Notes on autopsies, etc.

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Oxalic Acid poisoning. Suicidal. 1/1

♂ St. M.H. 82.05

Ext: Stout man. Rim alsat stain
Int: HT Cavity somewhat dil. Muscle pale Slight
atheroma aorta. Lungs very cong: + oedematous.
Trachea & Bronchi injected. Liver (54·13) Soft + cong:
Spl (7 oz) Soft + cong. Kidneys (6 + 5½ oz). Cortex slightly
reduced in thickness + glomeruli form red pinks. Medulla
very cong. Fine gritty particles felt in kidney substance
+ pelvis. Pancreas cong: + small haem in head. Stomach
contains about 8 oz blood + mucus. Wall very cong: P.T.O.

A small haemorrh: in mucous membr: thrush at Cardiac end Oesophagus eroded at lower end. Intestines congested. No Ecchymosis. Blood stained crusts in nose
Brain congested. Slight atheroma of arteries.
Chemical Exam. by Willcox. Stomach contents contain sufficient Oxalic Acid to account for death.
Microscopic. Kidney. Intense congestion. Cloudy swelling. Quadrilateral + hexagonal Xtals in cells + lumen of convol: tubule.
History found in Hyde Park. Unconscious. Dead on arrival at Hospital.

Acute Appendicitis. Pulmonary Embolus 1/2.
14 days later

Henry le Maitre ♂ 32 St M.H. 41.05.
PM 10.3.05

Well nour. Opn word over appendix; case left open for drainage RIH present

Nov. Skin flap extended round to cavity: whole flap clean with whole stump of appendix projected. Small pocket of pus in cellular tissue behind cavity – localised.

Rt Common Iliac Vein felt with thrombus extending for some distance along Inf. Vena Cava. Between abscess cavity & Rt Common Iliac Vein was

P.T.O.

group of enlarged glands

Heart Rt cavities dilated; in Rt ventricle several small fragments of fibrin clot clinging to surface, pale in centre. Left pulmonary artery - branch to lower lobe completely filled by 2" ℄ clot about ½" in diameter, consists of alternately red & white layers. Recent haemorrhagic infarct at margin of left lower lobe. Lungs also congested & oedematous. Bases.

History. Admitted 23.2.05. Acute appendicitis. Op- immediately. Abscess opened & drained. Appendix removed. Did well until even of March 9 when he woke up indeed with great dyspnoea, revived after 5 minutes, then another attack which caused death.

Suicidal incised wounds + stab over heart, one 113
penetrating into left ventricle. Jumped from window. Survived few hours.

Edward Crackhell. ♂ 43. St M H. 16.3.05

Ext. Well nour. 5 small stab wounds over heart. 18 superficial incised wounds left side of neck. 3 abrasions + bruising over chin. Fracture Rt lower jaw 1½" in front of angle. Lacerated wnd Rt temple. Fracture Rt femur 2½" above knee. Fracture dislocn of left knee. Int. Stab wnds penetrated chest + air in left pleura. Parietal pericard = opened in 2 places close together near apex of heart; cavity about ½ ℥ of clot + serum + small puncture in front of left ventricle ¾" from

PTO.

apex reaches interventricular septum. Wound passed completely thro wall of left ventricle.

Hirlin Admn. 15.3.05. Died a few hours later. Had fractures of nose, lower jaw, left femur caused by jumping from window. Incised stab wounds also present & caused by penknife found on him. Clear indication of insanity.

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Notes desk

Post mortem from Rhubarb.

1/4

Louisa Messenger ♀ 6 years P.M. Feltham 3.3.06
Ext. Well nourished Rigor present.
Int. Hr cavities dilated Muscle soft & pale.
Lungs congested at bases. Thymus slightly enlarged
Liver 14 oz. Cloudy swelling ? fatty. Spleen 1 1/4 oz
Congested. Kids 1 1/4 oz each. Cloudy swelling ? fatty
Stomach Contents fluid & curds. Walls normal
Sm Int: walls thin & pale & Congestion in lower
part of ileum Peyers patches in lower part
Congestion in Appendix. Large intestine Contains

P.T.O.

Yesterday Mr. Luxmore Drew held an enquiry at Fulham on the body of Louisa Messenger (5), the daughter of a bootmaker living in Estcourt Road, Fulham, which occurred under peculiar circumstances. The mother stated that the child was healthy until February 20. On that day she bought some rhubarb from a local greengrocer. She stewed it, and her husband and three children ate it for dinner. Afterwards they were all taken ill. She herself ate none, and remained in good health. Two days later a doctor was called in, and remained in attendance until the death of the child. Her husband and one child had since recovered, but the other was still in bed under the doctor's care. She took every precaution in cooking the rhubarb, stewing it in an earthenware vessel.—Frank Oliver, of Maplethorpe Road, said he bought rhubarb from the same shop. He had since been ill, and attributed it to the rhubarb.

The greengrocer stated that he sold the rhubarb the same day that he bought it in the market. It was perfectly fresh. He had, however, received complaints from other people, who had been affected in the same way after eating it.

Dr. Jones, who attended the deceased, said he had treated the family for some sort of poisoning, which he thought was set up from eating the rhubarb.

Dr. Bernard Spillsbury, assistant pathologist at St. Mary's Hospital, said that a post-mortem examination indicated that some sort of irritant poison had been taken in food. It had not the appearance of ptomaine poisoning, but was some chemical irritant, which possibly might have arisen in the dressing of the rhubarb. Death was due to blood-poisoning following enteritis, set up by some irritant poison the result of eating rhubarb.

The jury returned a verdict of "Accidental death."

Septic Abortion. Pyaemia Wilful murder against some person unknown/5

Julia Alison ♀ 34 PM 8·5·06 Adm H 9·2·06

Ext Well nour. A few old Mucous abs: over abdomen

Int. Early acute peri-endo-metritis & effusion. Ut contains clots & slightly injected. Muscle Valve torts IV. RV plenum - acute plenum & much effusion. Lungs septic infarcts + abscesses & pneumonia. Liver 7½ cs. Enl: Cl mod: Spl 7¼ cs. Adh & diffluent. Kidneys cloudy swelling. Uterus Larger than Jaffa orange. Wall much injected. Neck dilated. Whole mucous surface inflamed. Remains of placenta attached to upper part of mucous surface: it was closely incurfaced with vessels

PTO

were thrombosed. Superficial abrasion $\frac{3}{4}$" x $\frac{1}{3}$" running
up post surface just above int: os. Another abrasion
circular & size of 3d bit on ant surface at same level.
History taken ill May 2. Had rigors.
Admitted May 5th. T 104 P 130. R 48. C resp of
pneumonia. Rotting. Blood stained offensive
vaginal discharge. Leucocyte Count. May 6 31,000
" " May 7 18,000.
Never rallied. Died May 8th
Inquest. Abortion on May 1st or 4th-5th months
Illegal operation. Verdict of Wilful Murder
against some person unknown. A woman suspected.

? Chr. Lead Poisoning. 1/6

Edward Theophilus Moody of St Q. St M.H. 52.06
DN 14.3.06

Acute Glanders. 1/7

Robert Daw. ♂ 38. STMH. 51.06
Pm 12.3.06

Ammonia poisoning. Septic Pneumonia. 1/8

Maud Cooksley. ♀ 24. PM 18.5.06. St 19 H 103.06

Ext: Emaciated. Recent Op^n wound 4th Rt Intercostal space

Int: Heart. Rt cavities sl dil, muscle ~~dark~~ dark

Acute pleurisy both sides & empyema at lower part of back of ~~left~~ lung. Septic bronchopneum^a & abscess in both lungs, more ext^e in right. Area of gangrene in right lower lobe. Lower trachea & bronchi very injected with ulceration. Bronchi dilated & thin walled. Liver cong & some fatty degen. Spleen nfp. Kidneys cong & cloudy swelling: Oesophagus - middle third was thin

walled & had almost completed lost mucous membrane the inner surface being green & slough. Rest of oesophagus injected but no ulceration. Stomach & pm. changes. Intestines normal. Other organs normal

Hist. April 16th at 5 Pm swallowed ammonia sol. in "in mistake for water". Great pain & burning. Vomited but blood came from mouth. Dr sent for. Admitted 2 pm very collapsed. Tongue & throat swollen & oedem. & covered with stringy white exudate. Great pain in mouth & throat & tenderness & pain in epigastrium. Blood stained sputum. Rhonchi & moist rale in chest. Improved a little for 1 week then temp higher, dyspnoea & cough more urgent. Expectoration offensive & foetid. Rales in lungs. Expired for dyspnoea

Died May 15.

Notes desk. Criminal Abortion. 1/9

Maud Eliz: Griggs ♂ 24 yrs. Single PM Viens: 27·X·06
Ext Well nourished. RM in lower limbs. Milk in breasts. Pleq 26·X·06
Transfusion left elbow.
Int: Ht Cavities dil. M Pale. P Lemon coloured Contain purulent fluid, latter in right. Bases of lungs Congested Liver fatty degen + haems under capsule. Spleen 1+3 soft + congested. Kidneys Cloudy Swelling.
Genital Organs. Eczema Vulvæ. Vagina large + injected. Abrasion 1¼" × ⅓" along upper part of left lateral wall. Ext os admits 1 finger easily. PTO

Uterus large. Whole tunics surface injected
Placental site visible 3"×3". Contains clots. Small
fragments of adherent membranes. No placenta
Scar 1½" long along upper part of left lateral wall
to orifice of tube. Edges of scar raised
Fallopian tubes normal.
Ante mortem clot in inf: vena cava, not
filling lumen. (Products of conception removed in Hospital.
Verdict- Murder against some person or persons unknown
History. Said she 4 months pregnant: About 3 weeks
previous: Mrs Wishart had pricked uterus. ~~had been~~
3 weeks before. Had been done previously.

Note dent. Rupture Rt Auricle. Sudden death. 1/10

Emily Pibworth. ♀ 36 yrs Single PM Kensington 18.12.06
Ext. Well nourished. RM in lower limbs Died 15.12.06
Inner extremities.
Mth. Pericard sac contains 6-8 oz of clear blood stained fluid clots. Ht Cavities dilated. ✱ Muscle thin
Ht pale & streaky - adv. fatty. Rupture in post. wall
of Rt auricle size of ½ p. at junction with surrounding wall very thin & slightly infiltrated c blood. Lungs
extremely congested throughout.
Liver 4 4½ - Nutmeg & fatty. PTO

Spleen 9½3 firm + congested
Stomach large + contains Gastric fluid.

History. Sudden death at the Poor
Clares Convent. Cromwell Rd

Notes death. Chr Alcoholic Pneumonia + Pneumonia 1/11

Margaret Benbow ♀ 67 4 cm P.M. Letchworth 20.12.06
Ext. Emaciated. Rm present Died 17.12.
3 half healed patches on left upper arm. Slight abrasion on knee & left shin
Int: Ht cavities all dilated. Muscle thin pale & brown
Lungs. Rt lower lobe solid except at apex. Congestion & oedema left base. Chr Bronch & emphysema. Liver 3 lbs
Some cirrhosis & fatty. Spleen 4 oz. Left & congested
Kidneys (4+3 oz). Some chr: interst nephritis.
Oesophageal pouch nearly 3" long attached to P.T.O.

post: surface in the upper part. Stomach large
+ a little thick [illegible] mucous. Nil abnormal.

History of Chronic alcoholism for 4 years. Last
illness about 10 days
Analysis viewed by other person.

Notes desk.

Criminal Abortion. Rex v. Dr H. Raynor

Convicted. 1/12

Annie Louise Martin ♀ Marr aet 31. PM St Pancras 30.X.06

Ext. Fair Well nour. Rt in legs. Blood stained vaginal discharge

Int. Ht Cavs Sl dil. Muscle w/s pale + blotchy.
Lungs Cong: & oedem: at bases. Diaphragmatic pleurisy
both sides. Acute general peritonitis ⊂ 2-3 pints of
purulent fluid + lymph over intestines, liver, spl: &c.
Abscess containing about 3 ozs pus in Douglas pouch,
wall thickly lined organised lymph. Spleen 7 oz
Sl & pulpy. Kidneys cloudy swelling. Intestine Dilated
Genitals Organs. Uterus 5" long. Cervix admits P.T.O

1 finger. Ext os swollen & ragged. 4 punctures = forceps or post clip. ? old scar 1" long along post wall of vagina. Uterus filled & clot. Placental site $2\frac{1}{4} \times 1\frac{1}{2}$ in upper part. On right side of post fornix of vagina is a slit like opening $\frac{1}{4}$"-$\frac{1}{3}$" long & rounded edge, which runs upwards backwards & slightly inward round cervix almost to Douglas pouch = Track of instrument. Blood in vagina. Histy. Visited D. R about 1 hour ago. 3 visit since. Gum elastic catheter & end cut off & intestine thoroughly washed. Chill Oct 17 Misc. Oct 19. Curetted 28.

Notes desr: Hydrochloric Acid . ? Suicide. 1/13

Clara Beatrice Sparkes ♀. 51 yrs Pt Hendon 5·1·07.
Ext. Well nour. R lung prem. Abdomen dist:. Died 2·1·07.
Int: Pericard' Effusion clear 4-5 oz - Mitral stenosis. Consid cardiac
pleural effusion both sides - clear. Lungs small & partly
collapsed. Peritoneum contains 10-15 oz fluid chiefly blood
& clots & some stomach contents. Erosion of capsule of upper
half of spleen & of under surface left lobe of liver & a few petechiae
elsewhere under liver capsule. Post: abdominal wall
infilt & blood in upper part:. Liver & Kidneys Normal
Spleen Congested. Old fissures middle line of tongue. P.T.O.

Mouth + oesoph normal. Stomach large + empty.
Perforation opposite cardiac orifice 2"×1". Edges thin
+ tapering. Wall (except 2½" at pyloric end) thickened
+ infilt'd c blood esp. in greater curvature where more than ½"
thick. Upper 4-6 ft of small intestine contain blood + valvulae
conniventes eroded. Other organs normal

Hurley. Bad health 14 years or more - attacks of
vomity. 2 years ago very bad attack. Hysteria diagnosed
+ arsenical poisoning. Dead relatives suspect husband.
Analysis showed HCl poisoning. No arsenic

Pneumonia. ? Status Lymphaticus
Sudden death

1/14

Henry Gurney. ♂ 8 yrs. PM 18.1.07. H 17. H 14.07.

Lgt. Well nourished boy.

Thy. Petech haem pericardii. Old pleural adhesions over greater part of right lung. In right lung, upper part lobe about ½ lobe solid uniform pink – vitreous = part part of lobe not involved: apt = lobar pneumonia. Some congestion of other parts of lungs. Glands at Roots slightly enlarged + congested. Thymus enlarged 35.5 gms. Tonsils N

Liver 31 oz N. Spleen 6 oz. Capsule enlarged. Soft + malpighian bodies numerous + large. Kidneys 3 oz each. Congested

Brain. (52 43 | Large. Some dilat= of lateral
ventricles. Wind contain clear fluid

Heart. Brought into Hospital dead

Note
dest: Body in Boz. Cause of death Unknown 1/15

Full term infant. Pln City 22.1.07

Ext: Wrapped in black garment. Body flattened.
Skin black & dry. Missing over Cranial vault & lower part
of abdomen. Features scarcely discernable. No remains of
umbilical cord obliterated. Sex unrecognisable. One hand
& foot detached. No fractures
All organs have disappeared. Sternum disintegrated.
Pelvic bones disarticulated. Vertebrae in 3 pieces
Fingers clenched & nails blackened (prob. post mortem)

P.T.O

No epiphyses in upper extremities or carpus
Centre of lower end femur., none in Tibia
Os Calcis & astragalus ossified, commencing in cuboid.
Conclusions. Foetus infant
Impossible to determine sex or independent existence.
History. Body deposited at Hastings Ry Station on 14.XI.05. Sent to St Pauls Station 12.2.06
Opened at St Pauls Station 21.1.07.

Notes dest. Electrocution. 1/16

Death 11.2.07

Wm Hampson ♂ 47 years P.M. Islington 13.2.07

Ext'. Well nour: & muscular. Rt eye closed.
Faint burn desc'd to front L forearm above wrist. Recent incision. Subcut Haem over Int: Condyle. L Humerus. Recent abrasion below L knee. Petechiae back of trunk missing middle line & across lower part of back of neck. Subcut haem: right upper part back of left side of body. Int: Subpleural haems: over upper part of left lung, less at right apex. Lung very congested Cavities of pleura oblit: by old adhesions. P.T.O

Air passages congested below. Hr cavities slightly dil: muscle rdsr & pall. Slight atheroma of aorta & coronary cuts. Blood fluid everywhere
Abdominal organs normal. Stomach large & contains much partly digested food
Brain & Sp Cord & meninges & blood vessels Normal.
No hr: injuries. No harm in muscles of forearms or shoulders.
Hiding. Alternating Current. 6,500 volts between conductors (hr could not reach). 3,800 volts to ground.

Death after Op'n in Inguinal Hernia 1/17
? Delayed Chloroform poisoning

Stanley Ramsey ♂ 14 months Adm 14·2·07 Disch 28·07

Ext.. Fairly well nourished. Recent closed operation wound right inguinal region

Int. H.V.S. Lungs Bases congested. Emphysema throughout. No pneumonia. Thymus 10·2 grammes Liver Enlarged. Yellow area of advanced fatty disease, with less affected interval. Kidneys slightly cloudy swelling. Other organs Nil.

History Admitted Feb 11 for relapse of right inguinal hernia; previous Op'n in July '06. This Operation Pro

Was in Feb 12th, No complication. Did not
recover fully from anaesthetic + on Feb 13th temp
rose suddenly to 105°, respiration very shallow
~~+ Death~~ + rapid with an occasional single deep
inspiration. Died Feb 13.

Overlaying. 1/18

Arthur J. Doe ♂ 8 months PM 12.3.07. SHH 48.07
Ext:. Fairly well nourished. Rm lower limbs. BID. 10.3.07
Recent vaccination scars on upper arms.
Int. Peritoneum in pericardium. HV. RV right slightly dilated. Muscle appears N. Valves & Arts N
Lungs Cong: throughout. Lower air passages congested.
Thymus well developed. Spleen. Malpighian bodies well developed. Mesenteric Glands well developed
Brain N. Menings slightly injected over base.
History. Went to bed apparently well found dead in morning

Pulmonary Embolism

Malignant growth Ovaries. Varicose veins leg. 1/19

Annie Richbell ♀ 48 Pln 23.4.07. Jr MH 24.4.07

Ext. Fairly well nourished. Recent closed Op. wound in lower abdomen. Varicose veins in right leg.

Int: Pericard = patch of old adhesions between the 2 layers in right side. Ht. Right cavities somewhat dilated. Left cavities slightly dil: Muscle thin soft & brown Mitral Valve thick. Art N. Long finger like clot across orifice of pulm: art: with soft dark centre, pale firm shell, hemp old adhesions left base. Chr: Bronchitis + emphysema Periton = 3-4 pints blood stained opaque fluid. Mass of clot

attached to right post abdom wall close to brim appendix & caecum in pouch of douglas. Ovary replaced by large mass of soft ~~re~~ recent necrotic growth extensively adherent to pelvic walls. Right mastoid acutely ~~fu~~ blood in peritoneum

History. Adm: April 4.07. Operated upon by Mr H Tonge who found inoperable growth in pelvis. Died suddenly April 22.

N.S.R. dest. Anaesthetic. Circumcision. Status Lymphaticus 1420

Sir Leslie Huntington ♂ 21. PM Chelsea 25.4.07. 6pm
Dents Johns prev:
Ext. well nour: Int spare. R impresent.
Recent Op^n enucl. penis above glans.
Int. Ht. Rt Cavs markedly dil, left less so. Left ventricle thin.
Muscle soft pale & steady. Fatty degen: micros: Lung cong:
abscess infarct in RV middle lobe. Thyroid uniformly
enl: + cystic. Thymus persistent. Liver cong: nut meg
Spleen consid enl:. Trim & enlargement of Malpighian bodies
Kids enl + cong. Pancreas cong. Intestine. Some increase
of lymphatic tissue esp: in trans: colon

P.T.O.

Mesent: glands sl enl: + reddened
Other organs normal

History Diphtheria 3 years previous
Op^n for Circumcision - commenced when
heart suddenly failed
Anaesthetic $CHCl_3$ + Ether.

Sudden death. Coronary artery diseased & fibrosis of heart muscle. 1/20

John Sanwell ♂ age ?. PM 16.5.07. SMH 92.07

Ext: well nour:

Int: Cerebral Atheroma Arts. Brain N

H.E. RV hypert. + cavs sl dil. L Vent slight dilat, marked hypert. Fibrous areas in muscle. Slight thick ~~fenestrated~~ + knitted valves + aortic valve. Adv. atheroma aorta. Coronary artery very diseased much narrowed, slight calcification. Old pleural adhesions over apex part of right lung + at left base. Lungs cong: tracheitis + emphysema Congested base. Thyroid enlarged + cystic. Liver Spleen + kidneys congested

P.T.O.

Actress in Knitting Trousered

Hitler B.I.D.

Sudden death. Coronary Art. disease. Fibrosis Ht Muscle (12)

Louise Thompson ♀ age? PM 17·5·07. SMH 93·07

Ext. Very stout woman. Rim present.

Int. Slight atheroma of cerebral arteries. Brain & meninges normal. Sp Cord & meninges normal

Heart. Left ventricle slightly dil & much hypertrophied. Mitral valve slightly thickened. Muscle contains numerous small areas of fibrosis. Aorta fairly marked atheroma. Coronary arteries very atheromatous & much narrowed in places. Rt Pleura = 6-8 oz of clear fluid. Old adhesions over left upper lobe. Lungs congested. Slight bronchitis P.T.O.

+ Emphysema. Thyroid. removed Enlarged + cystic.
Liver + Kidney + Pancreas congested. Thickening of mesenteric
arteries
Hist. B.I.D.

Not. dest. Strychnine (Battles Vermin Killer) Suicide 1/22

George Turner ♂ 50 yrs. Pimlico Kensington 20.5.(07?)

Ext: Well nourished. R.M. present. Hands clenched. Cyanosis of fingers tips + ears.

Int. H.T. Lungs all somewhat oil: Muscle soft + dark colour. Lungs = chr: bronchitis + emphysema Liver (58 oz) Congested (not nutmeg). Spl: 10½ ozs. Very Cong: Stomach Cont: a little thick fluid: Mucus apical Contains angular blue granules of Prussian Blue resembling Potassium Cyanide & high: Potassium. Brain + cord & Meninges + Blood vessels normal

P.T.O.

Hislop. Many years of intemperance.
Died about 20 minutes after taking
the poison

Pulmonary Embolism. Acute otitis media + meningitis. 1/23

Caroline Knight. ♀ 37. PM 18.6.07. SMH. 103.07

Ext. Well nour: RM present. Recent op^n left mastoid.

Int. Acute meningitis round left lobe of cerebellum & pons.

Brain IV. No thrombus emboli. Pus in left middle ear

Heart Left vent: dil:. Slight thick of mitral cusps

Slight atheroma aorta & coronary arteries.

Embolus in pulmonary lying across bifurc^n. Centre red, margin pale. Old pleural adhesions whole left lung & at right apex. Lungs cong: at bases. Chronic bronchitis & emphysema.

Liver Spleen & kidneys Cong:. Slight fatty liver. Glycogen PTO

swelling kidneys. Uterus chronic metritis. Grumous fluid in dilated left tube

History. Admn: 13.6.07. Pain left ear & left facial & Palsy. Pain 1 year. Palsy 3 months. Mentally dull. — Purulent discharge left ear. Op — June 14. Left antrum opened. Bone removed & contained granulations & pus.

June 17. Shivery & roused c difficulty

At 11.15 AM suddenly became cyanosed respiration irregular & shallow — 12 to minute. Pulse feeble & rapid. Pupils contracted & reactive to light. Completely unconscious & died at 11.35 AM

Criminal Abortion. 2 wounds in Cervix
ruptured uterus. Peritonitis. 1/24

Elsa Hergot ♀ aet 28. PM 12.8.07 SMH 14.1.07

Ext: Well nour: Recent Op^n wounds 1 over appendix
+1 in middle of lower abdomen. RM absent. Milk in breasts.
Int. Brain Cong. Recent small vegetation on mitral valve
Ht Muscle very soft. Old pleural adhesions at base
Lungs cong: + oedematous. Marked general peritonitis
esp: in pelvis which is part of short off Appendix N.
Liver + spl: much decomposed. Kidneys Cong: + cloudy swelling.
Genital Organs Vagina capacious. No hymen. Uterus large
Cervix = 1 finger. Decomposing material in uterus part

P.T.O.

adhesions to placental site. In upper part of cervical canal 2 scars about size of 3d piece, one on post wall other on left lateral wall. Drains & tubes removed.

History Admitted at night August 8th C signs of Peritonitis. Immediate operation. Peritonitis found Pelvic drained - Died next day.

Pulmonary Embolism. Following Op^n for Acute Appendicitis
Thrombosis Rt Ovarian Vein.

Susan Sanderson ♀ 35. PM 15.8.07. Sm# 144.'07 V5

Ext. Well nourished woman Rt^m present. Recent Op^n wound over appendix. Old linear adherents over abdomen

Int. Heart. Clot pulmonary artery at bifurcation

Lung. Whole left lung very congested.

Appendix removed. On latter longitudinally. Right Ovarian vein thrombosed from ligature and much of ovary to its entrance into Inf^r Vena cava.

Right ovary formed upper & wall of cavity round appendix. Liver Spl. & Kidneys Vy Cong P.D

Hurley Adm 31.7.08. 2 days hist of acute abdom'. pain & vomiting. Abdom rigid & tender esp in Rt iliac fossa. Temp 102.4 Pulse 120
July 2. Op:= Appendix gangrened; was long & inflamed & lay in abscess cavity. Progress satisfactory but a small sinus persisted
On night of August 13 She was sleeping when she suddenly woke about midnight, called nurse & was found rigid & cyanosed; then relaxed & died.
This happened in 2-3 minutes.

Notes
descr:

Laryngeal Diphtheria - Status lymphaticus.
Sudden death

P Field ♂ 4 years. P.M. Fulham 20.9.07
36 hours after death

Ext. Well nour. Rx present.

Int. Hr Cavs all aligned dil. Muscle fatty degen= microscopically. Lungs somewhat congested. Diphtheritic membrane in larynx + trachea upper trachea. Nose in pharynx. Mediast: glands large firm + white.

Thymus 20·66 gms. Liver sl fatty degen= Spleen 1½ oz.. Malpighian bodies large + numerous. Kidneys Cl: Swell Increased lymphoid tissue Oesoph + large intestines Mesenteric glands large firm + white Tonsils hypertrophied

P.T.O.

Brain 45 yrs. Meninges congested slightly over base

Hist. Taken ill Monday Sept. 6.
Diagnosis Suppurative Croup
Died Thursday Sept 9. 1.15 AM.

Pulmonary Embolism. Lobar pneumonia. 1/27

Charles Jervis. ♂ 61. PM 18.9.07. SMH. 15.9.07

Ext. very stout. Rt pneum. Recent abscess right eye & cheek & under side of right elbow.

Int. Heart. Rt cavities dilated & hypertrophied. Left ventr slightly dil. Muscle soft & pale. Mitral valve thick & red slight atheroma of aorta. Lung shows hilum of pulmonary artery clot about 5" long, almost as thick as little finger. Firm white & red core. Not attached to wall. Several fine processes branch from main clot which had arisen in a large systemic vein. P.T.O

Source not found. Post mortem effusion of fluid
& pus on right side. Lung R upper lobe
completely solid = grey hepatisation. Lower lobe
partly compressed.

Left lung Bronchi in dead lung fallen in check.

Anaesthetic death. Ethyl Chloride + Ether 1928

Op^n on Stricture of Urethra. Status Lymphaticus.

A H. Goodwyn ♂ 44 yrs. PM 15.12.08 Sn H 244/08

Ext: Well nour. RM present. Recent tracheotomy

Int: Brain N. Some congestion of menings. Sl atheroma Vertebrals.

Heart enlarged. Cavities all dilated, right marked.

Muscle soft pale + streaky. Mitral valve thickened. Mitral + Tricuspid orifices dil. Sl ath: of aorta + coronary arteries

Lungs. Sl chr: bronchitis + emphysema. Very cong!, + oedema esp at bases which sink in water. Beaded structure present resembling thymus. Liver rather large + cong. Spleen & Pancreas normal microscopically. Kidneys enlarged. P.T.O.

Congested + early hydronephrosis. Ureters somewhat dil.
Bladder dil + hypert: Tight stricture of membranous
urethra. Testis & epididymis enlarged also inguinal glands. Scrotum large
Slight lymphoid hyperplasia Liver and spleen
Thoracic & lung infection. Mesenteric glands enlarged
Mucous. Testis Gonorrhoea 20 years ago. Stricture for
several years. Micturition before admission had attacks of
retention relieved with difficulty. Never able to completely
empty bladder since. Had spent much time in West
Coast of Africa returning home in ill health. Multiple
strictures found. Operation under local anaesthetic. Injection
Ethyl Chloride + Novocaine + local Cocaine 1% + Adrenalin.
Collapsed suddenly 20 min after Op^n commenced + died at once.

Note dest.

Acute Glanders.

1/29

Emma Sarah Robinson. ♀ age? PM Chelsea 10·12·08 5pm

Ext: Poor nour: RLL lower limbs. Hyperst: present. Deemp: developing. Crusts extend from angles of mouth over cheeks, one in middle of upper lip & others at angles of nostrils. Crusts & sero patches at backs of elbows. 2 small crusts over sacrum & to right of it & haemorrhages in skin of upper left buttock. Slight scaly condition of skin of greater part of surface of body. Slight abrasion inter side of R ankle. Blotchy red areas on front of chest & back of right lower chest, in upper abdomen

P.T.O.

+ front of thighs. Old Op^n scar just below + 11 to Pr 12 ^ rib
Int: Brain. Small haems in meninges over vertex. Brain IV.
HH & enlarged. Cavities all dilated. Muscle soft & pale
Pleurae. Old adhesions in right side. Clear fluid in left cavity.
Lungs. Passive cong^n. Oedema & plugs of mucus in air passages
No ulceration in mouth, nose or pharynx but reddening
of mucous membr: of nose & loose scabs in mouth.
Abscess in upper part of back of neck each side - each about
size of chestnut filled with thick creamy pus & definite
wall. Enlarged glands on each side below abscess. Liver & kid
= cloudy swelling. Spl. Sh. soft & cong & creamy. Rt Tricusp
stitched up to 12th rib. some hydrothorax. Left Ventricle
Micros. HH = fine fatty degn - Abscess wall = organising granulation
Histology Bacteria ++ Dec 24. Dec 26 + thrombosis IV x 3. CR IV x 16 D
attended, Hughes; sick visit. Swelling nose + mouth a week later.

Septic Abortion - Instrumental, Peritonitis 1/30

Lucy Harriet Bruce ♀ 31. PM 28.10.08 SMH 16.08

Ex F. Well nourished. Rx present. Milk in breasts. Recent transfusion at right elbow.

Int. Heart Rt cardiac + left ventricle dilated + left ventricle hypertrophied Muscle soft. Lungs Cong; + oedema at bases. Acute pelvic peritonitis, less above. Small intestines dilated, liver. Slight fatty. Kidneys Cloudy swelling + congestion. Stomach dilated. Genital Organs Vagina Capacious. Small shallow recent abrasion on right side of roof of vagina. Covered with lymph P.T.O

Uterus about size of 4 months pregnancy. Intense inflam. of
outer surface. Ext. os patulous. Thy inflamed surface.
Cervix admits little finger & canal inflamed. Body thick.
Inner surface coated & part decomposed ragged membranes.
Thick fleshy mass at upper pole. Removed: about int os
& part surface patch 2 shallow ulcers long axes vertical
1 x ½". Both recent. Tubes dilated, acutely inflamed
& contain pus. Ovaries inflamed on surface.
Hist: Aborted 3 days before admission on Jany 27th.
Bleeding: pain, vomiting & constip. since. Collapsed
on admission. Pulse rapid. Cold & clammy. No anaemia.
Abd: dist: & tender. Signs of general peritonitis.
Died soon after admission

Note dest

Cerebral haemorrhage.

No strychnine found

1/31

Frantz Winter ♂ 42 PM Kensington 26-2-08

Ext. Well nour & very muse. R M & Hypostasis present.
Bruise outer side of left eye.

Int. Middle & post cerebral artery atheromatous
large cerebral haemorrhage in Rt Int Capsule
burst into lateral ventricle. Blood in other ventricle
2 haemorrhages in pons. Heart enlarged. Rt Heart
Cavities & left ventricle dilated. Ventricles by pericardium.
Muscle pale & firm. Slight thickening tricuspid & mitral
Valves. Slight atheroma aorta & some of coronary arteries. P.T.O.

Pleurae. Old adhesions over whole left lung. Lungs clear: bronchitis + emphysema. Thyroid sl enlargement.
Tonsils hypert: + lingual tonsils enlarged. Liver 74 3/4
Spl: slightly enlarged but N. Kidneys. congested.
Pancreas sl cong:
Analyses. of Spinal cord, portion of brain, liver
Kidneys, Stomach + contents. Urine.

No strychnine found

Note destr: Rupture of dilated aorta into pericardium.

Sudden death

Mr - Johnson. ♂ y2 PM. Private. Highgate 1/32 19.3.08.

Ext: Sparely nour:

Int. 8 oz/blood clot in pericardium. Heart cavities slightly dil, Rt vent: sl hypert., Muscle soft & brown. Aorta very adv: atheroma throughout with calcif ⁿ. Large saccular dilat ⁿ of first part of aorta with adv: atheroma + calcif ⁿ + a rupture of lower part of sac opening into pericardl cavity. IVo clot in sac which has a thick wall except where the rupture occurred. Slight atheroma PTa

Of Coronary artery. Old pleural adhesions round whole of right lung + scattered adhesions round left lung. Lungs chr: bronchitis + emphysema: Congestion + oedema at bases. Rt upper lobe compressed by aneurysm. Liver. Slightly enlarged. Slight cirrhosis + early nutmeg congestion. Spleen. Slightly enlarged + soft. Kidneys. congested. Slight arteriosclerotic disease. Pancreas fibrosis.
Psoas. ~~Lt~~ Muscle. Brown atrophy + slight fatty degen^{n}.

Death under Anaesthetic. $CH Cl_3$
Op^n for Enucleation of eyeball. 1/33

Sarah Eagle. ♀ 46. P.M. 1.5.08. S.M.H. 4.08

Ext. Very stout. R^M present. Left eye recently excised

Int: Slight atheroma circlet arts. Brain & meninges N.

Heart. Cavities all dil, v^t slightly. Rt Vent Hypertr; Tricuspid & mitral valves rl. thickened & slightly fixed & arcus art.

Lungs. Marked emphys: & chr bronchitis; base slightly cong: & oedem: Air passages all coated with very tenacious mucus. Liver. Early cirrhosis. Spleen fibrotic

Ulcers. Several small filmd

Micros: L.T.M. & Chronic A. Slight patchy fatty

P.T.O.

degen ± + marked Iron-atrophy.

History. Chr. Glaucoma 10 years. Eyeball removed for progressing ulceration - recent. $CHCl_3$ given. Enucleation. Anaesthetic ceased for 5 minutes + dressing was being applied when she became cyanosed + respiration ceased. Artificial respiration to for ½ hour without result

Acute Oxalic Acid Poisoning. Salts of Ammonia

Henry William Fletcher ♂ 51. PM 11·5·08 SIMH. 88/08

Ext. Well devel: muscular. Rm present

Int: Heart somewhat enlarged. Rt Ht cavity dilated, walls hypert. Left Vent: hypert:. St: atheroma Coronary arts: Lungs. Congested lr lobes. Chr: bronchitis + emphysema. Air passages congested + contain stained Contents: Liver deep red. Spleen. firm + congested. Kidneys very congested. Tongue dorsum slightly eroded esp: right margin Oesoph: muc: memb: everywhere thick, soft, + sodden + easily scraped off. Stomach contains P.T.O.

Thick dark brn fluid + altered blood. Muc membr congested everywhere & numerous petechiae. Superficial erosion of pyloric cardiac region of area about size of palm of hand. Duodenum reddened & contained altered blood. Valvulae conniventes reddened in upper 2-3 feet of jejunum. Slight general reddening of muc membr of whole small + large intestine. Pancreas congested internally. Brain normal. Meninges congested

Analysis. Urine from 1/2 3 of Oxalic Acid received from stomach contents.

Histology B.I.D.

Notes Chronic ulcers. accel: by neglect. 1/35
dest. Pastors charged with manslaughter.

Sarah Livingstone ♀ 80. P1H Kensington 11.5.08

Ext. Very emaciated. Very dirty. Caked faeces over lower part of trunk. Odour abominable. Toe nails very long. Body + clothes very verminous. Bedsore over sacrum + another over left ischial tuberosity. Linear abrasion across back. Very foul chronic ulcer 4" wide almost encircles lower part of left leg. Small ulcer inner side of right heel + another inside of Rt foot. 2 small ulcers above outer side of Rt ankle. Oedema of Rt foot.

Int. Ht small. Heart sl dil. Muscle thin + fatty. P.T.O.

Aorta atheroma, marked at lower end. Coronary atheroma & narrowing. Old pleural adhesions whole of rt lung & left upper lobe. Lungs. Emph: + chr: bronchitis Bases congested. Liver. 3+ oz. ? fatty. Spl. 1 oz. soft. Kidneys. 3½ oz each ? fatty Stomach. 2 oz of thick fluid. Intestines. Little contents. Walls thin. Uterus endometritis. Brain 42 oz. Slight atheroma. Cerebral arteries Subcutaneous fat very scanty.

History. Mistress charged with manslaughter = Criminal neglect

Ordered for fortnight - bed chair in kitchen. Well until 3 weeks before death. Died May 7th 10-11 AM

N.K.s dept.: Fractured Ribs – Broncho pneu: + cerebral haemorrhage
Accidental death. 1/36

James Short ♂ 44 yrs P.M. Kensington 15.5.08
Died 13.5.08

Ext. Fairly well nourished. R.M. present. No ext. injuries.

Int. Skull N. Post cerebral arts very atheromatous, slight of Athers. Cerebral Haem: 1½-2 drams in ant: part of left int: capsule, not reaching into lat ventricle. Heart enlarged Cavities dilated. M. mitral bruit. Atheromatous esp at lower end. Aor: atheroma coron arts. Rt pleural cavity obliterated by old adhesions. Latter Undistended fluid in left cavity Bases cong: + oedematous + extensive broncho pneumonia both of lower lobes. Chr: bronchitis + emphysema. P.T.O

Fractured Ribs 7-9 left back. Write Tear in parietal pleura over 7. + subcutaneous emphysema to lung.
Small bruise in left kidney. Abdominal organs normal

Thursday May 6. Fell in garden striking his left side against post. May 10. Complete right sided hemiplegia. No loss of consciousness

Note dest. Fracture of Skull + Meningeal haemorrhage. Infanticide.
Died 20.5.08 6pm. Dr Gentle had last cond. T/37

New Born Child of Alice Harrowell PM Viens: 22.5.08 12.30 pm
Ext Wt 6lb 6oz. ♂ Length 17½". Finger + toe nails + ears livid. Tiny linear abrasion above Rt ear. Slight groove across back of neck, more in left side + distinct in front. 2 transverse abrasions at ant: + post border of left sterno mastoid muscle + reddening round. 2 tiny abrasions Rt side of neck far back + bruise over Rt sterno mastoid Muscle. Bruise right upper eyelid + slight in lower + in tissues of front of eyeball + abrasion above upper lid. Small bruise left upper eyelid. Bruise right frontal region

P.T.O

extending to left frontal. Bruise via front of left ear.

