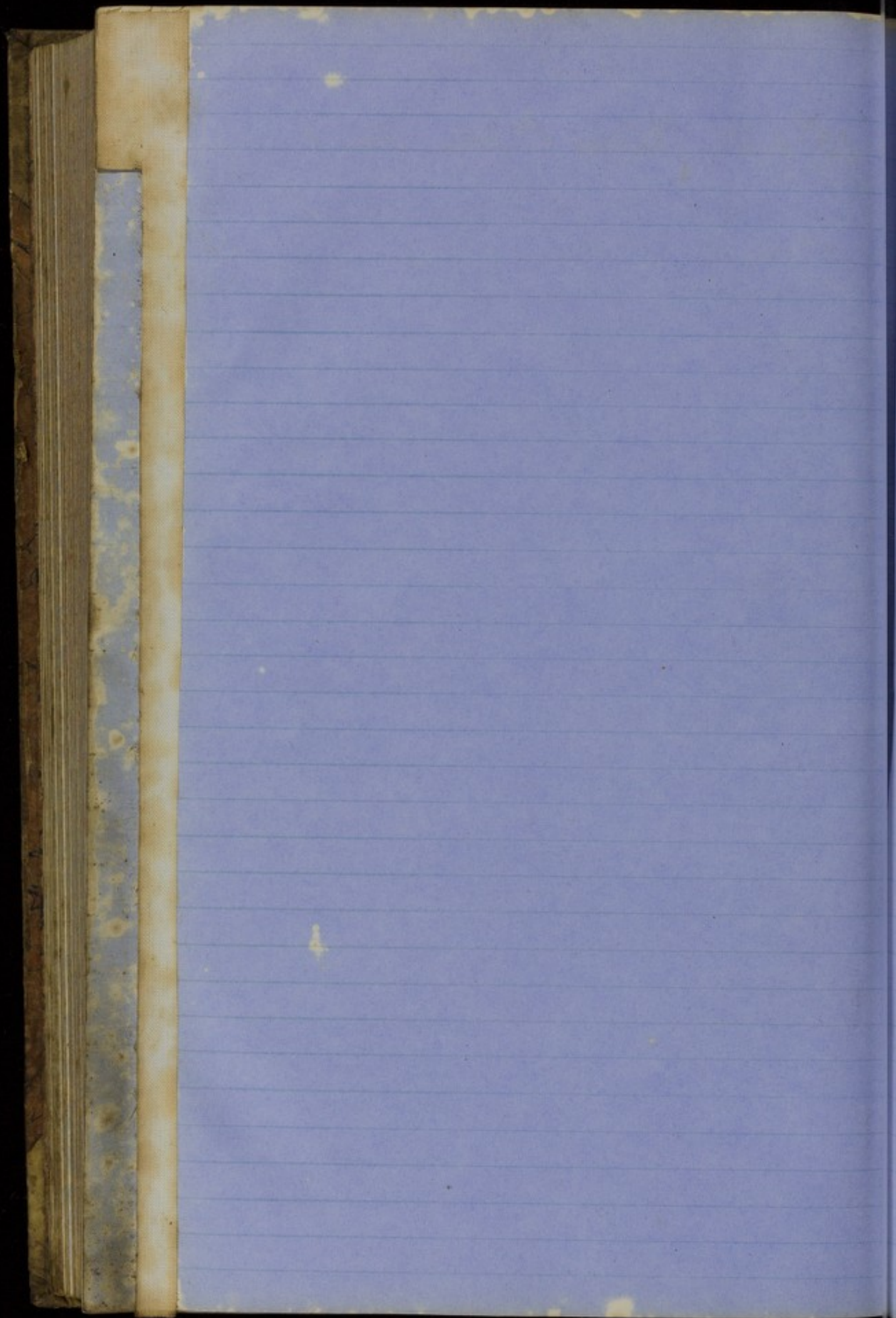


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Reg<sup>t</sup>

Rank & Name

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79<sup>th</sup>

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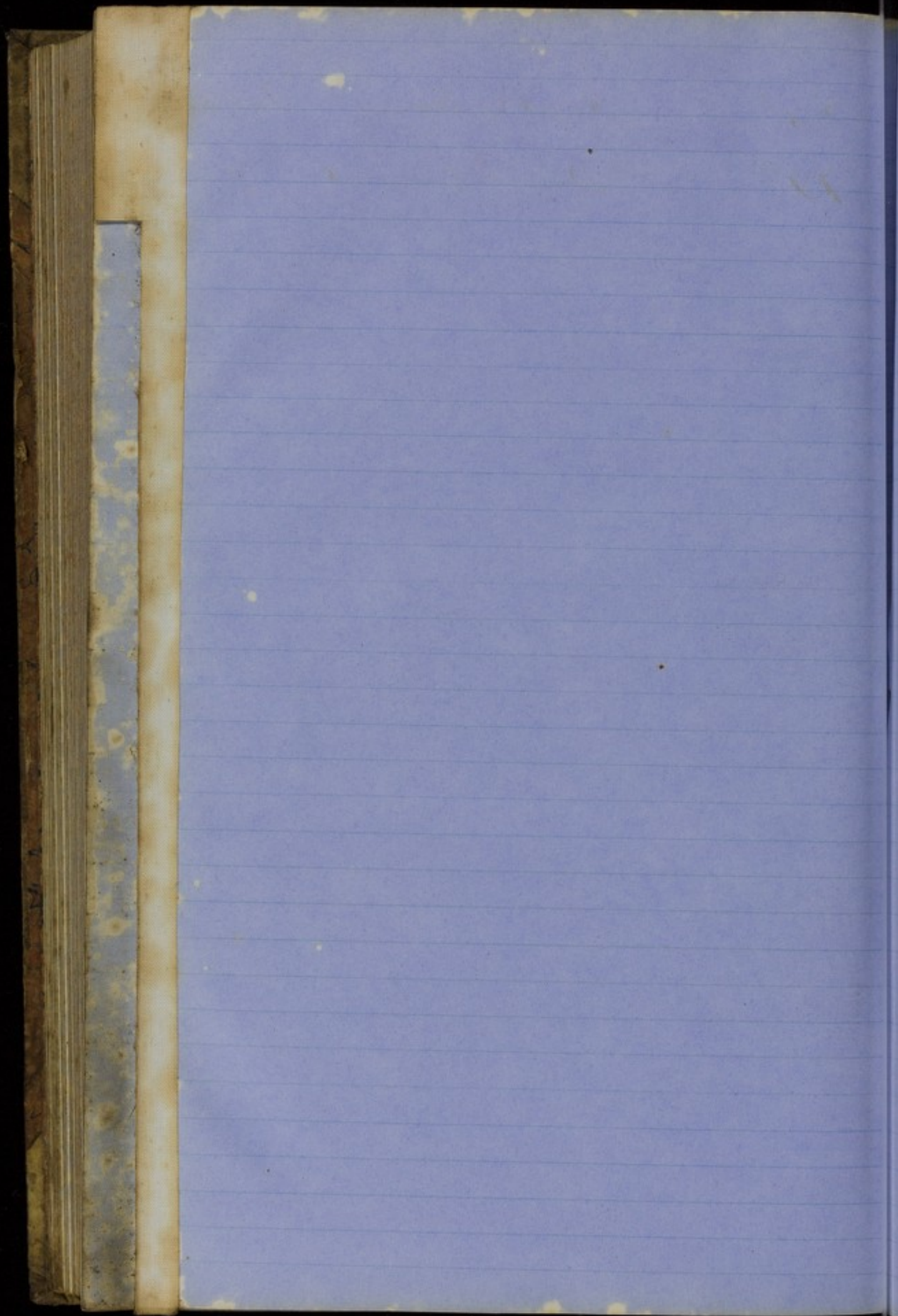
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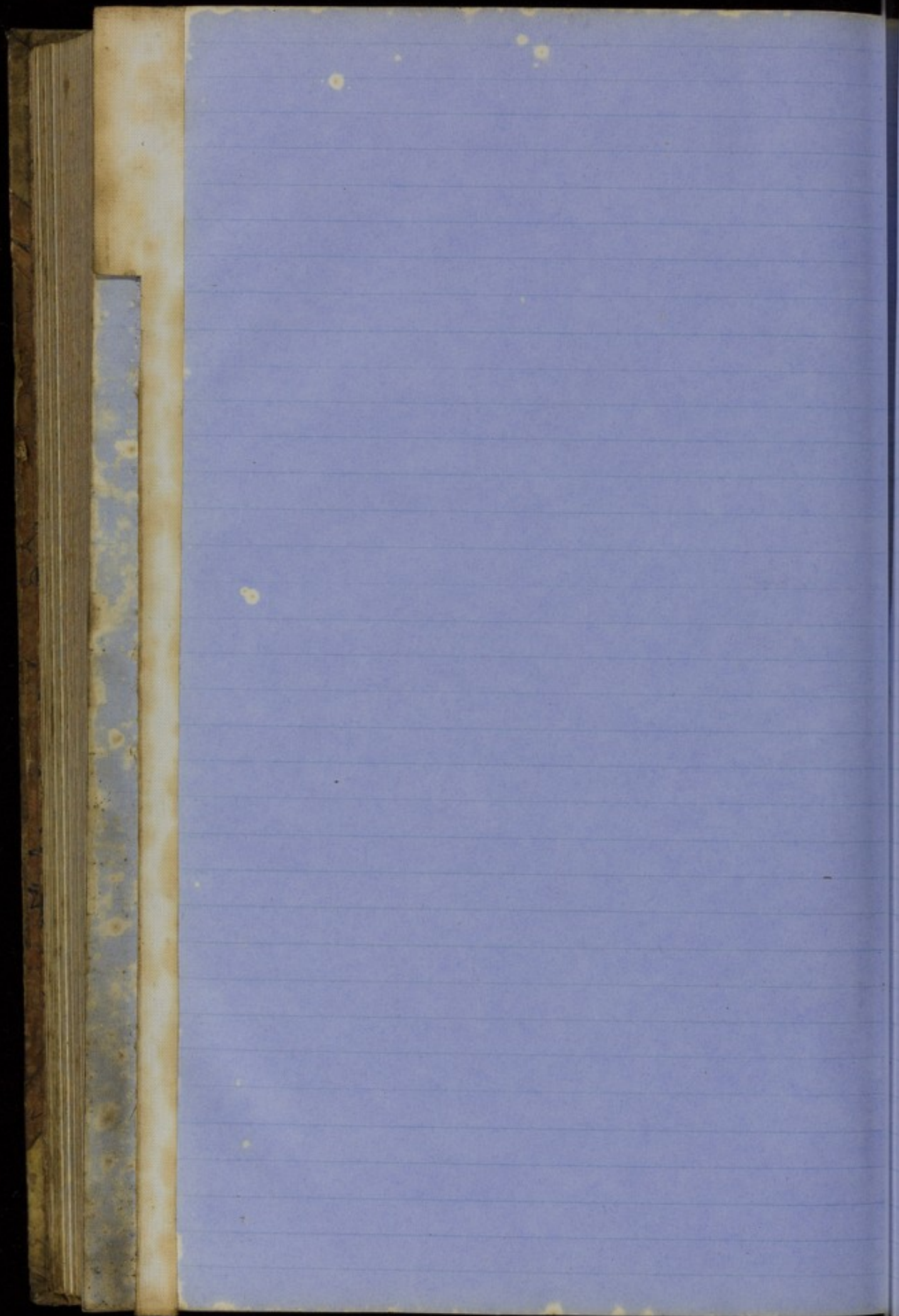
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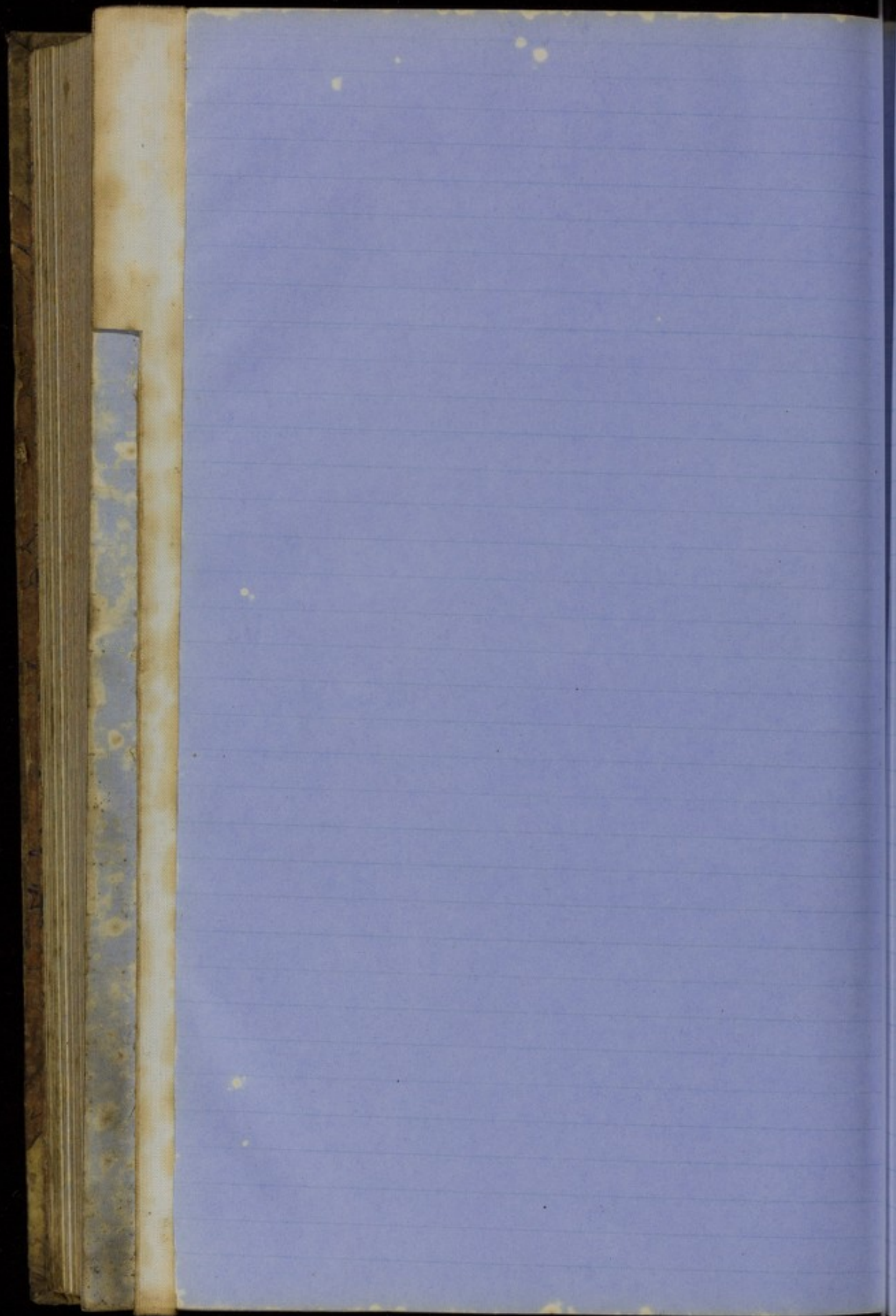
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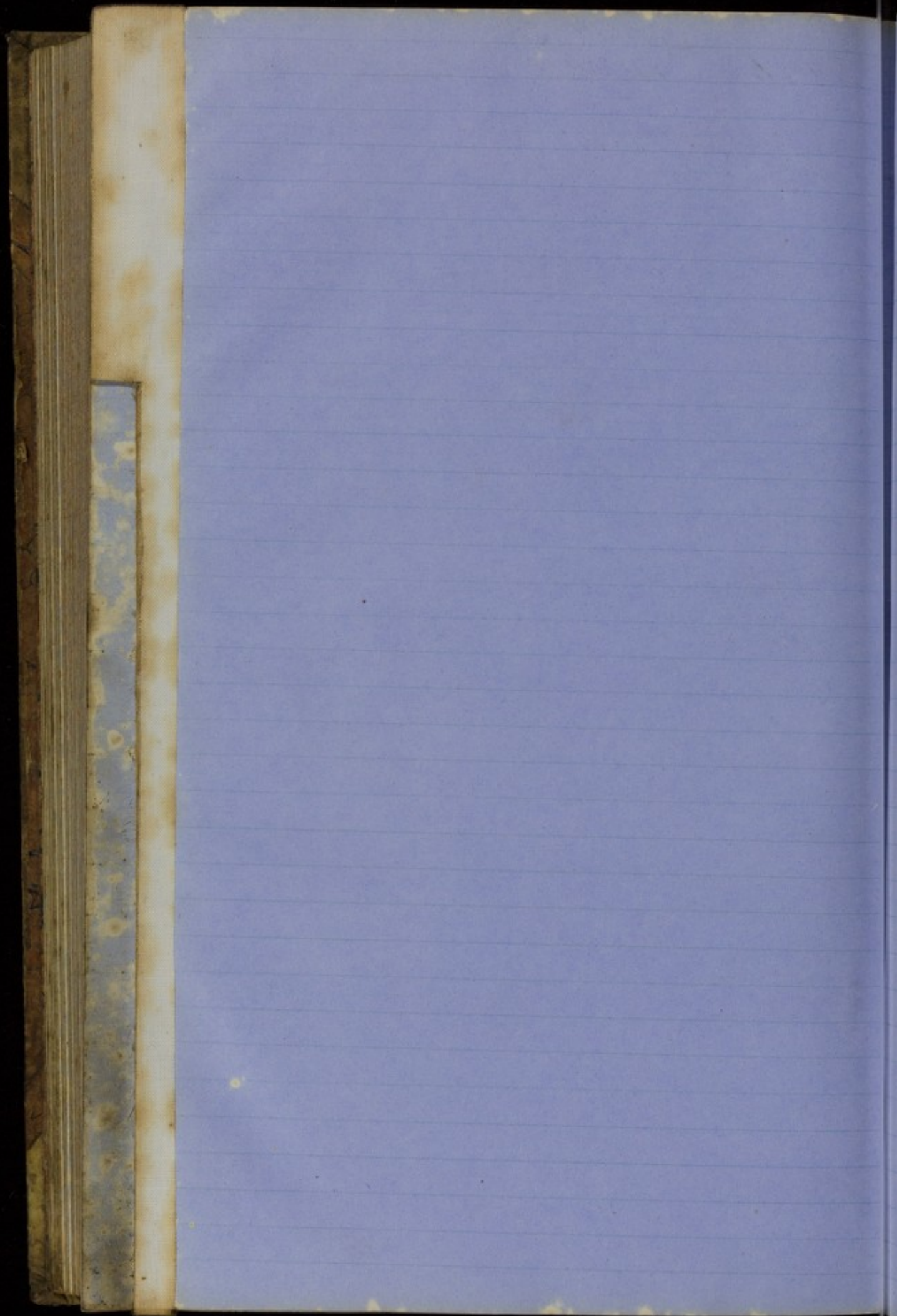
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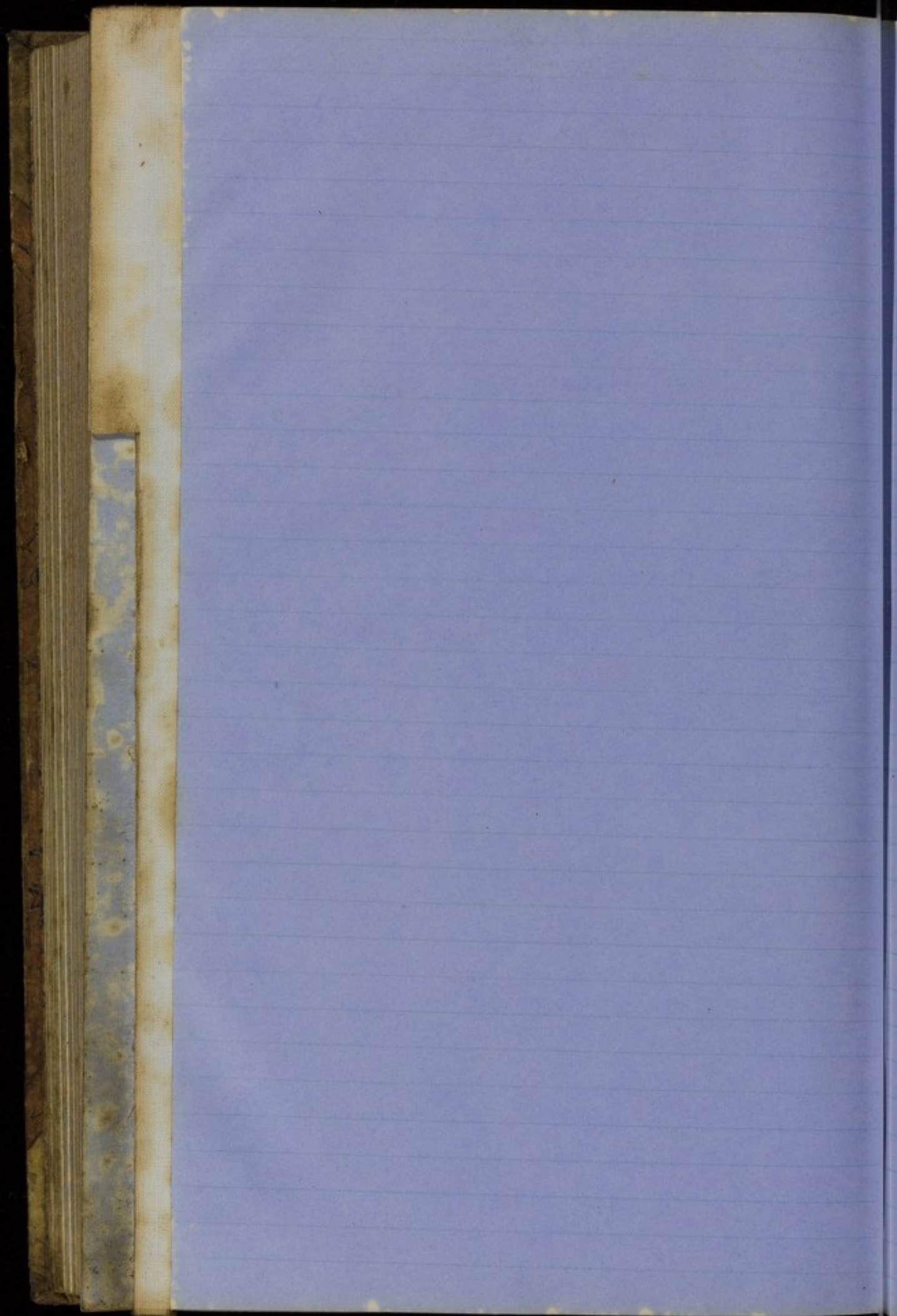