Int. Scalp. Extensive haem right fronto parietal region extending down to upper eyelid. Slight haem over left parietal bone.

Skull 4 parallel fractures $\frac{1}{2}$–$1\frac{1}{4}$" long close to inner margin of left parietal bone + line of weakened bone cross these

Long fracture $1\frac{3}{4}$" long + sinuous in Rt Parietal bone - edges jagged + gaping. Haem: beneath these fractures between bone periosteum. Cranial: diffuse haemorrhage - intra dural over whole brain. No injury of brain but brain compressed

Recent haem into subcut tissues a left side over area under thorn ext injuries + similar on right side. Small vein thrombosed right side of neck. Haemorrhage round Thymus. Heart. Petechiae in sentinel. Lungs air exp wh P.M.

Contains remains of small intestine

Notes desr. Mummified body of unknown child. Full term ? Still born. 1/38

Unknown infant PM Southwark 2.6.08

Ext.. Completely mummified. Thickly covered with dust in which are numerous dried fly larvae. Rt arm extended above head. Other limbs completely flexed. Body flattened from side to side. Sternum pushed to left. Abdomen very retracted. Wall incomplete. Remains of umbilical cord also mummified. No ligature. No ext indication of sex. Silky brown hair on scalp.

Int. Skull. No injury. Cavity empty. Spine normal Heart forms flattened brown parchment like mass P.T.O.

Enclosed in pericardium — lungs dry parchment like masses
Diaphragm intact. Liver small beaked & flattened
mass in post abdom: wall. Spleen & kidneys just
distinguishable. Stomach & intestine dry parchment
like. No trace of uterus recognisable
Epiphyses present. Lower end of femur & upper end of tibia
Centre in os calcis Astragalus & Cuboid + 3 or 4 in Sternum.
= Conclusion. Full term. Sex ? prob: male.
No evidence of injury disease or deformity incompatible
with life. No evidence of independent existence.
Death probably 12 months or many years.

Notes dict. Puerperal Septicaemia. 1/39

Katharine Edith Peace ♀ Pm Remains 3.6.08
Died 1.6.08.
Ext. Well nour. RM/pneum. Decomp: advanced.
Int: Heart. L vent sl dil. M sfx. Lungs Cong: at bases.
Acute pelvic peritonitis. Splen enlarged + diffluent.
Kidneys cl: swelly. Genital organs. Tear in perineum
ext: up/post vaginal wall, covered with lymph.
2 small abrasions in cervical canal. Which is large
Uterus enlarged to full term without involution. Inner
surface thickly coated with lymph over placental site.
2 small abrasions above int os. No remains of placenta

PTO

Uterus wall firm. Sinuses empty
Ovum seen in left Fallopian tube

Hurley Delward of full term child
on Saturday night May 30.

Strong Hydrochloric Acid poisoning 1/40

Margaret Grosvenor. ♀ 45. P.M.H. 30.6.08. S/M.H. III/08

Ext well nourished. R.M. present. Recent tracheotomy wound 3rd sp. 5 cm below umbilicus & pubes. Left femoral hernia.

Int: Heart. Rt cavities somewhat dil: Left vent: slightly dilated. Muscle soft & brn. L. flap: mitral valve. Slightly atheromatous. Rt Pleura. contains some clear blood stained fluid.

Lungs Rt lung: v. congested & oedematous: all lobes; bronchopneumonia in left lower lobe. Sev. chr. bronchitis & emphysema. Epiglottis & upper larynx swollen, reddened & extensively eroded. Rest of larynx & trachea congested & injected & swollen. P.T.O.

Mucopus in lower air passages. Peritc. contains a little clear blood stained alkaline fluid. Old pelvic adhesions Spleen 15 x 8 x 4. Kids. cloudy swelling. Brain congested, less oil Vessels & nerve plexuses have normal appearance, ~~[illegible]~~ detached in places. Comp: Left 2" normal & opaque & mucous memb. easily detached & hairy beneath it; less marked change in upper part of comp. Stomach dil: & contains much offensive brown fluid alk & ammoniacal. Cuticle easily detached & which is thinned & inner surface smooth & dark brown. Less easily detached in stomach but greatly thickened & haemorrhagic with ~~[illegible]~~ small punctiform haemorrhages. Intestines converge to pylorus: No change in 1½ ft. of lower Duodenum. Slight erosion Valv: conniventes in 1st few inches. Liver, Gall bl. intestines. Admitted collapsed. Blood stained vomit died next day.

Notes der. Perforated Typhoid Ulcer Sm: Intestine. 1/41

Beatrice Martha Town. ♀ 22yrs Pm Hammersmith Died 28.7.08 4 AM
29.7.08

Ext: Well nourished. Rigor mort. Decomp: progressing

Int: Gas production in most organs. Heart: left ventr: dil. Muscle soft & pale. Lungs congested & oedematous. A little clear fluid in pleurae. Acute gen! peritonitis - chiefly in lower part. - Free fluid in pelvis. Spleen. 10 oz very soft. Kidneys cloudy swelling. 3 Typhoid ulcers at lower end of Ileum, appendix perforated. Several small ulcers in Caecum & ascending colon. Genital organs normal

P.T.O.

Ventricles of Brain dilated.

Hosting. Domestic Servant.

Returned home ill 17 July. Abdominal pain & diarrhoea.

Dr sent for 24 July. Temp 103°. Diarrhoea

26 " Temp. 99

27. " Temp 104°

Obscure case of peritonitis - suspected possible abortion.

Strong Hydrochloric Acid Poisoning. 1/42

Catherine Wicks ♀ 45 PM 8.8.08 SMH 141/08

Ext. Well nourished: Rm present.

Int. Heart. Rt cavities somewhat dil: left ventricle rt dil: Muscle soft & pale. Mitral valve slightly thickened. Lungs. Bases congested. Chr bronchitis.

Air passages very cong: Epiglottis. mucmemb: soft & easily scraped off. Peritoneum. contains ½ pint of blackish acid fluid. Liver soft & cong: Spl enlarged & soft. Kidneys cloudy swelling. Tongue mucmembrane thick & opaque easily removed. Pharynx & oesophagus P.T.O.

mucous membr: thick & opaque & dull white colour; readily scraped off. & small haemorrhages beneath it.
Stomach much dil: & filled with acid fluid in which small fragments of food & blackish shreds. Mucous membr black except for 2½" applied end taking lines from this for a short distance. Wall also thickened & haem: Tough & leathery. Opposite cardiac orifice area size of palm of hand wall thin — no peritoneal coat. No perforation. Duodenum mucous membr, thick, opaque & easily detached. Some in valvulae conniventes of 5-6 feet of jejunum. Brain small. Convolutions small.
Fatty. admitted collapsed. Died same day.

Notes Malignant Endocarditis 2nd to Septic Abortion.
Descr: 1/43

Florence Lena Read ♀ 28 PM Hammersmith 24-9-08

Ext. Well nour: Breasts large & contain milk.

Int: Heart slightly enl: . Cavities all slightly dilated. Muscle pale. Mitral stenosis & thickening of aortic cusps. Acute endocarditis of aortic extending to mitral valve. Fair amount of clear fluid in pleural cavities. Lungs small. Congestive oedema esp: at bases

Peritoneum N. Liver 66 oz. Soft & fatty.

Spleen 18 oz. Much enlarged. Very soft & several large pale organising infarcts.. Kidneys chr. P.T.O.

parenchym:- degen^{n}s. . Genital Organs. Uterus somewhat enlarged. Wall ~~slightly~~ thickened. Mucous membr:- soft & unhealthy - lacerated ? placenta attached to upper part of wall.
Parametrium on left side thick & indurated.

History:- Admitted pregnancy July 20 1908. Dr Bevan attended Aug: 18. Temp 102-4 Pulse rapid. Pain & tenderness over abdomen. Abortion Aug 19. Placenta expelled a few hours later. Improved after. On Aug 24 rigors & temp: Sept 2 - exam = bulging in left broad ligament. Fluctuated Died Sept 23rd 10 A.m.

Sudden Death. Puerperal Eclampsia. 1/44

Alice Kettle ♀ 42 PM 15:10:08 SMH 203/08

Ext. Fairly well nourd. Rt pneum. Transfusion wound L elbow.

Int. Ht. somewhat enl; petechiae on surface. Rt heart cavs + vent somewhat dil: + latter hypert; Muscle pale. Oldchanges of mitral + aortic valves with some contraction. Lungs. Ofas petechiae over bases, + some clear fluid in pleurae. Bases cong: + oedem: Liver. Consid: enlarged. Irregular red areas, some large under capsule. + numerous small red areas throughout substance ? haemorrhages Microscopic: fatty changes present. Spleen enlarged. P.T.O.

Film & eng: Kidneys somewhat enlarged intensely congested & some cloudy swelling
Uterus Contains complete gestation sac & foetus of 7 months. Membranes. Corpus luteum in right ovary. Brain. petechiae in pia arachnoid over cerebral hemispheres & over base & in walls of lateral ventricles which contain a little recent clotted blood. Minute haemorrhage upper part of pons. Brain soft every where
Heston, Oct 14. Seven abdom pain & flatulence. Fit at 2 a.m. 6 more fits by midday. Os rise & 21. Became comatose. Several fits after admission & died
Short after admission
Several children previously.

Notes dest. **Quinine** - to procure abortion. 1/45

Ada Turnden ♀ 32 yrs PM Kensington Disp: 19·X·08.
Died 17·X·08 10·30 AM

Ext Well nour. RM in lower limbs.

Int: Ht cavs sl dil. Muscle reddish pale. Lungs cong: + oedem at bases. Kidneys sl enl: + cong: Stomach contents small amount - odour richly sweet. Patchy reddening of mucous memb. of stomach + upper part of Sm Intestine esp: of Valvulae conniventes. Uterus enl: + contain 2½ in foetus with sac complete + undisturbed. Left ovary cystic. No injury in genital tract. Other organs normal

P.T.O.

History Laundress.. 4 children in 6 years
No miscarriages.. Missed period 3 months
Took Quinine in Port wine on Sat: morning 17 x.
Taken ill soon afterwards "all of a work",
Dr Cox at 8.30 AM. Unconscious. No movements.
Died 10.30 AM
Dr Freyburger. Stomach contains 2⅔ gr Quin Sulphate
Intestines .. Trace .. ..
No Quinine in organs. Cup contains 5½ gr .. ..
+ Coloring matter from wine
Two Powders = 30 gr Quin Sulphate.

Anaesthetic death (Cl+Cl$_3$) 1/4c

Cancer Rectum + 2nd dys. Hydronephrosis, Chr Pulm. TB

William G. Syms. ♂ 52. PM 27.10.08 - SMH 2M/08.

Ext. Fair well nour. Rm pres, Recent wound over desc Colon

Int: Ht enl: Rt cavs cusid dil: + Vent hyperv: L vent:

dilated + Hy perv. Muscle dark. Mitral + Aortic valves sl

thick. Some atheroma Aorta + Coronary arts: Lungs Chr bronch

+ emphys. Cong: bases. Chr: TB, c cavity at apex +

+ pleura much thickened over Rt upper lobe. Liver enl:

+ many 2nd growths. Kidneys Rt hydronephrosis ureter

embedded in rectal growth. Left Compens hypertroph.

Bladder fixed to rectal growth + invaded by it. P.T.O.

Rectum. Large Cancer / Columnar adeno ca microsc
work; 4" c and narrowing thereon. 2 gl growths
along bowel for 2" above main mass. 2 nodes in mesen
abdom gland in part medicated

Mucin HHM c Omic. Ø fatty tissue from abdl

History Adm: c hist of recent intestinal obstruction.
Immediate colostomy performed Ether Cl3 given.
Death during op: Colostomy not opened.

Nsds
desr.

Glanders.

1/47

Henry Sales ♂ aet. P M Kensington 21·XI·08

Ext. Emaciated. Rm present. Skin yellowish
Pustular eruption with scabs + crusts round nose + mouth, on chin, cheeks, round eyes + ears, on forehead + slight in scalp. Several pustules on lower part of back, + back of left thigh, ulcer at back of Rt elbow, also pustules on index fingers with ulceration. Slight enlarged glands in axillae + lower part of neck

Internal. Slight meningeal haem: over base of brain.
Ht. a few petechiae on surface. Cavities dilated PTO

muscle pale. Slight mitral stenosis. Lungs. Backs very congested & several minute patches of pneumonia. Air passages injected, Glands in neck & mediastinum enlarged. Liver. Fatty. Spleen 14½ oz.. Soft almost diffluent Kidneys Sl enlarged. Acute parenchymatous changes Other organs normal

Horse. IV & S. Mallein injected.

Notes dest. Anaesthetic death. ($CHCl_3$). Sepsis following extraction of tooth 1/48

Edward Buckingham Southwell ♂ 41 year. PM Hammersmith 7.12.08
Ext. Well nour. RM present. Died 3.12. at 3.30 p.m.
Op: wound across upper part of neck & continued down right side of neck Trachea opened. Cervical: swelling of both sides of neck
Int: Brain &c: atheroma of vessels. Ht enlarged. Cardiac valves Cervical: dilated. Muscles of pectoral fatty & much brown atrophy microscopically. Lungs Emp: & oedema at bases Marked oedema aryepiglottidean fold. Brawny swelling both cheeks & both sides of neck almost to sternum P.T.O

involving soft palate ~~extension~~ + pharynx. No pus found in tissues 1st upper Rt Molar extracted + gum lacerated - swelling around. Micros: purulent infiltration of muscles of neck + gram-strepto cocci. Liver 90 z. Very soft + fatty. Spleen diffluent Kidneys 8 + 8¼ z. Chr: parenchymatous nephritis & acute change (micros).

Histology. Death under Anaesthetic. Pure CHCl3 3 minutes admin t. No struggling

Asphyxia · Overlaying 1/49

Richard Chas Frazer ♂ 4 weeks PM 7.12.08 S[illegible] H. 238/08
Ext. Well nour. Rm present. Hypostasis flows abdomen & front
Aff[illegible] Lividity ears, lips & tips of fingers & toes
Int Brain N. Meninges cong. Heart. Petechiae on surface
Cavities normal in size. Rt empty. Left w a little fluid
Blood. Muscle, valve & aorta Normal. Lungs fully
Expanded, Petechiae chiefly over backs. Backs of lungs
Join & congested. Air passages normal. Thymus well
formed & normal. (11.2 gms) Liver & Kidneys congested
& petechiae beneath capsules, over lower poles of P.T.O.

Kidneys. Mesenteric glands rather large
Micro. Thymus well formed + normal

Sudden death. Rupture of Aorta from disease 1/50
Clin: Interst Nephritis + high B.P.

James Sutton ♂ 53 yrs P.M. 21.12.08 St. M.H. 241/08

Ext. Fairly well nourd. R.M. present. Pigmented scars left shin

Int. Heart. Left ventricle marked hypert + dilated

Muscle appears N: Aorta Adv: atheroma throughout esp: at lower end where is healthy vessel N. Numerous calcified areas

Split ¾" long transverse, in left lateral wall at junction of Arch + desc: thoracic portion. Aorta round Split very

described but not thinned. Much blood in post: + supr: mediastinum. Left pleural cavity 34 ozs of clot + much

serum. Coronary arts very described but not narrowed P.T.O.

Lungs. Left middle lobe entirely collapsed. Rt = chr. indurative emphysema. Spleen. small tough
Kidneys (3 3/4 x 3 1/4 g) small. Caps: granular kidneys.
Petechiae in muc. mem. of large & some in lower part of
small int. Mesenteric arts. dil & thick, Pale clot thick
afferent large branches. Brain N. Atheroma of arteries.

History. Chronic dyspepsia. Vomits after food, much wind.
Blood pressure very high Heart much enlarged. Arteries
thick & tortuous. Urine scanty, low sp gr. albumen.
Complained suddenly of pain in left side & back & died
at once.

Sudden Death. Aortic Stenosis 1151

Charles Brown. ♂ 52 yrs PM 24·12·08 8½ H. 251/08

Ext. Very stout, RM in lower limbs. Large cyst Rt Scrotum.

Int: Skull thick heavy. Brain & menin & Ventricles N

Heart. Cavid: enlarged. Rt Ht cavities dil: & vent: sl hypert

Left cavities marked dil, vent: hypert: Muscle soft pale & streaky.

Tricuspid & mitral orifices enlarged & their valves sl thickened

Aortic orifice hard & rigid. Cusps thick contracted & puckered

& some calcif^n. Aorta 1st part dil & thin. Slight atheroma

elsewhere. Lungs. Chr: Bronchit & emphys, Base cong:

Thyroid enl: more on left side. Spleen 11½ oz. Enlarged P.T.D.

Firm & Cong: Kidney Cong: Stomach large & tender
much food & stool. Odour of beer.
Large hydrocele of Rt Tunica Vaginalis.

Mucus. H+M & Omic Acid = slight pale fatty deposit
& slight turbidity

Testis. Brought in dead

Notes
desr.

Acute bronchopneumonia. Deaths in prison

1/32

Smetozar Bogdanowitz ♂. 26. Pln Wormwood Scrubbs
Prison 16.12.08
Died 14.12.08.

Ext: Fairly well nour: + muscular.
Small bruise across root of nose
+ round both eyes, over upper + greams + on both shins.
Int: Heart cavities all dilated. Muscle pale + flabby.
Old pleural adhesions at backs of both lungs.
Lungs. Bronchopneumonia - extensive in left lower lobe, faint extensive in Rt lower lobe, slight at back of left upper lobe + of right uppermost lobe.
Some general emphysema + chronic bronchitis P.T.O.

Kidneys. Cloudy swelling

Mucous Lung. Patchy acute broncho-pneumonia

Two abscesses. Oedema of surrounding lung tissue.

Syncope from exposure to cold
+ fracture of skull by fall. 1/53

F. Proschintzky ♂ 75 Ph 4·1·08 SMH. 1·08

Ext. Stout old man. Rigor present. Superficial abrasions on left temple + cheek + right knee.

Int. Skull. Fissured fracture base of rt post fossa, starts at junction of Calv: + base 1½" from middle line, running downwards + inwards for 3" towards foramen magnum. Bruising over fracture a little extradural haem: beneath fracture but no other changes in brain. Much epicardial fat.

Hr. Rt Cavities much dil vent hypat: left ventricle dilated. Muscle soft + pale. Slt touch of mitral endocr

PM.

Patchy alternate pneumonic + emphysematous areas but no haemorrhage.
Lungs. Chr Bronchitis + emphysema. Liver enl: pale + fatty
Spl. enlarged + soft. Kidneys. Cort Chr: interstitial nephritis.
Pancreas. Liver Skin fatty infiltration of periphery + general fine fatty degeneration. Commencing multiple cerebral sclerosis.
History. Admn 2 Jan 1908 Died 5 minutes later
Was going to work outside. Was feeling cold he got up then before reaching destination felt intending to walk as he felt the cold. He stood in a doorway to get out of wind + fell to ground. Admitted unconscious

Syphilitic disease? Aorta + valve parts clinical signs of Valsalva + interfering with Coronary circulation. Angina. 1/54

George Jones ♂ 51. PM 18.1.09. [illegible] 11/09

Ext: Well nourd. Rib prom N. Indurated scar in penis

Int: Heart enl: Petechiae on surface. Rt auricle enlgd: del. + vent: sl hyperN: L Vent dil: + sl hyperN: Muscle. Extensive fibrous tissue patches of left vent incl papillary muscles. Tricusp = 5 finger Aortic 1 finger. Mitral V: some thickening of edges of cusps. Aortic cusps thickened along free edges + much contracted + partly adherent to the greatly thickened aortic tissue causing narrowing like opening into legs post sinus of Valsalva. Adv: disease thoracic aorta esp: 1st part ? Σ + superimposed atheroma. Less disease abdom aorta. P.T.O.

Coronary artery rather small. Valves diseased. Orifices not involved in aortic disease. Lungs. Chr Bronchitis + emphysema; + oedema of bases. Liver. Nutmeg & fatty. Spleen fibrotic Kidneys. Cong: Pleura both lungs.
Micro. Hrt. advanced + progressing fibrosis Aorta showed some syphilitic changes. Liver Nutmeg & fatty.
History. Admitted 8.12.08. Pain in chest since Aug '08. Extends to left axilla, left arm to wrist. Dyspnoea + palpitation. History of 2, wife several miscarriages. Attacks struck Stockton. Pulse collapsing.
Had many anginal attacks in hospital. Incessant vomiting during last 2 days + heart dilated still more.

Sudden Death Saccular Aneurysm Aorta 1/55
rupture into Pericard & Esophagus.

John Watts ♂ 53. Pm 27-2-09. SMH 45
09.

Ext. Poor nourishment. Rm present.

Int. Pericard: contains 16 oz of blood. Ht not found. Saccular Aneurysm 1st part descend aorta ruptd into pericard. Descending aorta & descend & 2 small saccular Aneurysm. Less descend abdom aorta. Lungs. Chr tuberculous & emphysema Liver contains a large scar. Spleen fibrotic. Kidneys. cong: & arteriosclerotic disease.

History. found in street. Brought in dead.

Syncope from exposure to cold 1/56
Chronic Pulmonary Tuberculosis

Wm Hudson. ♂ 57. PM 2:30 p. BMH. 51/09.

Ext: Poor nourr: RM present. Abrasion r wrist

Int: Heart. Rt cavities somewhat dil: Vent hy/ron.
Muscle tone. Aorta atheroma + slight of coronary arts
lungs. External chr: fibro caseous T.B. both lungs. Small
cavity in Rt uppermost lobe. Frothy blood + mucus - a
little - in air passages. Liver Nutmeg. Kidneys enl
chr: interst: nephritis.

History. Found dead at top of bus at 11:30 PM
Death accel: by cold

Notes dest: Coronary Artery disease + Cardiac oedema. 1/57
Nelson Lloyd Safe reducing treatment.

Sarah Hasdale ♀ 58. Pin Hammersmith

Ext. Well nour:. Abdomen protuberant. Died 6·XI at 8·15pm 8· XI·09
Soft oedema marked of eyelids, face, neck, upper & lower limbs & vulva, less marked over abdomen & chest.
Bullae on flanks at anus, & vulva thighs & axillae.
Int: Subcutaneous fat scanty. Int much oedema fluid.
Muscles oedematous. Brain 3 q 3. Slight disease of cerebral arts.
Hrt 15 oz. Large. Some clear fluid in pericardium. Cavities all dil: esp right. Muscle pale Aorta very ath: 1st part dilated
Coronary arts atheroma & calcif = + areas of narrowing. P.T.O

Pleurae. Old adhesions + a little fluid in each cavity
Lungs ~~Small~~ left small. Both very oedematous
throughout - backs almost airless. Some oedema of larynx +
Thyroid N. Ascitic fluid about 1000 cc Liver marked
nutmeg. GB. oedematous. Spl. Small. Firm + cong Kidneys
2 cloudy swell. Granules 1" diam in Rt Kidney
Pharynx oedem; Stomach empty Sm Int. almost empty.
Glands in 2 mesent glands. Genital organs atrophied
Muscles Ht Lg Marked fatty + brn atrophy. Spleen amyloid
Kidney tumour = adrenal cancer. + 2 nodes in mesent glands
History Nelson Lloyd safe reducing treatment - took tablets for several days before death
Pale urine Tablet = Ext + Bladderwrack 2.5 gr. Thyroid protein 0.15 gr
Liquorice 3.9 gr. Pills = phytolacca. Seaweed + Cascara

Acute Mercurial Poisoning ($HgCl_2$). 3 solucels each = .875 1/58 grammes

Lily Day ♀ 47. PIH 9.3.09. SMH 55/09.

Ext. Well nour: Rin present. (Admitted 1.3.09. Died 7.3.09)

Int. Heart. Sl end. Petechiae on surface. Cavities all somewhat dil: Muscle soft & streaky. Sl: athera acute & Nerve end. Early acute pleurisy back of Lung. Lungs Ext: acute bronchopneumonia lower lobes. Air passages down to bronchi acutely inflamed & swollen & numerous small ulcerous excoriations. Oedema & congestion. Plugs in smaller bronchi. Liver soft & pale & early cutting. Spl: Cong Kidneys deep purple red colr. Capsules. Cortex widened & soft & Tongue reddened along margins & tip; gum & mouth P.T.O.

reddened Soft palate & pharynx [illegible] eng: & small lesions
covered by sloughs. Oesoph: nl eng. Stomach Laps. movement: Sl dilated
Circular ulcer $\frac{5}{8}$" in greatest diam. 3" from pylorus & another $\frac{1}{4}$" dia
1" nearer pylorus. Ulcers shallow, edges slightly raised. Floor smooth
& dark brown. Small int: eng slightly at upper & lower ends.
In Cecum & asc colon numerous minute transverse ulcers some
completely encircling lumen; ulcers covered c sloughs - prob: of
thrombotic origin; tissue diminished [illegible] along bowel & some
in trans colon, but more in desc colon. Rest of bowel free.
Some reddening of mucous membr: in ulcerated parts of bowel
Semilunar Ganglia: Cells & fibres prominent.
Pancreas. Islets & Duct = [illegible] eng. Liver cells shrunken
& fatty degen in every where & in endothelium: thrombi in some veins
Kidneys. Some necrosis in convoluted & a few pyramidal tubules;
some fatty degen = Stimulation. Venous small necroses in some parts c
thrombi. Ht & V: Post influenzal depression. Could not swallow. Laryngeal
stridor. Urine suppressed 5 days.

Notes
desr. Laryngeal Diphtheria & Broncho pneumonia. 1/59

Elsie Willson ♀ 5¼ yrs PM Hammers with 13.3.09
Ext. Fairly well nourished: Blotchy red eruption on forehead & cheeks.
Recent tracheotomy wound
Int: Menings congested. Heart somewhat enlarged. Cavities all dilated Muscle soft & streaky. Acute broncho pneumonia at bases of lungs esp: right & pus in smaller air passages. Emphysema elsewhere. Laryngeal diphtheria extends ½ way down trachea & oedema of larynx. Tonsils enlarged. Thymus remains undergoing atrophy. Liver & Kidneys cloudy swelling & congestion. Spleen enlarged hyperplasia P.T.O.

hyperplasia. Slight lymphoid hyperplasia in caecum
+asc: colon. Bact? exam. T.B. found
Micro. H+H clumped well + found marked fatty degen:
Lung. Acute bronchopneum: confirmed. Spl: lymphoid
hyperplasia confirmed - Kidneys. Cloudy swelling + cong
Heart. Cold 13 days ago .. Dr on March 4th.
Worse on March 10. Tracheotomy March 11.

Notes Traumatic Neurasthenia (Injury 6th N.Z. 1908) 1160
clerk: Terminal infective endocarditis.

Samuel Savage ♂ aet ?. Kensington 23-3-09

Ext: Emaciated. RM in lower limbs.. Old scar right forehead extending to inner side of right eyebrow. 2 small bedsores lower part of back.

Int. Slight atheroma of cerebral arteries. Slight excess clear fluid in subarachnoid space over cerebral hemispheres. Brain & spinal cord appear normal. Pericardium obliterated by old adherions. Heart enlarged. Cavities all dilated. Muscle dark & streaky. Aortic valve thickened & acute endocarditis extending to base of mitral valve. Slight atheroma aorta & coronary

P.T.O.

arteries. Old pleural adhesions both sides. Lungs chronic bronchitis + emphysema. Bases congested. Liver early nutmeg. Spleen (18 g) Hard enlarged Congested & infarcts. Kidneys (7 + 8½) Slt enlarged Arteriosclerotic disease + infarcts. Other organs IV Meninges H + Th = some brain atrophy. Aortic valve. Old thickening + recent vegetations with organisation at base. Gram + Staphylococci present. Similar vegetation at base segmental valve. Pale liver. Some nutmeg. Spl. anaemic infarct organising at margin. Kidney infarct more recent. Marked arteriosclerotic disease. Brain + Vil but Vin changes. Spinal cord also shows some nerve cell degen^n & proliferation of ependyma of central canal. History. Accident Oct 2nd 08 at 6.20 pm. came home Wednesday Wand in forehead. Good health previously

Notes
desr: Air embolism. Death under anaesthetic. V.1

Alfred James Wilson ♂ 5 years. Pt. Chelsea 1.4.09 5pm
Died 30.3.09

Ext. Well nour. Rmpreser

Recent closed flap wound (Op.n) behind left ear.

Int: Right cavs + L vent rt. dil. Mus soft.

Int Jug veins V thin clot & air + some air in Rt Verin. A little air in Rt auricle. Lungs slight emphysema. Spleen. Slight lymphoid hyperplasia Mesaraic gland &c. Ent: + resp: Skull resp sinus open above left ear + another behind mastoid (left) Tear in Dura mater open into left P.T.O.

lateral sinus. Air in veins over left cerebral hemisphere
Fades in time of right side. Pus in left
middle ear & mastoid & supp: meningitis
over hemisphere extending along sylvian fissures
& over inf surface of lat lobe of cerebellum esp
on left side. Mucin. Thymus partly replaced
by fat. History. Taken ill 6 pains in head
on March 14. Taken to Victoria Hosp. March 20
Op March 30. Civ heard to enter sinus
Ctd 3 qrts. Died ½-¾ hour after op commenced

Notes Anaesthetic death. C.H.C.S. 1/62
Decr: Op: for Enlarged Tonsils.

Richard James Harding ♂ 13yrs Pln Chelsea 30.4.09

Ext. - fairly well nourd: Rm present. Hypertrophied tonsils
Closed Op^n wound upper abdomen to left of middle line
Small Op^n wound inner side of Rt ankle. Tracheotomy wound
Op^n wound over Rt Int Jugular Vein
Int. Brain &c IV. Heart. Petechiae on surface, Cavities
all dil Right marked. Muscle pale & soft. Valves
& Arts IV. Pleurae contain a little clear fluid. Lungs
Right emphysema. Some hypostatic congestion. 3 small
haemorrhages at left base. A little blood in air P.T.O.

passages. Chr: T.B. gland at root of lung
+Thymus (23·8 gms) well formed. Thyroid slightly enlarged
Liver (36 gms) St. and Cong: Spleen (4½ gms) Enlarged
Malpighian bodies enlarged. Kidneys cong: Tonsil
+Inguinal Glands enlarged. Lymphoid hyperplasia in
pharynx + upper oesophagus, pyloric stomach + duodenum,
in lower ileum + in Caecum. Mesenteric glands enlarged
+pale. Micro Hæm & Osmic H = fine general
fatty degen: Thymus well formed. A little adipose
tissue in gland. Smell of CHCl3 in lung cortex + stomach
Heart Op: April 24th at 3.30 pm.

Note dest.

Sapremia due to Faecal Fistula / Allegations of neglect 1/13
previous Op^n for Appendicitis.

William Macdonough ♂ 24 year P[illegible] Smithwark 4:5:09

Ext: Poor nourished RH in legs. Hypost present. Open & gaping Op^n round Rt lower abdomen, almost down to scrotum Area of gaping 9" x 3½" with muscle exposed in the centre a coil of bowel. Skin undermined & separated for a consid distance round, extending up to chest & back to spine. Pus in pocket thus formed, 3 recent incisions into this undermined area thro' skin

Int: Skull, Meninges Art & Br N. Hr sl enl. Rt cavs mod. dil, left cavs sl. dil. Muscle wst

P.T.O.

+ steady. Mucous : slt abdl. Rec. vegetation Aortic Valve.
Old pleural adhesions Rt base. Lungs some gen'l emphys
+ hypostatic Cong : . Bronchs N. Peritoneum N
ante inflam : but old adhesions upper right side
+ to margins of Op^n wound. Several coils matted
together by old adhesions. Liver sl fatt + cong : Kidneys
some fatty degen^n. Spl. firm + pale. Kidneys Cong : & cl
well. Small int : somewhat constricted by old adhesn
near lower end of ileum. Some dilatation but no hyperæ :
empty below. Hist^y. Op^n for appendicitis 4 years 4 years
ago. Pain in abdt + a lump a year ago, Op^n April 8. 09.
Stitches afterwards gave way + wound gaped. Faecal fistula.

Died May 2

Notes
dew.

Lobar Pneumonia.

1/64

Margaret Lilian Thompson ♀ 24 PM Fulham 10.5.04

Ext: Rather poorly nourished. RM + Hyperpigmentation present. Abd: protuberant. Slight abrasion outer side of right thigh. Pigmentation of lower abdomen. Body verminous.

Int: Heart weights 8oz: Rt ♥ Cavities markedly dil: left cavities somewhat dil: Muscle soft + pale. Acute pleurisy and right lung lobar pneumonia (grey hepatisation) of almost whole of right lung. Emphysema. Hypostatic congt of left lung. Liver. Some fatty Spleen 13½ oz soft + diffluent. Kidneys Cl mod: + congt. Uterus sl enlarged Muscle ~~HVM~~ = cloudy swelling + slight brown atrophy.

P.T.O.

Hosking Jellvill Tues May 4th
Shivered May 6
Died May 8th at 4 pm. No doctor until after death.

Sudden death. Coronary Atherosclerosis. 1/65

William Smith ♂ 68. PM 19-5-09. SMH 120/09.

Ext: Well nour: RM pres. Recent abrasion R knee & thigh
Int. Head remarkable: Cranium all dil: left vent: considerably
Muscle soft & dark. Mitral valve thickened. Aorta sl: atheme. Coronary
arts calc: atheroma & narrow, some calcif. Lungs cong & oedem
& Bases. Chr: bronch: & emphys. Rt passages congested
Liver - cut surface + ? old & partly calc: gumma. Spl: cong
Kidneys cong:. Brain. IV. Sl ath: of arteries.
Micro. HSM = bronchitis & minute area of fibrosis.
History - Found dead in street.

Sudden Death Aortic Stenosis 1/66

125/09

George Laurence ♂ 63. PM 1.6.09. SMH

Ext: well nourished. RIH present.

Int. Brain + c N. Heart enlarged. Rt Cavities slightly dil: Vent hypert. L Ventricle marked dilated + hypert. Muscle soft + streaky Aortic cusps + valves fingers; cusps greatly thickened, rigid + extensively calc:. First part of aorta much dil + thin & some atheroma. Rest of aorta very atheromatous. Coronary arts atheromatous some narrowing. Lungs Cong: + oedem: thrombus; some chr. bronchitis. Liver cong:. Spl. soft + cong. Kidneys Cong: + some arterio sclerotic disease. Stomach large filled PTD.

with food smelling of beer.

History. Brought in dead. Was talking in street complained of feeling faint & fell to ground

Notes dest. || Anaesthetic death. CHCl3. Status lymphaticus.
Operation for opening abscess in scalp 1/67

George Edward Jemmett. ♂ 5 1/12 yrs Pln Banks 16.4.09

Extr: Well nour: RM+typo: present. Recent Tracheotomy wound. Recent open wound midway between left ear + back of head. leading into a small cavity being a definite wall + partly filled with clot.

Int:. Heart cavities all slightly dil: Muscle pale. Lungs slight patchy emphysema + hypostatic congn: Hi[illegible] contain a little frothy blood. Tracheotomy open. Thymus (28·46 gms) large. Slightly enlarged glands each side of neck. Liver + kidneys congested. Spleen slightly enlarged + lymphoid hyperplasia. P.T.O.

Tonsils slightly enlarged + lingual tonsils. Adenoids present.
Stomach empty. Lymphoid hyperplasia of pyloric and
lymphoid hyperplasia throughout small intestine,
marked at upper + lower ends. Mesenteric glands enlarged
lymphoid hyperplasia of W part of large intestine.
Some enlargement of Axillary + Inguinal glands.
Menings slightly congested Brain IV.
Micro. H+E coronic = slight patch fatty degen^n. Thymus
well developed + normal structure Spleen. Marked lymphoid
hyperplasia + congestion. Duodenum lymphoid hyperplasia
Mesenteric glands. lymphoid hyperplasia. History fell 2½ feet on
back of head 11 days before death Op^n 15 April. CHCl3 gave
Ulcers found. Op^n completed in 10 mins 3 min later death occurred.

Air embolism during Removal of Malignant Growth of neck. 1/68

George Davies. ♂ 50. Ph 11.6.09 SMH 138/09.

Ext: Well nourd. & muscr: R Ith present. Recent closed Op^n Wound 6" long on left side of neck from hyoid bone to below lower clavicle passing with another wound from its middle downwards for 2".

Int. Brain & CN, Heart enlarged Air escaped from Rt auricle when opened under water but none in ventricle or pulmonary. Rt cavities contd. dil & empty, left cavities markedly dil: Muscle soft & bloodless. Lungs Clr. bronchitis & emphysema. Hypostatic Congn. oedema esp right. Wound opened Cavity deep from which mass of growth had been removed P.T.O.

Int: Jugular Vein had been removed for 2nd ligature on each end. IV injury to vagus & recurrent laryngeal N. Ext: glands lower deep cervical. Liver, Spl & Kidneys Cong: Micro. Growth removed from neck = undifferentiated Carcinoma in lymph glands. Small aggregates in lungs.

Hist. Small lobulated growth 2 months ago, grew rapidly & fixed deep. Op= Growth explored & friable. Haem: Int Common Jugular Vein close to int Jugular. Mass partly removed with piece of int Jugular Vein. After this was completed chief bleeding whilst on table.

Notes dest. **Electro-cution.** 1/69

John Priddon ♂ 48. P.M. Hammersmith 14-6-09 Sp M
Died 12-6-09 · 9.30 AM

Ext. Very stout. Rm present. Hypostasis marked.
Large swelling purple in colour on inner side of left upper arm + a small similar area on inner side of left forearm in upper part with recent haem: infiltration tissues beneath but none in muscles. Slight swelling + haem: detail = at back of lower part of left leg. No haem: apparent beneath but a little found in skin microscopically. Numerous petechiae in skin at back of trunk, shoulders + neck, loins + lumbar region, fewer in upper arms P.T.O.

+ backs of thighs + legs.

Power for lights 220 Volts.
" " wiring 440 " .

Int: Ht large. Cavities all did Mucous surf + slight bron-
chitis mucus: . Lungs deep red. Haemorrhage superficial
in left lower lobe close to apex + confined microscopically.
Some chronic bronchitis + emphysema. Liver, Spleen + Kidneys
large + deep red - Spleen congested. Food in stomach.
Brain + menings appear normal. A little haemorrhage
found in Pia + superficial cerebral cortex microscopically
Sp Cord left + almost fluid. No haemorrhage

Testing: Healthy + sheer. Worked at Shepherds Bush Exhibition
Fixing + connecting up electric meters. Had connected one up
was tapping wire to join 2 mains. One foot raised + resting on
clay bank when foot slipped. Cried Oh!