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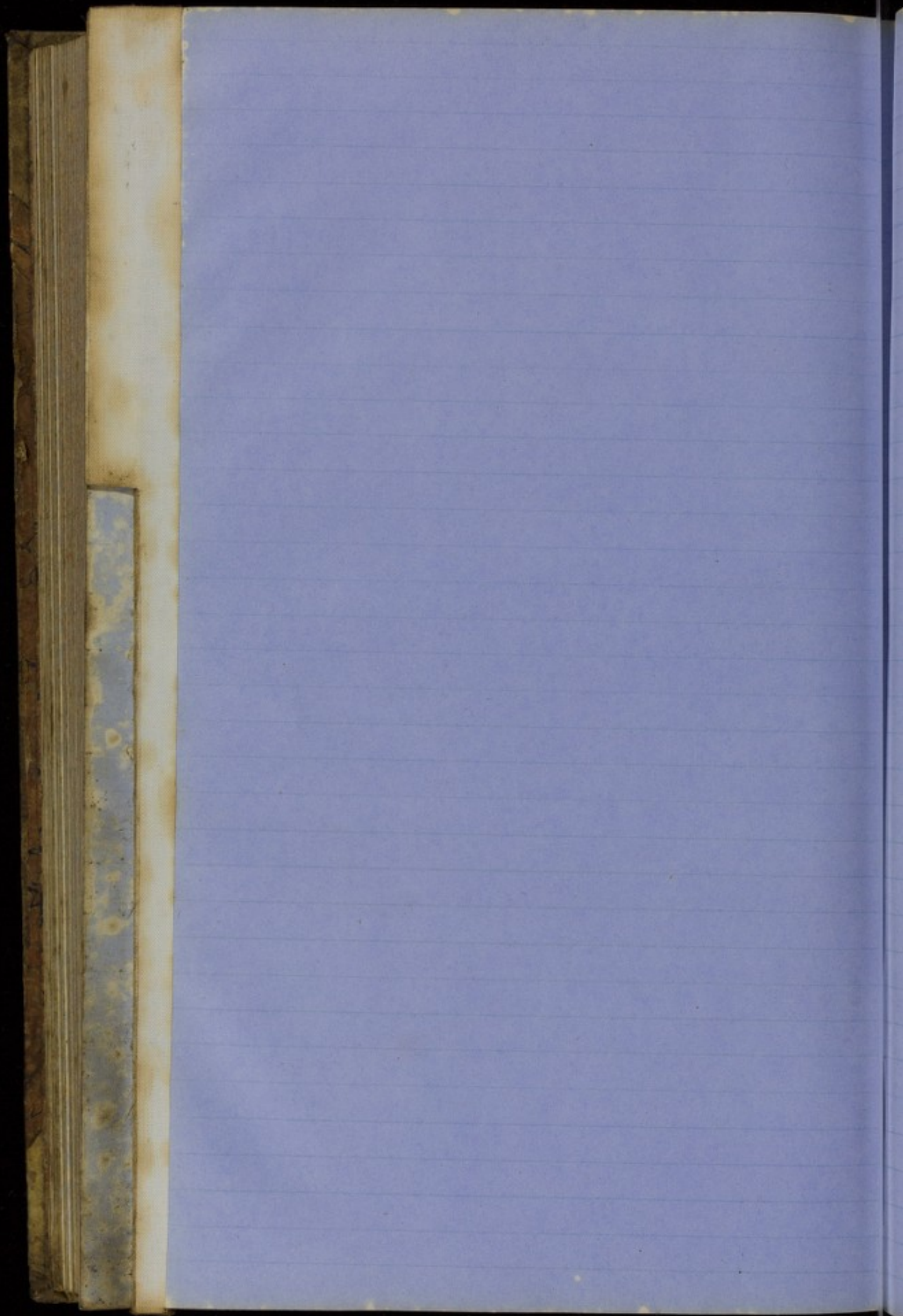
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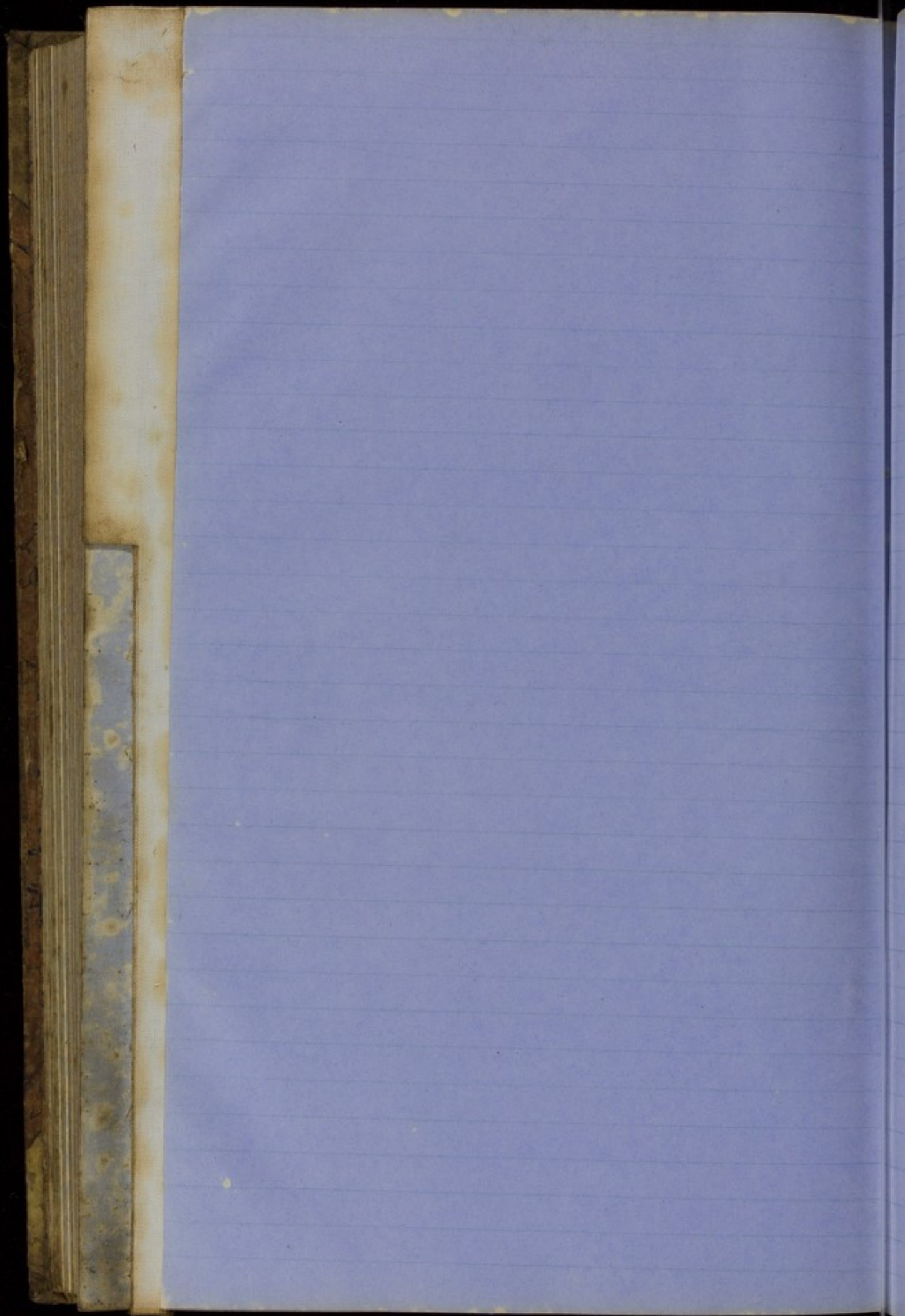
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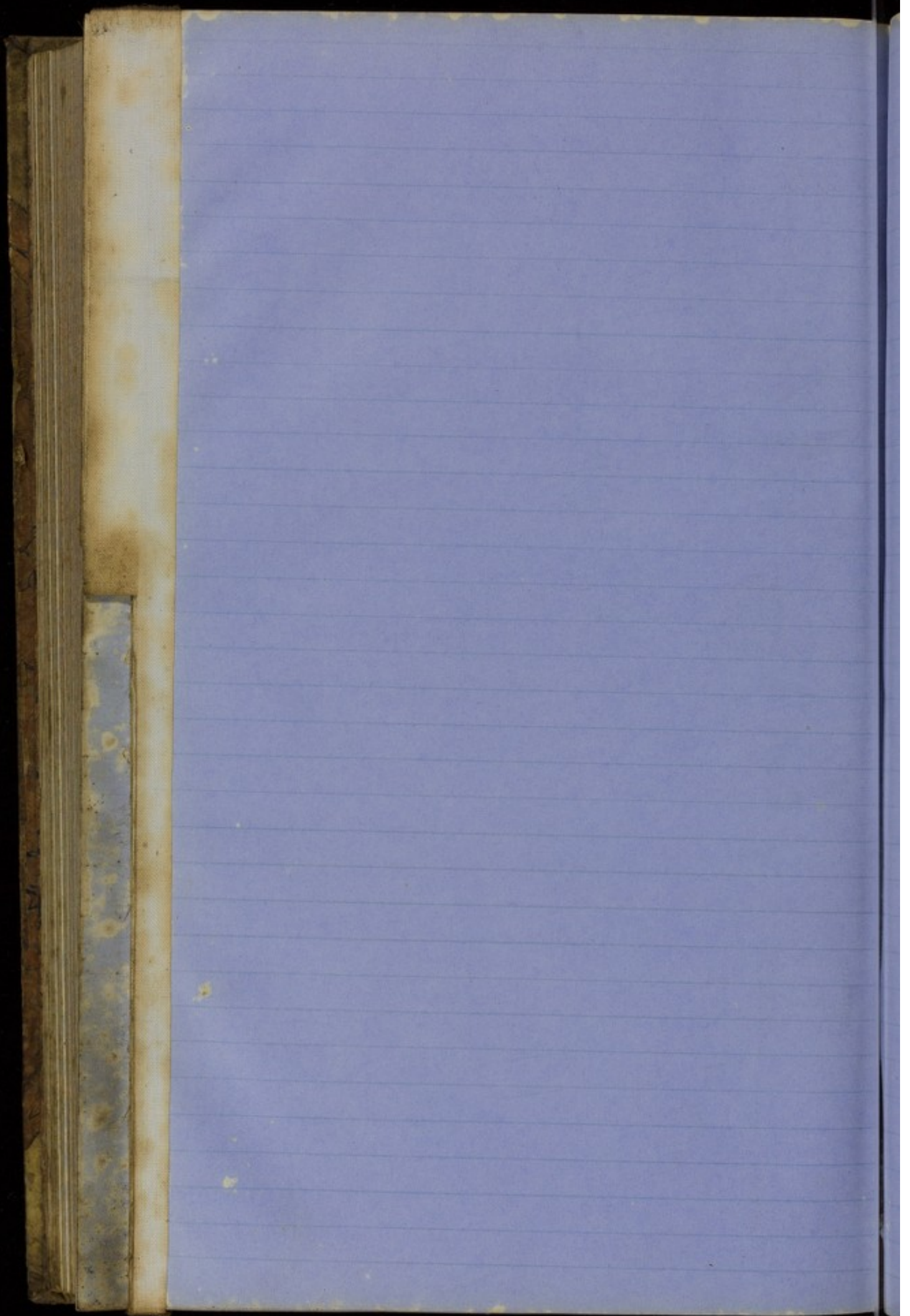
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42 <sup>nd</sup>	Pt Alex Munroe	28

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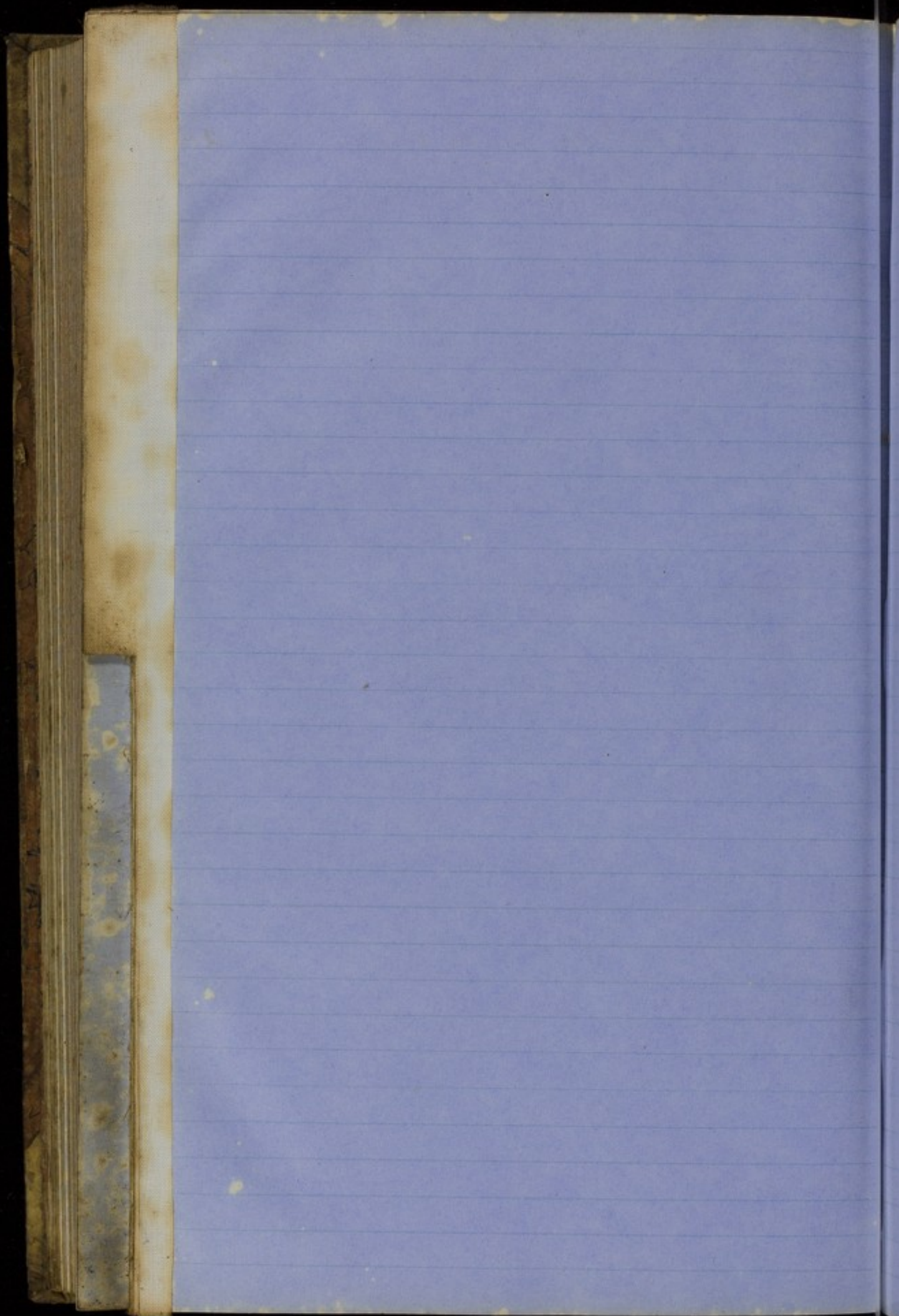
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Rank & Name

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1<sup>st</sup>