Strychnine Poisoning. Suicide 1/70

Elizabeth Heath ♀ 19 years Pm 21.6.09 SMH 1444. 09

Ext. Well nour: Rm present. Hypostasis marked. Face blotchy red. Slight abrasions on lips.

Int. Brain & menings Cong: Heart. A few petechiae on surface. Left vent: slightly dil. Lungs & air passages Cong: Thymus (22.5 gms). Vascular, pink, & fleshy. Liver Spl & Kidneys Cong: Food in stomach.

Micro. Thymus. No differentiation into cortex & medulla.

History. Domestic servant in a doctor's house

PTO

Took about 3j of Liq Strychninae. Convulsions in a few minutes; brought at once to hospital arriving 10 mins after taking the poison. Washed out at once & given Amyl nitrite & bromide. Also put under Chl Eq. Then taken to ward & died 5 mins later (one hour after taking the poison.

Gangrene of Jejunum. Thrombosed veins 1/71
Abortion. 2nd month.
Alice Molloy ♀ 35. Pm 3.7.09. SIN H 153/09.
Ext: Well nour. R.M present.
Int: Heart: Several petechiae over bare. Cavities all slightly dil:
Muscle soft & pale. Lungs. Chr: Bronchitis & emphysema. Hypostatic
Congn: more on right side. Liver soft & fatty Spl: 13oz large
Soft & contains 2 old infarcts. Kidneys. Cloudy swelling
& Congn:. Thigh large & contains pus. Stomach large
& contains food smelling brn fluid. Jejunum about 16" from
Stomach 3rd from upper end is gangrenous, with perforated
area & is wrapped round by omentum. Gangrenous P.T.O.

area sharply defined above & below with a linear transverse ulcer at lower boundary. Veins from this area filled with thrombus which extends to portal vein. Uterus large & lined by decidual membrane with a twisted process of membrane projecting through cervix. Membranes early removed. No evidence of sepsis.

History. Adm. June 24 Died July 2. 3 days before admission sudden abdominal pain; vomited; giddy. Went to bed. Pain continuous. Menstruated 2 months. 6 children / 2 miscarriages.

Con. Very ill. Copious haematemesis & melaena. Tongue furred. Much epigastric pain & rigidity. Abd. dist. Became progressively worse. Aborted July 2. Foetus 2 months. Died shortly after.

Rupture of hypert: right ventricle of heart Sudden death
Mitral stenosis + recent endocarditis &c. 1/72 154
09

James Cochrane ♂ 30 PM 5·7·09 3 hrs ft

Ext: Fair well nour; Abd protuberant. Marked oedema of lower limbs, penis & scrotum

Int: About 8 oz fluid blood in pericard sac + deposit of fibrin on surface. Heart somewhat enl; Rt Heart Cavs marked dil. & wall marked hypert: Perforation of wall of vent: just admits probe, tear in outer surface being about ½" long. Perforation situated between Columnae carneae of Rt vent: anter wall at base of Conus arteriosus. Lt cav equid dil & hypert. Mitral stenosis 1½ fingers P.T.O.

Ventricle Innervation Muscle wall + pulse. Natural valve Mitral Tricuspid + aortic also chordae tendineae. Lungs affected: mitral valve, cusp thickened, regurgitation aortic cusps. Lungs heavy, congested + oedema at bases. Chronic bronchitis + emphysema. Heart acute, liver enl: Nutmeg + fatty. Spleen enl: wall + cyst. Recent pale infarcts. Kidneys somewhat interstitial nephritis Brain Hemorrhage. Marked fatty degeneration. Admitted for dyspnea, began swollen for last 5 weeks recently affected good. Diuresis. Urine Became worse, delirium died Cause of Syndrome 5 days after admission

Purpura & haemorrhage into suprarenals. 1/73

Henry G. Brown ♂ 7 months Adm 8.7.09 Smith 156/09.

Ext. Well nourished. Rash present. Numerous irregular blotches fading at edges over whole surface of body = subcut haemorrhages. Int: Petechiae on surface of heart.

Heart N. Lungs, hypostatic cong: Thymus (28.67 gms) Thick. pink & fleshy on section. Liver pale = cloudy swelling Spl. Enlarged deepred & firm. Kidneys Cloudy swelling. Adrenals enlarged (Rt 2.95, left 3.52 gms). Infiltrated throughout & blood & fluid blood in interior. Lower part of ileum & whole of large intestine show hyperaemia P.T.O

hyperplasia. Mesenteric glands large & pink.
Meninges Cong: Brain N.
Micro Thymus. well formed & normal apart from numerous coarse eosinophil cells in medulla. Liver Cloudy swelling & slight fatty degen- Kidneys cloudy swelling. Capsular Epith = proliferating. Suprarenals. Medulla completely replaced by necrosis. Haemorrhage in part of cortex
History well until 2.30 pm on July 7th when he waked screaming & seemed convulsed. Worse at 8 pm. diarrhoea. Admitted shortly after midnight. Breast fed. Whooping cough 2 months ago. Temp 104. R 72. Unconscious. No physical Signs. Died at 6. Am. on July 8th

Notes dest. Dry Shampoo. Carbon Tetrachloride.. Status Lymphaticus.

1174

Helen Elphinston Dalrymple ♀ 29. PM Kensington 13-4-08

29 hours after death

Ext. Very well nour: Marked lividity of face & head neck & upper chest, less over breasts & upper abdomen. Hypostases very marked & livid with numerous haemorrhages. Pupils widely dilated.

Int: Heart. 8½ oz. A few petechiae over right auricular appendix. Rt Heart cavity & left vent dilated & wall thin. Tric: & Mit: Valves slightly thickened. Muscle soft. L. Coronary Art. Narrow. Thyroid rather large. Thymus small 14-16 gms. A few old stringy adhesions

PTO

at Backs of lungs. Lungs marked hypostatic congestion
Air passages contain a little mucus. Spleen 6½ 3
Firm. Malpighian bodies numerous & large.
Kidneys (11½ oz together). Congested. Pancreas congested
Tonsils sl enlarged & lymphoid hyperplasia. Back of tongue.
Stomach - lymphoid hyperplasia at pyloric end - almost
empty. Lymphoid hyperplasia in lower part of small
& greater part of large intestine. Uterus ? menstrual.
Blood clots & fluid. Micro H+E = Broncho pneumonia
Thymus = chief aggregated masses of lymphoid tissue
separated by fibrous & adipose tissue. Some different to cortex
Cortex & medulla. Hassells corpuscles numerous. Thyroid cystic.

16.7.09.

At the Kensington Coroner's Court yesterday Mr. C. Luxmoore Drew held an inquest on the body of Miss Helenora Catherine Horn-Elphinstone-Dalrymple, aged twenty-nine years, a daughter of the late Sir Robert Græme Horn-Elphinstone-Dalrymple, Bart. Lord Robert Cecil, K.C., M.P., who appeared on behalf of Harrod's Stores, expressed on behalf of the firm their profound sympathy with the lady's relatives. The Coroner said that the lady had died suddenly in the hairdressing rooms at Harrod's Stores whilst having her hair dressed. Some composition was used in the treatment of the hair, but whether this had anything to do with her death or not there would be evidence to show.

Lieutenant Francis Horn-Elphinstone-Dalrymple, of the Royal Horse Artillery, identified the deceased lady as his sister, and said that she had been in very good health.

Beatrice Clarke, a hairdresser employed at Harrod's Stores, said that she had been a hairdresser for twelve years. Miss Elphinstone-Dalrymple, whom she did not then know by name, came to the hairdressing department on Monday and asked for a dry shampoo. She had already been manicured, and looked pale. On the pre-
[illegible]ursday the witness exp[illegible]to Miss Elphinst-

nature of the dry shampoo, and told her that the fumes were obnoxious and might make her feel faint. When she came on Monday the electric fan was working, and the windows of the cubicle were open. The process of shampooing was to apply the lotion to the back of the head. A pan was placed at the back of the head to take the lotion, and the face was covered with a towel lest the lotion should irritate the eyes. Another towel was placed at the back. The lotion was applied from a bottle. The witness began to apply the shampoo, but within two minutes Miss Elphinstone-Dalrymple became pale and looked faint, and then appeared to collapse, so the witness called for assistance. Artificial respiration was performed. The witness added that she had not herself previously used the lotion in the case of any other customer at Harrod's ; but she had used it for cleaning hair, and had never seen anyone made ill by the process.

The Coroner—How did you know it would make a person ill ?—I thought it would make her feel ill because of the smell of the fumes. I have used it on my head.

Again answering the Coroner, witness said that she had never known an assistant upset by the shampoo.

The electric apparatus was here brought into court and the witness, placing herself close to the fan, which was at her back, explained the working of the apparatus, with a solicitor in the chair, in the actual position occupied by Miss Elphinstone-Dalrymple.

A juror suggested that the vapour might have been blown by the fan into the lady's face.

The witness, in reply to the Coroner, said she had seen the same shampoo lotion used on other customers on many occasions.

Miss Edith Mary Dale, of Langdale, Farnham, a friend of Miss Elphinstone-Dalrymple, said she had had her hair done by this particular dry shampoo process at Harrod's. The first time it was done the assistant explained to her that the fan was used not to dry the hair, but to blow off the fumes. She had never been upset by the process, although she had noticed an odour as of chloroform. A shampoo lasted about eight minutes. She was told it was a tonic for the hair.

Mr. Stretton (for the family)—Did you feel any bad effects ?—No ; the fan blew like a gale in my face and blew the fumes back.

William Henry Eardley, manager of the hairdressing department at Harrod's, said that the process had been used for over six years.

The Coroner—Have you seen any bad results ?—I have seen one or two slight cases of fainting.

The Coroner asked what precautions were taken, and the witness explained that a towel was placed over the face and the fan at the back of the head. The operator stood behind, applying the lotion, and the fan blew the fumes away.

What would be the effect of having the fan in front? —The operator would have the fumes blown in her face.

Witness said that he had never known an assistant affected. He was called up on Monday and found the lady apparently dead. He noticed no fumes and the windows were open. The lotion was made up by a firm of City chemists, and the witness produced the formula. He had never recognised any danger.

Examined by Lord Robert Cecil, the witness said that from 90 to 100 customers used this shampoo daily. Some 20,000 or 30,000 had been dry shampooed by this process, and 14 tons of the liquid had been used, but he had never known any serious case. In one case he had his notice brought to a slight faint. Miss Clarke was a most capable assistant, and had used a large quantity of this shampoo in the workshop, in which 20 assistants were engaged. This was the only kind of dry shampoo, except spirit, which was not often used because it was not so volatile.

Dr. Paul Jones, of Walton-place, said that he was called to Harrod's Stores on Monday and saw the lady lying on the floor of a cubicle, which was about 7ft. by 12ft. The partitions were 6ft. high. There was plenty of ventilation, but there was an odour of tetra-chloride of carbon. The deceased's face was discoloured and her pupils were dilated. The fan was working.

The Coroner asked whether the witness had had any experience of this shampoo. He replied that it first came to his notice in 1907, when he saw a lady some time after she had had a shampoo. She was taken faint and suffered from a rapid irregular pulse for from an hour to an hour and a half. He knew of another case of a healthy woman becoming faint when having her hair dry-cleaned. In consequence of this he made a suggestion that the fan should be used, and this was done. There was a vapour like chloroform given off, but it was not chloroform.

The Coroner—Do you consider it safe to use?—It is a safe thing to use with precaution as to fresh air, &c.

Do you think that anybody undergoing it should be medically fit?—That is the ideal.

Dr. B. H. Spilsbury, pathologist at St. Mary's Hospital, who made a necropsy, said the body was quite healthy, but the heart cavities were dilated, and the heart muscles were degenerated, which was unusual in a young person. The tonsils were enlarged. There was *status lymphaticus*. Death was due to sudden he[illegible] from degeneration of the muscles and possi[illegible]

possibly accelerated by inhaling tetra-chloride of carbon. The *status lymphaticus* which would predispose to sudden death could not be discovered during life.

What do you think about the safety of administering the lotion?—I think, in a perfectly healthy subject there is no danger to life.

Further questioned, the witness said that the inhaling of tetra-chloride might cause sudden death to a person with a weak heart, but the effect varied. If the vapour was inhaled there would be temporary discomfort.

You think that if the deceased lady had not inhaled tetra-chloride she would not have died?—That is so.

The witness added that he had no personal record of any other fatal case. Persons with this young lady's disease would run greater risk in inhaling tetra-chloride than healthy persons.

Dr. Spilsbury, in reply to Lord Robert Cecil, said that he considered the process absolutely safe if one could ensure no vapour being inhaled by unhealthy subjects.

You would not attach any blame to Harrod's in the circumstances?—Oh, no.

What is the percentage of death in tetra-chloride administered as an anæsthetic?—About one in 20,000.

John Charles Maron, a hairdresser at Harrod's, said that during the six years he had been there he had had about 1,000 dry shampoo cases with this particular process, and he had never known of one bad case. There were three cases where customers were a little queer, but they soon recovered. He had used the shampoo on elderly ladies and in nursing homes.

By Lord Robert Cecil: Nine persons out of ten asked for this treatment. He did not think there was any risk in Miss Clarke doing the work.

The Coroner said it was for the jury to consider whether death had been accelerated by the tetra-chloride, and their verdict would then be one of misadventure. This case would have the effect of calling attention to the risks unhealthy persons ran in undergoing this particular process of shampooing.

The jury, after deliberating in private, returned a verdict of accidental death, accelerated by the fumes of the tetra-chloride. They added a rider that Harrod's were not justified in employing unskilled operators in performing this dangerous operation.

Notes dest. Anaesthetic Death. ACE. 1/8

Chr Valvular Disease of Hrt:- & Status lymphaticus

Frank Stubbings ♂ 13 yrs PM Guys Hosp: 14.7.09 6.15 pm.

Ext. Fairly well nourd: Rigor mortis present. Decomp= commencing Ether injection left breast. Irregular scab over left lower chest.

Int: Pericard= large patch of adherion between the layers. Petechiae on resp surf of Hrt. Heart 15½ oz. Cavities all round dilated walls hypertr esp left vent. Muscle pale all organs anem Aorta much enlgd. Mitral & Aortic Valves much thickened & contracted: incompetence of both valves. Some thickg of tricuspid Pleura. Old adherions both backs. Clear fluid in cavities. Lungs heavy & cong: Bas: bases, Mucus in air passages. Thymus P.T.O.

present (15·92 gms). flesh & pink, A little fluid in peritr =
Liver (48·0 oz.) Enlgd. Nutmeg & fatty. Spl 7¼ ins Firm & avg
c large malpighian bodies. Kidneys wt 5¼ ozs each. Cloud
swelly & passive Cong:. Tonsils greatly enl:. Marginal tonsillar
Lymphoid hyperplasia Ileum end of Ileum & throughout large
intestine. Mesenteric glands sl: enlarged
Muscles Hrt sl fatty degen. Thymus fairly well developed
Liver. Fairly marked Nutmeg. areas of fatty degen = Spleen
hyperplasia. Kidneys Cloudy swelly & congs =
History. Good health until Scarlet Fever. Dropsy developed in legs
in June. Admn. Gyngs 22·4 0g. Op = proposed of Cardiolysis
or Cardioplasty. Anaesthetic A1. C2 E3. Duration of administn
10 m. Op = not commenced. Urine drawn off.

Anaesthetic Death. Chr: Abscess in neck. 1176 176/09

George Lipscombe ♂ 54 PM 7.8.09 SMH 09

Ext. Muscular. Rt supraclav. Swelling above outer ⅓ of Rt clavicle = abscess containing yellow pus with thick dense wall, adherent to Rt clavicle, Rt int jugular vein.

Int.: Brain & IV Hemis muscle soft & shreddy. Old pleural adhesions Rt back. Lungs: hypostatic congestion & emphysema. Liver cong: Spl: slightly enlarged & cong. Kids cl swelling.

Mesns: RTMS. Lymph glds. Bronchial Glds = Old T.B.

Liver: Some fatty. Spleen cong: Kid: cl swelling. P.T.O.

Parents Clergyman & wife:

Mass in neck – chronic inflammatory tissue – probably traumatic origin – may have been partly ruptured muscle

History Swelling above right clavicle – hard painful – for 3–4 weeks. Skin became adherent over it. On admission was acutely inflamed; improved for a time but became larger again & on Aug 6. given an anaesthetic to explore but died before operation

Lin Campbell Ammon primary Cancer. Soft Palate. 1/77
Acute bronchopneum. 1/77.

William Dugard ♂ 78. Pm 16.8.09 SMH 09

Ext Pool now. Rib present. Superficial abrasion back of left hand, on left hip & left knee. Purpuric eruption on forearms. Int: Brain & C.N. Heart Rt end: Rt ventricle & vent much hypert. Left cavity rt dil. Muscle soft & dark. Hd alterations of aorta & coron arts. Old pleural adhesions right side. Lungs large. Chr: Bronch: & emphys: Congested at bases. Acute bronchopneum & oedema throughout back of left lung. Spleen firm fibrotic. Kidneys small. Arteriosclerosis. Large chr: ulcer soft palate Ext: down to left root p.m.

of tongue. glands enlg ~~1~~ ~~gr~~ ~~ulc~~ ~~at~~ ~~side~~ ~~up~~ ~~hamp~~
Death. Wide. No signs of poison. Stomach contains
some fluid – faecal odour. Wall thin ~~and~~ Pin Chang
Urine. Quantity in palate ~~tongue~~ = squamous carcinoma.
Lung. Acute septic broncho pneumonia

Hartley. ~~Adam~~: For years suffered from chest trouble
+ gastric ulcer. Admitted Aug 14 Belladonna poisoning.
Coma. Mydriasis. Temp 97. Stomach washed out
+ smell of camphor. Had taken 3i of equal parts of
Linim Sapo Co + Linim Camph Ammon: ~~1~~ ½ gr Pilo carpine
given. Pupil reacted slightly to light. Apex thick
little air entry left lung. Lung tubercle. Breathing
irregular. + some Cheynes Stokes. Temp up to 105°. 2

Notes desc: ? Infanticide - Probably stillbirth. No sign of separate existence.

Newborn Infant of Mabel Ellen Wheeler of Pm Maryhelme 18-8-09

Ext. Well nourished 6lb 6½ oz R Imperat. Rt arm & head over head. Hypost slight. Body covered with vernix. Finger nails all white. Umbilical cord 12¼" attached to body - cut obliquely. Cord flattened at point 3" from body. ¼" tape tied tightly round neck - knot at back tied 3 times. Deep groove round neck. Circumference of body 4½" + of neck 7½". Two rounded swellings Rt side of head - ant & post - & similar swelling of Rt cheek. Injuries. Superficial abrasion ½" by ½ mid line of forehead & 3 minute abrasions slightly to left of it. P.T.O.

Abrasion + groove encircles neck of left elbow $\frac{1}{2}'' \times \frac{1}{8}''$. + a small red mark just above this. Sl bruise of left pinna + a tiny abrasion below pinna. Small trans: abrasion midline of neck 1¾" below chin + ½" above groove of ligature. . No other discol: of surface of body + hands not clenched

Int: Ht + Brs: Nil. Foramen ovale + ductus arteriosus widely patent. Thymus well formed. Lungs small + attached post. chest. Red + small pale areas. Gas under pleura post Plg. Thorax greater part of lung tissue airless but some alveoli partly or completely ruptured + expanded + walls rupturing post: mortem. Ropy mucus in air passages. Other organs N. Stom: empty. Superficial abrasion back of hand palate. 2 other abrasions at neck + of mouth. Blood stained froth in mouth. No haem: beneath any incision. Cheek puffy = oedema. Scalp swelling = caput succedaneum. Hair. Domestic servant. Dead body found in grate. Blood in flow

Notes desk. Anaesthetic deaths. Septic Adenoids 1/74

? Status lymphaticus

Chas Henry John Widwell ♂ 13. PM. Hammersmith 20.8.09
Ext. Tall well nourished. Trach: wound. Died 18.8.09. 1pm
Tnr Hrt sl enlarged. R+Ht Cavs dilated. L Ht Cavs sl dilated
Muscle pale. Arteries small. Lungs hyperaemic. Blood stained
mucus in airpassages. Thymus large (31.04 gms). Liver Cong:
Spl. (6½ oz) Enl: Very cong & lymphoid hyperplasia. Kidneys
cl swell + cong: Tonsils enl: left more than Rt. Lingual
tonsils enl: Lymphoid Hyperplasia in Duodenum + marked at
lower end of Ileum. Mesenteric glands much enl: + pink.
Micros. Ht M. Myocardium fine fatty degen^n.

PTO

Thymus. Normal functional gland. Spleen. Follicles numerous & large. Pulp cong: Lower lobes = great lymphoid hyperplasia in submucous coat & small nodules in mucous membr. Mesent. gland. Lymphoid Hyperplasia. Vessels dilated.

Hist. Large tonsil & adenoids & deviated septum

Prep. for op:- Aug. 12. Op:- at 12.30 Aug 18.

Chl$_3$. Open method - less than 3j used

Septum straightened & adenoids removed in ¼ hour

Removed to ward. 10 mins later breathing stopped & heart found to have stopped.

Anaesthetic had been taken well.

Nostril plugged & Adrenalin 1/1000 Cocaine 5% on equal pads.

Notes Lect. Sudden Death. Coronary Artery disease accel by chr intestinal obstruction by adhesions. 1/80

James Dee Mitchell ♂ 62. P.M. Mayfield Rd 24·8·09

Ext. Poorly nourished. Abdomen slightly protuberant. Scarifications rt knee & small bruise below left knee.

Int. Patch of pericard: adhesions. Heart enlarged. Rt & lt cavities dilated & ventricl hypertr. Left auricle, semilunar, ventricle & aortic valves thickened & opaque. Muscle soft & mottled. Area of fibrosis near apex of left vent involving whole thickness of wall with fibrinous deposit on inner surface. Aorta. some atheroma. Coronary arteries very atheromatous, narrowed & extensively calcified. Old pleural adhesions both backs. Lungs rather large. Chr bronchitis & emphysema. Some hypostatic congestion. Old peritoneal adhesions P.J.O.

Round liver, spleen + stomach + small intestine matted together by similar adhesions. Spl. firm + congested. Stomach very large, contents = faecal fluid. Sm Int dilated throughout & similar contents. L Int dilated except in lower part. Contains much scybalous faeces.

Micros. I+H = marked round cell infiltration + small area of fibrosis. The fibrous patch is dense fibrotic.

History. Generally healthy. Int Constipation. Sat Aug 21. Looked ill but did not complain. Sunday at 5 A/M asked for doctor who found bilious vomit. Rigid abdomen + slow feeble pulse. Died suddenly shortly afterwards.

Necrosis of Pancreas + Fat necrosis. 1/81
Calculi in Gall Bladder.

Ruby Orme ♀ b. PM 28.8.09 SIMH. 190/09.

Ext well nour. RR lower limbs. Recent Op^n lower abdomen
Int Heart. Numerous petechiae on surface. Rt centres dil.
Left ventricle dil. Muscle pale. Lungs. Fat necrosis beneath
lower parietal pleurae. Slight emphysema + some
hypostatic cong:. Peritoneum contains a little clear blood
stained fluid + some recent peritonitis. Extensive fat
necrosis throughout abdomen. Liver. Cloudy swell + fatty
degen: Many Calculi in G.B. Mulberry: pale yellow
stuff: All ducts dil: Calculus in Cystic duct. PTO.

Spl. Sim + eng: Kids cloudy swell + eng
Pancreas Head IV. Body + tail Complete necrosis, collapsed
in places, fat adhesions. Extending to surrounding tissues in which
was haemorrhage.

History Occas attacks of abdom pain for 12 months
Aug 25. Very severe attack of pain Navel & umbilicus.
Constant vomit. Bowel not open. Monday Much
the same + abdomen collapsed Temp 96.6. Pulse 146
Abd. distended + tender. Flanks dull. Bowel opened
& enema. Abd. not opened. Much blood stained fluid
escaped. Fat necrosis found. Drained + closed
Wednesday temp rose to 103.6 + Chest became

Opium Poisoning. Suicide 1/82

198/09

Eliza B. Beckwith ♀ 37 PM 9.9.09. SMH

Ext: well nour. Rm pleas. Hypost: marked

Int: Brain N. Menings cong. Heart N. Slight

atheroma left coron art: Old pleural adhesions over

greater part of R lung. Lungs. Sl emphysema some

hypostatic congest: Liver & Kidneys cong: Bladder

contains about ½ pint of pale clear urine. Pancreas

& spl cong: Stomach cont N: Uterus ? menstrual

+ a little blood in lumen. Corpus luteum left ovary.

Histology: Adm Sept & hard tabs Opium PTO.

through worry. Was washed out & partly
recovered consciousness. Died suddenly same
day from Cardiac failure

Note desk:

Septic infection of genital tract + haemorrhage following full term labour - instrumental. 1/83

Annie Radford ♀ 34 Single. P M Marylebone 17.9.09

Ext. Well nourr: Abdomen natural protuberant. Breasts large + contain milk. Vulva - extensive laceration of back of vulva. Int. Heart enlarged. All cavities somewhat dilated. Muscle pale + soft. Lungs Hypostatic + some emphysema. Spleen 10½ Enlarged. semifluid. Kidneys cloudy swelling. Bladder commencing gangrene in one spot. Genital organs. Uterus enlarged to size of recently emptied full term pregnancy without involution. Wall thick + healthy. Inner surface septic + traces of placenta present. Cervical canal + Vagina much dilated

PTO.

+ thin walled + acutely inflamed throughout with areas of gangrene in cervix + vagina + loose sloughs. Laceration of post wall of vagina at lower end also sloughy. Pus between bones at symphysis pubis.

History. Confined Sept 7. - instruments - head impacted in pelvis. Child dead. Sept 8. Pulse 110 Temp 102°
Sept 10. Rigors + Temp 104°. Pulse rapid. Vulva swollen + discolored. Sept 11. Began to fail + lost some blood.
Sept 12 More blood lost Sept 14 th. Died 3 A.M. Large clot between thighs.

Antecedents (Ether): Stricture urethra + C 1/04
Ligature and Penis + septicaemia
glycosuria 1V Congestion R Kidney 2.12.09.

James Cross ♂ 38. PM 21.9.09. S/M/H

Ext. Well nour + musc RM present. Penis + scrotum
much brawny swelling + green colour. Deep groove
encircled penis near free end. Small swelling of abdom
wall to umbilicus on each side almost to axillae.
Similar swelling upper parts of thighs

Int. Brain + C IV Heart. Petechiae on surface. Sl enlarged
R.V. cons sl. dil. Left vent somewhat dil + sl hy Bund
Muscle left + pale. Old pleural adhesions and right lung.
Lungs: Small + basal congested. Gen: emphysema. P.T.O.

+ chr bronchitis. Marked hypostatic cong: Liverpool
+ fatty. Spl. Firm + cong. Kidneys IVs right. Left
= 14½3. Has 2 weeks ago. Bladder greatly dilated + wall much
hypert + fasciculated except at apex + where it was thin.
Contains turbid urine. Both ureters dilated
Hydronephrosis
Micro. H+E in c/s urine = very fine fatty degen
History. Adm Sept 20 c extravasation + retention
of urine. Catheter for some time + later perineal
retention + constant dribbling to stop which he
tried string round penis. Extravasation of urine
behind ligature 6 days before admission. Condition
hopeless. Ether given but died before Op could commence

Notes desc: Carcinoma desc: colon. Perforation. Peritonitis 1/85

Elizabeth C. Swail ♀ 55 PM Hamp: 25.9.09

Ext. Well nour: Abd: distended. Face + neck very livid
Int. Ht cardiac dil: Muscle soft + pale. Slight of aorta
Old adhesions round L lung, Clear fluid in left pleura
Lungs healthy. Congested. Chronic Bronchitis + Emphysema
Acute peritonitis faecal - chiefly in lower part. Annular
Carcinoma lower desc: colon, soft + deeply ulcerating
& perforation in front. Bowel slightly injected: above.
Liver large + fatty ~ 12 ozs deposit. Spl cong: Kidneys Cl swell:
Skull thick. Slight of cerebral art

P.T.O.

Micros. Ht. No fatty degen. Gyn. Cerv. - Columnar carcinoma, glandular type. Stroma many fibrous. Extensive necrosis. Liver. 2ndy deposit similar, adv. fatty degen. liver cells.

History. Chronic alcoholism for many years

On Sept 22 complained of abdom. pain + diarrhoea
" " 23 had opium + chalk mixture.
" " 24 in morning was found dead by side
Died at 11.30 A.M. Had been dead some hours

Notes dest: Abortion. Septic infection of uterus + pelvic peritonitis. 1/86

Jean Louise Pierson ♀ + 25 PM Mayfield 25.9.09

Ext: Well nour: RIH in lower limb. Hyperthermia preceding Decomp^{n} commencing. Slight jaundice.

Int. Heart contds all right dil: Muscle pale + soft. Extensive old pleural adhesions in both sides. Lungs cong hypostatic cong^{n}. Perit^{m} pelvic peritonitis & lymph over uterus, tubes + ovaries. Spleen cong: Kidneys Cloudy swelling. Uterus enlarged to 4-6 months pregnancy + contains thick reddish fluid. Placental site visible wall decomposed. Tubes contain similar fluid.

P.T.O.

Corpus luteum Rt Ovary.

Uterus: LH+M. Cloudy swelling + slight brown catarrh. No fatty. Uterus Muc Memb: acutely inflamed + covered with fibrin. Septic thrombi in veins. Many Gram + streptococci present in wall.

Nkes dest. Abortion. Septic endo metritis. Lung abscess + pleurisy.

1/87

Annie Millicent Coleman. ♀ Single 29. PM Chelsea 30.9.09

Ext. Well nour:. Abdmn protuberant

Milk in Breasts.

Int. Hearts Cavs all slightly dilated. Muscles soft. Atelectasis + much effusion in right side. Rt lung. Abscess of lower lobe about size of Spanish chestnut which opened into pleural cavity. Rt lung also much compressed. Peritoneum N. Liver some fatty change. Spl. Slightly enl + congested Kidneys. Cloudy swelling + congn.

P.T.O.

Fatal septic abdom. Pain + haemorrhage.

Uterus enlarged to 2½-3 mths preg. many. Wall thick & firm. Muc: memb: injected but clean. Small mass ? placenta on inner surface. No evidence of injury.
Micro. H+E. Clinically No fatty. Lung alveoli contain many gram + streptococci. Uterus. endometrium inflamed on inner surface & fibrinous exudate cont's many poly nuclear cells & small number of streptococci + septic thrombosis of veins in wall of uterus - ie streptococci in the clot.

History Maid at Cancer Hosp: Fulham RA for 2½ years. Has 2 children living one 5 years old. Sept 15. Complained of feeling cold. Sent to bed. 17th not so well. Rectum into womb. Pulse 150. Abdom: pain. Large uterus. Placenta found by clothes. Had attack of uterine haem: Said she had taken abortifacients. Rejoined RA & curetted gauze. Got worse & died Sept 29. at 4.20 pm

Notes desr. Asthma + Rt H.F. failure Christian Science case 1/88

Francis Archer Houblon ♂ 29. P.M. Maryleburne 30·9·09

Ext. Fairly well nourd. Small ulcer on each buttock

Int: Clear fluid in pericard: Petechiae on surface of heart. Rt H. enlarged Rt cavities

Cornid: dilated. ventricle much hypertr. Left cavity somewhat dilated. Muscle soft + dark. Pleurae Old adhesions over whole of left + apex + back of right lung. Rt lung large. Both lungs emphysematous. Many bronchioles dilated + plugged with gelatinous mucus. Upper air passages congested + contain similar mucus. Glands at root enlarged.

Liver & Spleen Kidneys Cong: Pancreas. Small PIQ

Haemorrhages in tonsil. Tonsils slightly enlarged also lingual tonsils. Stomach large + contains some altered blood. Minute haemorrhages in wall. + in wall of duodenum.

Micros. H+M. Some brain atrophy. Lungs emphysematous + congested + areas of partial collapse. Bronchioles dilated + filled + mucus. Hyaline change in wall + much coarse granular eosinophilia all infiltr^n. Spleen. Much swelling of endothelium of pulp.

History. Attacks of asthma for 5 years. Free during this Summer but attacks returned recently. Last attack commenced 2 days before death. Very bad on Tues night 28th. Slept later. Was wakened on hour later for food. Fell over in face + died. Dr called after death. Had professed Christian Science for some time.

Syphilitic Aortitis narrow orifices of Coronary 1/89
arteries Anginal attacks + sudden death 28

Robert Cross ♂ 40 PM 5·10·09 SHH 09

Ext.: well nour. R mpresent.

Int.: Brain N. Opacity of Pia Arachnoid over cerebral hemispheres. Heart somewhat enl. petechiae on surface. RV cavity dil + vent rt hypertr. left aur dil, vent moderately so. Walls rt hypertr. Zone of fibrosis in lower part of wall of left vent with red border zone. Aortic ☰ in first part. Pulm Art dil. Orifices of Coron arteries much narrowed by disease in Aorta. The arteries small but free from disease. Lungs gen. emphysema P.T.D.

+ clubbed. Some hypertrophic cirrh. Testes
mucous in cirrhosis. Liver cirrh. Spl. Jaundice
Cirrh: Kidneys engaged c blood. Intestine congested.
Hosp. Admn 24 Sept for congenital pains. in
chest + abdm left arm for 1 year. becomes very frequent.
(150 in last 2 weeks) Some relief by nitro glyc.
Short of breath when admn. Heart enlarged
Wasserman negative. Some improvement with
rest beginning to get up again. When in hospital
Aug 5 complained of shortness of breath + not
feeling well. Died suddenly during night.

Tetanus. Wond finger 1/90

Harry Lindsell ♂ 39. Pm 6·1009 Sth VA 22/9/09

Ext: Fairly well nour. RVpresent. Decomp[n] finger. Tip upper index finger severed by oblique cut passing through bone. Wound open happens clean. Int: Bruit de N. Heart. Cavities all rt dilated. Atheroma aorta. Subpleural haemorrhages at bases of lungs. Emphysema & chr bronchitis. Hypostatic congn. Small haems in backs of lungs more extensive at back of right upper nr base. Blood stained mucus in air passages. Liver. Soft pale & fatty P.I.D.

Spl Small · Kidneys Cyst: A little haemorrhage into peri-renal tissue:

1 testis Sept 21. Chopped off end of finger It was sewn on again by Dr after some delay. Sept 26 or 27. Stitches in back. Sept 29 Stitches in neck & jaw. Adm 30th. Finger end dry black & gangrenous. Stitches neck & back. Mouth opened wf ½". Limbs now affected & walked into hospital. Chloral & Bromide given. Next day abdominal muscles involved & more frequent spasms Temp 99.6 D Impossible to get urine retained. Hopeless hyperderm. Rapidly worse Died 3 Oct:

Sudden death. Coronary artery disease 1/91
2 80
Esther Harber ♀ 64 PM 4:10 09 SMH 09'
Ext. Stout woman. RM present.
Int.: Brain. Ventricles dil. Atlas marked atheroma
Spine. Dura thick & adh to skull. Heart & cavities
all dil. Ventricles hypert: Muscle dark. Some
atheroma ant. less at commencement. Much atheroma
& narrowing of trunk of right Coronary art & of ventricular
branch of left art:. Old pleural adhesions over greater
part of left lung. Rt lung large. Rt & sl new Chr: bronchitis
& emphysema & some hypostatic cong:. Liver small PTO

+ early multilobular carcinoma Spl: DSV + cirrh:
Kidn (3 + 3) Early cort: chr: interstitial nephritis
Meins HHH Marked brown atrophy. Kidneys show
changes of arterio sclerotic disease
Hysterectomy Taken ill in Pathological Station
B.I.D.

Nd's dest: Congenital Defect of Heart. Patent foramen ovale 1/92
Kidneys defective + interstitial change.

~~William~~ Walker ♂ Newborn PM Kensington 20.10.09

Ext. Well nourished. Wt 6lb 13oz. Caput Succedaneum left occipito post. Some cyanosis face ears lips finger nails slightly affected. Scrotum oedematous.

Int: Heart. Foramen ovale widely patent - Circular 1 1/4" diam
Lungs partly expanded - air in every part. Thymus 8.226 gms appears normal. Liver Cong. Kidneys very small but appears normal in section Rt = 0.626 gm left = 1.058 gms
Adrenals large Rt = 3.693 left = 3.551 gms. Genital Organs. Testicles descended. Ilium nodule of growth on PM

Rt Spermatic Cord just above testicle.

Meissner. Tumour in spermatic cord is a small encapsuled mass of suprarenal cortex. Rt Kidney Malpighian bodies & tubules much reduced in number. Many tubules dilated & flattened some hyperplasia. Much interstitial tissue between tubules = cellular fibrous tissue, arranged in lamellae around some tubules. In superficial part of cortex are small solid masses of cells - Central & peripheral flattened. Left Kidney. Tubules also dilated & some degeneration of similar interstitial tissue. Cartilage in Nodules in capsule & Suprarenal = increased cortex & medulla. Thymus No distinction between cortex & medulla. Breathing became laboured & death at 11 A.M.

Feb 10 '08 Dr. Hastings Gilford Case of Dr. Rainy's

Notes dest. Death under anaesthetic. Ctch. 1/93

Peptic ulcer stomach following injury.

Herbert George Turnage ♂ 50. PM Barts 23·X·09

Ext: Fairly well nour. Pupils slightly dil. Died 22. X. afternoon.

Int: Meninges congested. Heart rather large. Cavities slightly dil
ventricles slightly hypert: Muscle pale. Slight atheroma coron
arteries. Lungs gen: emphys & slt bronchit. Hypostatic
congestion. Liver full of blood. Calculi in G B. Spl 6 oz. Congested
+ soft. Kidneys congested. Enlarged glands upper border of pancreas
Stomach. Peptic ulcer in lesser curvature, circular ¾" diameter
Deep. Shelving edge. Base = indurated fat. Blood vessel exposed
+ open in floor. Blood in stomach - intestines N. PJD.

No smell of CH_4Cl_2.

Viscera: HHM = slight patchy fatty degen + marked brown atrophy. Kidneys. Comm. chr interstitial nephritis. Stomach. typical peptic ulcer. No growth in glands above pancreas.

History Feb 9. 09. Acute left index finger. Attended Barts later admitted & finger amputated. Left hosp April 10 + attended O.P.D. Carbuncle in June. Readmitted Sept 8 for Gastric ulcer. Op^{n} Oct 22 Died under anaesthetic CH_4Cl_2 3ii. Dr Cruss anaesthetist.

Notes dest: | Chr: Ulcers of legs + Blood poisoning. Death accel: by neglect. Christian's 145 Science Case.

Hsn: Chas Alexander ♂ aet 55. PM Paddington 28·X·09

Ext: Stout. Tattoos on upper limbs. Legs + feet swollen. Deep chronic ulceration, very foul, on right shin. Less extensive ulceration left leg. 2 small bedsores over sacrum.

Int: Brain N. Arts very atheromatous. Heart much enlarged Wt 24½ oz. Cavities all dilated + walls hypert: esp left ventricle. Muscle pale. Mitral V thick. Aortic V shrunken thick + partly calcified + orifice somewhat narrowed. Some atheroma of aorta + coronary arts. Lungs Chr: bronchitis + emphysema. Hypostatic cong: + oedema. Liver N.

P.T.O.

Spl: infr. Kids Cl swell: + cong: . Pancreas . fatty infiltr: Small chr. ulcers 1st part of duodenum ulcer Rolled septic + vedematous . Vein Pancreas & clots. Adv: alterma post tibial artes.

Micro Hrts. Sl brn atrophy. No fatty. Liver sl fatty Kid. = Cloudy swelling. Pancreas = atrophy + fatty infiltration . Duodenum = typical chr: peptic ulcer Post: Tibial Art marked arteriosclerosis . Small areas of calcif = of media . Arts of Base of Brain. narrowed by atheroma & sclerosis.

Notes Septic. Abortion. (Criminal). Wound in ant.
dext. fornix - healing. Wound cervical canal recent. 1/06

Eunice M. Braidbrook Aet PM Paddn 28·X·06

Ext: Very well nourished. RM in Lower limb. Hyperesthesia marked.
Decomp. slight. Sordes and mucus. Breasts large & contain milk
Eczema. ext genitals.

Int: Ht. Sacs normal. Cardiac all very slight dil. Muscle pale
Pleurae. Some clear fluid in each. Lungs small. Slight hypostatic
congestn. Perit. a little clear fluid. No peritonitis. Liver decomposed
Spleen soft. Kidneys. Cloudy swelling & decompn. Stomach & bowels
normal. Genital Organs. A little decomposed clot in vagina
In cervix: former wound 1/6" diam c swollen edges & track passing
PTO

up in cervical tissues for 1½" ending bluntly
a recent small superficial tear close to above.
Uterus enl: to size of 3 months pregnancy. Inner surface
vented inflamed & clots mear- adhering firmly fund to
placental site at fundus uteri. Recent superficial tear
passing up post wall of cervical canal; deepened at
lower end. Large corpus luteum right ovary
Hutton. Oct 7. Attended Dr Hill for Vaccination vaginal
discharge not offensive. Uterus enlarged to 4 months pregnancy.
Discharge ceased but reappeared, 3 days later. Oct 21 at night
temp 102°. Discharge offensive. Oct 22. Dilated & curetted
& removed part of fundus. Foetus came away & placenta some
hours later both decomposed & offensive. Much urine Oct 23rd
Died Oct: 25th 4 AM

Notes dest:

Puerperal Fever.

1/97

Emily May Harrison ♀ Ph Hammersmith 2·XI·04 5pm

Ext: Poorly nour:. Abdomen protuberant. Breasts large + contain milk. Decomp + progressing.

Int: Brain + c IV.. Heart Few petechiae in surface. Sig IV. Cavity of dil. Muscle pale. Acute pleurisy c effusion right side. Old adhesions a left Abdl: cavity:. Lungs hypostatic congn. Acute general peritonitis c effusion. Spleen enlarged 8 oz. Kidneys congn:. Kidneys cloudy swelling Stomach + intestines dilated + contain faecal fluid Genital organs. Uterus size of 3½ m pregnancy. Cervix

P.T.O.

dilated. Inner surface of neck & body acutely inflamed body contains a little pus. Placental site visible & vessels thrombosed penetrates it. No injury in uterus or vagina. a little pus in fallopian tubes.

Micros. Uterus. Complete inflam: & thrombosis of vessels & many gram – cocci.

History Nil.

Notes
Lect:

Puerperal Septicaemia

4/98

Fortunata Petrilli ♀ 32 PR Clerkenwell 3·XI·04

Gen: Well nourished. Decomp: advancing. Abd: protuberant. Blotchy eruption trunk + limbs

Int: Ht cons all rights dil: Muscle pale. Lungs emphysematous + passive cong: T.B. at each apex. Peric: clear fluid. No peritonitis. Splen 13½ oz. Very soft + congested. Kids Cl swelling.

L Int: distended C Gas. Uterus enlarged. Wall thick + firm Inner surface acutely inflamed. Small mass of adherent placenta. Small lesion at ext: os.

Micro: Confirms acute inflam: of inner surface of uterus

P.T.O.

With many gram-cocci.

Hurley Full term labour started on Oct: 23rd
Child born at 10 Am Oct: 24th. Midwife in
attendance. Had great pain all the time
± 2 hours after confinement seemed very ill - cold
+ feverish.

Notes dest.

Malnutrition – Improper feeding · Acute bronchitis

199

Arthur Haswell ♂ 7 months

Plh Fulham 5·XI·09 Stan
Died 2·XI·09 at 11.45 pm

Ext. Poorly Nourished 9lb 10½ oz. Eyes sunken

Int: Hrt &c all slightly dil: . Acute bronchitis in smaller air passages + areas of collapsed lung at bases of lower lobes Rest of lungs emphysematous. Glands at Bifurc – large, soft + red. Thymus small (3·1 gms). Spleen congested Stomach contains fluid + curds. Some thick blood-stained fluid in small int. Not much contents in rest of intestine:
Some rickety change in lower costo-chondral junctions + slight at wrists. Skull – fontanelles large. Bossing of

frontal bone. Skull thin at back.
Thymus. Lobules small with dense fibrous septa between
No differ: into cortex & medulla. Hassels corpuscles
numerous & large
Hesler. Born 19-iii-09. Full term. Suckled 1 month - then
Cows milk. Mrs Paine had child 1 week. Nestles & barley water.
Margaret Rungle received child Oct 24: Thin & verminous.
fed on Cows milk & barley water. Died Nov 2
Mary Ann Jamieson Rec'd child April 26. Kept till Oct 23.
Rec'd - Few weeks. Healthy & plump when received. fed on Robbs
Biscuits, Nestles milk & boiled bread. Attack of diarrhoea 1 week
before leaving.

Electrocution. through head 1/100

Charles Sargeant. [illegible] 40 DM 10.XI.09. JMH 256. 09

Ext.: well nour: + musc. v. RM present. Small abrasion on RK knee + tiny abrasion on RK shin Hyperkeratosis marked c haemorrhage

Int.: Scalp. 2 minute haems in deeper part in front IV o singeing of hair. Skull IV. No blood in subdural space but subarachnoid haem over brain upto 1/8" thick. Most marked round frontal lobes, extends over convexity of surface of cerebral hemispheres, round cerebellum, pons + medulla. Blood vessels healthy - a little blood in PT.D.

Cal: ventricles clotted in left. No injury of brain. Spinal Cord = subarachnoid haem: round upper half of third thoracic in subdural space at lower end. Cord appears normal throughout. Heart right: Rt cavities somewhat dil. Left cavs rt dil. Rt atrium ant + coron arts congested. Hypostatic cong" with a few small haemorrhages. Blood generally fluid + dark. Spl cong: Kidneys deeply bloodstained. Small hr: some muscle of lower part cong + contains haems:

History. Electrocuted in Cab. of District Railway electric motor. Brought to Hosp: at once - Very profound shock. Marked cyanosis. Pulse Rapid + feeble. No external injuries. Died shortly after admission.

Notes dest.

Placenta Praevia. Haemorrhage. Barts case 1/101

Amy Moggridge ♀ 31 Pm Clerkenwell 13·XI·09

Ext: Well nour:. abd: protuberant. Blood on vulva thighs & buttocks. Breasts large & contain milk.

Int. Ht cavity all right side. Muscle pale. Plema. Old adhesions on right side. Lungs. Right hypostatic congestion. Thymus present. (11·9 Grammes) Liver (39½3) Pale & fatty. Spleen. Pale Kids decomp.d Uterus contains fullterm foetus. Membranes Ruptured Cervical Canal fully dilated. Placenta on post: wall extending down over int: os, lower edge torn

P.T.O.

& detached. A little blood clot in uterus Brain pale
Micros: H[illegible] slight hem atrophy. No fatty
Thymus. Almost entire adipose tissue traversed by fibrous
bands with small scattered islets of lymphoid tissue
containing Hassalls corpuscles.
Hist. Primipara. Full term. Oct 9. Two uterine
haemorrhages in each leg about ½ pint in all blood
sent for help to obstetrical dept Bart's. After
1 hour Ol Ecg given & os dilated to virginal
patency but very severe haemorrhage terminated
fatally before child could be delivered.

Note dest: Inhalation of $CHCl_3$ for toothache. Regurgitation of food into air passages. Misadventure. 1/102

Francis Swetten Anderton ♂ aet ?. PM Kensington 14.XI.09

Ext. Well nour: man rather stout. Face blotchy red. Ears cyanosed. lips swollen + cyanosed. Food in mouth + nostrils. which are bloodstained. 3 superficial abrasions on under surface of tongue near tip.

Int. Heart ~~and~~. Abd cavities dis. Muscle ~~stiff~~ + very pale. No petechiae over heart ~~lungs~~. Left Pleura contains ½ pint of clear fluid. Petechiae over left base. Lungs congested at backs + bases + petechiae in tissue at left base. Stomach contents in larynx almost blocking it, in trachea + main bronchi esp right + food

P.T.O

material present in smaller branchi in both lungs. Spleen firm + congested. A little urine in bladder. Much stomach contents in mouth + pharynx + some along oesphagus. Stomach rather large + filled with thick pasty digested food of normal appearance + odour. No smell of $CHCl_3$ in blood, viscera or body cavities.

Micros. Heart muscle - fairly marked brownatrophy. No fatty degen.

History Went to bed with bad toothache. Found dead in bed next morning & vomit on pillow + it chief by face + $CHCl_3$ bottle lying inside. Had previously inhaled $CHCl_3$ in bed for toothache

Note: Sudden Death. ? ? Status lymphaticus 1/603
Destr: Fatty liver & overload in gastro-intestinal tract

Mary Louise Spashett ♀ 33. PM Kensington 16·XI·09

Ext: Well nourished. RM & Hypostasis present. Some Cyanosis of face & neck. Breasts large. Old linear adhesions - axilla - over upper abdomen. Small abrasion middle line of lower part of back.. Pigmented scar rt shin.

Int: Much subcutaneous fat. Heart 8½ oz, slightly enlarged Rt cavities somewhat dilated, left slightly dilated. Tricuspid & mitral orifice enlarged. Mitral valve slightly thickened. Muscle soft & dark. Aorta small. Coronary arts small slight atheroma Old pleural adhesions over left lower lobe. Lungs small P.T.D.

+ slight hypostasis. Thymus present. = 17 grammes.
Liver (5 lbs 6½ ozs) Enlarged. Pale ? fatty + ? commencing
cirrhosis Kidneys (6 & 6½ ozs) Congested. Stomach large
+ contained large amount of food; odour of beer.
Uterus virginal size small fibroid. Menstrual changes.
Ovaries. Ht & M. Some corpora atrophy. No fatty degen.
Thymus. Much atrophy + partial fat replacement. Liver
very marked fatty infiltration of centre parts + some
degen. of cells. Slight cirrhosis
History. Manageress of public house. Had complained of
shortness of breath. Visited ~~yesterday~~ Francis Sunday
Nov 14th 1.0 pm Died suddenly about 4 pm

Carbolic Acid Poisoning. Suicide. 1/104

Emily Bradshaw ♀ 41. PM 25-XI-04 SMH 270/04.

Ext: Well nour: Rigor present. Blotchy red areas on lips & on skin above angles of mouth

Int: Brain N. Thorax &c. cong: Heart, R & cavities dil. Left do dil: Lungs Marked hy congestion cong: Trachea mucus in air passages. Kidneys slightly cong: Bladder cong: empty. Pancreas Cong: Slight solution of surface of mucous tongue, more in pharynx & upper oesoph where Tough membrane could be scraped off: similar change in last inch of oesophagus. Contents of oesophagus P.T.O.

surf slightly whitened. Stomach contains 15 oz of blood stained mucus & brown shreds smelling of carbolic acid. Inner surface folded. Tops of folds thick appearance as if cut off; intervals deep red. Pylorus and sweet & valves. Peritl surface normal Duodenum + 18" of jejunum affected - cut off by valve commences; contents = blood stained mucus History. Supposed to have taken it about midnight Found unconscious 2 hrs later. Dr called in Pumped out stomach. Arrived at Hosp at 5 AM unconscious & vomited. Contracted pupil. Washed out again. Died at 6 AM.

Notes
Dest.

Exophthalmic Goitre

1/105

Death under CHCl3 after attempt at local anaesthetic.

Martha Spencer ♀ 23 pm Hammersmith 1.12.04

Ext. Well nour! Eyeballs protruded. Pupils N. Pigmentation round eyes, over ant. sup spines of ilea & on thighs. RM Hypertrophy present. Recent op^n round semicircular across front of middle of neck. Transverse cicatrix on inner side of left thigh & on dorsum of left foot.

Int. Heart. Cavities slightly dil & walls slightly hypertrophied. Muscle clear. Mitral valve ok. Aort. IV. Pleurae 12-15 oz clear fluid in each cavity, adhesions at R apex. Lungs hypostatic congn. Air passages contain a little blood stained fluid

P T O

Thyroid (5 3) Left lobe + isthmus alone removed + much enlarged. Firm + lobulated Thymus. 52 grams Large, pink + fleshy Spl. 6 1/4 3. Sl enlarged. Firm + enl. lymphoid hyperplasia Kidneys enl. Pancreas enl. Tonsils enlarged also lingual tonsils. Slight lymphoid hyperplasia pylorus, duodenum + lower ileum Mucus. H+E. No fatty but cloudy swell. + Trace of pneumococci Spleen pulp enl. + malpighian bodies enlarged. Pylorus + Duodenum - marked lymphoid hyperplasia of mucous membrane. Thyroid Sup epith: Little colloid = typical of interstitial Thymus well developed. Normal functional gland

History. Op - Novocaine 1/2% 60 cc + Adrenalin 1/2 migrane Ar 10-20. Ctl 3 + 02 + [redacted] hrs later. Had bad attacks of dyspnea. Pt vocal cords paralyzed

Note dest.

Swallowed Fish Bone
Retro pharyngeal Abscess.

Anaesthetic Deaths
ACE 1/106

Frances Franklin. ♀ 48. Southwark PM 2·12·09

Ext: Poor nour:. RM present. Hypostasis slight. Tracheotomy wound. Old Op^n scar left breast. Old hiemg albicantes abdomen

Int: Menynges cong:. Brain N. Heart. Size N. Cavities all slightly dil:. Muscle dark. Valves + arts N. Old pleural adhesions left apex. Lungs General emphysema + some chr bronchitis. Hypostatic cong^n. Air passages contain a little blood stained mucus. Trachea compressed from before backwards + post wall considerably swollen + inflamed. N oedema larynx. Tracheotomy through 2-4 Rings. Liver + Kidneys cloudy

F.I.C.

Swelling + erg^{y} = Spl Sofr. large retro pharyngeal + oesophageal abscess from above level of hyoid below
Bifurc^{n} of trachea. Contains about 4oz of thick pus. Wall
Sloughy. Surrounding cellular tissue infilt^{d} c pus. Oesophagus
Compressed + inflamed in affected area. No wound visible
in wall. Small peptic ulcer in lesser curv: of stomach
Micros. H+E ; Urine = general fine fatty degen^{n} + marked
Traumatism Spl: enl^{d}. Gastric ulcer = chr: peptic ulcer.
Horlick Swallowed fish bone which stuck in throat on
Nov^{r}. 13. Retro pharyngeal abscess developed. Op: at Guys
Hospital. Broncholitis $A_1 C_2 E_3$, less than 3i given.
Death before Op^{n} = Commenced. Resp^{n} stopped first.

Notes Lobar Pneumonia, Pleurisy + Hemoptysis Natural Causes
Dent. Previous Op^n for T.B. glands in neck. 1/10

Magnhild Alice Sommerfelt ♀ 16 months. Clerkenwell 10.12.09

Ext^r. Well nourished. R^t Mamm. N. Hypos slight N. Op^n Wounds 1½" long, 1 end-side Opening, upper part. Recent healed.

Int. Mening. cong: Brain N. Enl fibrinous pericarditis + altered fluid Heart somewhat enlgd. Centrisall dilated left slightly. Mitral pedic Valve Ath's N. Acute pleurisy R^t side, little effusion. Lobar pneum at upper most lobe etc and border. Lower lobe compressed + airless. Upper Air Passages congested + contain some mucus. Caseous glands both sides of neck. Thymus Small. Liver cloudy swelling also Kidneys. Spleen Sl enl: Congested. Sl lymphoid hyperplasia

JTO

Liver ileum + caecum.

Mucous Mbrn cl swelling. Lung. Rt Upper lobe = enlargement
hepatization. Rt lower lobe compressed + airless
Gland Neck. Caseous & miliary tubercle; slight calcif.n
History. June 1909. Enlarged glands & fever. (Gland in neck)
improved after fortnight but glands continued to enlarged.
Skin involved Nov 12 one gland pointing. Entered G't Ormond
St Hosp: Nov 20. Op.n performed & glands removed. Nov 28 seemed
very well. Dec: 5th had pneumonia & was very ill. Dec 7
a little better. Dec 8th died suddenly at 2 AM.

Notes dest: Congenital Defects. Teratoma mediastinum commune: T spina + Syringomyelia. Abnormalities of Sm. Intestine. 1/108

Child of Emma Alexandra Woolley ♀ 3-4 weeks P.M. Chelsea 23.12.09

Ext. Post mort: 5¼ lb. Ears, finger & toe nails cyanosed Umbilicus healed (Hist: Normal labour. Always delicate. Found dead in bed 22.12.09)

Int. Lungs. slight emphysema & some hypostatic congestion Thymus small but normal. Liver cong: Duodenum shaped like U tube turning to ~~left~~ right instead of left round pancreas & 2 limbs closely approximated, jejunum starting on rt side of abdomen & line of mesenteric attachment being vertical. 2 feet above ileo caecal valve is diverticulum of same size as ileum which ran upwards for 10" in mesentery close to bowel wall then diverged slightly from bowel to p.t.o

end blunt & still in mesentery. Communication with bowel large. Contents only a little mucus. In post: mediastinum mass size of Spanish chestnut. Rounded. Smooth surface. attached by narrow pedicle to spine. In front was lower end of trachea, bronchi, roots of lungs & heart, all pushed forward but not attached to it. Aorta & oesoph passed to left of pedicle, not attached to it. On incision soft & white, honeycombed with cavities, cont'g thick mucus. Oval defect $\frac{1}{2}" \times \frac{1}{3}"$ in bodies of 3rd & 4th D vert: & Spina Bifida of 2–5 D vert: & enlargement of this part of spinal canal. Pedicle of tumour passes through opening & attached to the Sp Cord which is enlarged throughout esp at this level. Central canal of Cord considerably dilated esp: at level of deficiency & filled with mucus (thick) Cord substance thick & soft. Micro. Tumour = teratoma. Masses of striped muscle some arranged in 2 layers round cavities which are lined some by squamous epith: others by simple columnar & tubular glands: diverse lung tissue & ducts lined by columnar epith: Vacuolated & pigmented cells & fibres & others

Sections: Supra renal cortex. Med: renal tubules & glomeruli
Lymphatic gland.

Notes dest.

Post Partum Haemorrhage

1/104

Ethel Amy Maria Bretschneider ♀ 1q. PM Hammersmith 21·12·04
Ext. well nour: RM present. Hy post: slight. Lips bleached Pupil widely dil:
Linea alb: Inner abdomen Inner upper thighs, Breasts large + contain milk.
Int: Brain N. Menings sl: cong: Pericard = 4 oz clear fluid. Heart
Rt cavities + l vent: sl: dil? Muscle, Valves + ats N. Pleurae and
cavities 4 oz clear fluid. Lungs sl cong: A little mucus in
air passages Liver pale ? Fatty. Spleen 8½ oz. 20 gr.
Kidneys Rt Hydronephrosis + ureter dilated. A little clear
urine present. Genital Organs Uterus greatly enlarged
1"-2" above umbilicus. Wall much thickened. P.T.O

Inner surface clean. Membranes partly attached. Placental
Site 5½" diameter extending down to lower uterine zone
Piece of placenta 3"x1" attached to lower part of site. A
Little clot over rest of site. Cervix widely dilated
slight tearing round External Os. Vagina very capacious.
Small laceration of lower end of vagina in post: Left
lateral wall. About 4 oz of clot loose in vagina
Uterus 10½-11" long. 6" wide across widest part
Corpus Luteum in left ovary
History. Expected date end of IVbr., Labour Commenced at 1 Pm
Dec 20. Child born 7.30 A.M. Nurse came 20 Mins later -
Post partum haemorrhage.

Note Removed by electric Brougham 6 minutes previous. 1/110
dest. Dislocation cervical spine. Cord crushed. Misadventure.

by Mary Byatt ♀. 24 PM Kensington 25.12.09. 1030 A.M.

Ext. Well nourished. Rigor absent. Hypostasis faint marked. Slight oedema lower limbs + pigmented areas on lower limbs. Lips livid. Deep bedsore right lumbar region 2½" x 2". Old scar back of neck.

Int. Brain membranes ↑C.N. Spinal Cord dest. in 5th + 6th Cervical segments + replaced by milky fluid. Dura intact. Cord soft for some distance below destruction. Slight backward projection of upper edge of body of 7th C. Vert. Projection rounded + smooth. Post. Common lig. + intact. Several cervical lymph nodes removed + replaced by dense scar tissue. Lung edge C.T.D.

b c body projects slightly in front. Ht sl enl:. Pt carries dil left slightly dil. Murmur soft + blowing. Valves + arts N. Acute pleurisy at base + much effusion; some effusion on left side. Lungs small esp right. Part compressed; right base rales in lower; lungs Cong:. + collateral: throughout. Air passages Cong: + contain a little mucus. Liver. Comm. nutmeg. Spl: 13 x 7 x 4 very Cong: Kidneys Enl case: supp: nephritis Cong:. + cloudy swell: Bladder Cong:. + turbid urine present. Pancreas Cong. Testis large Other organs N. . Micros:. Ht III = osmic = marked fatty degen: liver simple fatty degen + early cirrhosis. Kidneys - numerous minute abscesses.

History. Health. Sight + hearing Good. Pt never in June 30, 1909
[illegible] before [illegible] the boy rode bicycle when run into from behind
by electric brougham. Thrown forward. Wheel passed over shoulder. Did not
lose consciousness. Legs paralyzed, arms partly. Op: next day w Sherman

Nitta-Dent. Pulmonary Embolus. Appendix Op^n Sudden Death 1/125

– – Page 8

P/M Private 1·3·10

Ext. Well nourr. Recently healed op^e wound over appendix

Int: Heart. All cavities dil: esp l vent. Tric Or = 4 f. Mit Or = 3 f Muscle soft & streaky. Rt Pleura. Patch of organising adhesions at base of lung & a haemorrhagic infarct in lung. Lungs generally congested. In left pulmonary art: immed: beyond bifurcation are 3 emboli, one piece branched. Surfaces pale deeper parts dark red. Not attached to vessel wall. A similar flat clot lying free in lower end of sup. vena cava extends into left common P/T/O

iliac vein. Patch of thickening of wall of vena cava just above lower end. Ligature separate from stump of appendix & a patch of thickening of ~~appendix~~ Peritoneum below it but no active inflam^n. Organising adhesion to deep aspect of op^e wound & round caecum & lower end of ileum but no indication of sepsis. Others organs normal

Micro. Emboli & clot in inf vena cava = pale laminated clot & polymuclears at margin, red clot in centre. Pulm: Infarct recent. No sepsis but some marginal cell infiltration.
Inf. Vena Cava. Fibrin of wall in thick patch & slight Calcif^n

Hist. Appendix removed by Abrathnot June 2½ weeks prev.
Pulm Infarct. Ill 10 days before death. Sudden dyspnoea on Feb 28th Death in ½ hour. No pain after first moments

Operation marked on chart

Sudden Death. Ulcerative endocarditis on post. wall of left ventricle leading to rupture of heart. 1/124

George Severn. ♂ 22 Ph 28.2.10 SMH 43/10

Ext. Poor nourr. RIH present.

Int. Brain N. Embolus L Mid Cerebral Art. Pericardium contains over 22oz of blood clot. Heart sl enl: Rt Cavs & L.Aur sl dil, Ventricle much dil: & wall hypertr: Muscle soft. Recent vegetations mitral cusps. Aortic cusps = bases thickened & roughened with recent vegetations over greater part of cusps. Ragged opening in post. wall of ventricle just below aortic orifice; opening ½" diam & fringed by soft polypoid vegetations. Opening leads into small cavity in PTO.

post surface of heart which bulges into pericardial
Cavity thus a long perforation into ~~cavity~~ pericardium.
Old pleural adhesions round left Lung. Lungs small
Bases Cong: + oedematous. Liver 76. Marked nutmeg
Bone fatty. Spl. 38 oz Very large. Chr: perisplenitis. Soft
+ Cong: + many infarcts of different ages. Kidneys 9+9 1/2 oz
- ol medullig + an infarct. Micros. Gram + Staphylococci in
vegetation on mitral valve

History. Ill since end of Sept: Bed last four days
before admn: Feb 5. Sallow. Pulse collapsing. Liver
Enlarged. Remittent pyrexia throughout stay in hosp.
On Feb 29 sudden severe pain right chest. White
+ dyspnoeic + died suddenly.

Note desn: || Blood pursing from Bedsore accidly during conditions & by TB. Allegations of neglect against Landlady. 1/23

Caroline Lonsdale ♀ 50 years PM Chelsea 25·2·10.6pm
Ext. Emaciated Rigor present. Died 24·2· at 7·30 AM
Bedsore 1½" × 1" over sacrum. Oedema lower limbs.
Abdmen + perineum dirty & ulceration of labia. Feet dirty.
Ears & scalp dirty. Pediculi in hair.
Int: Subcutaneous tissue scanty. Brain. Adv: atheroma of arteries. Thr cavities dil esp: left. Muscle sme fibrosis.
Atheroma marked in lower aorta. Lungs Chr: bronchitis + emph:, bases Cong + oedem: Liver. Nutmeg. Spleen soft + cong. Kids Lt + 3½ oz.

PTO

Stomach cont: 2 oz of bile stained fluid. Intestines almost empty. Broken down mesent: gland.

Uterus. Ut & Ov: little fatty, small & atrophy. Small patches of fibrosis + 1 miliary tubercle. Lungs afew miliary TB.. Liver. Nutmeg + numerous miliary T.B. Pelvis Peritoneum in lower Ileum Caseous TB. + secondary sepsis. Mesenteric gland miliary T.B. + Caseous area Large number of Tubercle Bacilli in all lesions.

Hosting. Lived in Bridgwater Kept by the Miss Evans sisters. Weak. + feverish on Feb 15, but clear mentally. Feb 16 Temp rising. Insufficient food Feb 17 Bedsore. Temp higher

Tetanus. Tuberculous ulcers on leg. 1/122

Edward Ball ♂ 35. PH 25·2·10 S/N H 39/10

Ext well nour. RM present. Extensive pigmented scarring & several superficial & deep ulcers on both shins. Small ulcer over sacrum

Int: Brain & cord normal. Menings cong: Heart. Rt cavs dil: Lft cavs rt dil: Muscle dark. A little clear fluid in each pleura. Lungs slight emphysema. Hypostatic cong: Caseous TB mass at back of left lower lobe. Air passages cong: & contain mucopus. Liver sl engorged & fatty. Tongue bitten clear to tip. Tunics ends: P.T.O.

+ a little pus in Right. Ulcers in Rectum had burrowing sinus opening into them, + these were found microscopically to be tuberculous.

History Occupation Navvy. No history of injury.
Feb 18 Stiffness of jaw. Next day neck + back stiff
Feb 20 general spasms involving face trunk + legs
Some opisthotonus Could not be ascertained owing to
number of ulcers on legs. Curare gr ½ subcut each
day Acid Carbolic 1% gr iii subcut (4 doses in 12 hours)
Feb 22. Some improvement. No spasms since
previous night. But in evening worse again, spasms
became general. Temp up to 105°. Died 8 AM Feb 24th

Notes dest: Full term Mummified child ? Stillborn. 1/121

Child unknown ♀ PM Southwark 18.2.10

Ext: Mummified. Face sunken. Eyes gone & sockets contain maggot cases. Hair visible on head. Trunk flattened from side to side. Limbs mummified. 6" of umbilical cord lay upon abdomen. No ligature

Int: Brain gone. Skull normal. Red area on left parietal bone? Caput succedaneum. Heart thin & papery. Lungs papery & at back of chest. Liver. Kidneys, Bladder, Stomach & intestines distinguishable but thin & parchment like. Other organs not distinguished. No bony injuries. Centre of ossification

P.T.O

at lower end of each femur & trimy centre at upper end of each tibia

Hastings found in Lost Luggage dept London Bridge Rly Station on Feb. 16. 1910. Sent for Victoria Stn on Dec 9 1909.

Parcel left at Victoria Stn 10 Nov. 1908.

Child lay on left side in a cardboard box. Face was downwards & partly covered by piece of black cloth

Sudden Death Aortic regurgitation 1/120

36.

Charles Newport. ♂ 65 yrs 17.2.10 SMH 10

Ext. Well nourished. Rigor present. Slight abrasion right elbow

Hypostasis marked ⊂ petechiae

Int. Brain NO. Slight atheroma of arteries. Heart enlarged

Rt cavs marked dil; some hypert of ventricle. Left cavs

marked dil & vent marked hypert. Tricuspid & mitral

valves great dilation, & aortic orifice = 2 fingers easily.

These valves slightly thickened. Muscle dark. Slight dilatation &

atheroma 1st part of aorta. Coron arteries marked

atheroma & some narrowing. Old pleural adhesions P.T.O.

at ~~post~~ back Lungs. Gen: emphysema & chr: bronchitis
Hypostatic cong: Hdemmas in R kidney/thyroid.
Liver & Spleen very cong: Kidneys (7¾ + 8½ ozs) very cong: Pancreas cong:
Mucus! HNM & Osmic Acid = Urinary & Intestinal tract.
Heart Nil. Picked up by police B.I.D.

Anaesthetic Death. CH Cl3 + Ether T.B. Peritonitis + Pleurisy
Adherent Pericardium

Alice Macolina 9 7 years P.M. 14.2.10 Sister 32.

Ext: Post mort: Rt pleura. Red protuberant. 3 open wounds in abdomen one healed.

Int: Pericardial Cavity obliterated by old adherent & dense mass between Ht & ext: All cavities dil + walls hypertr. Muscle pale. Rt pleura obliterated by old adhesions & a few adhesions at back of lung & Rt pericardium in Cavity. Lungs small compressed. Enlarged tuberculous glands in root of lung. Small cheesy mass in left upper lobe but no active T.B. in lungs. T.B. peritonitis & many adhesions & a little clear fluid.

Lucia 23 yrs. Ent: TB of Larynx. Cong: + ? Influenza

Spl 5 yrs Ent. Fever + Cong: TB of mesenteric Glands Cong:
Tonsils slightly Ent: Early Caseation in mesenteric gland
TB. ulcer in Caecum. Brain IV. Meningitis Cong:
Healthy till 5 weeks. Admn April 22.'09 with fluid in
pleural cavities + in abdomen. These were all Tapped
several times. Less reaccumulation recently Less fever.
on Feb 12. 10. CHCl3 + Ether given to relieve old
abdom! wound + evacuate fluid. Very Examined for
beginning breathing opened: stitches removed Wound Cleared.
Tracheotomy done + O2 administered. Tuberculin
treatment given.

Notes
desk.

Ptomaine Poisoning. 1/118

Richard Knight ♂ 47. PM Finchley 1·2·10

Ext. Wellnour:. Slight Cyanosis left fingers. Superficial wound on left lower lip. . Slight ulceration right border of tongue. Sl crepitation of lower abdomen.

Int: Heart. several petechiae on surface. Slightly enlarged. Cavities all dilated. Muscle soft & dark. Slight atheroma of aorta. Pleura- Clear fluid in left, old adhesions round whole of right lower lobe & right apex. Lungs Marked Congestion & oedema. Some chr: bronchitis & emphysema. fibrocaseous nodule in both lungs. Peritoneum. Old adhesions everywhere.

P.T.O.

Liver. very decomposed. 3 calculi in GB. Spl. slightly enlarged soft + decomposed. Kidneys Congested + decomposed. Adrenals old PB in parts. Stomach only PM changes. Small amount of fluid present. Small intes + contents N. Lg int contain soft yellow unformed faeces throughout. Meninges macroscopic transverse colon Microsc HPM much fatty + brain atrophy. Pitting. Cloudy swelling + congestion. Supramedullary little remain of normal, chief ser carcinomatous masses

History. Steak pie at Slater's Restaurant in Newgate St at midday Monday Jan 23. No complaint at time. Taken ill on Monday eve. Abdom pain sickness + diarrhoea Over Tuesday - very ill. Rallied on Wednesday. Kidneys not acting well on Thursday - gradually worse. Coma Death Jan 30

Notes dict: Strangulation by ligature. Suicide 1/107

Henry Chas Seddon ♂ 65?

PM Hampstead 1·2·10 9.30 am
Found dead 2 or 4 to 10 pm

Ext: Well nourished. Horizontal groove & abrasion on right side of neck, at back & on left side 2 horizontal pale depressions ¼ & 11/16" wide with narrow interval between.

Skin dissected: Front of neck over larynx. Ecchymosis of blood-colour between right ear & groove on neck.

2. Small abrasion right side of tip of nose. Slight abrasion on left side of tip of tongue. Pupils N. Ears slightly engorged. Superficial linear abrasion 3½" long almost vertical over left sub-costal Reg on P.T.O.

Hands partly clenched. Lungs Cyanosed.
Nil: Athroma of Cerebral arts. Hr contains all
dil esp Ventr. Rv Vent: hypert: Musca valv + horn
Adv: atheroma aorta. Some Pericardial
Lungs: No petechiae Chr: bronch: + emphysema. Some
hypostatic congn Spl: Kids + Pancreas Lungs:
Cicatrix. Marked brn adipl. Ht muscle.
History Found dead in bedroom. Lying on side on
floor in night attire. Tie tied round neck
+ ruler inserted under tie + pointing
diagonally -

Notes dict. Cancer Rectum. Anaesthetic Chloroform
Introduction of Radium 1/1/16

Dr Archibald Weir ♂ 44. Pitman Lane 20.1.10
Died 18.1.10

Ext. Well nour: R in pres N.
Old left inguinal Colotomy - open.

Int: Ht cavs all dilated. Slight aortic & some of
Left Cor: Art. Old pleural adh: right. Marked passive
Cong: oedema of lungs + some chr: bronch + emphys.
Liver congested. Spleen cong: malpigh bodies dist
Kids congested. Rectum malignant growth completely
encircling bowel 4" above anus. Deposit ulcerated
2nd growth in pelvic gland. No Thymus

P.T.O.

Mucin. Ttl Muscle marked bruising. No fatty
Growth in Rectum & Gland = Columnar
Adeno carcinoma
History. Colotomy Opⁿ & multiple resection for
Inoperable Cancer. & previous Anaesthetics
in last 12 months. Jan 18. Ch Clg again for
application of Radium to Cancer. Took Anaesthetic
well. Mr Lockwood made Complete Examⁿ of growth
& Radium about to be inserted by Dr Finzi when heated.

Notes dest. Tabes Dorsalis. Christian Science case 1/115

John Robert Donne ♂ 46yrs Pln Chelsea 17.1.10
Died 25.1.10 1pm

Ext. Fairly well nourished. Lower limbs wasted

Inf:. Petechiae surfaces ++. Cerebr all dil. Muscle soft + pale. Traces of atheroma in aorta. Lungs oedematous throughout esp: at bases. Spl: soft + Cong:. Kidneys passive Cong= Brain soft. No disease apparent. Optic nerve + chiasma shrunken + translucent. Spinal cord post columns shrunken + translucent. Some post nerv. roots small esp in lower part

Micros= Nil of importance. Spc: cord very decomposed

P.D.

Hist'y. Retired from army 15 years ago owing to Fits.
Saw specialists for a time then turned to Christian
Science & had seen no doctor for 15 years
Friday Jan 14 as usual until evening when pain
in back worse. Easier then returned later. Sat:
morn got feebler & laboured breathing. Died rather
suddenly at 1 pm Dr sent for but arrived after death
Healer: Miss Braithwaite.

Note dest: Anaesthetic $CHCl_3$. Opn Adenoids + defc nasal sept. Status lymphaticus. 1/114

Walter Wemys Do Bridge ♂ 15. Pm 8 P Camera 12·1·10

Ext.. Spare, thin. Ht 6 feet. R lung present.

Int. Brain 63 oz. Healthy. Ht. Petechiae on surface. Cavities all somewhat dil. Mus: sl pale, flabby. Aorta small. Lungs slight emphys. Tracheitis & blood stained mucus in air passages. Thymus small & atrophied. - chiefly adipose tissue micros: . Liver Spleen 7 oz. Kidneys All congested. Tonsil & enl: Adenoids removed hypertrophied hyperplasia lymphoid stomach & duodenum, at lower end of ileum & in caecum. Other organs normal

Stomach contains only a little blood stained mucus. P.T.O.

Hosley. Op^n for Deflected Nasal Septum
& Adenoids. . Cl+Cl 3.
Pt vomited piece of bacon during op^n
It was just completed when he suddenly
Collapsed & died

Note dest. Anaesthetic: $CHCl_3$ Op: for Strangulated Rickety bowel. Status Lymphaticus. 1/113

Wm. A. J. Pink ♂ 5 years. Adm Chelsea 11.1.10, 10 AM
Died 7.1.10 at 5.30 pm

Ext. Well nour: Rumpled.. Ops = Wound over each tibia. Tracks wound + wounds over L Int: Jug Veins. Rickety changes head + legs + curving.

Int:. Rickety changes in skull. Ht cavities dilated. Muscle fair fatty micros. Lungs congested + some infected Nod. Petechiae over backs. Thy gland enlarged 3rd Cyst. Thymus present. Liver + Kidneys Cong Spleen Sl enlarged. Cong: + large malpighian corpuscles Tonsils Sl enl + large lingual tonsil P.T.O.

Lymphoid hyperplasia right lower ileum & caecum, . Mesenteric glands right enlarged & pale. Bones of legs fractured at Op^n . Beading of costo chondral junctions.

Healing . Rickets afterwards healthy

Op^n at 5 pm . 7.1.10 . $CHCl_3$. Dur^n 35 mins

Rather blue at end of Op^n on one leg.