M<sup>r</sup> James Newman

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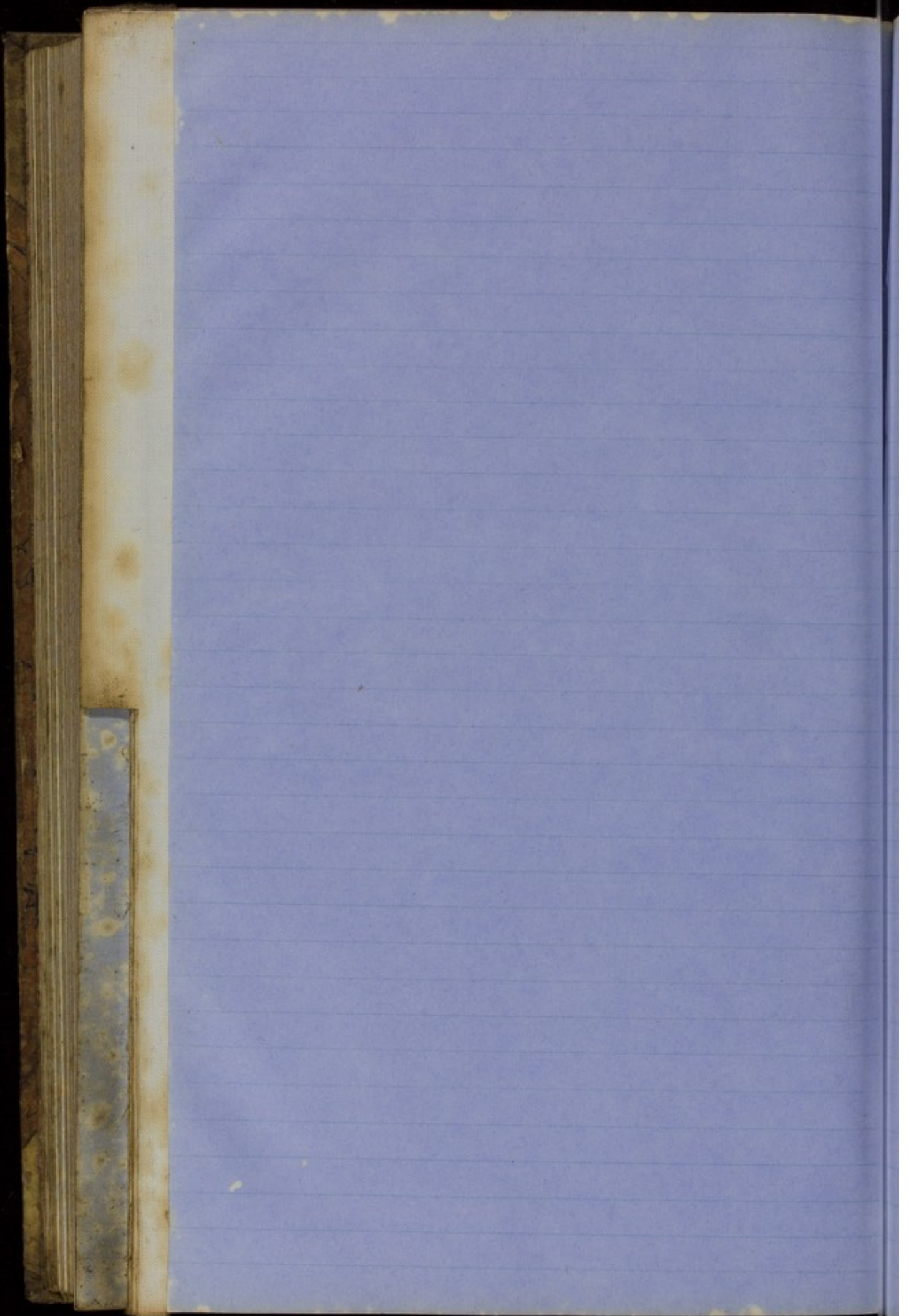
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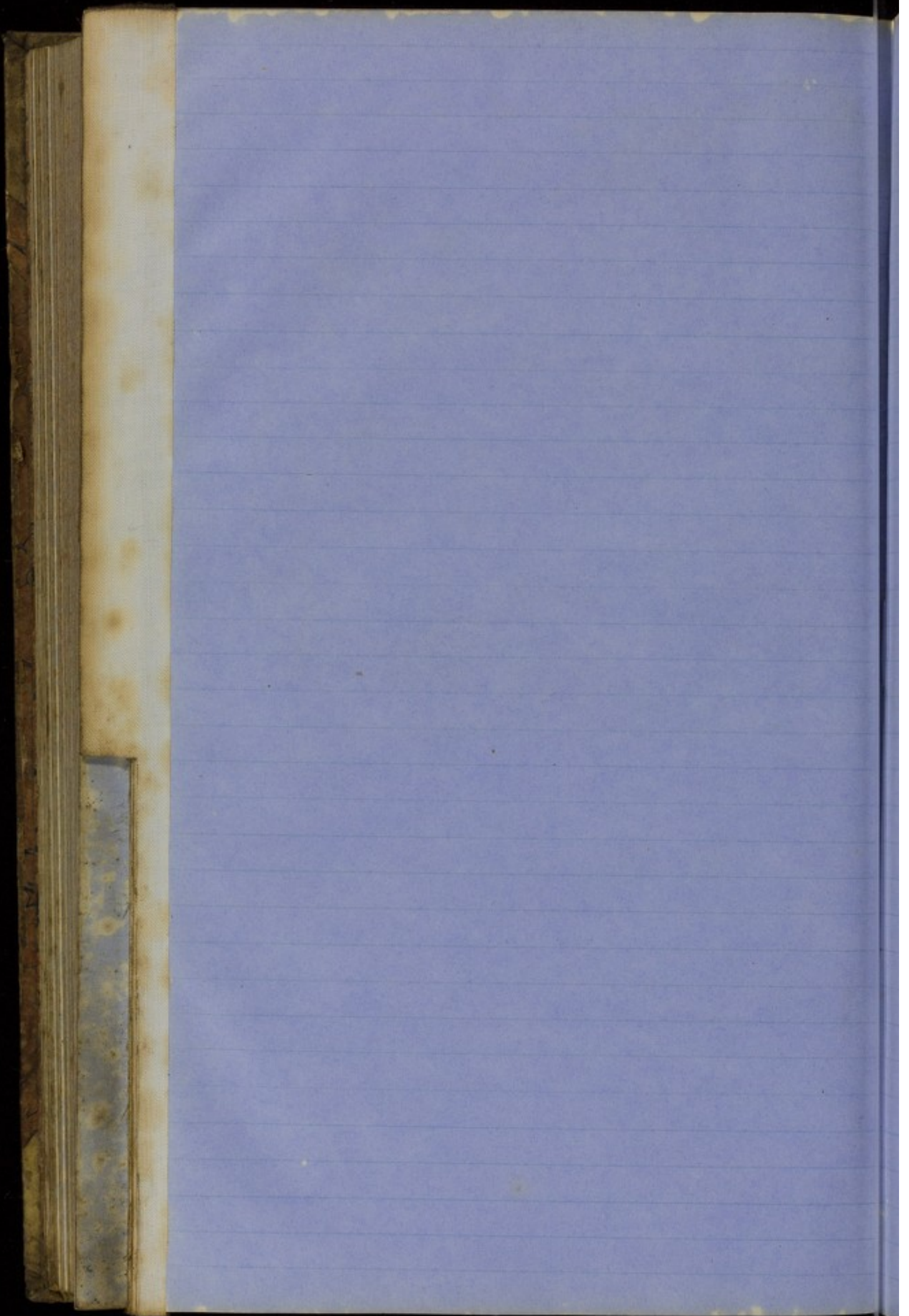
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1<sup>st</sup> Batt. Royals, Prod. St. George Folio 5.