Blue again towards end of 2nd Op^n

Then reddened collapsed & died

Nos dest. **Peritoneal Sarcoma.** Nos caused by accident Nos 3 months previously

Edwin Thos Dowth white ♂. 4-9 PM Southwark
Ext:. Wasted. Slight oedema feet + ankles. 7.1.10. 6 pm
Thx:. Htt cardiac somewhat dil. Muscle rigt + tran
Sl: ath: cardiac. Lungs partly compressed + some clr
bronchitis + emphysema. Perit: studded w deposits
of growth upto size of egg - smooth + lobulated.
some almost pedunculated. Soft + white in recent
c myxom degen + haems. Omentum thickly studded
w growths + numerous deposits in liver.
Micros: growth = polymorphic celled sarcoma. PTO

Multi nucleated giant cell present. Arrangement of cells suggests endothelial ~~cell~~ origin

History Accident in Oct 1909. Slipped off platform at Gt Northern Ry Goods Stn. Fell 2½ feet striking head against tail board of van. 2 wounds on head Unconscious for few minutes. After resting he drove van home. Continued at work for fortnight then complained of pain in stomach + constipn. Mr Barty saw 3 weeks. diagnosis Rectal ~~cancer~~ + Sarcoma Kidney. Entered Guys 12.12.09. diag T.B. peritonitis. remained ~~continued~~ there until death.

Note clerk: Strychnine · accidental in medicine 1/111

Amelia Pratt ♀ 46. PM Fulham 4·1·10

Ext. well nour. Rm present. Hands clenched & tired. 3 punctures Rt forearm. Tongue bitten each side of tip & small abrasion left lower lip. Blood in mouth.

Int: Brain & Sp Cord. Menings congested. Grey matter congested. Rt Cavs of dil. Muscle congested. Left pleura a few old adhesions. Lungs general congestion. Chronic bronchitis & emphysema. Liver, Spl, Kids & Pancreas congested Stomach contains a little fluid of P.T.O.

pear resp consistence. No abnormal appearance.
Ovaries slightly enlarged & cystic
Uterus. Healthy but intemperate
Dec 31. Abdominal Pain. Continued 2-3 days
Dr Fletcher gave bottle of medicine,
Took a dose about 7.15 pm. After a few
minutes felt bad & walked about. Husband
fetched home at 8.45, found her in fit. She said
medicine was burning her inside. Died 9.45 pm

Notes as to Asphyxia. Lack of attention at birth
Mother too ill to attend to child. 1/126

Newborn female infant of Florence Huntley Pm Sullivan 8.3.10. 1.30 pm
Ext. Well nourished. Wt 7½ lbs. length 20½". Pupils dil: Caput
Succedaneum rt post: parietal region. Tongue slightly protruded
& blue. lips livid. also fingers & toenails. Umbilical cord
2" long. cut end. No ligature. Blood smeared
extensively over body.
Int: Some blood in caput under Skull N.. Some
diffuse haem: over brain - chiefly subarachnoid. Brain N.
H.T. Corpuscles: haem: on surface of heart. Muscle pale.
Lungs. Air in every part of both lungs at base backs.; right lung P.T.O..

more expended than Legs. Thymus. Well formed & normal
Adrenals. A little blood in medullae. Stomach contains
some bubbles of air but nothing else. Intestines
Oesophagus Stom & 1st 3 pieces of Duod have centres. Epiphyses at
lower end of femurs ¼" diam & at upper end of tibia
almost same size.

History. Born before 12.20 & 12.30 Am 1st March 41. Had made
preps for child. Labour not long. No one present. Born
whilst standing at side of bed. Stood for nine minutes
then cut cord & scissors which were within reach.
Then got dizzy & child fell to floor ½ hour later got
out again feeling ill but arm improved when child fell. Ht
Cry. Pale. Ht right side. Later when child picked up. Afterbirth
came away later after she had got back into bed

Poisoning by Tinc. Saponis et Camphorae. Accident

1/127

Mary Brocklehurst ♀ 57. Pm 19.3.10 SM Lt $\frac{52}{10}$.

Ext: Stout. Rm prem. Lips swollen slightly thick. Purplish blotches over face. Some eczema gravis

Int: Br small (883) Lar: vents rl: clr. Sl atheroma of arts.

Th ent: Br cans consid: dil + vent: hyperR. Left cans somewhat dil + well hyperR. Tric + Mit CR rnd dil. Muscle pale. Sl atheroma aorta + Coron arts. Old pleural adhesion over right + basal left. Marked emp + oedema right back with emp crepts base. Sl emp: oedema left back. General emphysema + slow bronchitis. Air pass: very emp + rhonchi P.T.O.

thick mucous. Oedema larynx. Liver just palpable. Abdomen
ascites. G.B. thick yellow. Urine small. Albumin. Hyaline
& some chr: interst nephritis + old renal. Tongue slightly
swollen. Pharynx: tonsils enlarged; crypts filled with
shallow longitudinal ulcers in last 3" St. intestine
& minute shallow ulcers along tops of folds. 2" atrophy ileum and
normal. Some enlargement jejunum & caecum

History. Swallowed by mistake some Lin Saponis et Camphor (aa)

Admitted same day 17. March. Puffy, sallow & dyspnoeic.
Pulse 122 irregular temp. dulness at R base, rhonchi all over
lips tongue & fauces very swollen. Clinical appeared to be
Carcinoma but fauces due to chr: bronchitis & emphysema
Died next day.

Sudden Death. Atheroma Coronary arteries 1/128
Fibrosis of heart muscle.

Samuel Johnsdale Ot 60 yrs Adm 5.4.10 Adm 40
Ext: Stout. R Hand present. Skin abrasions on left elbow & left knee. SIGH

Int: Brain N- Arts slight atheroma. Heart somewhat enlarged Cavs all somewhat dil: Rt vent & left arr sl hypert; L vent markedly hypert. Muscle brn & several areas of fibrosis in wall & septum & in its papillary muscle. Some thick of mitral valve. Tric & mitral cusps much enlarged. Aorta slight atheromatous etc 1st portion dilated & ectat sl dil. Coronary Arts very diseased, left calcified & much narrowed. Lungs. Chr Bronch & Emphys. Liver. Some P.I.D.

fatty infiltr (micro); Spl: very cong.. Kidneys very cong:
Pancreas cong; Stomach wall N. Contents not bulky & consist
of partly digested food.

Heart. Valves Bright in detail.

Notes dict.: Rupture of descend. L. Coronar Artery Sudden death
Haemo pericardii.

1/129

Frederick H. Harvey ♂ 74. PM Paddington 7.4.10

Ext: Well nour: dd man. L Inguinal hernia present but reducable. Rt pupil irregular

Int: Sl athm: cerebral arts. Pericard ∴ contain about 10 ozs of blood chiefly clotted. Ht cavities all dil: Muscle soft + brown. Aorta sl: atheromata more at lower end. Coronary arts very atheromatous. Extens: calc: + much narrowed. In ventr ♥ branch descr art ruptured - slit like opening ⅛" long, ∴ infiltr ♥ surrounding wall + tear in surface ¼" long. Lg L thick + dilated cavity. No aneurysm but arts very

PTO.

deserved at site of rupture. Old pleural adhesions at back of left lung. Lungs = general emphysema & chronic bronchitis. Hypertrophy Rt ventricle. Air passages congested. Liver spleen & kidneys natural & small. Last two congested. 2 papillomata in bladder

Microscopy Rt Kidney = marked brown atrophy. No fatty degeneration. Small areas of fibrosis & much thickening of tunica media of coronary artery.

Bladder tumour = innocent papilloma

History. Sudden death.

~~Sudden~~ Aneurysm opening of Valsalva ruptures into right auricle. Crushing of chest 13 weeks previously 4/80

William Browning ♂ 40. PM 15.4.10 & MH 16/10

Ext: Poor nour: Rt & Lower limbs. Marked oedema lower limbs. Numerous petechiae in abdomen & upper back & arms elsewhere

Int I+T. Petechiae on surfaces + 6oz of clear pericardial fluid. Large vegetation over Rt cusp encroaching deeply & head curled almost to pierce two triangles w. Pulm w = 4 finger tips. Much hypertr of vent: less of auricle. Left cavities fairly marked dilatn & some hypertr of ventricle. Mitral w = 4 finger tips. Tric & Pulm valves stretched. Pulm art & trs cusps dil. Sl atth: of aorta. In right part sinus of Valsalva below origin of coronary art is a P. & O.

Small Sacculated Aneurysm ½" diameter. Wall very thin & torn through where rod projected into right auricle just above tricuspid valve. Orifice in aortic Cusp by valve disrupted. No clot on wall of sac. Coronary arts N. Pleurae. Much clear fluid in both cavities. Lungs somewhat compressed & very cong: Several areas of pneumonia in RL lower lobe. Air passages cong Peritr: much acrid fluid. Liver cong: nutmeg. Spl: Small firm & cong. Kidneys cong. Pancreas, Stomach Intestines cong:

History Accident 13 weeks ago. Caught between buffers when shunting trains. Shortness of breath, voice, pulse collapsing. Orthopnoea. Cyanosis. distress & cyanosis. Signs of aortic regurg: Died suddenly April 15th 1904. Ward 4.

Hydrochloric Acid poisoning. Suicide. 1/131

Walter S. Parrott ♂ 46 - PM 29·4·10. SMH 82 10

Ext. Stout. Rigor ant. Abdom dist:. Moustache charred slightly at tips. Mucc: membs: of lips eroded

Int: Brain &c N, Heart. Petechiae on surface. Cavities all dil. Muscle soft & dark. Some clear fluid in 2 pleurae. Lungs. General emphys & bronchits. Some hypostatic congestion. Epiglottis swollen & oedem:. Vocal surfaces eroded & ecchymosed & grey sloughs. Larynx & trachea cong: & petechiae. Resp: contains free gas & a little clear blood stained fluid with faint acid reaction. Gall Bladder filled with

P.T.O.

Much like Spleen firm + several recent haemorrhages in substance.
Kids: Cloudy swelling + cong: Pancreas. Much fatty infiltration
Erosion of gums, soft palate + tonsils which are partly covered
by sloughs. Tongue + pharynx + upper oesoph cong: + small
erosions in latter. Lower oesoph N. Stomach large
+ contains much grey cream material + some altered blood. Acid
reaction. Wall thinned over area of size palm. Appendix
Cæcal area affected. Here mucous membrane destroyed + muscle pale +
whole surface blackened. Rim area surrounded by thickened
area of haem: in wall blackened by action of acid.
Peritoneum of this area intact but deeply stained by gen: tissues.
Pylorus + Stomach blackened + small erosions. Blackening 1 in pt of Duodenum
+ cong: of rest of upper end of Jejunum. Hist. Hahn April 26. 1 tea dessertsp
+ cong: Spirit of Salt 1 oz. Collapsed & dysphagia + dyspnoea. Died in 24 hours.

Starvation. 1/132
? Congenital heart disease.

Cicely Kirk ♀ 7 weeks. PM 30.4.10. SINA. 87/10.

Ext. Emaciated 4lb. 14¾ oz. R malnutr.

Int. Subcutaneous fat 1 cm. Fat elsewhere very deficient. Heart Cavities none but empty. Valves—Opening of R. Foramen ovale. Aortic arteries admitted fine pencil each end but not in middle — probably small patency. Thymus small (4·3 gms), lobules separated by white fibrous tissue. Lobules consist chiefly of cortex. One fine fibrous of medulla. (Thymus report). Liver Congn. Stomach contains a little mucus. (No food.

P.T.O.

Intestine Contracted. A little bile stained mucus in small intestine. Some thick dark green material resembling meconium in large intestine. No food apparent in any part of canal.

Histology. Full term child. Fresh delivery. Cells of Mother's milk. Child became undernourished on day of admission. Quite well prior to this. Histology directed only to extreme emaciation of child.

N.S. dent. Op^n on Nose. Death under anaesthetic. States by asphyxia. 133

Charlotte. G. Parr ♀ 26. PM Mayfield 5.5.10. 12.30 pm

Ext. Very well nourished. Rachitic wrist. Bruising right + abrasions below sternum (cardiac massage). Small op^n wound front of shoulder (venesection). Hypodermic wounds both arms. Small abrasion on right upper lip.

Int. Skull thick & heavy. Brain ++ N.S. Heart Cavities somewhat dilated. Muscle dark & pale streaks. A few petechiae on surface of lungs. Lungs. Right hypostatic congestion & slight emphysema. Inhaled blood in tracheo-bronchial tubes. A little fluid blood in air passages. Thyroid finely cystic + a large cyst

P.T.O.

in right lobe. Thymus present (19.2 grammes) Liver 6 5½ cs. IV
Spleen (6½ cs) Stench:: firm + congested + enlarged malpighian
bodies. Kidneys 6¼ + 7¼. Gel: + cong: lymphoid hyperplasia
base of tongue + in nasopharynx.: Sm Int: slight lymphoid
hyperplasia of lower end of ileum. Caseated lower
mesenteric gland + adjoining glands slightly enlarged + pink.
Uterus rather large. Mucous membr: cong + blood in lumen
Corpus luteum in each ovary. Slight lateral curv: of spine.
Marked muscular development internally
Pneum. III/IV. Fine patch fatty degen of inner brown aspect.
Thymus well formed large functional lobules fairly close together
Spleen. Large malpighian corpuscles. Spleen congested. Kidney? some
chr: parenchym: nephritis. Fixed Op^n on March 22 for Diss. Adrenals
+ Pancreas given me. Present Op^n on Nose

Notes
Lest: Sudden Death. Syphilitic Arteritis c narrowing of origins of coronary arteries?

George William Kersey ♂ 31 years PM Kens: 23·5·10.

Ext: Well nour + muse. Rm + Hypost: present c haem into hypostatic area, Cyanosis of ears. Pupils dil: Scar on penis Scalp wound 1½" long recent c deep puncture in middle of length + skin undermined from puncture for 1½" in upward direction. Puncture ½" to left of middle line + 1½" above ext occip: protuberance. 3 old scars on top of head.

Int: Scalp wound not quite down to bone No skull injury + no injury of brain or or meninges. Heart slightly enlarged Rt Heart Cavities dilated, left cavities slightly dilated P.T.O.

Pric: Orifice enlarged: Mitral valve slightly thickened. Small areas of fibrosis in papillary muscle of left ventricle, wall of left ventricle hypertr: Aorta fair. Origin of both coronary arteries normal valve ? 2 Inner surface very irregular; less dense fibrosis thoracic, none of abdominal aorta. Coronary arts IV Interior very narrow esp: right which has very recent plug. Old plaque atheroma left basal. Lungs IV. Spl: 6½ oz. Liver cong. Kidneys cong. Stomach full of food Pancreas. Aorta compare 2 History. Fell in street & suddenly + died. Always healthy. Severe illness one 3 weeks previously

Hydrocyanic Acid poisoning. Suicide 1/135

George R. C Snow ♂ 18. Gen Pr 25.5.10 SMH 104/10

Ext. Well nour + musc. Rh present. Hypostasis marked
c lumen haem. Pupils dil;
Mt. Brain. N. St cong generally. Heart. Cons alt right
dil. Some hyperaemia vent. Blood fluid + bright red.
Plasma. Rt cavity rel. by clot adherent. Some clear fluid
in left cavity. Lungs Cong + oed edema at Back + Bases
Lung; elsewhere. Air passages + right Lung; + a little mucus
present. Superficial erosion of epiglottis. Calcified tubercular
mediastinal gland. Thyroid somewhat enlarged P.T.O.

Spl: Cong: & hypostatic hypostasis. Kidneys fairly marked Congestion. Bladder filled & clear urine. Pancreas Cong: Stomach hypertrophied hyperaemia of Rugae & mucous & purulent fæces. Stomach Large & contains much brown fluid smelly fæces & undigested fragments of food. Duodenum: Ampulla pink & Venacæ adherent mucous. No ulcers of stomach wall.

Histology: No ova of B.C.N. detected in Urine

Admitted 24/12/14. Died shortly after.

Coal gas poisoning. Suicide 1/136

Beatrice Osborne ♀ 45. Pm 7.6.10 Smith 112/10.
Ext: well nourished. Rigor mortis present & hypostasis red.
Int: Petechiae in heart. RV cavity & dil, Lefts cavity moderately dil. Muscle reddish brown. Blood dark venous colour & fluid. Lungs marked congestion & oedema. Air passages & cavity: Thyroid & trachea: Vocal cords & cavity: Muscles rather bright red. Int & hypostatic colour. Chest & C.V. in blood & muscle
Verdict: Accid: 23 May. Brought by police who found her [illegible]

in locked room & gas turned on. .
On admission unconscious - pupils dilated, Stertorous breathing.
Skin very livid. Pupil contracted - not pinpoint. Limbs flaccid & relaxed. Blood spectrum of CO Hb.
Stomach washed out but did not find in washings on analysis. Gradually got worse & died at 4 pm

Notes dest.

Acute Interstitial Nephritis & Uraemia

No sign of poisoning.

1/137

Ellen Nellie Duncan. ♀ aet? 1st Finchley 13.6.10

Ext: Fairly well nourished woman RIH & Hypost: present. Abdomen retracted & green. Recent closed ♂ wound 3½" long Rt upper abd: Sordes on lips & bitten dried blood. Sl bruising inner side left leg.

Int: Skull, Brain Menings & Bvessels N. Ht. Size N. Caus all sl: dil: Muscle pale Valves starts N Lungs. Some gen' emphys & hypost: cong: oedema. A little mucus in air passages Epiglotis injected. Peritm contains some fluid blood & several clots. Peritm divided over Rt Kidney. Liver 51½. Onsph changes micros: Spl: small but N. Kidd 8¾ + 9 oz Bofr & decomposed. PTO.

Cortex lordened & yellow, pyramids cong: mass in right kid: & a little blood in pelvis ureter. Micros = acute interstitial nephr: c lymphatics & fibroblasts & haems: some prolif of epith. Casts of blood &c. Pelves & ureters red: Bladder IV & empty. Pancreas cong. Tongue furred & smeared with blood. Mucous Memb of mouth cong: but no ulceration St contains a bloody fluid. Wall IV. Similar fluid in upper part of sm int: Blood stained fluid in caecum & petechiae in its mucous memb: Genital organs IV.

History. Dr called in June 5. Had then been ill for 1 week c diarrhoea & vomiting. Did not seem very ill but grad became worse. June 10 blood stained vomit. June 11 exploratory op^n performed - nil found. Died same evening.

Strychnine poisoning.
Pyloric stenosis & peptic ulcer 1/138

John Holman ♂ 31. Adm 28.6.10. SMH 129/10.

B&F. Postmort. Abdomen Retracted + green. R m pneum. Left leg marked #4" shorter than right.

Int Brain cong.. Meninges cong & little subarachnoid haem over right Cerebral hemisphere. Heart. Several petechiae on surface. Cavities all normal dil. + left walls thin. Tric + Mitral cusps cong. Muscle rgt + pale. Old pleural adhesions Rt upper part lobe. Lungs some general emphys + chr: bronchitis + hypostatic cong: Some old TB. lesions in lungs — not apparently active. Large haemorrhage at back of P.T.O.

Left lower lobe. Air passages very cong: + crackles with
mucopus. Liver. Spleen + Kidneys Cong: . A little
clear urine present. Tongue slightly abnormal on left
margin close to tip. Stomach large + contains brownish
food. No abnormal appearance. Pylorus admits end tip
of little finger. A centrally placed ulcer (empaired mucous)
measuring 2/3" x 1/3" almost completely encircle pipe.
History. Admitted June 26. died same day one hour
after admission. Symptoms of hysteria when first came under
Dr. 2 days of delirium tremens + developed symptoms
of strychnine poisoning. No analysis made.

Nurs Hyperpyrexia + Toxaemia 1/39
desc: Pulse not accelerated by anaesthetic Ether.

Mary H.J. Bargent ♀ 184 ca Rm Southwark 1.7.10

Exam: Well nourished. Hyperpyrexia 104 F. Operation 5.30 p.m.
gangrenous appendix. 2 open wounds over Rt femoral region.
Rectus wound over heart. Crepitation in Rt lung, & right leg
Pupils dilated. Lips pale. Ears slightly livid.
Nurs: Memory slightly impaired. Brain N. Heart rather small.
Rt Heart cavities & left ventricle slightly dilated. Pericardium
Enlarged. Muscle pale. Petechiae over backs & bases of lungs
Lungs. Marked hypostatic congestion & oedema. Air passages
Contain slight blood stained froth. Appendix

PTO

Removed + stump inflamed + shut off abscess
around site but no peritonitis elsewhere. Liver
large + congested. Spleen soft. Kidneys congested + cloudy
swelling. Small cysts in cranial. Uterus enlarged
Smell of ether in body cavity

Urine 1018 Albumin = fine faint deposit

Hist. Good health until 2 years ago when became
anaemic. Not improved. June 26. Felt sick on return
from work. Next day pain in stomach. better wednesday
Thursday worse. Recalled + sent to Guys Hosp as dependents
Operation 4.30 pm. Operation lasted 32 min. Died 2½
hours after completion of operation.

Sudden death. Congenital Heart disease. 1/140

John Joseph Hayes. ♂ 1 month DM 11.7.10 SMH 138/10.
Ext. Poor nour. Wt 6lb 10½oz, RM absent. 4 recent healed vaccination scars left arm. Slight cyanosis of lips, finger-tips, nails, Mk. Brain &c N. Heart. Petechiae on surface. Left ears slightly low set. Fairly large patent foramen ovale ¼" long in foramen ovale. Petechiae along free edges of tricuspid & mitral valves. Patent ductus arteriosus admits a large probe. Lungs Petechiae over backs. Bases cong. Thymus 17·6 gm large. Normal kidneys capsules strip easily pelves & ureters dilated. Bladder hypertrophied. Tight phimosis. Intest & stomach almost empty.

empty. little alderman fat.

Hosing. Nine. Brought in dead.

Notes dest

Spine Injury. Traumatic Neurasthenia. 1/141

Fred Verity. ♂ aet? P.M. Garston Mortuary 12.7.10

Old fracture dislocn of spine between 12 Dorsal & 1 Lumbar Vert & displacement backwards of lower end. Separation $\frac{3}{8}$" wide filled with bone which produces local swelling of spine. Angular curvature noted at site of fracture. The lumen is a fine bony one. Spinal canal narrowed at site of fracture & the cord flattened. No evidence of injury of cord or coverings. No gross disease of brain or cord or of their coverings & no degen. of nerve tracts in Cord or brain P.T.O.

on microscopical exam^{n}. Heart enlarged. Cavities all dilated. Muscle degenerated. Recent endocarditis of mitral valve. Lungs congested. Oedema of larynx. Passive congestion of liver & kidneys. Other abdominal organs healthy. No evidence of Σ in any part of body.

Hesloz. Accident in a tram in Italy some time previous. Laid up afterwards & developed traumatic neurasthenia & general debility. Fee £13.13.0
Claim against Italian Government. Not paid

Notes dest: Anaesthetic Death. CHCl3. Op for Circumcision. 1/142

Herbert William Wallington ♂ 10 weeks. Ph Hammersmith 19.7.10 2 pm

Ext. Well nour. Q Ub. Hypostasis present. Circumcision wound c 2 stitches. Small umbilical hernia. Hands hird.

Int: Small subarachnoid haemorrhage over right cerebral hemisphere. Brain N. 2 petechiae on surface of heart. Heart. cavities all slightly dilated. Muscle pale. Aortic arterioles admits 1 small probe. Slit like opening of foramen ovale. Petechiae on surface of lungs. Lungs. Slight emphysema of fronts of lungs. Thymus well formed (12.8 gms) Spleen enlarged (36.5 gms). Very congested.

P.T.O.

Kidneys - congested. Enlarged glands right side of neck. Stomach contains mucus & a little mucus. Slight lymphoid hyperplasia lower part ileum & caecum. Lymph glands enlarged. Testicles incompletely descended.

Micro. Thymus normal Spleen pulp very congested Adrenals normal

History. Pt: Westminster Hospital. For Circumcision on July 16th 1910. Chloroform given. Operation N. Anæst 2 3. Time 15 minutes. Pt's condition well. 5-10 min afterwards child stopped breathing. Artificial resp & child came round. 15 minutes later child became cyanosed & had convulsions & died.

Perforation of Uterus. Abortion. Death from Haemorrhage
Nos
dest. Self induced. Midwife - unmarried. 1/43

Kate Balderson ♀ 40. P.M. 8 W Manor 21.7.10
5.45 P.M.

Ext. Stout, Rm Hypostasis present. Decomposition advanced. Breasts contain milk. Hypodermis and fascia

Int: Heart slightly enlarged. Cavities all dilated. Muscle pale & soft. Old adhesions at each apex. Lungs small & some hypostatic congestion. Peri. Cav. contain 3 pints of clear reddish brown fluid. No peritonitis. Liver 28½ oz. Pale & greasy. Spleen pale & soft. Kidneys pale.

Genital Organs. Uterus slightly enlarged. Small mass of adherent placenta 1¼" × ¾" at upper pole.

F.J.G.

Perforate on post wall running obliquely up from under lower edge of adherent placenta to peritoneal surface where ragged tear but no perforation around.
A second similar perforate ½ way up post. surface ~~from~~ adherent coil of small intestine
from. Cervix otherwise dilated. IVO virgin
Small Vulvitis round in roof of vagina. Vagina capacious. Hymen none

History. District nurse. Always good health. Period 19 ~~Dec~~ 10 at 3 A.M.
Decr said she had miscarried in Jan. Feb last
Sweetheart & Easter in June. Said she was 10 weeks pregnant.
Said all placenta passed & appeared well. Said she had taken Ergot
& Vitae drops for 3 months to prevent abortion. July 15 Cured, Pared
Hot water walk. Haem returned & died 4 days late. Said she had knitting needles.

Notes. Uncertain Death. Open Ether. Regurgitation of
desc: Perforated Ulcer Duodenum. General Peritonitis. Stomach contents
into air passages
Wm John Faulkner ♂ Age ?. PM Southwark 27.7.10 1/147
Ext: Well nour. RM + Hypostasis present Died 25.7.10 6.30pm
Pupils dil: lips + ears slightly livid. Abdomen slightly distended
Int: Brain N. Menings slightly congested. Heart. Petechiae
on surface. Cavities all dil, right more than left. Tricuspid
+ mitral orifices enlarged. Valves N. Muscle dark. Arts N.
Lungs. Petechiae at bases of lower lobes. Diaphragmatic pleurisy on
both sides, more on right. Some general emphysema + hypostatic
congestion. Air passages contain much regurgitated stomach
contents, bronchi being almost full. Acute universal

P.T.O.

peritonitis except lesser sac; deposit of lymph in places
+ 1½ pints of free purulent fluid. Liver pale. Spleen soft.
Kidneys Cloudy swelling & congn. Duodenum. Circular peptic
ulcer size of 6d on ant. wall of 1st part. Perforation of bore
⅛" diameter.

History Admitted Gynl Ward July 25th = general
peritonitis. July 22. complained of sudden severe pain in
stomach. Vomited on July 24th. Anaesthetic = Chloroform ether
Pulse rapid & weak. Pupil dilated Sallow colour
Vomited twice in table before Anaesthesia, also during
administration. Breathing & pulse failed simultaneously.

Ruptured Cerebral Aneurysm. Sudden death. 1/1/45

Persistent Thymus.

Dorothy Fanny Pearce. ♀ aet 25 Ktens: P.M. 3.8.10

Ext. Rather stout. Rigor+Hypost: present. Pupils slightly dilated. Cyanosis of face + neck + beneath finger nails. Froth from nostrils. Slight abrasion of right side of tip of nose.

Int: Brain Cerebral convolutions flattened, more on right. Slight subarachnoid haem: over right cerebral hemisphere. Rt lateral ventricle distended with blood clot: cort: end of basal nuclei ploughed up. Some fluid blood in other ventricles. Arts normal apart from a small ruptured aneurysm on right

P.T.O.

middle cerebral art: about 1½" from origin at point where artery bifurcates. Ht & end: RV cavity slightly, left somewhat dilated. Muscle pale & dark. Lungs: slight hypostatic congn. Thymus well formed & large (38·4 gms) Kidneys & liver: cong: & ? early arteriosclerosis. Calc: mesenteric glands.

Micro. Ht & lg. some brown atrophy. Some fibrotic thickening of branches of coronary artery. Thymus. Much fibrous tissue & a little fat between lobules. Some differ: into cortex & medulla & appears to be active. Very vascular. Hassells corpuscles few: & degen[d].

Kidneys Early arteriosclerotic disease. Margin of aneurysm shows much thickening of intima. History. Nurse at Carmelite Convent. Always good health. Well day before death. Slight headaches 2 or 3 times recently. Died suddenly.

Notes
Dest: Criminal Abortion – Operation. 1/146
Septic infect of Uterus + Septic infarcts Lung. + c

Elsie Hertzog. ♀ 21 yrs PM West Ham Infirmary 9.8.10
Ext: fair. Well nour: R M pres: Hyp nat sl. Decomp: develop. Sl oedema of lower limbs. Breasts large + contain milk. 3 small abrasions over sacrum
Thx Brain & Mening + arts N. Pericard. cont: about 3 oz clear reddish fluid
Hrt sl enl. Rt Cavs + L vent sl dil. Muscle Pale. Valves + Art. N.
Pleurae Acute pleurisy in Rt side c 15-20 oz of clear fluid & flakes of lymph + deposit of lymph over whole surface of lung. Left cavity contains 4 oz of clear reddish fluid. No pleurisy. Lungs. Rt + small left lower lobe. Much compressed + a number of infarcts throughout lung tissue with encysted change. Left lung slightly P.T.V.

Inguinal glands. Slight emphys: joints of both lungs. Gland at
Right apex enl: & eng'. Perit: contains a few gas. Upper surface of liver
appears pale & fatty & contains blood stained fluid. Adhesions found on
Right posterior surface of liver & tube & ovary & body structures & some lymph
in area of adhesions. Indurations of parametric & pelvic tissues.
Spl 8½ x eng. Both Kids & well & eng. Stomach. Contains a
little gas. Intestines clear throughout & gas. Genital Organs. A little
in post fornix
blood stained fluid in vagina. Opening in wall 2" from introitus & 1" meas ¾ - 1 - 1¼
1 1/16 1/4
Cervix 1½" deep. Uterus. Body & fundus normal. Neck & dil. A little purulent fluid in
cavity. Inner surface smooth & except small weight area on post
wall. Posterior & lateral walls smooth post wall adherent to
by lymph. Abscess in Douglas pouch above vaginal arch to which
RT Ov & any adherent. Septic thrombi L Ovein Vein Int Iliac Vein

Common Iliac veins. Mucous RT Fallopian tube

Tetanus. 1/147

George Smith ♂ 52 PM 16.8.10 SMH 153 9/10

well now: R hand present. Small open wound on dorsum of R hand. Clean. Margin indurated. 2 punct. wounds over lumbar spine. Tenderness at 1 in R forearm

Bro Inf: Brain N. Menges ++ cong:. Spinal Cord N. Menges somewhat cong. Heart Slightly enl: Cavities all dil. Tric: & Mit valves enl: Muscle v. pale. Some atheroma of Aorta & coronaries but no narrowing. Pleurae Old adhesions L. & R. side, more extensive on left. Lungs Slight Cong: Bronchitis Emphysema & hypostatic cong:. P.M.

Spleen small & firm. Kidneys. Cloudy swelling & eng:
A little hemorrhage into upper part of left psoas
muscle

History: Admit Aug 11th. Died August 14th. Work
Tetanus to wound on right hand. Date of
infection could not be assigned. He was rigid
with frequent convulsions. No improvement
by treatment.

N. Kes. dest. **Heart failure 2nd to Acute Mania.** 1/148

Charles Hutchinson ♂ 54. PM Kensington 16.8.10 5 pm

Ext: Poor nour: Rt lower limbs. Abd: retracted. Scabs on knees + on l. shin. Slight abrasions + bruises outer sides of ankles. Tiny haemorrhages in forearms. Small bedsore sacrum.

Int: Brain. Normal. Meninges congested. Patch atheroma Sylvian vessels, Circle of Willis, Middle Cerebrals. Skull thin + dense. Lungs oedema. Heart Cavities all dilated. Rt Ht walls ↓ hyper. Some thick + rigid ♂ aortic Cusps. Tricuspid + mitral orifices enlarged. Muscle soft + pale. Aorta atheroma, slight at upper end, more at P.T.O.

lower end. Patchy atheroma coronary arts: Old adherent
corond whole of left lung & over right upper lobe. Lungs
marked hypostatic Cong: Chr: bronchitis & emphysema
Thyroid. Cyst in right lobe. Liver. Small calcified
masses in right lobe. Calculi in G.B. Splenic Congs
Kidneys Cong: Suprarenals. Nodular hyperplasia of cortex
History. Widow. Not paralysed but partly blind.
Attended Queen's Sq: Hosp: 4 years. Went to Kensington
Infirmary on July 24th. 2 days later placed in Observation Ward.
On Aug 7th still in Observation Ward. Voice had gone
She seemed collapsed. On Aug 12 had bruise on
head, & said, he had been knocked about.
Died Aug 14th 2:5 pm

Sudden death. Congenital Heart Disease. 1/144

Bridget Moore ♀ 3 months PM 25.8.10 SMH 14/10.

Ext. Very well nourished, R malnour. Slight cyanosis ears fingers & toe nails & soles of feet.

Int. Brain N. Meninges slight cong. Heart. 2 petechiae on surface. Patent foramen ovale, ductus 1/4" long, ductus arts. obl. Lungs Petechiae over backs & bases of lungs hypostatic congestion & slight hypostatic cong & Aspirations centain mucus Thymus well formed (4·8 gms) (Normal microscopically). Spleen soft & cong: Small cysts in each ovary.

Hunting time : B.I.D.

Sudden Death. Coronary artery disease. 1/150

Eliza Ann Newton ♀ 63. PM 26.8.10 SMH 157/10

Ext: Very well nourished. RIH present. Slight oedema ankles

Int. Brain N. Atheromatous. Heart. Cors all slightly dil: Some hypertr. of ventricle. Muscle soft. Atheroma aortic esp at lower end. Coronary arts atheromatous, & much narrowed in places. Lungs hypostatic congn. Bronchi cong: & contain mucus. Liver Spl & kidneys cong: Pancreas cong.

History. Brought in dead. 25.8.10

Cerebral Tumour (Endothelioma) with softening of surrounding brain. Sudden death 1/1st

Muriel Bridget Millar ♀ 30 years. Padd. Pm 2·9·10

Ext. Well nour: RM prerax Hyperlax slight. Breasts rather large + contain a little milk. Slight bruises on shins, knees thighs + hips. Slight swelling on front of upper end of left tibia. Recent hypodermic in right forearm

Int: Brain. Flattening of cerebral hemispheres. Pia arachnoid thick + opaque over medulla pons + interpeduncular space. Arts normal. Ant: ½ of left temporo sphenoidal lobe is soft + yellow. Change noticeable on surface. Embedded in soft area was a small spherical mass of growth P.T.O.

little more than ½" diam:. Mass firm & rather vascular; not definitely encapsuled. . Brain normal elsewhere. Lateral ventricles slightly dilated. Heart Cavities all slightly dilated. Lungs. Some hypostatic Cong'. & sl: Emphysema. Muscus in air passages. Diaphragm. Cyst containg clear fluid in right wall. producing depression in surface of liver.. Spl: 8½ v3. Soft & cong'. Kidneys Cong'. Pancreas Cong'. Uterus enlarged & cong'. Swelling over left tibia = ossifying periostitis.

Histy. Aug: 25. Sleeping draught under Drs orders. Aug 27 was in bed & vomity Aug 28 got up & was out. Aug: 29. Stayed in bed for Dr, then got up. Aug: 30. well all day. Aug 31. Vomited in bed as I am bringing up dinner. appeared drowsy. Rattles in throat & vomity & delirious. lucid intervals. Died midnight. Whenzzing for some time before death. Two convulsive seizures.

Notes. dest. Sudden Death. Colitis Polyposa. No food poisoning

1/152

Stanley Walter Scott ♂ age ?. Young man Pm Chelsea 2·9·10

Ext: Well nour: man. RM + Hypost: present Decomp - 5 pm slight. Eyes sunken.

Int: Heart. Numerous petechiae on surface. Cavities all slightly dilated. Muscle soft + streaky. Lungs Some hypostatic congestion + gen'l emphysema. Air passages slightly cong: + contain mucopus. Liver 68½ oz. Sl enlarged. Pale + cloudy swell + conf kidney. Spl: cong: Kidneys. Cloudy swelling + cong: Tongue furred. Tonsils sl enlarged also lingual tonsils. Stomach distended + gas + thick

P.T.O

greenish faecal fluid. Some lymphoid hyperplasia at pylorus end. Duodenum - marked lymphoid hyperplasia with minute follicular ulcers in wall. Small intestine distended & gas + faecal fluid. Lymphoid hyperplasia at lower end Large intestine - polypoid colitis throughout. Minute polypi

No normal mucous membr. visible

Micro - H+E Muscle. No fatty degen:

History. Postmen. Diarrhoea for month or more.

Friday last had fried fish (plaice + haddock). Sister had same fish. At mid day meal. No worse that night. Saturday morning felt ill + lay down when he returned for work at 8.30 pm. Diarrhoea. Worse. Monday really Dr. weak + depressed + some abdominal pain + diarrhoea. Wednesday much worse. ? faintly fit. Thursday worse + died at 11.45 AM.

C.C.

Nfld dent. Anaesthetic death. N_2O. Ischiorectal Abscess. 1/153

Frederick Doe. ♂ 48. Pn City 20.8.10

Ext: ~~Well~~ Very stout. Open abscess right ischio rectal region. Tracheotomy. Chr Ulcer Rt leg

Int: Slight ath cerebral arts. Hrt & ent: Cavities all slightly dil. Rt vent & hypert. Muscle pale. Left vent fairly marked hypert. Aortic valve Thick, puckered & slightly calcified. Slight ath aorta & some of Coronary arts but no narrowing. Lungs small. Some chr bronch & emphys. Marked cong & oedema esp at bases. Air passages contain a little blood & mucus. Liver normal

P.T.O

fatty infilt ± Spl cong. Kids cl. swelling. Rectum
Small ulcer in right wall just above anus
opening into abscess in ischio rectal fossa which had
been drained through skin + wall scraped

History. Op^n for Ischio rectal abscess.
Anaesthetic N_2O. Not markedly blue. Under for about
2 mins. Op^n over when breathing stopped suddenly.
Artificial resp performed O_2 given. Ether Strychnine
injected.

Fractured Skull. Meningeal Haemorr. Slight Lymphatism.

Albert Hoskin ♂ 11 yrs Adm 21.9.10. S 1911 169 101/154

Ext: Well nourished. Rickety. Recent abrasion on Right Cheek, Chin, Chest Left side, Rt shoulder & Rt popliteal space. Small Lacerations outer side of Upper Lip with abrasion. Tender Swelling on head over Rt. parietal region.

Int: Skull. Fissured fracture of Skull on Right side from point 1½" above Rt ear forwards & upwards terminating 1½" to Rt of middle line. Backwards this fissure passes downwards & inwards to back of Skull.

PTO

Coming out: cerebr hyperaemia when it awoke was
2 – 1 running down forward in mid line to for: magnum
the other right to left of mid line forward + downward
to left margin of for: magnum. Dura water bottle
through, along line of fracture in R side of head for
short distance. Blood over whole surface of brain, subdural
subarachnoid esp: at temporo sphenoidal region. Little
superficial laceration in that region. Marked contusion
region left frontal + temporal, less at right frontal pole
Petechiae on surface. Cortex all slightly old Almost
all brain whole of left side large hypostatic lung. Blood stained
mucus in air passages. Thymus (53·2 gms) Large thickened
Normal appearance in pericardium. Spleen. Slight enlargement hypertrophy
hypertrophy esophagus. Liver much enlarged and tough hypertrophy hypertrophy
in stomach [illegible] [illegible] [illegible]

Hosp. B.I.O. 20.9.10

Mr. Cunningham

Notes dict: Anaesthetic Death. $CHCl_3$. Op^{n} for Empyema 1/155

Edith Sully. ♀ 13 months. P^{t} Hammersmith 23.9.10

Ext. Well nourished. Puncture back of Rt chest. Open op^{n} wound left elbow

Int. Htr pushed to left. All cavities ol dul. Muscle pale. Large Rt empyema cont 4 ½ oz thick greenish pus occupying whole of back of cavity & extending forwards almost to costal cartilages. Wall thickly coated with soft lymph. Between upper lobe & pericard^{m} was a small separate empyema. Rt lung. Lower & middle lobes ½ upper lobe completely collapsed. No pneumonia

P.T.O.

Left lung slightly compressed. Emphys in front. Congestion & oedema behind. Mucopus in Rt Bronchus
Thymus 10·3 gms. appears normal

History Admn: West London Hosp Sept 17 c pneumonia.
Later signs of Empyema. On Sept 21 at 6.45 pm
CHCl3 given. - less than 3i. Patient struggling in first stage & breathing became shallow. Bandage then removed & breathing stopped - time was about 4 mins after commencement of anaesthetic. Artificial resp. employed & slow breathing recommenced but stopped shortly afterwards

Not desc. Anaesthetic Death. Op:- for Cleft Palate Status Lymphaticus

Fred Cooper. ♂ 3 2/12. P/n Chelsea 4.10.10 1/56

Ext. Well nour. Scar of rt headlip Op:- Blood in mouth & Op wound in roof of rt back wards along each alveolar borders. Stitches in right border.

Int. Rt cavities all rt dil. Muscle pale. Lung general emphysema Intra alveolar blood in small areas scattered throughout backs of all lobes Air passages contain a little blood blood

Thymus (Wt 27.2 gms) large & thick. Spl (44.4 gms) Malpighian bodies distinct. Tonsil enlarged. Laryngeal tonsils large Lymphoid hyperplasia liver & ileum. Mesenteric glands much

PTO.

enlarged tonsils. hypertrophied hypertrophies in first part of large intestine esp caecum.

Mucous membrane marked fine fatty degen & gall stones.

Thursday. Op:- for cleft palate at Victoria Hosp: for children at 2.40 pm on Oct 5.

Anaesthetic $CHCl_3$ + Ether equal parts - commenced

followed by $CHCl_3$. Just over 3iii used. Under for 40 mins. After ½ hour pulse weaker. Stimulant then given. In few mins pulse heart + respiration failed together.

? Shock from fall. Status hypoplasticus

Jane Roberts ♀ 22. PM 8.10.10 Sist 181/10.

Ext: well nour: Rn present.

Int: Brain: scalp lge occiput. Skull N. Brain N but slight subdural haem: over rt cerebral hemisphere forming a thin layer. Rt cerv remainder, left slightly dil: Musc pale (adip fatty degen[n] micros): lungs marked hypostatic cong: oedema esp rt side. Air pass: cong + contn a little regurg: stomach contents. Thymus 25 gms. Large + well formed. Pink colour. No apparent fatty replacement. Spl: N/M thinc hyperplasia Kids: pyonic cong: P.M.

Pancreas Enlg. Slight symptomatic hyperplasia in lower ileum
+ Enlg intestine esp. trans: colon. Mesent. glands large & pale.
Uterus enlg: . Cystus luteum R/Ovary
History. Admit: Oct 6, _ said Woman fallen down
on open Grating. . Conscious. Shock. No pain
Complained of. Moist rales in chest
Said Woman Vomited Blood. Morphia gr ss
Died remained unconscious (on Oct: 7).

Notes dest.

Sudden Death. Lobar Pneumonia. 1/158

William Bambury ♂ 5. PM Kensington 10.10.10

Ext. Well nour: Pupils sl dilated.

Int. Pericard ∞ 2 petechiae on surface of heart. R+HT cavities dilated. Lungs. Areas of grey hepatis ∞ about size of 1 orange at back of left lower lobe & pleura over it surface. Some general emphysema. Air passages congested + contain thick mucus. Thymus fairly large Spl 1 2 3 1 congested Kids cloudy swelling + congn: Much urine in bladder Tonsils sl enlarged. Some lymphoid hyperplasia at lower end of ileum. Mesenteric glands slightly enlarged + pale P.T.O.

History. Healthy + lively boy
on Thursday Oct 6. at 11 Am. said another boy had hit
him in stomach. Sick at 1 PM. Kept him in bed.
was thirsty at tea time. Slept well that night but was
restless + talked in sleep. At 7.20 A m on Oct. 7th seemed
well + said he would have egg for breakfast.
Found dead at 7.40 A m Oct 7th.

Notes dest. Accidental Haemorrhage. Full term labour. Natural death 1/1594

Elizabeth Satchell ♀ 47. P.M. Paddington 13.10.10.

Ext. Well nour: Breasts large + contain milk

Int. Heart sl enlarged. Cavities dil: esp left ventricle. Muscle pale. Clear fluid in pleurae. Lungs small. pale + emphysematous + some bronchitis. Liver pale + sl ♀ fatty. Calculi in G.B. Spl enl: + cong. Kids pale. Genitals. Vagina large. Superficial lacerat vulva. Uterus greatly enlarged. No apparent contraction after full term labour. Cervical canal wide + several superficial lacerations at ext os. No remains of placenta but a little adherent membrane. 2-3 oz of blood clot in uterus. P.T.O.

History Healthy woman. 15 children, 8 alive
On Monday Oct 10. at 7 pm husband found her lying down. Had
been losing blood. This continued tho' 9.30 next morning Dr
Rogers came. She then appeared to have lost much blood.
Had dilated (breech present ?) + delivered by traction on leg.
After birth passed 2-3 mins later - probably partly detached
for 2-3 days. Child still born. After drinking, haemorrhage
came on but stopped at 12.15 pm At 3 pm had not lost
blood. seemed brighter. At 4.30 pm was collapsed but
had not lost more blood than normal. Death at
~~7.30~~ 7.50 pm on Oct 11th.

Notes dict: Anaesthetic death. Op^n for Acute Perforated. 2. Platelet lymphatic

William Henry Clarke ♂ 48. Pln City 22.10.10 1/150

Ext. Very well nour: Recent closed op^n wound behind left ear. Tracheotomy. Recent closed op^n wound upper abdomen

Int. Skull thick + hard. Both middle ears bone sclerosed. Mucopus in left middle ear.. Heart. Rt cavities much dilated + vent: hypert. Left cavities markedly dil + vent: hypert. Muscle pale. Sl atheroma aorta. Lungs. Hypostatic congestion. Chr: bronchitis + emphysema. Thymus = lobules mass of adipose tissue easily dissected from surroundings (Wt = 18·4 gms) Contains numerous small pinh areas of lymphoid tissue. Liver. (8813) Large. Congested + slightly fatty. Spleen firm PTO

+ Conv. lymphoid hyperplasia... Kids & Eyes each. Congested
Tonsils sl enlarged. Lingual tonsil large
Micro: Htt muscle. Fine fatty degen + marked brown atrophy
History. Pains in head since youth + discharge from left ear since
Scarlet fever in childhood. Present illness commenced 5 weeks ago
Said to be agatency in left ear. Adm Barts day before operation.
Prepared. Anaesthetic Ether for 5 min 3ss followed by Chl Et 3ii. Went under well. little excitement. Opⁿ first started when he coyed cyanosed + heart stopped. Resp= continued for about ½ hour.

Notes dest.

Bronchopneumonia. Nurse Child.

1/161

Beatrice Wright. ♀ 5½ months. PM Kensington 18·XI·10

Ext. Poor nour: (8½ lb). Skin wrinkled. Body dirty. Eyes slightly sunken.

Int:. Heart. Cavities all rt dilated. Extensive bronchopneumonia of lower part of both lungs. Marked emphysema elsewhere. Mucopus in air passages esp: in smaller ones. Gland at Bifurc enlarged + congested. Thymus small. Liver + Kidneys. Cloudy swelling. Stomach contains curd + mucus. Int: intestine almost empty. Subcutaneous tissue fair quantity

History. Died Nov 15. Illegitimate. Born Queen Charlotte's Hosp. PTO.

& remained there 13 days. Breastfed for 6 weeks. Then bottle (milk trouble) First foster mother had child for 1 month. Gave it up Sept 4. It had a cough. Second foster mother child had a cough when received & a bad ear. Fed on cows milk & barley water. Oct 17 to 20 nearly. Dr who said it had pneumonia - 9 d letter. Fortnight later - N Wall Dr on NW1 said it had bronchitis from wash.
In NW15 had screaming & convulsion. Died at 9:30 AM NW15.

Fracture left humerus. Pulmonary Embolism Thrombosis of Basilic vein. 1/162

Mary Brett. ♀ 60 years Ph 21.XI.10 SM.H 209/10

Ext: Well nour: R hs present. Open wound 3½" long at back of left upper arm about elbow; fractured end of humerus projecting thro wound. Old ops: 1 cm upper front part of left forearm. Small healing wound below outer side of left ankle. Recent transfusion wound at bend of right elbow

Int: Bowels N. Scattered crepitations. Heart. Rr cardiac dullness slightly to. Old thickening of tricuspid + mitral valve. Some atheroma aortic + coronary arteries. In right pulmonary art is imbedded upper part of dark red + pale firm thrombus p 50

about thickness of pencil. The pieces were in all about 8" long
they extended into muscles of the arm, & arm
almost completely excluded. Shattered humerus in middle
of left arm. In left innominate vein extending into
sup vena cava was a rolled up mass of left pale
thrombus, longitudinal direct not adherent to vessel
In lower part of left basilic vein at level of fracture
was a small thrombus adhering to wall of vein
Lungs show hemorrhagic infarcts. Thyroid adenomatous
Spl. enl. No depressed fractures. Int lacerated muscle tissue
Nov 11. Pt still quite restless. Temp fluctuates
Lt humerus. Wound in elbow & wound in axilla into which
incision made. Sutures removed. Fracture united. Wound cleaned up
Dressing well until every other day when patient returned to dentistry

Surgical Ward 5 301 Fracture Ward 5 Nov 6 1918

Note dest.

Chr. Pulmonary Tuberculosis. Death not accel by accident in Sept 1910

Alfred Wm Briggs ♂ 53. P/N Kensington 6.12.10 1/1/63
Died 2.12.10. P/M.

Ext. Emaciated. Old operation scar in perineum. Eczema over left patella

Int: Slight atheroma cerebral arts. Heart. Rt cavities somewhat, left slightly dilated. Muscle pale & soft. Slight atheroma aorta. Old pleural adhesions over whole rt lung + at apex & base of left with fibrinous pleurisy + 1 pint of clear fluid in left cavity. Lungs. TB. cavities in 3 lobes, a large one in rt upper. Cavities contain pus. Extensive fibro caseous TB in lungs. Some general emphysema & chr bronchitis. Rt Base Congn. Mucopurulent in passages. TB ulceration in trachea P.T.O.

Mil TB. in glands at Neck &c. Liver cong: cirrhosis
+ fatty. Spl: cong: Kids cl swelling + cong: Stomach
has 3 small ulcers in wall. 2 T.B. ulcers in asc: Colon
+ ? scar in rectum. Ext' piles.
Chr rheumatics in left Knee, ankle + tarso metatarsal
joint. Ht enlargt of cartilage of left femur + patella.
History. 2 years ago ischio rectal abscess. No
treatment since. Always thin + had cough
On Sept 8th 1910 helped to carry settee across road (was a
furniture porter at Naples) when he burst instep. Walked
home with difficulty. Knee swollen next day

Notes desk. Anaesthetic death. Opn Ether. Opn of abdominal contents ~~stood~~ interesting for Kink. 1/164

Mary Harriet Walker. ♀ Age?. PM Southwark 9·12·10

Ext Well nourished woman. Skin natural yellow. Recent closed opn wound lower abdom. Transfusion puncture below each clavicle. Old opn scar over appendix. Old linear albicante scars abdomen.

Int: Htt slightly enlarged. Rt Htt cavities dilated, left cavities slightly dilated. Muscle soft + dark. Slight atheroma aorta. Old pleural adhesions apical region + fibrocaseous TB. in upper parts of both lungs. General Emphysema + chr bronchitis. Htt/pulmonic congestion. Air passages congs. + contain mucopus. Thymus (12·7 gms). Pink

PT.O

+ fairly firm. Spleen (4 3/4 oz) Pale + firm.
Malpighian bodies large. Kidneys. Congested + cloudy
swelling. Tonsils slightly enlarged. Caseous mesent. glands. Old
adhesions round Caecum + round sigmoid + upper rectum
- some of these had been cut through. Recent anastomosis
retrocaecal 1½ - 4" from lower end + sigmoid colon. Union
firm. Subcutaneous fat scanty

History. 10 years ago Curetted for Septic Note. ACE given
Pains in stomach since. Op = 18 months ago ? Appendix
Knife in lower abdominal. Op = 9 short months ago Dec 7.
at 2:40 pm. Open Ether. Sir Arbuthnot Lane Operator

Nde dext

Criminal Abortion: 1/165

Abscess Rt Fallopian Tube. Pelvic Abscess. Gen Peritonitis &c

Florence Emma Warren ♀ 22. Pn St Pancras 20.12.10

Ext. Well nour'd; Abd: distended. Purulent vaginal discharge. Breasts large & contain milk. hips livid. Pupil slightly dilated.

Int. Heart. sl enlarged. Cavities all sl dilated. Muscle soft & streaky. Clear fluid in pleural Cavities. Old adhesions right apex. Lungs hypostatic congestion & some emphysema. Peritoneum. Universal acute peritonitis & much purulent fluid. Spleen (5½ ozs) sl enlarged. Liver & congested. Kidneys & Cloudy swelling & congestion. Stomach & intestines dilated & contain much faecal fluid & gas. 6½" above anus an opening in ant: wall showed admitted. Fungus into pelvic abscess.

P.T.D.

Genital Organs. Hymen missing. Vagina congested & contains pus
Uterus enlarged to 3 months pregnancy. Cervix dilated. Cavity of
Uterus rather large & slightly injected but clean. Placental site
Visible. Wall firm & white Rt fallopian tube much enlarged.
Ovaries inflamed & contains pus & communicate at extremity
with large pelvic abscess which was limited by greenly soft & shut
off from general peritoneum by fairly firm adhesions

History Thought she was pregnant 1st week of August. Had had
intercourse with Byrne to whom she had been engaged for 2 years.
At end of Sept. said she was visiting Mrs Cullen together with
her trouble. Dec 5. Went into home & said a glass rod was passed
into her by a Dr & left until next day when she had great pain
Miscarriage Dec 7th at 6 AM. Felt very ill. Pain on right side. Very ill
ever since. Died 8 AM on Dec 18th.

Ourg M.b.acc? Abortion. Instrum. ertil Abortion
28.1.11. St Pancras Sepsis & Pyaemia. 166

Ext: Well nour: Pupp sl dil + IV = sl turg
Milk in breasts Small hæmc cpt Lochia
Int Parietalia aver heav. Cerv smeared dil. Tiny
abscess wall Rt ventricle. Acute pleurisy & effusion IV side
Lungs IV umerous small abscess throughout. Thyroid
large Abscess in & Rt lobe Liver 61/2 soft & pale Spl 1,5 kg
& AV, septic type. Kidneys 7 + 7½ cm. IV umerous abscesses
& cloudy Genitals. Vulva sl. emp. Vagina Carunculæ
Sl. ulcer ½ - at ext os. A little thick fluid in roof of vagina
hæmatic split in Rt IV wall of cervix & fold of

Mrs Wood: aetat 40 Appeal. Uterus 4½"
Cervix ~~Cervix~~ dilated Adherent blood clot
on upper part of anterior wall of uterus. No other changes
History Mis carriage. Twins 3½ months. Had had 2
Children. Married in 1905 & well in June 1910. Dr called
night of June 17th. Vomited. Pulse & rapid Temp 101 Fever
Pain right side & dry friction. Had had Mis Carriage
June 14th Dr Hunter Richard had dilated & cleared
out uterus. Became worse & died June 26
Case of Dr Hunter Richards & Dr Tunley"
Stevens Att

Boize L.W. ♂ 35. ~~Accid. De~~ Toxic Goitre. 1/567 Syncope
28.1.11. [redacted] ~~Part Cond~~ Chelsea during stomach washout
2% Carbolic Acid

Ext. well nourished. Pupils dil Lips blue

Int Mennis rt. cong:. Pt HT Cervs apex dil
left cervs dil. Mus=sht patchy falt + some tr atrph mic
hemp=murm cong: also occ passages - Thyroid sl: enl:
+ firm cystic Thymus 23.854 gms = some fat replacement
but much lymphoid tissue. Spl 7½ - cong: + hyperchromic
hyperplasia. Kid 6½ + 4½ Marked pass cong: Tonsils
+ lingual tonsil sl: Stomach Cont: a little dark
coloured fluid - No smell of carbolic acid w all normal
Pepsin ulcers etc in 1st part of Duodenum 1½ diam

+ healing, lymphoid hyperplasia caecum
+ use: colon.

Hitty Poor health for years. Pain in stomach + indigest[n] + weak heart? anaemic. Very obstenious Suffered for chron[c] stomach. Had washed out stomach 20-30 times & carbolic acid 1 in 2000. Last time 2 days before fatality. On Jan 27 he came to me at 6 pm. Placed in recumbent position. Tube passed into stomach. Washout passed + withdrawn again. Still lying down. Said I feel rather queer, became livid, fatal spasms

Saunders E. ♂ 14. ~~Accid. Death.~~ CO Poison. Accidental
28.1.11. Thymus present + well formed 27·8 gms 1/168
Holborn Heppes Lumiq bulk. Tenuant
Ext Well nour: Hyperæmia lips, cheeks + hands slightly red
hyr. Meninx. Cong: + a little subarach haem. Brain
pinkish. Htr. Several petech on surface. Cavs all
sl dil. Pms. Right red + sl fatty degen. Mucous lung right
red + cong. Stomach contents in cardiac + fundus
to smaller bowel. Spl. Ivor light red Kidds
Cong + hyper red. Panc + Perigast Tissue enlgd
Stomach contents in pharynx + oesoph: Much
semisolid food in stomach. Wall light red
hypertrophic hyperplasia lower end of ileum

Muscles tightened + Blood flies + brightened
No smell of gas or acetylene
History Healthy. Employed by Karlsruhe Café Co for
8 days. Grandboy + looked after Geyser in Lavatory
with door opening inwards. Died Jan 26
Custom called Evening about 2:30 - Overpowering
suffocating smell - not like gas. One half of burner
burning - Tried with it was like that ½ hour previously
Burst door open - Boy lying on floor. Clothes
fastened normally. Dead + Rigid on left side

Cerebral Aneurysms - Ruptured ~~into~~ 1/169
RT frontal lobe Memorial Hospital

Alice Larrance ♀ 26. PIH 9·1·11. SMH 6/11.

Ext. Fairly well nourd. RMs present

Int. Brain Thin layer of blood clot in subdural space over convex surface of RT cerebral hemisphere & a little thick clot resting situated over left hemisphere, a little clot in inter-hemispheric space & investing surface of RT frontal lobe. Slight subarachnoid haem: over whole of brain. Arteries healthy but saccular aneurysm about size of cherry in RT Sylvian artery and cerebral ~~art~~ close to origin. Brain substance with RT frontal lobe RFL

in which was large cavity filled with clot, very
offensive. This cavity had burst on inferior
surface of scrotal sac where was a small aperture.
No other lesions in brain or viscera. Another
smaller aneurysm – unruptured – in left middle cerebral
art. Hem. Cavity slightly dilated. St atheroma lower
part of aorta. Lungs slight hypostatic Cong: Spleen
& kidneys Cong:

History Suddenly fell ill with
pains & frequent vomiting. Severe headache since.
Had applied for relief. Admitted Dec 31/10. Died 4 Jan 11.
Charge Stokes Treating. Died 4. Jan 11.

NOS Abscess neck. Compression + oedema Larynx.
dest. Anaesthetic death N20 1/170

William Britten ♂ 35. Pln City 16.1.11.

Ext: Well nour: 2 recent operation wounds in left side of neck below jaw which open into a single ramifying abscess. Tracheotomy wound

Int: Ht enlarged. Coronis all marked dilatation Muscle streaks. Trace of atheroma in Coronary arteries. Old pleural adhesions at bases but right apex.

Lungs Very marked congestion + oedema except ant: borders which are emphysematous, oedema esp: of upper lobes. Bloodstained fluid in trachea. Larynx P.T.V.

oedematous esp: upper part & compressed laterally producing a slit like opening. Abscess extended back-ward to left of spine, & almost to middle line anteriorly & upwards between pharynx & left jaw; wall thick fibrous capsule & almost empty. Liver very Cong. Spl. 5 3/ Very soft Kidneys. 9 & 8½ 3. Congested & ? Large white. Tonsils slightly enlarged. Pharynx thick & red & adherent to wall of abscess. Micros. Liver = fine emulsion fatty degen & some bile stasis. Kidneys = changes chr: parenchymatous nephritis & some fatty degen of conv: tubules

Hosts ? Quinsy 13-1-11 in Dec 28. Later refused to go to hospital last July. Saw Dr who sent him to Bart on Saturd. Pain in neck & ? difficulty in breathe. N_2O + Air. Became blue & resp: ceased

* Pulse felt for 5 mins after

Potter B. ♂. 4. Misad. Dilat. Ht. & Fat. Degen. Part Condit. Stat. Lymph & Anaes. ($CHCl_3$). Thymus 18·9 gms. 1/171

30. 1. 11. ~~Fulham~~ Holborn

Ext. Rather fat infant. Recent op wound ½" long centre side of thigh upper part. Pubis & dil. Deformed ♂ ♀ under hind. Upper front teeth cleaned. Slight frontal bossing obtuse ft

Int. Skull [illegible] exp. fontl. Membs cl. cong Ht cavs cl dil. Mus = fine uniform pale macro. Lungs = hypost cong + many mil emphys. Acute bronchitis + pneumonic patch. Thymus well formed lies cong. Spl + lower ln = hy inhibit hyperpl also mesenteric glands. Kids = passive cong.

Tonsils + lingual tonsils 2yr

Neck of right femur much shortened. ~~Head~~

Head almost on shaft

Thirty years

Lamb K. t. 49. ~~Dipsad~~. Regurg. Vomit. Material Air Pass. + lump. ~~Conduit~~.
3.2.11. ~~Unconscious. Induced Anaes~~. When Mrs
Ham Mermith. Anaesthetic P 41 Thumpeld Tonsil Herp. + 1/12
Ext. Tonsil well marg. Pupils rd: dil. Lips + Gums blue
Recent Chlorop- wound R + brain / Hemin (2) Tachycardia
hard (3) Wind for mange pleur
Ins. Athems Cerebral cortex. Small amount
haem in each corpus striatum - Ht Card rt: dil
Lt vent Muchlight. Cong Oedema Lungs
= marked hyper cong: + oedema. Some general emphys
+ atelectasis. Stantus in trachea + bronchi + in lungs
Spl cong. Kids Cl's well. Atheroma of int carotid

Upper Jaw but Chl + Sl hyperd, gradually becn less
+ lower end of Jaw + large bite Contracted + emph
no holes in Jaw but quite ostrumpelt
Hist. Stroke 4 yrs ago. Femoral Hernia Friday Jan 27
Pain started + vomit, 6 p 30 removed to Westminster
Hosp. Op 8 pm was collapsed but not vomit. Anaes
- Chl Cl3 + Eth Rem in mark. Pulse count 38.
Began to vomit, 10 min after hernia had been reduced. Stood
tube passed, but vomit continued whilst being op
Anaes. ether continued + pt began to come round + then
vomited again. Intra Venously nine pints and
Enemas were also given, + it was thought the pt

Penney E.M. ♀ 17. Heart ~~fail~~. ~~[illegible]~~. Pneumonia-Lobar
6.2.11. [illegible]. No Ptomaine Poison. c Pleurisy 1/13
South Wards Abdom' sy mptoms.
Ext. Well nour: Pupils rl: dil. Lips rl: livid
Abd: rl distended
Int Meninges cong: Hrt & all rl: dil: Acute
Pleurisy & lymph over greater part R lung & left
lower lobe, Almost whole of Rt & of left lower
lobe solid = grey hepatis'n. Left upper lobe Congested
~~Rt~~ passages Cong & contain a little mucopus Liver & Kids
= cloudy swell & cong. Spl. Cong, Small Int slight
in upper part? Surfaces contain normal

History. Healthy but always had cough. Employed as kitchen maid at Hunter Rest. On Wed Feb 1 looked ill & had no breakfast when at her work or all day was doubled up & pain in stomach. Was seen home at night & vomited after milk. No sleep & thirsty during night but no vomit. Seemed better next morning but vomited "bad-looking" stuff in bed at 7 this night. No diarrhoea. Feels thirsty but not hungry.

Nurse Feb 4. Dr Jenkyn. Just hung ill - almost unconscious & pneumonic-looking person in bed on being roused when he said "No hope". She screamed with pain on contact. Died June 4 '45 p.m.

Anaesthetic Death. CHCl3 + Ether
Operation for gallstone colic. 1/174

Minnie Allegre ♀ 48 Pin 13.2.11. SMH 41/11

E.R. Stout woman. Slight icterus. R lung + hypostat. pneum. Recent closed op^n wound. Right upper abdomen M.V. Bruit IV. Lungs cl. cong. Heart enl: R + cavs. Carotid dil. L ven. slight. Vent. mus. touched. Abd: Tricus + Rectus diast. dil: Muscle soft + elastic. Bruit + unfortunate fatty degen^n + adv. bruit at upper margins. Aorta + pulm. sl. dil: Lungs. Old emphysematous changes. Hypostatic cong: Abdomen. Fatty tissues in diaphragm. Liver retract. small. soft. P.T.O.

Yellow + greasy ☐ small Cong: areas. Opⁿ: Wound (closed) in
GB. Contains a little pus + 3 calculi. Bile ducts cleared.
Gall ☐ contain purulent fluid. Pupils of eyes form a
marked projection into chamber. Spl 7½ × 5½
+ Cong. Kids: Cl: swell + Cong: at Bile stasis, Liver: Cong
Fatty Admⁿ: Feb 9ᵗʰ. Died 10ᵗʰ. On IVth 20.1910
Severe attack of Bile colic + jaundice. 7 other attacks
since. Admⁿ in great pain. Abdᵐ rigid. Some
jaundice. Temp 100° Pulse 120. Bile in urine. IVth
day Temp Rose Indefinitely to 106. General Condition very
bad. Pulse feeble + rapid. CHCl₃ 2 Ether 3. 3rd Admⁿ
Duration 40 mins. Gallstone removed from Common duct
Died without recovering from anaesthetic

Barnes R. ♂ 57. ~~Mixed. Regurg. Vomit Caused Int. Obstruct. Growth by Access.~~ Acute intestinal Obst.
20.2.11. [redacted]. by Carcinoma Transverse colon. Regurg. 1/125
Hammersmith vomits under anaesthetic Ether & Chloroform
Ext. well nour. Two Clark closed up wounds in
Each side abd at level of Umbilicus emerging below
Thr. Int Cars all dil, Pt vents marked pro + sup hyperth
wall. Pt vent + dur of hyperd. Muscle = after fatty
marked brown atrophy Mucous. Aortic regurg. Lungs = & thr
passive cong: Gen ecchy + chr. bronchit. Mucd
thick yellowish fluid - stomach contract fm
upper end Pylorus dilat to small intest. Liver
contains 1 2nd growth 2/4" diameter. Spl cong

Kids. Ce swell & eng. Mucl stomach contents in pharynx & oesophagus. Solid food in stomach
Annular Carcinomatous stricture (1 finger) in transv colon 3" fr hepatic flexure. Gastr adherent to
Head of pancreas. Large bowel dilated behind stricture
Asc colon stitched to op - wound reopened
History - Pain in side several weeks; previously diarrhoea
Hospital every 3 Feb/6. Ops - for intestinal obstr
½ hr later (West bench) tube. Ops - 1st enlarged
hr obstr; found 2 ft into side CHCl3 + Ether & aeq. 3vi
Given. Vomited - resp comfortable - slept - hr recovery
20 min later 2nd op Peritoneal cavity full of fluid & coils Vomited
Colostomy - sucked it with tubes.

Teague E.L. b. 29. Heart fail. Puerperal fever to Perit.
21.2.11. M. Married Full Term pregnancy 1/176
Paddington
Ext Well nour. Abd: prom. Decomp advanc. Milk in breasts
Int. Meninges rel cong. Ht cav rel dil but Lt vent muscle = one Lv atrophy + rel: fatty Micros: Lungs hypost cong. Acute gen! peritonitis, more marked in pelvis. 2-3 pints turbid fluid free. Spl 11¼ cs. Supr-Cong kids cl swell + cong. Stomach + Intestines dil. Vagina Cupacein + a little pinky fluid here Uterus enlarged to about 4½ months pregnancy.

Cervix could admit 1 finger. Ext OS soft. Uterus walls thick pale + firm. Inner surface reddened + it curled a little fluid exuded to vagina. Placental site 2" diam projects in upper front wall. No placenta or membranes. Two depressed areas just above int OS; one superficial in lower part wall 2 muc! membr removed, other deeper + round in upper part wall. A little pus in Fallop. tubes.

History. Married 5 yrs. This was 4th pregnancy. Normal confinement Feb 6. Child healthy + well. Discharged Feb 9 + 10 not so well. Diarrhoea + vomiting on Feb 11 on Feb 12 Dr Davidson called in + diagnosed Puerperal fever + very ill + so very special Continued attendance until death on Feb 17 - 4 pm

Eames S.W. ♂ 14. ~~Ac. Blood Poison. Yellow. Ac. Append. & Gen. Peit. & Acc. Anaes.~~ Thymus 19·6gms. 1/177
4.3.11. ■.

Chelsea

Acute Appendicitis + Peritonitis

Ext well now. Pupils dil. Bands + Sutures Lived.
Rectus cut open 3" long over appendix. 3 drainage
Incision " " " " 2" long in corres. post. axill. line.
Int. Mennig's Emg.. Ill Cav. all round. dil. Muscle
= after patch, fatty mucus. Plenty Enteric sore
Clear fluid, none in Wider. Detached over bases of lungs
Lungs Emg. + oedema at Bases. Hg. Emphysema
Thymus 19·6gms well formed. Early acute peritonitis
Chiefly in Pelvis. Some deposit of lymph. Fair large amount of

free fluid, tarry + bran. Liver + kid = clear
Spl enl: Tonsils: enl: - slight of lingual tonsil.
Appendix has been removed - Legalic scar stump.
Hints. - Sent into Veteran Hosp for children
with acute appendicitis. Op - Operation
Op - completed in 20 min - child retired to
ward. Recd ½ hour later without leaving
Consciousness

~~21.12.15.~~ Mason G.O. 5/12
~~21.12.15.~~ 4.3.11

1/178

Southwark

Ext. Emaciated - Area of reddening dimin. of right side of neck. Superficial Epidermis macerated.
Pupils sl: dil: A few abrasions in back of chest over ribs & spine.
Int. Brain pale. Ht cavs sl: dil: Muscles pale, Acute pleurisy rt side. Deposit of curdy lymph + a little pus - Back + base of r lung compressed + collapsed, heart over & pneumonia - adherent to lung in left upper lobe. Meninges some thickening. Emphysema

elsewhere. Airpassage pale & a little mucous. Liver & Kids = el: nodd. Spl very congested. Small abscess in wall of oesophagus at level of bifurcation of trachea. Stomach & small intestine almost empty Bowel but almost empty

History Mother. Has had 3 children. 1 Venereal. one died at 5 months, one at 18 months. This child first seen. Was treated. Always delicate. Had vomited ever since birth. Took Cows Milk + barley water then Ridges food Lactogen Glaxo Sobee Has Cod liver oil + malt. Did not suit. Put to bed with parents at 12 pm March 4 Sleeping in mothers arms. At 3 AM child active but very bad. At 7 AM when mother woke again Child was dead lying in her arms.

Sudden Death. Congenital defect. Large 1/179
Opening between Aorta & Ductus Arteriosus.

Arthur Cummings ♂ 1 day. PM 20.3.11 SMH 62/11

Ext. Well nour. Rn absent.

Int: Brain & Normal. Heart Several petechiae over base. Coronaries Normal. Foramen Ovale and valvular opening. Aorta & pulm: artery in close contact with a Large opening between them at site of ductus arteriosus but no ductus present, the two vessels being in close contact and the opening. Lungs Air and in ant: parts. Thymus N. Liver fatty & Congested Intestines Nil. Bladder B. I. D.

Beckenham F. t. 3. Anaes. ($CHCl_3$) Suffer. Ac. Bronchitis & Bronchopneum. Not Stat. Lymph. 1/180
21. 3. 11. [redacted].

Kensington
[illegible]. Well nour. Pupils dil. React
Tracheotomy wound. Pulse Weak Rt abdom. Wall
hot. Hernias Orig. Rt Cruralis dil. Circ
Pulse = fine Left dyspn Mucus Lungs pale & Emphys
Areas of collapse & acute bronchitis. Larynx, Mucous
Membr pale & ? Rt Ulcerat. Trachea & Bronchi Orig
& entera thick pus Ext to Bronchi & small ant
Pantaloon bronch and Bronchioles - mucus. Glands
Retro Pulmon Large & Cong: Thymus much atrophied

Liver + kids cl. well + enl. Spl. 1½ cl. Hard
Skin + enl. lymph. hyperpl. Twins cl. entered
Boy tak's couch

History Cough measles 3 weeks ago + both
getting better when developed bad cough on March 16
Admitted hosp on afternoon of March 18. Worse after
admission. Operation March 19. 12.20 Ah
Breathing v. bad indeed at time of op.
Op. uneventful. Ct cl. in bed 6 drains sewn

Gouldthorpe E.E. t.29. Cantharides Poison to Procure Abortion.
28.3.11. City 1/181a

Ext: Well nourished. Coag yellow. A little fluid expressed from trunks. Recent clots of ? wood 2½" long in urinary bladder. A number of hypodermic punctures for taking of drug (taken for blood culture, sheep serum for rabies)

Int: A little clear fluid (blood stained) in pleural & pericardial cavities. Lungs congested & oedematous. Petechiae on pericardium & epicardium. Heart muscle pale. Mitral valve normal. Aortic valve normal. Coronary arteries normal. Right auricle & ventricle dilated. Muscle pale. Liver pale: congested & oedematous; slight cirrhosis. Kidneys rather yellow

+ abdom. cong: liver 4 cms. 6¼ cms Kidn 7½ cms each lobulations deep red + intense cong: (haemorrhagic nephritis) . About 6 cc of deep blood stained urine & small clots in bladder Stomach + Intestines N. A little thick dark green fluid in stomach. Uterus 4" long walls of thickened Cavity filled & foetal membranes attached Ovaries & tubes N. No blood found . No signs of inflammation Small cervix round & firm dry canal + round edges halfway opened on left side. No blood . Vagina & corpus luteum in left ovary.

History. Married 4½ years 4 children all alive (8 years - 1 3/4 yrs) Good health . No drug habits Had been taking Epsom

~~Robinson A.S.H. 5.18.11.~~ Cunthamide Persy Cent 28.3.21

1/18/6

History cont Salts 2 g at time into medicine glass with IV, three times a week for fortnight also Hexia Persy pills. Found in bathroom with a cathode & stilette & a little blood on it. Said she had used it. Operated on chamber containing hot water & felt wounds done down; she had then pushed instrument into womb She said she had done it on March 25th She said that a woman had told her how to do this & that she had done it handily successful. Taken ill 6.30 pm March 25 felt cold & shivered had gone on 26th felt sick. went to bed 9.30. March 26 4.30 Am. Vomited, much pain in

Stomach. Face deep mauve colour, skin elsewhere yellow
Blood film positive for "Herpes" 2 forms. Sent home 3 weeks
ago. O/E T. 97.4 P. 72 R. 20 BP 110/70. Said she was sick
vomiting
all day Mon. Diarrhoea. Abdo pain. Vomited 3 times
Tues. Vomited 3 times. Diarrhoea. Abdo pain. Vomited
3 times Wed. Vomited 3 times. Diarrhoea. Abdo pain.
Vomited 3 times Thurs. Vomited 3 times. Diarrhoea.
Abdo pain. Vomited 3 times Fri. Vomited 3 times.
Diarrhoea. Abdo pain. Vomited 3 times Sat. Vomited
3 times. Diarrhoea. Abdo pain. Vomited 3 times Sun.
Vomited 3 times. Diarrhoea. Abdo pain. Vomited 3 times
Mon. Vomited 3 times. Diarrhoea. Abdo pain. Vomited
3 times Tues. Vomited 3 times. Diarrhoea. Abdo pain.
Vomited 3 times Wed. Vomited 3 times. Diarrhoea.
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Vomited 3 times. Diarrhoea. Abdo pain. Vomited 3 times
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3 times Thurs. Vomited 3 times. Diarrhoea. Abdo pain.
Vomited 3 times Fri. Vomited 3 times. Diarrhoea.
Abdo pain. Vomited 3 times Sat. Vomited 3 times.
Diarrhoea. Abdo pain. Vomited 3 times Sun. Vomited
3 times. Diarrhoea. Abdo pain. Vomited 3 times Mon.
Vomited 3 times

Hutt A. t. 51. ~~Perfor. Gast. Ulcer – Peritonitis.~~ 1/182
28. 3. 11.

Perforated peptic ulcer stomach
acute peritonitis + pleurisy. No local pitting

Kensington
Ex S. Well nour. Abd: protuberant
Tender. Meagre emaciated. Rt Hypo chondrium
some dul, ventricle mixed. Muscle rigid & pain
Acute pleurisy right. Much effusion. Breathing
much impaired. Acute peritonitis & pleurisy. Some
stomach contents and pus. Hypo chondrium
Cl: well: & emaciated. Stomach contains a little mucus
resembling bread & peritoneum. Two chronic peptic
ulcers in stomach. one in anter: other in post: wall

Une très grosse couverture ½" épaisse – Petit ulcère ½" diamètre
+ shallow + healing – punched round corner. Petit
ulcère circulaire ½" diamètre + perforated, almost whole
épaisseur bien clustered. Margin of thickened
+ elevated skin

Hands. Had sick about 1 pm, pain
about 4 pm

Gauge C.I.D. to 2 9/12. Delayed $CHCl_3$ Poisoning. Ch Clst Emg
30. 3. 11. Thymus rather small. V/83

Holborn Op = Fr. Emg: Clothes: of ship
Ex: Very well nourished, Left leg & thorax than right,
Int. Head Petechiae on surface. Hr Cavs clear
Abd. Muscles = marked with fatty mucus. & thickening
of intimal coats. Petechiae over back thorax & entire lungs Hypostat: Emg + oedema. Thymus small. Bronchopneu
+ Edema. Liver pale + fatty change all cells course in
interlobular tissue + in all throughout Many Kidneys
= to marked fatty & convoluted tubules Brain. Smell
Creatine. Tongue + lingual tonsil & lymph glands enlarged

Extrem: of blood with Mumbs and Stiffness
Lat: Curvg of Lower dorsal & Lumbar vertebræ to
right
Head Very well. Had suffered from indigestion
previously - Limbs as warm as the body throughout
Op: Groin undertaken by Mr H.S. Collier assisted by Mr Hetley
& Other following Ether only Op: easy & completed. Vomiting
during night. Pulse weak in morning became
imperceptible during day & remained so until death
at 3 o'clock March 29.