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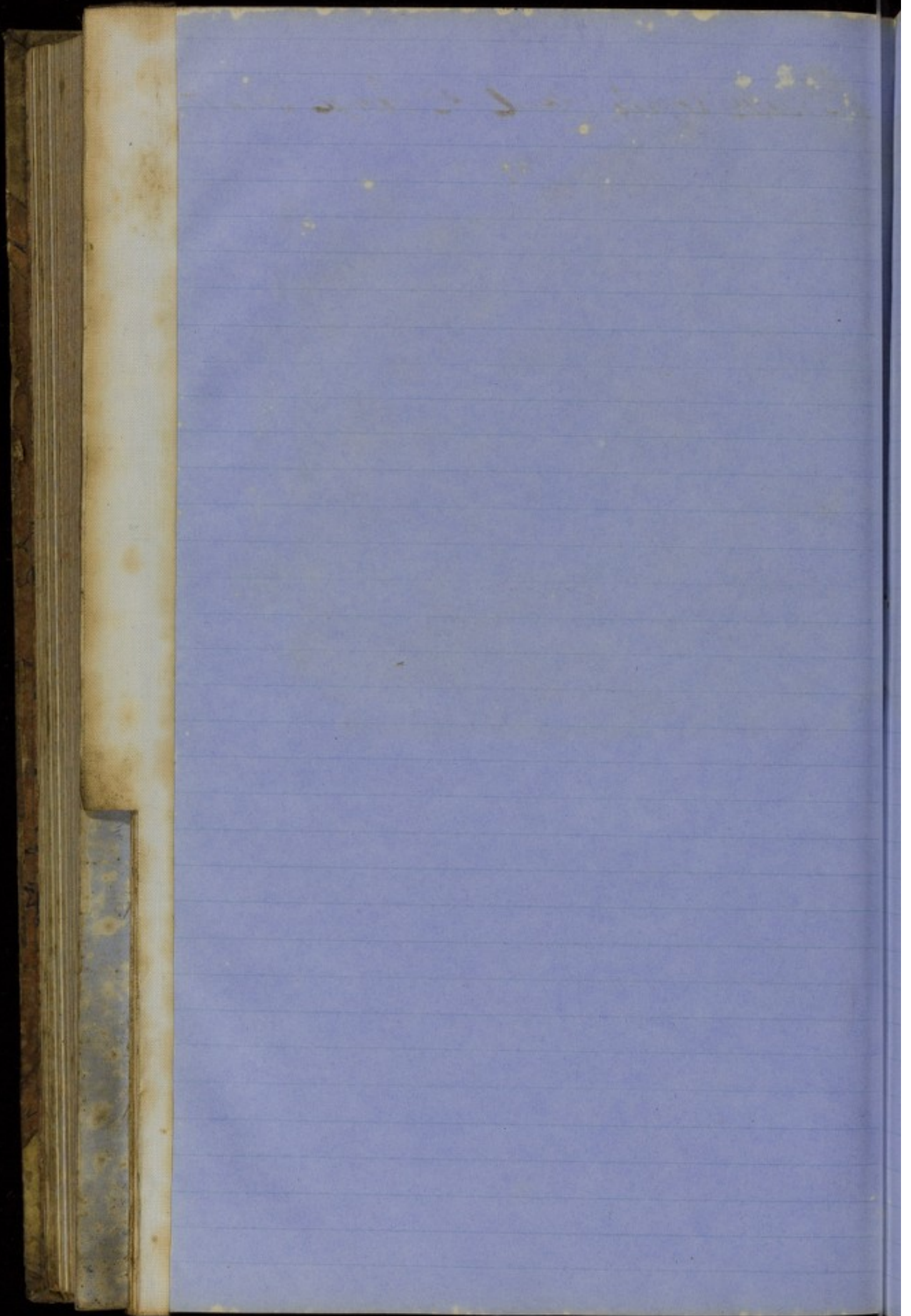
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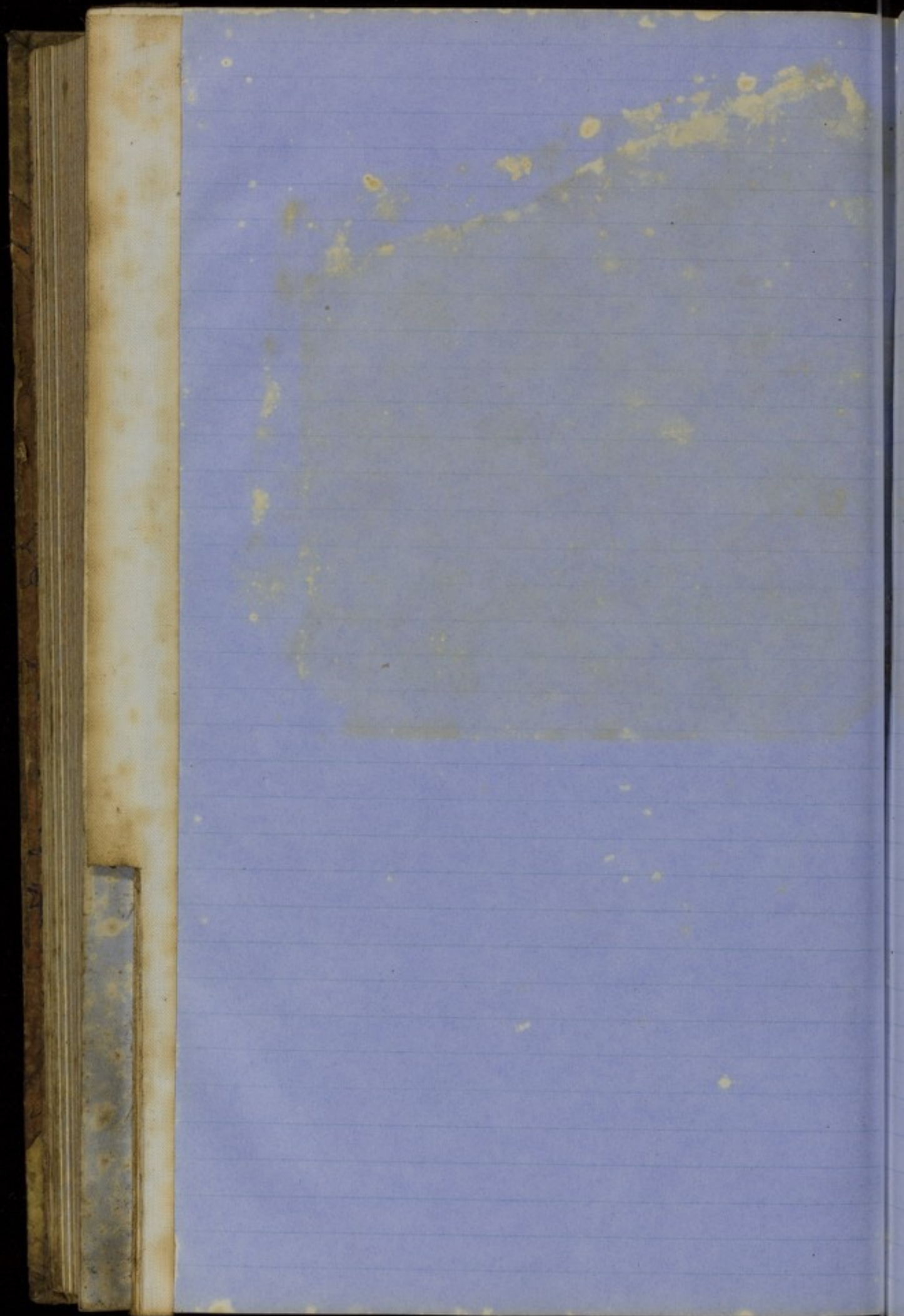
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Regt

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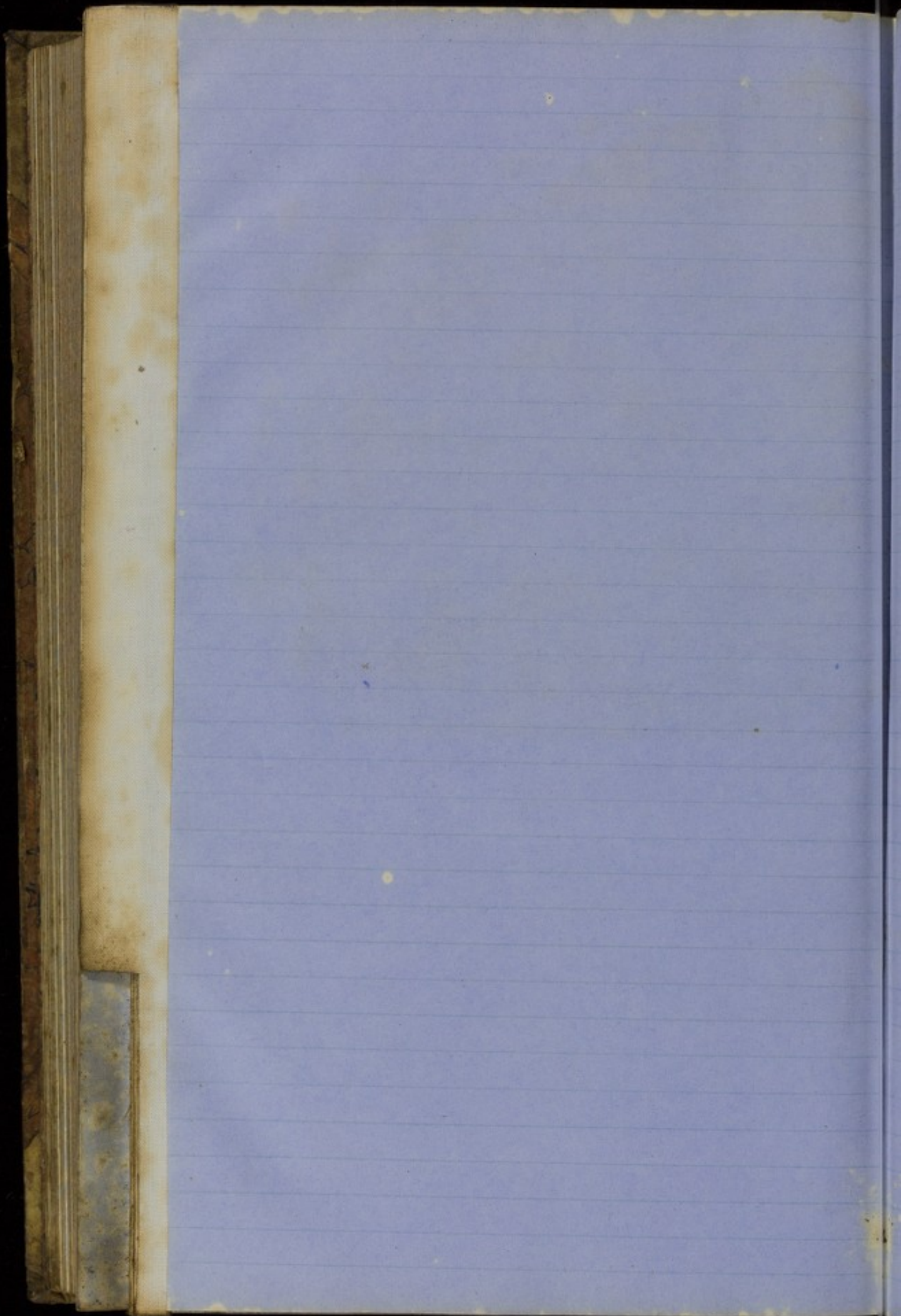