Turner F.E. ♂ 5 7/12. Anaes. ($CHCl_3$). Stat. Lymph. 1/164

1.4.11. Op: Tonsil + Adenoids not done

Holborn.

Ext Very well nourished. Abd: nil. protuberant. Pupils nil: dil: Tongue between teeth + a little bloody fluid in mouth.

Int. Br: surface pale. Convolutions rather flattened Inner surface of skull roughened. No further note

No micro exam recorded

Hist. Had suffered from epileptic fits.

Treatment Ward 17. Told Op: for Tonsils + Adenoids necessary. Op: March 31st $CHCl_3$

given on list 3 iii & given. No results
Stopped breathing when placed on table

Snell C.D. ♂ 17. Anaes. ($CHCl_3$). Stat. Lymph. Nasal Obstruct.
8.4.11. [redacted]. Thymus present (27.7 gm.). ? effect of Septum.
1/185

Children

Ext: Fairly well nour: Pupils dil: Lips + ears sl: cyanosed. Legs mod hand dorsum —. Nostrils septum c incision in mucous membr. Nose broad. Curled blood in each nasal cavity.

Int: Cerebral convolutions sl: flattened. Ht. Rt cavities markedly dil. Legs auric sl: ; vent: wall marked dilat —
Muscle pale Lungs sl emphys - sl: hypostatic cong.
Thymus 27.7 gms. Liver congy c blood. Spl sl
Cong: + marked lymphoid hyperplasia. Kids = marked

Passive Cong: Tonsils + ~~[illegible]~~ Lymph tissue large; adenoids
Prem V.: lymphoid hyperplasia stomach + bowel small
intestine.

Hist: Health. Broke nine days; flatted nine
months previous + vomited. Bronchitis twice. Lung
health but vomited often. Blood pressure
little green. on Operation table followed by Junker
Cocaine applied to throat. Op = suspended for
about 10 mins when became livid, gasping
resp's. which then stopped. Pulse thin feeble.
Pt died about 3 1/2 hrs

Acute Mercury Poisoning Hgcl2 Uraemia- Necrosis of kidneys
Ulcerative colitis

Irene Hawker ♀ 18. PM 11·4·11. Sick 4 days 11

Ext: Well nour: R Inspirent. Large bedsore over sacrum
Op= wound ends blind into pelvis each kidney
Several punctures in under breasts thighs forearms
Int. Brain etc N. Heart cavs all R dil. Muscle soft
lungs RL hy portions cong: Mucous in air passages. Liver
soft, pale + greasy. Spleen. areas of congestion or haem:
Kidneys Cortex pale + yellow + greasy. Minute abscess in
tops Medulla Cortex Vicinia + general tissue infilt: by
pus. Pelvis injected. Bladder injected at base PTO

+ slight ulceration. Urine dark & clear. Faeces slimy. + superficial ulcer = rectum: Stomach. Crescentic ulcer size of 2/- with rounded edges & thick base. Covered by thick orange yellow slough which is separating & ulcer beginning to heal. Situated on Gt: wall close to greater curve + 2 in from pylorus. Some hypertr of pylorus & sphincter. Wall round ulcer thickened. Slight injection of ileum at ileo caecal valve. Large Int: inflamed & thickened + slight muscular hypertr: Extensive ulceration most marked in transverse + upper descending colon. Fatty change in rectum Microscopic Appearances Liver cells shrunken & pigmented. Slight fatty degen = at periphery of lobules. Hyaline thrombi in smaller Splenic arteries = area of infarction: Kidneys Cloudy swelling & hyaline casts + calcified = spherules Urine Albumen

Mercurial poisoning PIN SMITH 84/11 Cont: 1/186 b

Intubated. Fusing & pain legs arms. IV. acute nephritis. Colon inflam. Ulcers. Line mucous membr: had gone, the rectal mucous coat thickened & ulcerated. Muscle hyperT. Hearing

Admitted IM Mar 24.1911 Urine taken 3 calomel & 1/2 gr. at 10.30 AM (8.75 grains in each calomel). Very critical. Spasmodic abdom: pain; blood & mucus per rectum. Urine normal. On day after admin suppression of urine which continued to 4th day. RT kidney biopsied by WHC & found swollen & congested. Drained through pelvis; then followed by passage of urine

PTO.

urine deficient in urea (·7.9%). Next day chief kidney vessel found to be thrombosed. Amount of urine passed was normal. Symptoms of ulcerative colitis had developed in meantime. This became more severe & caused death on April 9th, 16 days after poison was taken

~~Hawker No. 2757~~. Hames A W ♂ 3½ yrs. Holborn 12.4.11
~~10.11.11.~~ [redacted]. Delayed cleft palate 1/187
Op: in Nose + Throat Complete

Ext. well scars. Fits well. Pupils eq: dil
Tym. NOT visible. Uniform fine soft clean mucus
No other mucus seen or heard
Hearing. Generally good. Cold 1 month ago take to
Gt Ormond St Hospital circumcision. Told that
something was wrong with nose + throat. This
Op performed on April 5th 11 AM. R. anes
concerning recent illness. Upset the mother
on returning home on April 9th became drowsy

Taken back to Hosp & mois of April 10 - was Comm
Died 2.30 same day. Inj Oper Ctt Cl3 given
Mist Ipecac 1 dram. Diarrh 3-5 min
& vomit well. No further history
Recorded

Przedecki H. b. 27. Veronal Poison. 1/188

13. 4. 11. [redacted].

Holborn

RT Very well com. Hy Mar rather bright red
Pupils rl dil. Reacts sl. enl. + contin winks
HVs bird

hot. Mem rl: cong Htt. Rr cons sl: dilated
Lr vent faint mumbles. Muscle rgt + dark colour
lung Rr veg cong rales attack No pneum. Left
less cong. Sens gen'l emphys. Hip rang cong.
liver enl nutmeg cong. Spl + Kids cong. Tongue
heavily furred Stomach rl cong.

Hist Seen by many who lived little after
mid life. Was well. Found uncomfortable
burning (Had taken several sleeplessness for
years, also aspirin). Very nervous. Recently
complained of pain in chest (worried heart. Woke
very Dr Nichols night. Pulse dec. Resp..
& Heart weak. Deaf uncomfortable & never
recovered Died 36-48 hours later
Several bottles found in room

Foster T. F. ♂ 5 11/12. Delayed $CHCl_3$ Poison.
19. 4. 11. [redacted]. Tonsils removed.

1/89

Holborn.

Ext. Well nour. Lips ↑N's & ↓N's Il Lipin.
Fair recent bleeding into gums of chest. Pupils sl. dil
Int. Meninges Cong. Cerebral convolutions sl. flattened
Ht Cavs dil. - None, ex c Lt V auricle which is
rigid no ↓ Muscle pale & Lungs cong = hypostatic - Lt lower
lobe oedem. + Confluente bronchopneum. Il emphysema
Abs Pancreas cystic - normal. Thymus not enlgd
Liver soft yellow & greasy. Spl. Cong. Kids = cl swelling
& cong. Acetone in bye cavs & urine tests

Tonsils removed completely. Mesenteric glands not enlarged
No masses otherwise recorded

Hosty. None recorded.

Op:- completed. Removal of tonsils

Chandler J. E. 6. Delayed $CHCl_3$ Poison.

20. 4. 11. [redacted] Thymus rather small. 1/190

Holborn

Ext Fairly well nour: Pupils sl dil. lips sl cyd. 5 recent leech bites on right chest.

Int Meninges cong. Htr cong. sl: dil Int L + ventricles. Musc. pale. Petechiae over left lung. Left bronchiole + bone of corresponding lobe = hemic collapse + emphysema. Hypostatic cong + oedema of lung. Mucopurulent exud in upper + smaller air passages. Liv cong. Kid cong, cortex + greasy. Vis sl. swollen. Tonsil removed completely. No microscopy

Hirtz. Operation ohne für Lemaire Stimul
+ adenocals in April 12. $CHCl_3$ gibt 3j.
eine rund voll Jahr anaesthesie

Sellick m. J. ♄. 27.
24.4.11. [redacted] Married
Kensington
Haemorrhage - external due to rupture of uterus during full term labour 1/191
Ex I: Well nour: Face + lips blanched. Milk in breasts
Dried blood on perineum + upper thighs
Int. Menings pale. Lt Cornu admits; rt cornu empty.
Muscle pale hemp. Sl hypost cong. Liver pale. Spl enl
Hydroceph. Rt Kidney + ureter Peristalsis mus. memb. bladder
Genitals Vagina cupacous + contains some blood clot
Uterus enlarged + thickened to size of full term
pregnancy. Wall flaccid. Placental site in post wall
covered by blood clot. No remains of placenta - few shreds

of membrane. A little blood clot free in canal
cervix widely dilated. Laceration 4" long extends
along left wall of cervix extending into vagina
below + along left gutter above. Tear passes through
broad ligament + small arteries + hemorrhage into
pelvic cellular tissue ext. on left side to the lateral
pelvic wall. Uterine wall torn. Small
superficial tear in right wall of cervix
Two stitches

Viney L.E.t. 2½/12. Vaccination Death. 1/192
25.4.11.

City. Previous P.M. Exam.

Ext: Well nour: Two vaccination lesions on left arm each about ½" diameter. Red areola ½" thick round each lesion. Marked eczema vulva + buttocks

Int. Menin sl: cong: lungs sl. passive cong: a little emphysema in front. Liver + Kids cl: Swelling Intestines had been opened + contents gone Peyers patches + solitary follicles swollen + cong: at lower end of Ileum + cong: of mes. mesb: of first half of large intestine. Vaccinal skin lesions

on region superficial + drying up. No inflam-
spreading to surrounding tissue.
History. Healthy. Vaccinated April 13, Two or three
days later nurse said child unwell + fretful better
later. Next. Not much swelling after Vaccinat
Ever child quite petful. on April 20 did not sleep well
April 21. Vomited after food. No diarrhoea April 21
Passed jelly like motions streaked + blood. Restless
became red. Vomiting worse. Temperature on April 22
+ died 10 mins later

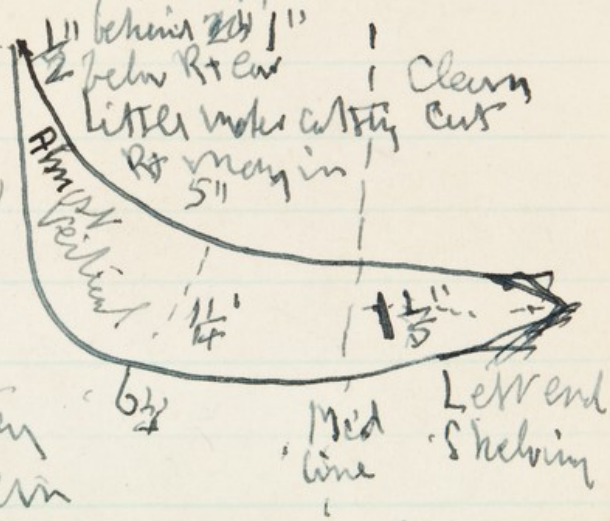
Linfold A.1.b.22.

29.4.11. R. Finchley

Rex v Pateman. Murder. 1/193

Cut throat.

Ext H 5ft 3-4" Well nour. Typist. Slight. Lips + Tips
of Fingers. Bruise ⅛" x ½" on front left upper arm 2"
above elbow. Bruises & cuts
Varies in surface appearance
of left upper arm a little lower
than bruise in front
Rt common carotid cut + Rt
int jug vein opened twenty
cut elliptical + ¼" long, in vein
Left like + ½" long. Air passages opened below



+ through cricoid Cartilage. Rt lobe Thyroid gland incised
Rt sterno mastoid muscle slightly cut at right end of
and Rt sterno hyoid is divided, sterno thyroid partly div.
Int. Brain, Lungs, Liver, kidneys pale Blood clot
in trachea + bronchi + little in stomach blood in right Middle
+ lower lobes of lung. Genitals Virgin. Menstrual changes
Hist. Weapon Razor. Inflicted with Rt hand of
assailant standing behind deceased. Cut in left edge
of cloak of dec. 1½" long. Not blood stained. Large cut
in wool lining of breast of dec; on right side
Inferior in wool. She ran along garden — jump in
at back door + collapsed in kitchen. Distance ? 50 yards
Bruises Lt arm = gripped by assailant. Chlorosis present

Surgery T.O. 6. 48.

Cut throat. Suicide.

Air embolism.

1/194

20.5.11. [redacted] Hornsey.

Ext. Spasm. Hyperextension. Left pupil dil.

Wound R. upper neck, transverse 1/4" to rt of mid line

back end 2½" below lobule

of right ear. Gaping ends

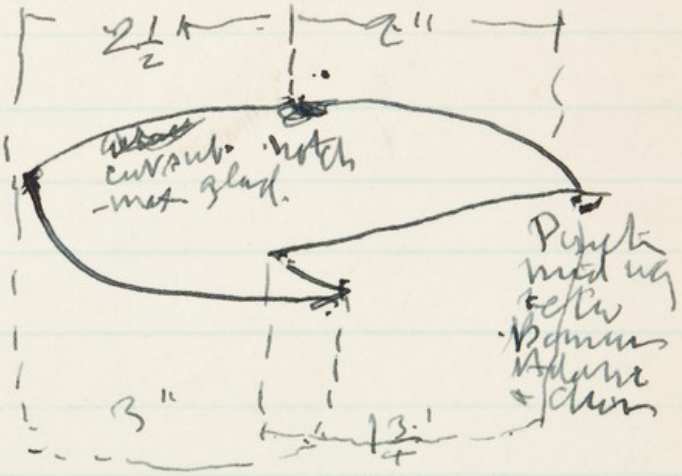
below. Two cuts in

skin. Common jugular

vein completely divided

½" from junction. Upper

end sunken.



Carotid sheath cut. Intimity intact. Cellular

Tissue in wound infilt c blood. Ext Jugular V
Completely divided; ends retracted.
Lung Meninges, Quadrilateral lung. Liver, Spl,
Thos Pole. Rt ++ Cuneus membrane dil. Pulm art
& large branches dist by light red partly clotted
& a little recent coagulum. Imperf. Lt Ventricle
Lungs Cardiac substance. Hrt. Weapon =
new pocket knife. Clean + placed in right jacket
pocket. Walked by & Hand. Blood stained Lt sleeve
in retracted. Copy of John Bull beside body
Clerical & Pruential. Much blood under body.

Davis B. J. ♂ 75. Opium Poison. Taken Procure Sleep.
11. 5. 11. St Kensington 1/195

Ext: well hour. Pupils sl: contracted. Hyperæmia: marked
+ kind also eyes. Two punctured wounds front of forearm
Int: Heart Lungs: Ht Curs all dil. Mus: adv brn
atrophy Wasting. Stomach aorta + renal arts, kidneys
= some emphys + chr bronch; bowels cong: liver & spl.
+ kids cong. - No abnormal smell in stomach

No history

Acute Ammonia Poisoning

1/196

Charles Barden ♂ 40 PM 16.5.11. JMH 106/11.

Ext: Well nourished. R.M. present. Recent tracheotomy.

Int: Brain & C.N. Heart. Rt end. Rt H.T. Cavs dilated, left cav: rt: vent more marked dil: & its wall somewhat hyperv. Rt: atheroma Coron arts: Old pleural adhesions at back of rt upper lobe. Lungs: Some passive Cong: & oedema, more at back of left lower lobe. General emphysema & chr bronchitis. Air passages somewhat Cong: & contain a little blood stained fluid. Petechiae in lungs. Some oedema of epiglottis & aryepiglottidean folds.

P.T.O.

hair. bg ½ g. Enl: Pale surface edges eroded; in recess
deep pale tyreacy. Mucus = adv: fatty deposit; most at
periphery of tubule. Spl: soft + very cong:. Kidds (7 gland
cong:. Pancreas soft + very cong:. Sl oedema lungs and
Pharynx. Oesoph very cong: + numerous superficial ecchym
& red area. Blood clot in middle of portion remainder adherent
to wall Stomach. Cardiac end very cong: + uniform bright
red. Haem vits mucous membr: along apices of folds. Pylorus end
sl: cong:. Contents = 5 oz of coffee grounds fluid. Duodenum
+ 18" of Jejunum sl cong: in some surfaces + small haem:
in mucous present at apex adv: carnivo: Altered blood in upper
part of Intest: Histology Kidney 15 May, many swollen Atrophy
Liver many granular Condition fair good. 3 1/4 hours later Urethral
discharge both in face, trachea, urine. Death 5 mins later.

Shock. Immersion in water. Status hypnoticus. 1/197 126

George O'Donnell Ø 8 years Adm 30.5.11. Sight II

Ex F. Well nour: RM present. Halcyon left eye deviated outwards. Left knee, Neither very recent. Pupils somewhat dilated. Fingers nails cyanosed. Small patches in Mucous Membrane

Inf. Brain IV. Meninges congested small haem at left occip! pole. HV. Rt auricle & left ventricle R: dil:. Lungs Large & vesicular in front. Emphysematous throughout & Hypost: passive cong:. No water in lungs. Mucus & little froth in air passages. Thick mucus in trachea & bronchi P.T.O

Trachea + bronchi also enl: Thymus (30.1 gms) Large lobed
+ appears N. Liver + Kidneys Cong. Bladder empty. Spl 2 3/4 x 3
lymphoid hyperplasia. Tonsils much enl: + hyperplasia of
lingual tonsils. Tongue not protruded or bitten. Pharynx
+ oesophagus examined, Stomach Contents at back of mouth
+ in pharynx; none in air passages. Much partly dig
food in stomach but no blood. Spl: lymphoid hyperplasia
appendix enl, marked in duodenum + ileum
+ jej: Peyer's patches enl. Gall. glands not much increased
prominent + left open. Thymus: Large lobes close
together not matched differ: in cortex + medullae
Spl: lymphoid hyperplasia. Cerv: lymphoid hyperplasia
Cervical + Inguinal glands + + + B.D. 29.5.71

Anthony H. ♂. 54. ~~Heart Disease. Ac~~. Veronal Taken Procuck 1/148 Sleep
31. 5. 11. I. Suffer. Tabes Dorsalis. Accid. Death. ??
Examination
Ext: Well nour: Hyphae + N shrunk. Pupils dil.
(Chancre on foreskin + pharynx). Sp Cord Mucin = Degen Nfibres
in Post: Lumbar roots + in asc: columns in Cord. I + II R +
Cuns + Lt Vent. Mark dil. Mus: = Some tremor micro.
Aorta 1st part Σ. Cor: Arts Atheromatous. Lungs. Backs very
Cong + oedem. No pneumonia. Some chr Bronch + emphy
Liver Spl + Kids Cong. Albumen clear urine in bladder
Tongue = recent bite near tip. Pharynx + Lips. Stomach
mucous membs = Stuck Contents - a little thin gruel like
fluid - but abnormal. Hydrocele Rt each testis.

History Generally cheerful - never threatened his life
Had taken Veronal Cachets from time to time
Wife. Husband asleep in bed 5 AM. I then went
to sleep. Woke soon after 6 AM & my husband had
gone. Shortly after I called him - got no answer
went to dressing room & found him lying on bed in
dressing gown, where maid saw him at 6.4 & thought dead
Dr. Known him for 20 years. Treated for locomotor
Ataxia, also lightning pains, severe pain at times
Called in at 7.15 AM May 29. Dead about an hour
Box found contains 2 Cachets of Veronal (5 gr each)
Box had contained 6 Cachets - both out & taken - remain
of powder took in tumbler.

Cooper A.M. ♀. 37. ~~Heart Fail. ♀ Sept.~~ Absorpt. ~~Pyoalpha.~~ 1199

1. 6. 11. [redacted]. Natural Causes. Pyonephrosis.

Chelsea

Ext. Fairly well nour. Papils dil. ♀ Ns ad hird.

Int: Mening: Cong. ♀ Cons dil sup ht Ventr: Mus pale ♀ ♂ fr. Lungs & Sane hypost: Cong:. Spl. Liver cong Large ♀ Pyonephrosis, about 1 pint foul smelly purulent fluid; Shell-thin & Kidney tissue L kid enl: cloudy mucl & cong: No Stones in ♀ ureter prob: moveable Kidney. Bladder Cong: & a little turbid urine

History Dr. attended more than 4 years. H Cl pirmy Nervy recent (Suicidal) 4 years ago. Two weeks

Came complaining of pain in side – attributed her to strain. Sent for May 20. Had been sick Temp 100.6 Suspected appendicitis – removed Hospital. Temp gradually returned to normal but sickness & diarrhoea continued to end. Died morning of May 31. Alcoholic history for many years.

Bedford A.E.♂ 14/12.

2.6.11. [redacted].

Chelsea

Anaesthetic death $CHCl_3$ + Ether

Op for Radical Cure of hernia 1/200

Ext. Well nourished. Recur Op^n^ wnd 2" long - closed - in left groin. Op^n^ scar in right groin. Scrotum large. Testes desc. Lips slightly F.N.S. Marked lividity. Pupils dil. Ht. Cons. sl dil. Rhythm. Lungs & Abdom emphys & pasmn Cvs. Muscle tissue in small air passages & in upper air passages w/ blood and Cong: & Thymus 19.8 grms. Liver Cong. Spl 29.6 grms Kids Cong. Some lymph: hyperplasia lower ileum & appendix but nine elsewhere in body. Op^n^ wnd normal

Hernial sac removed & neck closed
Marked smell of $CHCl_3$, not of Ether
Hinton. Always delicate. Dr Hewitt. $CHCl_3$
(3iii) ~~Had~~ + Ether not start. Then Ether (3i)
Pulse failed first. 15 min after start of
op. wound was then heard sutured. Child taken
home. Artificial resp. commenced + last 20 minutes
Had Anaesthetic for 2o minutes

Böhm N.M.L. t. 21.
9.6.11.
Chelsea

Chronic heart disease c thickened valves + pericard' adhesions + effusion. 1/201
Christian Science case.

Gr: Well nour: Decomp: adv. Oedema lower limbs + vulva
Hrt. Pericard = fair large amount of clear fluid. Large area of old pericard' adhesions over front. Large thin walled sac full of clear fluid hung down on pericard & sac fr to & over back of heart (prob. under) oedema of pericard' tissue. Hrt. Rt auricle much dil: + walls hyper. Left auricle much dil + walls slightly hyper. Some thick of tricusp + mitral valves. Aortic narrow + valve thick + shrunken. No recent endocarditis + no calcific Aorta small thick. Pulmart dil. Lungs both small

Marked Cong: backs & bases which are dark red & join, parts almost under but no pronounced Peritr: = fairly large amount of clear fluid. Liver coarse nutmeg Spl ½ Fibrs & Cong

Kids purple Cong

Husb father. Rheumatism. Rheumatism 10 yrs ago; another attack 2 yrs later & third attack 3 yrs ago. Came to England from Buenos Ayres this May. She seemed better & said that she was getting better. Last saw her Dec 5th. She seemed better & was free from pain. Christian Scientist.

Clinch A.M.M. 5.24. Criminal Abortion - Instrumental 1/202
17.6.[redacted] 11.[redacted]. Septic phlebitis. Lung abscess + pleurisy.
Holborn
Ex: Rather poorly now: Milk in breasts. Left lower limb + Lt vulva very oedem: Abd: nl: pr rib. Op[n] wound b[n] lips between limbs: Tubes. Supp - in 2 stitch marks.
Int Pericard[m] fair large amount of clear fluid. Two petechiae on surface of Lt. Ht Cons dil esp Lt vent: Muscle not fatty thicken
Lungs Abscess in upper Lobe c acute pleurisy on esp side c 8 3 of turbid fluid + air in Rt pleura + lobar lung much compressed Rt lung is very oedem at back. Left less so. No pentonitis but 2 abscesses in anterior wall

Thrust off Liquor. Rather large, pale + greasy Spl. 1qt 2oz Sp Gr + Cast
Kids Cl well + neg. Genitals. Vulva + Vagina N
Uterus better Larger than Virgin. Small ditto ditto on
Inner surface of Lat Wall at junct of Cervix + Body. ? scar
of previous Injy. Movements of redness. Abscess-Cyst
Thrust off in Lt Breast Light + thickened + septa veins in
Rt Breast Light. Tubes + ovaries N. Left Thigh Veins - all 3
+ Lower end of Left Vena Cava contain septa clot
Right ditto ditto " " " higher up than detected thrombus
History Called in Apr. 22. Height temp. Vomiting bad since last
2 days. Abd rigid. 2 months Amenorrhoea. Seen woman previous
week who examined her. She fainted. Prior vaginal discharge
Labour still. Uterus emptied by Dr Taget Apr 25. Products expected

May 9. Dyke came to see.

1/203

Pailthorpe M.E.T. 54. Dr D Cath. Under Anaesthetic CPCE 3 malarial

20.6.12.

Inf: Tubinate removal + tonsils

St Pneum.

Ext. Well nour.: laryngotomy wound + one in upper abd

Cardiac murg. Apex: cyanosed + NS + marked [illegible]

Int. Hrt. Cons all dil Lt + Vent. Lung gen emphys + chr bronchit: Some hypost cong.

Blood stained mucus in air passages. Liver = pass cong. - Rt. Spl: Cong

Hist: Medical Missionary practising in India

Said to have weak heart. - Severe typhoid 26 years ago

Attacks of Asthma at times. - Operat. of removal of

Inf Turbinate bone – treat med for Asthma
Amer: $CHCl_3$ (3ss) in Alcohol. Fine particles of
completed osteitis removal of tunnel when the developed
laryngeal (+bronchial) spasm ceased in about ½ minute

Thompson C. ♂ 67. ~~Anaes~~. Death under anaesthetic 1/204
1.7.11. [redacted]. Tracheotomy op^n. Nature of
Chelsea [illegible]
Ext Well nour. Tracheotomy wound recent. Pups dil
Thrs + ears sl. discd
Int. Menings eng. Hr cavs all dil: Lr Ventricle
fair. Medulla &c. Muscle &c. pale. Ath: + Calc of
coron. arts. Coronary arts ath: + narrow. Lungs = gen:
emphys + congested. Spleen eng. Kidneys
granular. Stomach &c. not remarkable. Pharynx
Larynx & Trachea normal. Mucous membrane
injected & swollen. Lungs on cut surface much
narrowed. Lungs congested & oedematous.

Trenches & Bunkers emp. recruits a little bloody
nuisance - Lewis Gpl, Machine & Rifle Emp.
History. Wire

Poisoning by Chloride of Zinc. Accident 1/205

Harold Powell ♂ 34 yrs PM 14-7-11. S/M H 150/11

Ext: well nour: . R m lower limbs. Hypostasis slight

Int: Brain Iv. Menjs Cong; Hrt. Rt cavities dil:

left ventr rel dil: Muscle cong: Pleurae, old adhesions

over left lower lobe. Lungs Pitechiae over lower lobe,

Acute bronchitis throughout lung. Many smaller passages

very filled with mucopus. Nephritis not general

emphysema esp in front where large bullae. Air passages

very congested + contain much pus. Slight oedema of aryepiglott. folds; small ulcer on left fold + another at P.T.O

Upper end trachea. Thyroid glands. Thymus 1½/1½
Large. Lobed typical chocolate Liver & Kids. Cloudy
swell: + Cong; Spl 1¾ by ¾ Enlarged. Tongue furred
Tonsils at ~~end~~ end. Adenoids present. Inner Mouth of both
palate + pharynx very Cong + slight superficial ulcer=
Exudate IV. Gland Centres round thick white fluid
Wall thick esp pyloric canal which is tightly contracted
Wall trap in stomach present. Inner surface has dull
white colour. Colitis heavy dark in colour in inner
Mucous of pyloric canal. Adm: July 12. At 12.15
Came to mother gasping hair drunk some spirit & salts
Respiration. Given salt & water. Appeared exhausted. Sent
to sleep. Vomiting constant. Cyanosis & collapse. Died 12 hours later

Seden A.E. ♀26. Heart Fail. & Perit. Follow. Ac. Endometritis
15.7.11. [redacted]. + Salpingitis ~~& Sulphin~~. Set Up Abort. No Evid. Abortion was Natural or Otherwise.
St Pancras. Previous PM 1/206

Ext. Well nour. Decomp. adv. 2 vent closed op' wounds one inch side of abdm 2" from middle line; each 6" long

Int. Utr Cons ♂did. Ut vent more marked. Muscle decomp Pleurae & Peric clear fluid in each. Lungs veins small & partly collapsed. Sl hypost. congn: Perit = ecchymosis pericardium Kids ? cloudy swell. Vagina capacious. Uterus & ovaries had been removed & missing

Hist. Married 7 years. 1 Child 6 years old. Miscarriage 3-4 years ago

Last 2-3 months Comp: pain in head & stomach. Vomit & urine passed off. On July 7. diarrhoea & Dizziness when she retired from work. July 8 did not go to work. & in bed when husband returned from work. & sent she fell worse on July 9 at 2 p.m. Felt worse. Dr Gibbons Came & advised removal to Hosp where she died July 10th at 3-30 A.M. Dr Gibbons Sent for in hurry July 9. 3 p.m. Causes: Had Peritonitis, Cancerous ulcer Cause in ovary, said she had not missed period but seen little last 2 months. Was in Hospital Was in peritonitis. Dr Jones Pathologist. Ulcers enlarged & Cystic a little blood clot adherent to upper end left tube. Tube inflamed & contained pus. No time of living Recent attack. about 9 weeks.

Anaesthetic Death. Liver: Abscess: Portal Pyaemia
Pub: Appendix. 1/207
155
11

Joseph Skinner ♂ 35 PM 24·7·11. SMH

EXT: Well nourd. Rt hypernt. Abd: slightly dist: Recent Op^n
wound 4" long in Rt flank, centre open for drain. Face much livid
Int: Brain N. Menges cong. Heart ent: Cuspis all dil. Muscle decomp^d
Stathmus Coronary arts: Pleurae. Old adhesions right base & little
clear fluid in both cavities. Lungs gen^l emphysema & chr bronchitis;
hypostatic cong: Chr TB, apical regions. Blood stained
mucus in air passages. Acute peritonitis localised to Int surface
of Rt lobe of liver. Liver. Small abscess in lower part of
Rt lobe opening on ant surface; abscess had been P.T.O.

drained. A groups of small unopened abscess round open one, arranged along branch of portal vein which was filled with pus. . Cloudy swelly. Spl 11 3/4 oz. Very soft & cong. & an anaemic infarct. Kids: cloudy swell & cong: Appendix kinked & firmly adherent to surrounding structures & took much of small int: without kinking it. 2 small perforations near top of appendix wh: had been stitched up. No acute inflam: in or around appendix

Testis Adm June 30. Hist of child Dec 0 2 followed 2 weeks ill ness. The more recent another chill. Temp: irregular & lodging in R lower costal region. Abscess opened July 15th Sept 22nd Again another anaesthetic for further exploration but died whilst light under.

Hurley H. T.o.? 9. Tetanus. Thymus normal: rather small
5.8.11. [redacted]. 1/208

West Ham. Dumped advanced

Ext. Well nourished. Slight abrasion inner side Lt heel
FNs fl. Lucid. Recent cicatr. of wound 9" long outer
side R+ Thigh. Punctured wounds 3 - lumbar spine
Int. Ht cons dilated Lungs. Hypost cong: slight
emphysema. Small brain margin of tongue
Organs gen: very decomposed
Wound thigh clean + healthy. Spiral fracture Rt
femur; fixed by plate. Small separation piece bone on
wires expert of fracture. Abrasions healed removal K or Exam

No history

Mason L. ♀. 68. ~~Heart fail. & Degen. Heart muscle & Dise. Coron. Art. Acc. Alcohol. Poison~~ 1/209

16.10.11. [redacted]

Paddington

Drunk & Incapable

Died in Police Cell ? regurg. of vomit

Ext. Well nour; Pupils rl: dil. Three rl thumb
left knuckle. Purpuric? spots on upper back
Int. Menings Cong. Some athera. endocard. Ht Cavs
all rl dil. Ventricles hyperV: Musc. marked brown
atrophy micros:. Adv: athera. Coron arts Cong art
=ths athera. Lungs= hypost cong:. Ch. bronch. emphys
Liver. fatty N. Pale & fatty. Calculi in gb. Spl & Kids cong
Sl chr. interst nephrit. Some chr gastritis. Contents
have ale odour.

History Brought to Paddington Green Police Station on Saturday Oct 14 at 11.45 pm. Drunk + incapable. Placed in special cell + laid on floor. Visited her at 12.10 + 12.40 Am when she said she was all right. At 1.15 dec: did not answer when spoken to, lying on her side + unconscious. Sent for Dr Angus who said she might have been dead for 20 minutes

Dent P.M. & S. Anaes. Thymus enlarged. 1/210
17.10.11. [redacted] City Operation for Cleft Palate.
Ext. Well nour. Pupils sl dil:. FRs sl brisk
Resp Trunk: Wnl. Resp wnl upper abd.=Cardiac
Margin. Sm. open wnd L^t elbow. Pinnæ wnl Just
lipt char.. Scarlet upper lip = previous hare lip
hist. Meningism. Ht Cons all brisk: dil. No Muscle-sl.
twitch Jerky twitchs. Lungs & hypert Cong.-sl Crepitus
Thyroid 3.9 gms. Thymus 15.9 gms. Normal structure
Liver & Kids Cong Spleen 2.9.7 gms. Marked
lymphoid hyperplasia. Tonsils removed Enlgd.
Adenoids Present. Complete cleft palate with open

Wound = Coronary repair - Marked lymphoid hyperplasia
lower end ileum + 1st part large intestine
Mesent: gland much enlgd
Hist. Operation on 6th month for Hare lip.
Anaesthetics Cl + Cl_3. Total amount 3 1/2.
After Op- Mental Condition satisfactory

Dendy M.C.b.15. Anaes. (ACE). Thymus large & well formed.
19.10.12. Hamp Heath. Op: Tonsils + Adenoids
Ext. Wellman Lips + Ars Relord. Cord Spring
Upps abd: = Cardiac massage
Int: Cerebral veins Cong. Ht Cong Rt dil, L vent
more marked Thus = Jnd Lungs Fatty Means.
Aorta Small &c: at root where it forms a
Small sac. Lungs Jnd marked emphys. Slight
Cong: A little bloody froth in air passages
Spl Cong + ? thymph hyperplasia. Kid hyperæmic Cong
Rare area Jm which Cort tumid has been removed
Lymph hyperplasia Stomach. Lens Surface back

of nasopharynx ~ remains. Adenoids present
lymphoid hyperplasia in lower ileum & in large intestine
No mucosal abnormalities in colon.
Hirsch. Recent fever cold. Fever comp in
Spring + early summer - Mantoux half grade
Op: Removal of tonsils & adenoids under AC E
3 fs insensible. Took A well. Op - 4 workers
then 2 mins. She then coughed up some blood
She was cleaned & laid on table. Resp ceased
Artif Resp started. Breaths resumed for few breaths
Pharynx cleared. Resp again ceased for few breaths attempted

Leithead E.B.&.60. Pressing. Vertex + Occiput. 1/212
11.11.11. [redacted] Marylebone Self administering
Ex P. Well nourished. Punctured wound left thigh + small
bruise behind N
Int. Mennges cl; cog'n Hr Rr cons + Ltr vent: Much
dist. Mus: rigor + pain. Arms ataxic + tabetic
Lungs Marked hypost congestion; some emphys
+ chr bronchitis Sinuses Phl thickened Cong. Much
clear mucopurulent. Stomach large rigor bleeding
Circulatory Arteriosclerosis Cardiac .2 ☆ = any Gland
Urine. Suffered from sleeplessness + much depressed
Took Veronal, + Trional + other drugs for sleeplessness

Never treated before in North Wales very long
depressed state she had had no sleep all
night said "I feel I must die" Next day looks
very ill. Bottle in chest Nurse. Ordered Zinc Ox
Jelly ung ill. In afternoon she slept. At 8-30 Could
not be roused + did not take any food after. Next at 9.10
pm. While I rested Dr Brown. Bottle labelled
Hydrochloric inj Morphiae fort and Bottle
labelled Vermifuge in Cupboard. Bottle of
morphia had contained 5 grains. No syringes could be
found in house + Nurse Evans Applied enough to kill

Turner J.B. 68.
17.11.11. III.

Anaesthetic Death CHCl$_3$ + Ether 1/213

Chelsea

Wrists and Ankles [illegible] Cyanosis of Nucleus

Ext: Spare hair: Pupils ± dil: Recent chest Injuries Operations

Int: Hrt: Rt cavs: much dil. Rt auric dil, ventricle fairly marked ++ hypert. Musc = adv brn atrophy + fine fatty degen Micro Lungs = gen: emphys + chr: bronchitis: Marked passive Cong: Oedema. Liver = early nutmeg Cong. Adrs: Rt hydronephrosis Rt C. of Upper Large Calculus at Kidney. Oesophs hypert at Kidney. Pleura much dib. Carcinoma of

Bladder right Ureter in. Bladder calculus Blood
clot. 2 ozs Urine in right Renal Pelvis
& calices & Ureter part of ante-
Heart. Fairly good health. Had this
illness nine then 18 months. Ether. last
anaesthetic (CHCl3 + Ether) for exam of bladder
1914 anaesthetic CHCl3 + Ether Bj 3 vii. Open
method Operation Ether 3 ii. Resp failed
first.

Hooper E. ♂. 38. **Laudanum Poison. Suicide.** 1/214

24.11.11. [redacted]. Marylebone

Ext. Well nour: Pupils dil: dilated. Thorax abn. pale centre below l. nipple + small one in middle of front of neck

Int: Menings = some cong. Hr cons dil slightly except Lt vent which is more so. Lungs = pass cong: where on Rt side. Air pass long. Kids cong. Stomach reddened also small int: in usual subject; no smell of Laudanum

Hist: by Sister Caretaker found her lying on bed on floor under window. Snoring heavily. Sent for Dr. who arrived at 8.45 PM. Found him dead. Pupils N.