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1<sup>st</sup>

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Capt. Turner

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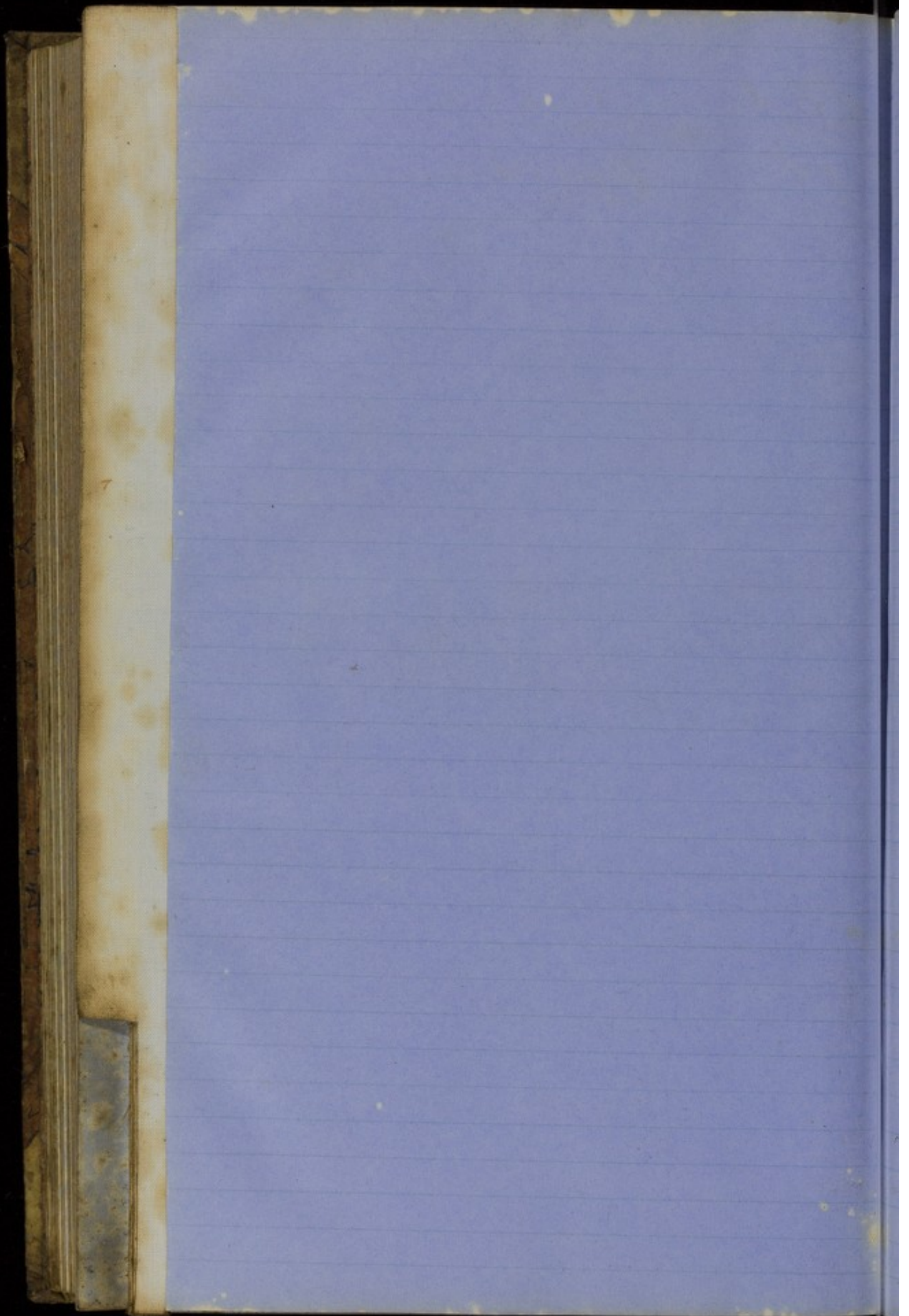
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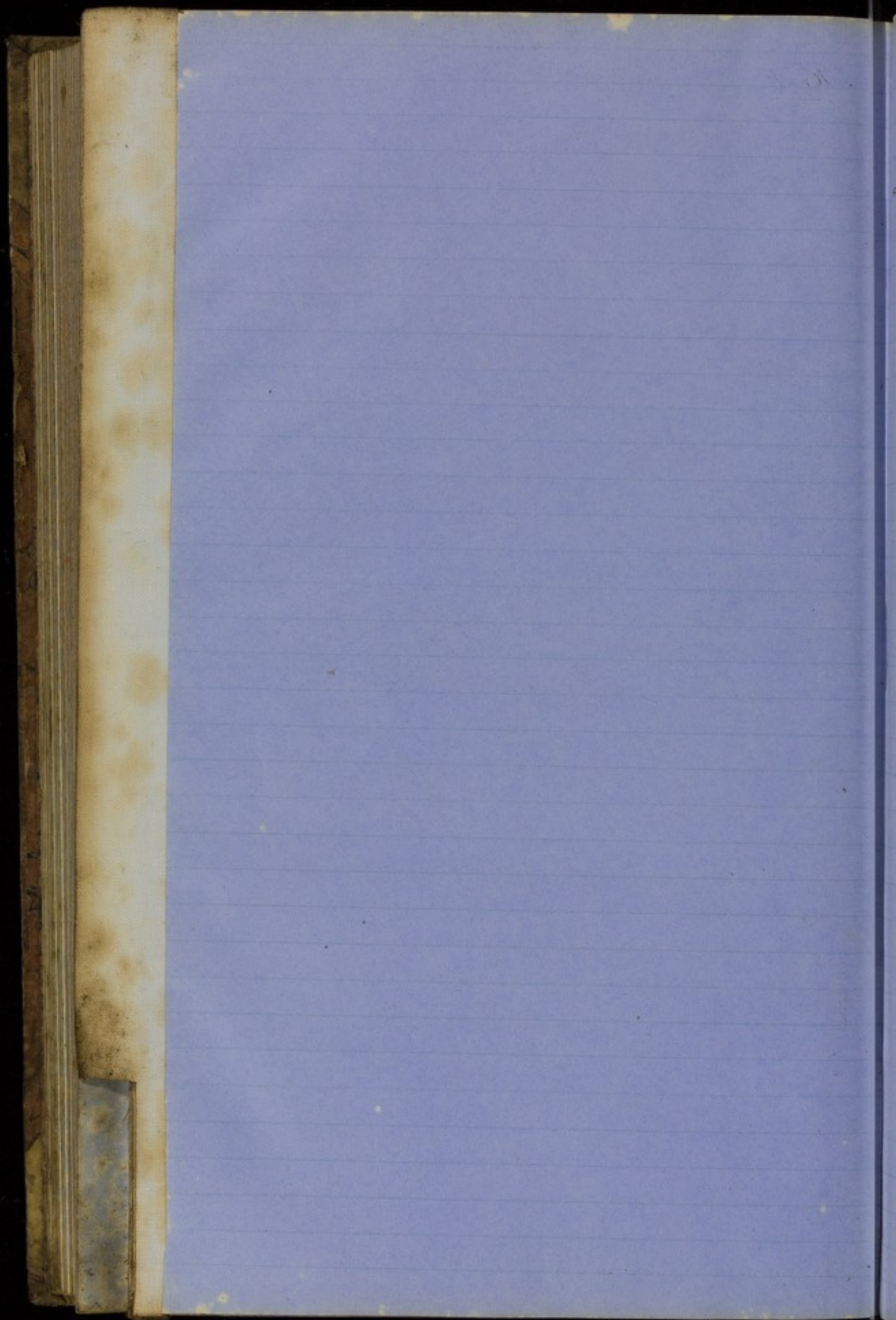
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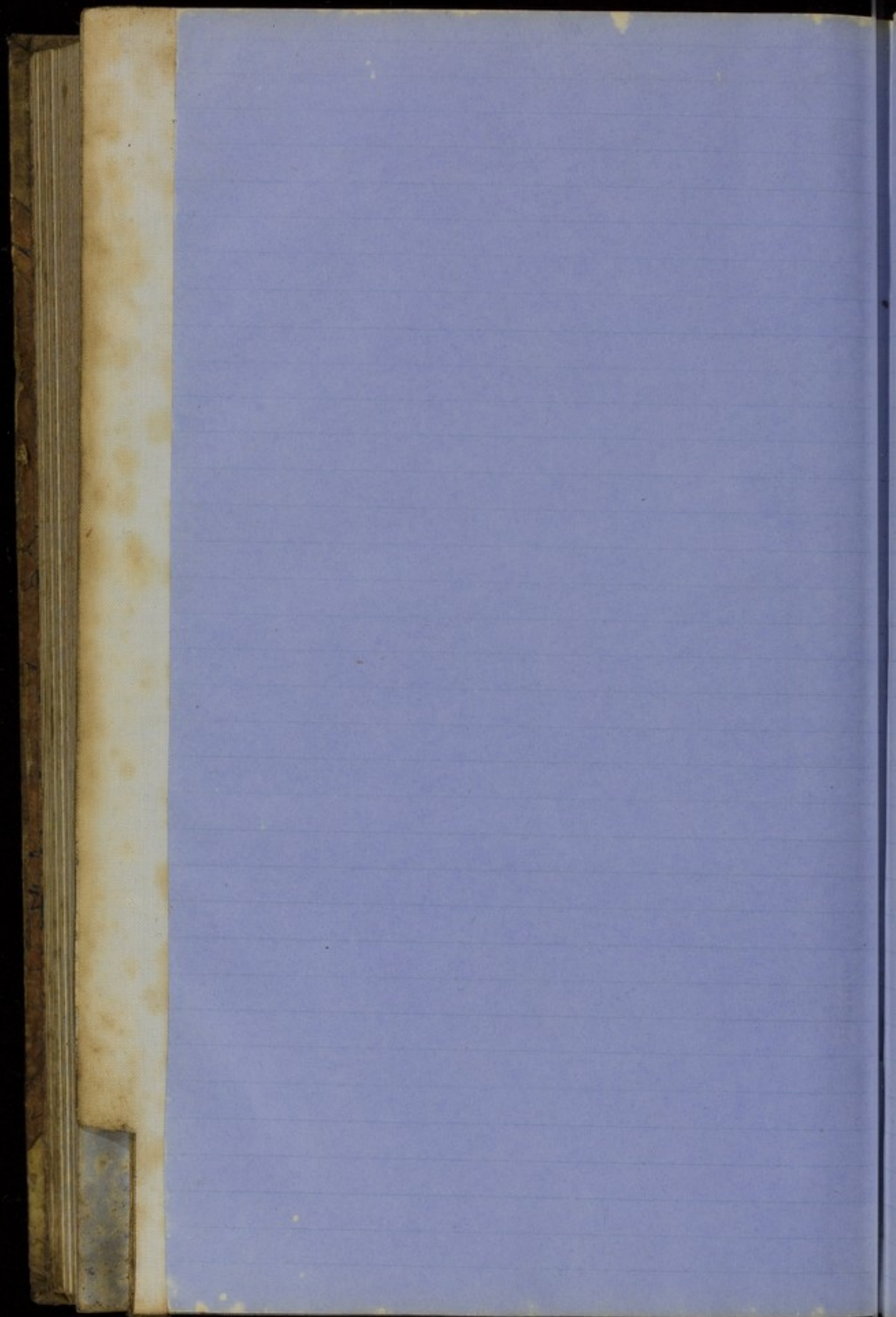
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72 <sup>nd</sup>	Pt Michael Waters,	17.
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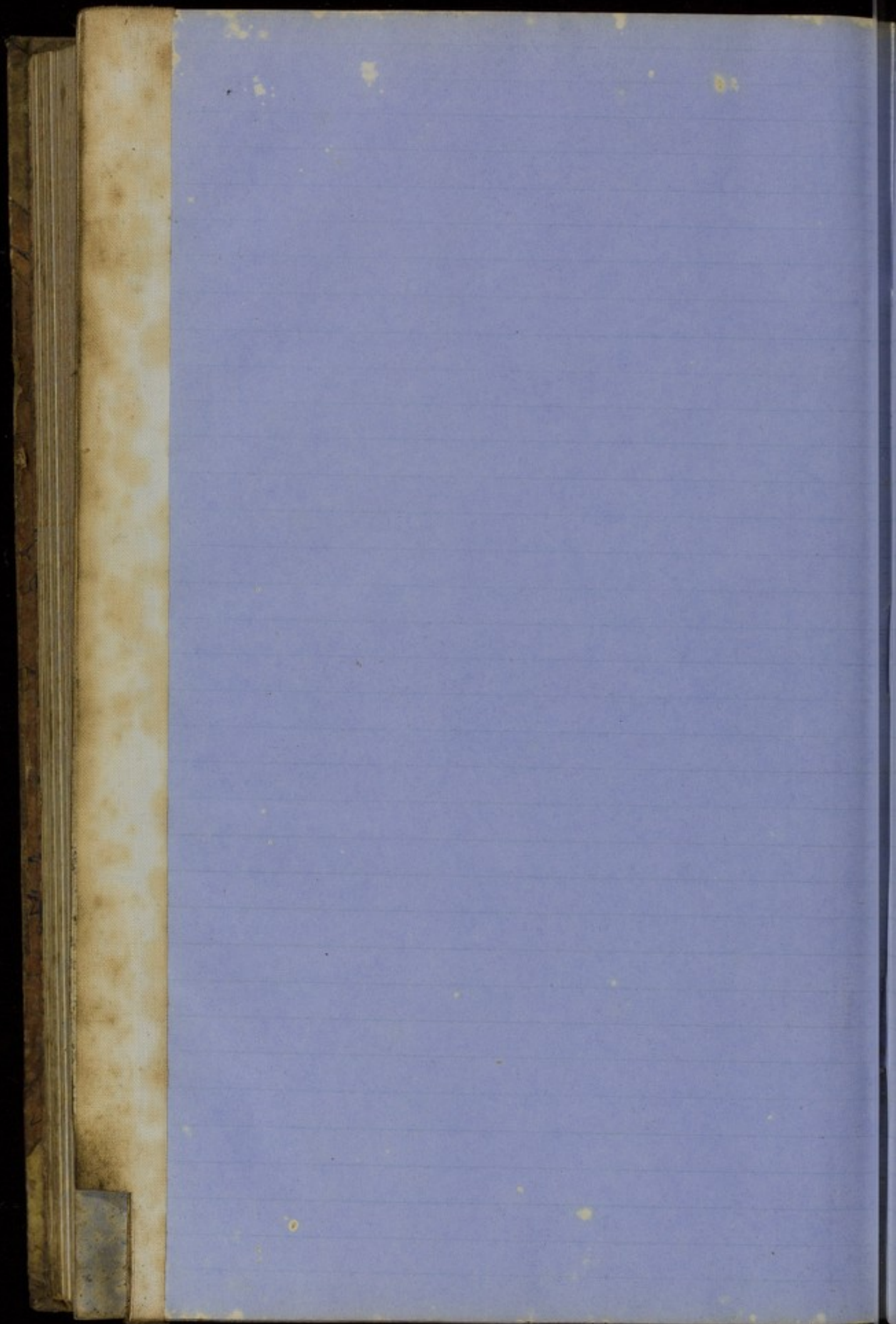
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