Noodles about month. Found 2 glucose & empty
bottles labelled Landaman (1) ½ oz Landaman
sold Nov 22nd – (1) ½ oz Landaman sold Nov 20
(3) 2 dram Landaman sold about 1 week previous – all
now empty. Letter from Jack + cheques

Woodhead M. ♂. 24. Perfor. Pept. Ulcer. Perit. + Subphren. in Stomach + Pelvic Abscesses + Pleurisy 1/25

29. 11. 11. [redacted].

Hammersmith

Death Under Circumstances

Ext. Strong Man, Pupils sl dil: Oedema feet ankles Recent op. wound 5" long lower abdom Clean aperient drains Sm drainage wound U/Sfunk + Inv. Menings sl cong Heart Conds dil. hyps. Acute pleurisy at each base + abscess in diaphragm cong + Oedema bases of lungs + acute bronchopneum at both bases Diffuse acute peritonitis also pelvic abscess + subphrenic abscess on each side Liver sl mottled + cong also Kids. Stomach. Chr Peptic Ulcer + Cicatr + size 1/2 - 1, attached lesser curv. Base

formed by scarred & prejct. Small shallow ulcer in part
wall 1st part duodenum. Two perforations close
together in case often. Two ulcers.

Risks: Death under anaesthetic Ether

Lewis S. ♂ 14. Anaes (CHCl$_3$). Op. Tonsils & Adenoids.
4.12.11. [redacted]. Stat. Lymph. Thymus large. 1/216

Hammersmith.

Exp. Well Nourished HB 5 Hg". TNs & Lind. Recent Tracheotomy wound. Partly healed upward behind Rt ear with open sinus down to bone.

Ext. Menigs Emy. Granulations in region of Rt Middle ear. Hr revealed petechiae in mucosa. Cords all slightly. Muscle pale. Lymphhypertrophy: Slight emphysema in joints. Thymus well felt & evident. Liver Spl. & Kids Emy: Lymph tissue Spleen. Rt tonsil enucleated, left partly. Lingual tonsil large. Adenoids

Present lymph hyperpl esp: in lower clav
+ cerv. less in the post. mediast. Mesent:
glands enlgd

Hertz: Op for removal of Tonsils + Adenoids
. Removal of tonsil & adenoid complete below
Lay tound pale + cyanosed breathing
Anaesth Cl+Cl3 3 i.
Op: at usual level weeks previous for
2 months of total removal. Cl+Cl3
given then

Bliss. b. 4 Days. Congenit. Ht. Dise. Cleft Plate. Length 20".
11.12.11. [redacted]. Wt. 5lb. 6g. Thymus not large. 1/217

Remington Large Ductus Arteriosus.

Ext: Well nour. Skin dusky red. Lips, ears, fingers, toes, nails very livid. Umbilical cord stump removed metal
Postoperation dressing stump

Int: Remains of caput = sl haem - over rt frontal bone. Meninges congested. Pericard blackened cong. Foramen Ovale = 2 thumb openings - one valvular. Duct artenosus widely patent. Lungs cong: at base, just fully inflated. - Upper air passages very cong. Liver = Common Nutmeg cong. Kidneys = passive cong + micro cirrh infarcts

Cleft palate in baby just palate Pharynx + nasal cavity
History 4 days old 3 other children healthy.
3 children died - one of consumption
Labor straight forward

Webb D.K. ♄.23.
12.12.11. [redacted]. Paddⁿ

Syphilis · Salvarsan treatment 1/218

Ext., well nour: Small healing wound above Rt Ankle
Small wound bend Rt elbow (inj into vein). Two
punct: wounds Rt forearm. Bullæ on front Left leg
& arm Rt wrist

Mur. Meningo Cong, veins engorged. Brain surf pm changes
TFT. Numerous petechiæ esp over Rt vent, Pericard
contains 2-3 oz of turbid yellow fluid & flecks of lymph
Cerebell dil esp Rt vent. Muscle = marked fatty
micros: Lungs = fairly marked hypost: cong:
some emphys, Thymus 39. 55 gm. Nv atrophy micro

Lucie 55½. Sch. Yellow areas superficial part ? Cl:
swollen-yellowish. Mucus = Cl mucl. little but
apparently local remote polymorphic aggregation
Spl. dep. Kidneys only pyelonephritis. Genitals. Indurated
area in left labium majus.
History Exposure. Nov prev. treatment. Dress
2 weeks. Pharyngitis Hosp Oct 21. Nov prev:
on treatment. Decided on 606 treatment. Dioxy-diamino-
arseno benzol (As = 34·15 %). 1st Dose 0·4 gms (6 grains) Nov 13.0
2nd dose on Dec 4. Skin rash after each inj
Dec 10 one dose after 2nd. Pain in loins. Remained unconscious until
death. Died 8 Am. 3d [illegible] Died 11·5 pm Saturday
Urine on [illegible] = 3/5 albumen

Davies E. b. 13. Anaes. Op. Tuber. Glands Neck. Stat. Lymph.
19.12.11. [redacted]. Thymus large & well formed. (27·7 gm.). 1/219
Fulham Death Under Anaesthetic.

Ext Sparse hair. Pupils dil. Lips + Fingers cl. livid
Op wound 3½ long along Rt lower Jaw. + Tracheotomy Wound
Int Meninges cong. Ht. Some clear opacities
Aorta small. Lungs: Imbolic cancer nodule. RV
auricle. Some emphys. Bases cong. Mediast glands enl
Comp: cancer. Parotid calc. large glds along Rt side
of neck & Carot IB. Spl 4½. Marked lymphoid
hyperplasia. Kids pasmic cong. Panis enlgd
also lingual tonsils. Vessels livid. Lymphoid hyperplasia

Ward E.S. & 41. Heart Fail. Follow. Alcohol. Poison. Chronic
30.12.11. [redacted] Finchley. 1/220
Ext. Wellmm: Thrilled.
Int: Aortic thick cus veter. Hexem of mbranch:
fluid + in mitral space. Ht N mmm petechiae
in surface - Cuts dil: Mm: pale soft + greasy
Lungs - Hypost Cong, emphy + tuberculosis
Liver 5lb 3/4 oz. Smooth surface, rounded edges. Light
yellow + greasy. No cirrhosis. Spl 6oz. soft + very
Kids right pale. Stomach walls thick
Testis Sister last saw dec 24 Dec 14. Then in
fairly good health. Had been drinking heavily for

Some time - Hollands. Drinks continually since last
week. Dr Parkin. Finished his Dec 22nd at 1030 pm
Suffers from ale pains. Pain here chest, large
liver, flattering heart + collapse, thick speech
Next morning sinches about 6.30 AM - knock
time - Died 7.30 AM

Notes desr.

Strychnine Poisoning ? Accidental 1/222

Thomas Borey. ♂ 48. P in St Parcus, 18:1·11.

Ext. well nour: RM present. Hyperstesia limit. Pupils slightly dil. Ears + lips sl Cyanosed. Hands clenched + cyanosed.

Liver 8 5 ℥.

Spl 8 ℥

Kidn 6½ ℥ each.

Dr Stenberger: find trace of strychnine in all organs

Medicine bottle when full contained ¾ - ⅘ gr Strychnine

History: Actor of sober habits. On Tuesday Jan 17th felt unwell. No breakfast but cup of tea. Went to chemist for tonic & pick me up

Chemist gave 6 oz bottle of

Aromatic Sol of Ammon ʒ 2½
Tr Card Co ʒ v
Conc Comp Inf Gent ʒ v
Powdered Capsicum gr v
Cinn Water to 8 oz

Chemist removed 1½ drams from bottle & filled up with admixture of Liq Strych - Total amount ¼ gr Strych

a gave decd 1 dose

Dose 1 dessert spoonful occas:

At 2.45 pm he called neighbour Complaining of feeling ill He was helped to bed - seemed dazed. Seemed rigid Dr sent for. Dr Came in 15 mins + found. Pt hands to throat. Violent convulsions. Died in 1½ hrs.

Stableforth J. T. ♂. 67. Heart fail. Follow. Opium Habit. Asc.
2.1.12. Remington Acute Bronchopneumon. 1/223

Ext. Very emaciated. Hypostasis rt. Pupils sl dil.
Thr. Meninges pale. Ht Cors much dil esp l+ Vent. Mus= very
adv fatty degen + much brownish pigm. Aorta = marked atheroma.
Lungs. Backs ext: oedem. Left lower lobe partly compressed
by emphys + chr bronchitis. Many small white areas in
lungs - mucus = acute bronchopneum: + right abscess formation
Liver 38oz. Nocturna mica.
Liver small + 3 pigment calculi in G.B. Kids cong + atrophy

History. Dec: had been a chr: alcoholic. Morphia
inj as part of treatment + he acquired opium habit
Landlady. Dec had lived with me for 6 years.

was opium taker the whole time. Bedridden for
last 3 months. Took Pulv Opii 3 times a day, 16, 20, 16
grm = 52 grm per day; then reduced to 48 grm
Still [illegible] and begins headache
Always kept 6 months supply of drug

Juby W.J. ♂. 49. Shock + Loss Blood Conseq. fracts. Pelvis + Other Injuries + Anaes. Cl Hlg + Other 1/224
11.1.12.
Southwark Violent Assault

Ext Well nour: Pupils slightly dil + unequal. Lips + Tongue slightly livid. Abrasions right side of bridge of nose + right cheek. Small lac: wound back of left elbow Int. Hst, Petechiae on surface. Cuts all somewhat dirty
Muscle = fine fatty degen + some brown atrophy fibres. Early acute pleurisy Right base Lungs. Marked hypostatic congestion + oedema. Acute bronchitis - Small area at back of right lower lobe Bruising at back of left lower lobe. Upper Cir Bones contain

watery blood. Slight oedema aryepiglottic folds
Left Ribs 6 7 + 8 fract close to spine. A little
blood in pelvis. Diaphragm thick pale + bloodless. None
Kidneys round at supported + small head of pancreas
+ into duodenal wall. Lymphatics: mesenteric
root of mesentery + retroperitoneal cream + of rectum
Rt pelvic wall smashed in + head of femur post
thigh broken. Acetabulum. Fracture extends almost
to ant sacro iliac joint. Much bleeding into pelvic cellular
tissue extends up loin + lower part ant abdom wall
Rt Elbow. Fracture across articular surface of radius
Fractures of ribs 6 + 7 Rt + 6 Left close to spine. Small amount
Lungs. Suspected fractured bladder as urine present
attempts to withdraw head of femur from pelvis. Right thigh

Foley H. ♁. 59. Heart Fail. ♁ Fat. Degen. Ht. Muscle Follow.
17. 1. 12. ~~III~~ II Intest. Obstruct. ♁ Cirrhosis Liver Acet[C HCl]3 Anes.
City Obstruction chronic Strangulated hernia 1/225

Ex: Extremely fat. Abd: protub:. Recent closed op. wound 7" long in mid line abdomen, umbil: excised. Bl[illegible] weight of face. lips + TTs livid

Nerv: Mentis ♂ Brain cong: Ht cavs all dil exp ♁ vent: Mus = adip fatty degen some ♄ atrph Musc lungs gen: emphys + chr bronch. Air passages cong: Small haems in trachea Kid 6 lb 8 g Ear coarse mult ♁ cysts & much fatty deposit mucous Spl 5 g. Liver cong: kids 12½ g cong. Stom dilated + full of faecal fluid Sm Int dil thyroid atrphied

chronic cyst which has been removed from
nerve sac, 8th day, just above ileocæcal valve
Organisms, Mac membr. pale + healthy. Rest of
intestines pale + empty.

No hæmorrhage

Howard A. ♂. 5. Heart Fail. & Fat. Degen. Ht. Muscle Part Condit.
26.1.12. [redacted] Stat. Lymph. & Anaes. (Ether). 1/226
Padd-
Op ½ for Jacksonian Epilepsy fol. fr. Ant. Skull
Ext. Well nour. Fair Skin. Head shaved. Recent
clean remnic: Op= wound transverse, regain. Rems
-indic= of circumcision
Int. Some fluid blood under skin in Op= area to wedge
-shaped piece of bone had been removed the left fronto
parietal area. Brain beneath Op= area in section
showed redness & capillaries enlarged probably
½" & a small cyst present. Rolandic area involved. The
branches of Middle meningeal art. had been ligatured.
Cerebral depressed area of R parietal bone & adherent

Scalp & adjacent blood pigment in deeper part of adherent scalp.
Enlarged glands, both sides of neck & axillæ of thymus & the
lower part of mediastinum. Tonsils & lingual tonsil enlarged
& large mass of adenoids - Thymus not enl. Thymus 52·2 gms
(182 g) & consists entirely of lymphoid tissue. Spl 3g = Marked
lymph: hyperplasia. Marked lymph: hyperplasia lower ileum
& one thyroid & jej. No smell of anæsthetic
Hist. Aug. 1911 fell 16 feet down cliff. Unconscious.
Fracture skull. Good improved, later developed Jacksonian
Epilepsy: arm area, left cerebral cortex. Fits increasing
frequency & severity. Op to remove bone. Ether. Op - 1 hour
Towards end of op - pulse quick and. Injection of pint of saline
intra Ven. Then resp began to fail. Artif resp for long time.

Hawes E. ♄. 65. Degen. Heart Muscle ~~follow~~. Coron. Art. Dise.
30.1.12. ~~I~~ Pauld ~ ♄ ~~Aort. Regurg.~~ 1/22)

Ext. well nour. Pupp dil. Lips + TNs clear
Thr. Hrt all cav. dilated + hyperT. Ut ventricle greatly
dil + hyperT. Some aortic regurgi. Aorta atheron esp
bove part. Coronary Arts. Very diseased, calc + narrowed
Lungs = some general emphys + chr bronchitis. Chest moves
in Lower dist parts Sps Cong. Stomach rather full
of food + gas
Early A cook. Good health. Sev some transient complaint
of ~~tight~~ tightness + pain in chest. On Jan 28 felt ill
+ stayed in bed. Found dead about 4 pm.

Possibly Laudanum (+ Oxalic Acid ?). Suicide 1/228

George G. Barrett ♂ 49. PM 31·1·12. SMH 26/12.

Ext · Well nourished + muscular. RM + Hypostasis present. Two superficial abrasions on lower part of abdominal walls

Int: Brain N · Menings Congs: Heart somewhat enlarged Rt cavities much dil. Left cavities dil esp ventricle. Muscle pale Athero + some narrowing of coronary arts. Old pleural adhesions at Rt apex. Lungs heavy. Gen: emphysema + chr bronchitis: Very Congs + oedematous at bases + base. Upper Air Passages Congs + contain mucus. Liver. Comm: Nutmeg. Spl: Congs Kidneys Cloudy swelling + Congs. Bladder filled with pale

P.T.O.

Clear urine. Pharynx & tonsils reddened. Stomach
normal & contains a little fluid.
Caecum & arc colon empty.

Hosley Admn. Jan 24 for attempted suicide. - found
unconscious. Said to have taken Oxalic Acid & Laudanum.
On admn: Unconscious. Pupil contracted. Rallied next day
& answered a few questions, then became unconscious
again, retention of urine, some twitchings & trismus;
immediately spent. Died Jan 28th.

Thomas H. J. ♂. 8. ~~Ac. Cerebrospin. Mening. Follow. Concuss.~~
12. 2. 12. ~~S~~. ~~Spine~~ Fall Suffer. Injury Rt. Heel. 1/229

Hammersmith Pus in spinal canal foll: fall.
Ct Well nour. Pulp dil. Lips & Tips Livid. Scab on back of right heel. Small hæm upper & outer side right thigh
Tot. Menings intensely injected over whole brain & veins engorged
No meningits. Spine Collection of pus & blood extradural in lumbar region ep: at back. No osteomyelitis found in
amylase of that region. Stitch aperture between dura & spinal cord open. Spinal menings intensely injected
No injury found. Liver & Kidneys = cloudy swell. Spl Cong
Axils enlgd. Bacteriology - Pus = gram + Staphylococcus

History Mystic. One of 9 children, 7 alive. Good health. Complains of pull in abdomen x Feb 5. Pain in back while riding. Feb 6 complains of back - bothering her. At 3 A.M. Feb 7 crying with pain in stomach. Vomiting x 8 hrs. Temp 101 - 102. In afternoon has a little delirium. Every now & then Died Feb. 9 at 4:40 A.M. Dr. prescribed for feverishness, delirium & sickness

de Laski A. ♂. 47. Injuries Skull & Brain ~~& loss Blood & Pass. Bullet~~
12.2.12. ~~[redacted]~~. Self Inflict. Unsound Mind. Bullet Wound
1/230
9th Mandeville Place (Sir Victor Horsley)
Ext. Well nour + muscular ♂ Rt. Head completely shaved
Entrance wound 3½" above + ½" behind primary Rt ear. Circular
Hole ½" diam c 5 radiating splits upto ½" long. Edges hard
everted, hair retained. Blood oozing. Edges of
wound bleaching. No hair lost.
Exit wound. 3" directly above left pinna, roughly circular
directly underlying ½" c & radiating splits upto ⅜" long. Edges
everted. Brain matter protruding.
No blackening of hands
Int Scalp. Considerable haemorrhage over greater part of vertex, more
on Rt side. Skull "Bursting effect" fracture. Radiating chief
from entrance wound. Bullet opening magnified enlarged by removing among

Splices of bone at margins. Extensive fractures of vault, temp
running back to back one across top joins each of preceding
runs for a short distance forward, thence downward
plate to termination in front part of left plate where a small
piece of bone broken away completely driven down. Ante-
mortem Completely across base Bullet traversed upper
part of each cerebral hemisphere transversely. Blood in all ventricles
Extra + intra-dural haem. Lac = under surface of left
Falcine line of all fractures. + Hirsch. Positive haze for C87
Wassermann which was negative. Found lying on floor
in front of body Bullet on floor + incidentally in wall
Rt arm underbody hand grasping revolver

Cooke E. S. 34. ~~Fat. Degen. Heart Muscle~~ Nat. Causes.
14. 2. 12. ~~S~~. Islington 1/231

Exr Well nourr. Slight lividity lips + TNs marked of TNs.
Sl: oedema ar ankles
hrt. Mennijes enlgd thyroid 1 lt. tenpeteckiæ on surface
Rt Caus + L + Auricle Sl: dil:, L ventricle rather more marked so
Muscle = enlg. Uniform adhesions left deg on Mem. Lungs Sm gen-
emphs + chr bronchitis. Various enlgt. Caseous mass in right
lower lobe. Thyroid slightly enlarged Slight cystic Liver 7 2 q. Enl
Kidneys Enlg Spl 11 q. Firm + very Congd. Kids Retardment
left = 6 q pas enlg. Other organs normal.

History. Man who lives with her. Not much good health recently. In Hospital at Brighton in January. Inflam. of ankle. Left Hosp 5 weeks ago - much better. Returned to London Feb 5th. Ankle troubled her when she walked. Using Scotts dressings. Occas: bad palpitation of heart. Occas: very severe headache. Left Sunday morning at 11 AM. She was in bright spirits & waved hand to me. Returned Monday about 3.40 pm. Found her dead in bed & cold. No disorder. No light in room. Four years ago vaguely threatened to take her life but I did not take it seriously. Has spasm dead 8-24 hours. R arm cold. Rest of body warm.

Baldwin G. t. 8. Heart Fail. & Degen. Ht. Muscle ~~Fat Condit.~~ Stat. Lymph. & Anaes. (Hedonal). Thymus 23·65 gm.
19. 2. 12. I. 1232
Holborn
Cp^c for TB glands. Neck

Ex I. Rather poor nour; Pupils dil. Lips + Hks Cirid. Recent Cicat ~~Rt~~ Lt wrist 2½" long, clear to & parallel to Lr Lower Jaw - horizontal Rugae. Int. Ht cavity much dil. Mits cong + a little Patch Fatty micus. Lungs heavy + backs cong: œdema; rt emphys in front. IVo Other TB glands in neck Thymus 23·65 gms. Liver & Kids Cong. Spl Cong + lymph hyperplasia. Tonsils + lingual tonsils very large IVo of TB. Adenoids present. Marked lymph hyperplasia lower ileum + cæc at commencement of

Large int Mesenteric gland much enl: at lower end, one of them = enl TB. Enlgd gland Retroperit. IV of TB. History Op = for TB gland. Anes Nitrous Oxygen + Ether + Rectal Hedonal .75 gr in 100 cc saline intravenously at lower ankle. Total amount about 500 cc. Op = almost Complete, but stitches being put in when child became Cyanosed + resp = ceased. Ether stopped about 10 min later. Artificial resp: for one hour

Selim A. ♂. 64. Ht. Fail. + Degen. Ht. Muscle + Dise. Coron.
19.2.12. ~~Ht~~. Arts. Acc. Attack Vomit. 1/233

Marylebone

Ext. Well nour. Lips + NVs cl: livid

Insp. Ht. a few petechiæ on surface. Cavities much dil.

Mus = Marked at atrophy + some fatty degen. Micro. Fibres of wall. Coronary Arts: Extensive atheroma calcified + narrowed. Lungs: Gen Emphys + chr bronchitis

Sl: pass eng: Liv: Spl: + Kids: Cong also Pancreas

History Gen: good health. Complained for some months of Pain in back. Landlady. No complaints re health until day of death Feb 18. Was called at 8 AM

He bathed, used dumbbells & dressed. Breakfast 9'30
About 10.45 Am summoned by his bell. He had been
sick - vomited breakfast. He thought it was a bilious
attack & took Rhubarb & Sodium Carb pills. He was
sick twice more shortly afterwards & just after 3rd
attack he clutched me, gave a loud groan & became
unconscious, giving me 2 gasping breaths & then
apparently dying.

Carter A.M. ♁. 41. Haem. Tuber. Ulcer Breast. 1/237

21.2.12. ~~K~~. Chelsea

Ext. Emaciated. Hyperpyr: absent. Whole of arm swollen & oedem. Large superficial ulcer 12" x 6" over left hemi ext to post axil: fold & over th. of side of front. Skin undermined all round. Glands espec in axilla. Ribs 2, 3, 4 & 5 comp. & partly destr. in front & pleura effused & covered by recent blood clot. Costs of 3 & 4 with destr. & pericard espec. Int. Much clear yellow fluid in pericard. Hr ~~rr~~ sounds muffled, left side: Dils: Mus = fine patch fatty & marked by atrophic micros: Some clear pleural effusion, rather more left

side. lungs + air pass pale some congestion + chr bronchitis. liver Spl + Kids pale + some fatty change of liver [3/6/10]

Hist. Health until 2 yrs 2 mths ago. Gp in Dec 1909 for abscess of rectum. In Grosvenor Hosp Sept 1910. Later in Cancer Hosp. On Feb 19 was home at 2 pm & had pain in ulcer. Died same day

Bacon B.S. ♂ 29. Heart Fail. ♭ Oxalic Acid Poison (Suicidal). 4235

21.2.12. ✕. Paddr.

Ext: Well nourished. Sl cyanosis Lips & FTs. Old scars behind each ear. Sl red edges down oesophagus.

Int: No active disease in middle ears. Meningeal veins engorged. Ht sounds ✓ sl dilated. Lt vent with nine ro Mus: = a little patch fatty tissue to atrophied micro: Lungs. Sl hypostasis & sl emphysema. Air passes sl easy: in lower part. Thyroid sl enlarged & fixed cystic. Peritn: a little clear blood stained fluid in pelvis & sml peritoneum in wall. Small int: lying in pelvis. Liver Spl kidneys easy: A little

Clear urine in bladder. Tongue furred. Blood smear
no abnormal cells. Crypts: eroded thyroid + coated with
white slough. Stomach contents a bitter blood stained
fluid. Wall of oesophagus cardiac end + lower ½ cm
excised for histology. Pylorus - ? sympathetic. Wall
not appreciably thinned. No abnormal odour. Duodenum
Corp lenticular ? mentioned.

Hist. Had suffered much from double middle ear
disease + was very deaf + depressed when I met him
influenza a fortnight before death. Bought me a dark
1% of Oxalic Acid for ? mixing with chemist to clean hat.
Went to room to wash hands. 3 hours later room opened + found
dead + cooling - fully dressed on bed. A few cc blood stained vomit
in hand basin

Hist & Examination of Oxalic Acid tissues

Balsden D.t.27.

1.3.12. St. Marylebone.

Rex v Alabaster. Pleaded guilty to 1/236
Manslaughter C.C.S. 9 months

Partial manual strangulation 2nd time
Notes typed for State Symptoms.

Ext. Well nourished. Pupils dil. Fingers Rs by hand, lips & ears livid, face slightly cyanosed. Injuries. Numerous small abrasions in skin on each side neck from ear lobes down to level of lungs, a group of 3 small ones on each side of thyroid cartilage. Two small abrasions over left clavicle one inch, one at back. Small abrasion over left breast - centre small haem. beneath it. Rt. hand. Central veins engorged, Lt. Conjunctivae dil. Muscles fine fatty degeneration should be clearly seen

Lungs + air passages cong. Much blood about hyoid bone right but no fracture of hyoid or laryngeal cartilages. Thymus 21·2 gms & some atrophy. Spl + kids cong. Tongue bitten. Rectum bruised 3 bleeds each side not protruded. Tonsils + lingual tonsil large rounded glands each side of neck in upper part Malpighian in spleen enlarged. Spermatozoa in vagina Hairs. Prostate large & pitted. Found in bed clothes & clothes. Bed clothes drawn up over head & thighs bed had been made. He then fled to Paris taking probably clothes & after pawning her jewellery. Conclusion Injuries in skin of neck consistent with finger nails applied in strangulation

Mungall G.S. Rupt. Aortic Aneurysm into Pulmonary Art.

29.2.12. [redacted]. South Wark Previous Pth. Hair turning grey 1/23)

Ext. Well nour mon. Hyperæsthesia. Eyes, lips + Hds livid Marked oedema Lower limbs + Scrotum. Pupils sl. dil. Int. HT Curs all much dil; marked hyperæsthesia Succulent aneurysm size tangerine orange situated above aortic valve Lining of Sac. dk. Opening ½" diameter into Pulm Art immed. above valve. Pulm art wall thickened + inflamed + aneurysm. Sl atheroma ante. Lungs. Gen emphysema + chr bronchitis; some hypost. cong. Liver enl. + marked nutmeg cong. Spl enl.; firm + cong; Kids Cong.

History Entered Gunpltrop Feb 14. 1912 Died Feb 27
Dec: attributed illness to accident in Middle of Oct:
1911 which strained right side of chest which at
work

Southwell S.T. 8.56. 11/238

11.3.12.

Extensive fractured ribs. pleural haemorrhage + emphysema of left lung. No history of accident.

Kensington. Previous P.M.

Ext. Well nour: . Broad pale 1 cm x 3" long treated down to & Rt and rep spine ilia.

Int. H+. Cavs all much dil: Sme hypost of back ventricle. Sme oth of ants + coronary arts - no thrombi. Pleurae. Left said to be filled of clear straw coloured fluid est: as 2 quarts + collects of soft stringy blood clot at back of cavity. Ribs + cartilages found recently post: mortem before death. Left lung very small + comp: collapsed extensive emphysema

Rt lung: Gen emphysema & chr bronchitis Less. Sl matting
congestion Skl conq Rt clav. Some chr. interst nephritis
Rt Kid 3-4 stab wds in 15 places. Left Kid 5-10 stab
wds in 10 places. Traces in jnct, at ends & back
nearly all in 2 or more places, 1 in fem place
Italy Died March 11th Was a railway
goods guard. Wife knew nothing of accident
& other enquiries elicited no explan of fractured
ribs. Had 2-3 yrs had suffered from attacks
of diarrhoea. ~~Had~~ Had just returned from med
attend & was on his way to report to sick club
when he fell down, taken to home nearby & died

Forsgate R. ♂ 6/12. 1/239

14.3.12.

Intussusception. Op.n & reduction
Death not traced to anaesthetic.

Slowly weak
Ext. Well nour. Pupils dil. Heart closed up ward
for abdom. wall 1½" to right of mid line 2½" long
Int: Meningeal Veins engorged. Ht cavities all dil
dilated. Musc: slightly degen micros. lungs ♎, hypost
Congn. Thymus 3.0.6 gms. Peritonitis slight. Glute blood
stained fluid. Liver pale. Kids clouded. Sm Int. dil
& contains brownish red fluid. 6" of ileum rt 2½" abov
Ileo caecal Valve hyp deep purple colour & emphysema over it
Its wall thick thickened & infiltrated. Blood & pus held
Much mollen? Mesenteric Lymph glands (reduced)

above Magnes + separated from by 2nd of round
which ~~was~~ were 4th of purple which with
shewed wedge shape = middle layer of intestine.
((Immunes layer pushing anywhere))
Hidden. Admitted Evelina Hosp very collapsed
Two days illness. Intussept felt pr. Op~ shortly
after admission, vomited + emaciated by ten days diarrhoea
Hern. operation. Op~ lasted 20 mins. Reduced
+ wound closed. Did not recover consciousness + died
10 minutes later. Total amount of anesthetic
very small

1/240

Died March 12th 1913.

Re Charles Meeking dec PM. March 19th 1913

Exhumation from Churchyard Bucks. Aet 27 24a

Dr Willcox present. Coffin rested upon stone slabs at bottom of grave. Oak coffin; within it a lead coffin & within that an elm coffin. Body identified by relative

Ext. Old man. 1M 5ft 6½" Fairly well nourished. PM staining red & greenish. Eyeballs collapsed. Some shrinking & mummification of hands & feet. Hair blackish grey. No aquiline. IVO Ext injuries

Int Organs generally well preserved. Lt Carus all

all did. Wall thin. Mitral + Aortic valves slightly thick
Aorta + Coronary arts = some atheroma. Much blood-
-stained fluid in pleural cavities. Marked congestion of
lungs. Stomach did. No indication of poisoning. Large
intestine reddening in lower part (intestinal colic).
Intestines otherwise normal. Rest Abd. organs
shew only PM changes. Brain + Spinal cord decomp.
Osteo arthritis lumbar Vertebrae.
Analysis. Organs shewed no trace of poison

Death Natural Causes
Acute dilatation of heart
Perhaps due to Intestinal Colic.

Cameron I.P.S. 1/241

21.3.12.

Mary Lebus.

Opn for Tuberculous Gland Neck

Anaesthetic Chl Cls, Status lymphaticus.

Ex Well nour. Pupils dil? Reacn opn wound ends side neck, theme on left the older

hrt: cerebral veins eng:. Bl pressk:. Pin arachnoid ova base l. prev: meningitis. HT Cons dil. Hms: pale. lungs sl. emphys & sl hypost cong. Fin bases cong: Thymus - 22.5 gms Caseous gland rt side neck. Spl 3¼ g. Marked lymphoid Hyperplasia. Kidn. pale cortex, cong pyramids.. lymphoid hyperplasia Inner ileum Mesen glds enlgd Histy. Hms glands demolished but suppurating

Uraemia → Subacute nephritis: Rest & Dr. H. A. Thomson
Instrumental Abortion. Maidenhead 63. 1/24 a

Alice Brunwick ♀ 34 Widow 3.4.12 S M H 12

G & R: Well nour: R in pneum. Hypertans marked. Breasts large & contain milk. Pupils rl dil. Lips slightly livid. Recent opn wound 5½" long chiefly below umbilicus.

Int: Brain & C N. Heart. Cavs all rl dil. Lungs slight emphysema. Faint marked passive cong: Peric ≅ 3-4 ozs of blood in pelvis. Liver. Some fatty infiltr micros: Kidneys 10½ + 9½ ozs. Large white type. Micros = subacute nephritis becoming chronic. Blood in urine. Uterus 3½" long. Slightly enl: Cervix plugged & mucus. A little P. & O.

Bloody fluid in body + minor surface Cong: Laceration
in ant wall, ½" deep slightly to left of mid line + in upper half.
Laceration pass obliquely upwards. penetrates more
than half thickness of wall & lacerated tissue hangs
down like a polyp. No infection apparent & none
found macroscopical. No placental tissue. Large
corpus luteum in Rt ovary
Hard Abdom: pain 11 days before adm't; + jaundice then vomit started
+ has cont: Adm Apl 1. Much collapsed. No thirsty.
+ vomiting. Drawn face. Dry mouth. Some abdominal
distention. Operation Apl 2nd. Died in convulsions Apl 2.

~~Psych G.H.E. ♂ 25.~~ ~~Congenit. Sten. Arch Aorta, Rupt. 1st Part.~~
~~19.2.11 6.36~~ ~~Aorta & Compress. Left Coron. Art.~~
~~by Escaping Blood.~~

1/242

Re Alice Bamwith dec. PM 3pm/f 3.4.42

1st Cert. My condemns. Haemorrhage from ruptured aneurysm of ascending portion of aorta - at least 1 month duration + 2 weeks rapid increase that 2 to 4 days duration. Wound in aorta due to pressure by aortic portion of rigid instrument eg Catheter Retroversion would account for probable ground.

on March 21

Evidence that Dr Thomson was in Dec. Bedroom at Rodney Lodge 3-6.30 p.m. + that dec. had stated that he had come to perform op - on her. Attempt abortion by ill health in 1st + that stated that

D.T had burst her womb. Blood seen on her sheets. Had pain in evening. pain in stomach & womb. The said D.T had put a bit of cotton wool inside her. D.T. came to Clin again on March 26th & on 27th & appeared much concerned & again on 29th & gave Medicine & on 30th. Arrived 30th April. Collapsed died Shortly. Blood. Nurse took up to mortuary. Letter sent enclosed & returned. Next 9.15 on April 2

Aunt [illegible] on her by Dr Thomson Prescott.

Call February again pregnant.

Trinder T. 67 66.

12.4.12. [redacted].

Suddn death 1/243

Coronary Arty Disease

From Barnet

Ext well nourished Male

Int. Ht Cons did Exp Ist Vent which is hyper. Thrombus
Aorta Vg ath & calc. Coronaries also Vg
diseased & tortuous & calcified. Sme narrowing terminal
Lungs - chr bronch & emphys & hypost cong: Upper
Lob Lungs cong. Food in Lungs. Kidneys Cong:

Hist: Health gen good. No medical man for many years
Last Sunday Afternoon. Pain in chest for 10 min
thought to be indigest. Wed: another attack Spasm

in chest. Said he felt very unwell
Found unconscious and a few minutes later
Dead on arrival of doctor.

Sudden death. Coronary Artery disease. Fibrosis Hr. muscle

1/2447

Arathoon Arathoon ♂ 57. PM 25.4.12 SMH 18/12

Ext: Well nourished male. RM & Hyposlides present. Pupils dil. Slight cyanosis of lips, nails & ears

Int: Brain N. Some atheroma of vessels. Heart enl: RV cavity much dil: & vent. hypert: Left cavity dil: esp vent. which is much hypert Muscle brown. Numerous small areas of fibrosis. Some atheroma aortic valve dilat: of 1st part. Coronary arteries very diseased, extensively calcified & narrowed in places. Old pleural adhesions both of R lung. Lungs: Some oedema: emphysema & echo crepitations. Slight hypostatic congn: Nucleus in kidneys. Thyroid gland: liver

P.T.O.

Large + Enq: Spl: + Kidneys Cong.: Pancreas Cong:
Thymus + Oesoph: Cg Lymph. Stomach Contains partly
dig: food. Wall Cong.

History Nil Found unconscious Brought to
Hospital by police B.I.D.

Chester W.E. 8:60 about. Sudden death 1/215

3.5.12. [redacted].

Aortic regurgitation.

Maryland

Ext. Well nourished. Decomp: advanced.

Hrt. Rr Hrt Cons + Lr Area Murmur Dia. Lt Ventricle did Some hyper. Murm = Marked Diastolic Murm. Aortic Area = 3 Rts. Aortic Cusps Thickened + contracted = Aortic Regurgitat. Slight Emphysematous Lungs = Some Pleural Pericardial Emphysema + Some Emphysema

Hosp. A porter. Genl health good Landlady. Heart Sounds on Sunday afternoon April 28th Heard heart beat. On Wednesday as I had

Seen nothing of him .. bedroom was entered the
boy just dressed in bed undressed wife asleep
He was cold stiff + decomposed

Rose B.L. ♂ 60. Pulmonary Embolism. Op^n for
14.5.12. [redacted]. Cunningham. left knee. 11246

Ext. Well nour ♀ Nrs sl livid + face. Extremes deemphasis
Recent clot op^n 6"lng on outer side left knee.
Int. Hrt: Rr cons + Lt vent greatly dilated. Murmurs
= mitral fatty degen + bronchial mucus. Marked con: art
throm. Pulm: Art atheroma contains cooled up
dark clots about thickness of lead pencil. Vv clots
found in femoral veins. Kidneys cong
Op^n wound left knee clean. Skin margins fairly
firm. A few small thrombi in wound which
laid open. Granulations tender from cavity for

patella carrying small piece of patella with it
Capsule of joint also torn open. Joint healthy. Rupture
made good by a silver wire the ligatures
by him. Geo. G. William Turner M.S. FRCS

Day M. J. S.

Rex v Harry Day Manslaughter
Acquitted 1/247

18.5.12. Redd 2nd PM

Shock due to multiple bruises (over 50) & lacerating

Ext: Well nour. More than 50 bruises widely distrib over body from tip of head to ankles together with 13 sl. lac. & wounds assoc. & distinct bruise. Many of bruises visible only after death. Amongst more important injuries were. (1) Bruise on right top of head 2" x 1½" (2) Large bruise below & on outer side of left breast ext to axilla (3) Bruise 6" x 5" over pt of abd. above & just ext to left hip (4) Bruise 5" x 5" on lower left abdomen ext to pubes & 2" lat to mid line (5) Bruise left side

Body of 5th Lt Rest (5 Nos – 7) Deep Bruise over spine at back of thigh + 2 smaller on spine lumbar region (8) + (9) Large Bruise over each buttock (10 + 11) Large Bruise back of each hand & 3 fingers. Gold ring on left index finger flattened + indentation in palmar side (12) Bruise 8 x 6" front of left thigh (13) Bruise 12" x 7" along whole front + inner side left thigh, but extensive Pulpes = large haematoma. Bruises all recent, bright red + sharp margin in ~~all~~ many of them. Many Bruises showed little swelling esp. No 13. Said to be 8 oz of blood in pelvis. Liver pale + fatty. Kids Pale. Mitral area was No 5. Injuries could not have been self inflicted Heavy. Food digested - chime. Opens falling about when drunk

Hanks P.B.S.25.
24.5.12. St Pancras

Crossing abortion ? Op.
Took surgeon of Lond 1/2 #8

Ext. Well nour. Breasts large & turgid with. Body decayed
Int. Ht Cuts did exp2r vent. Organs gen'ly
decomp'd. No flue line in gums visible but rail to be
prem'r discolor. Genitals ext. Hymen absent
Uterus just over 6" long. Cervix canal admits 2 fingers.
Walls of body right hypog. Iliac space. Inner surface
green & ulc. Remains of placenta + membranes, ly
decomp'd, remain ent. to post wall. Wood wool
found in uterus but uterus + vagina had been plugged
with orange-haze cotton-cotton in lower veg

Recd miscarriage – nine thirty 4 months
History Occupation housemaid. Decd. Stated that
she had taken dessert of lead to procure abort
Miscarried on May 6th in presence of mother – afterbirth
did not pass. Uterus not contracted. May 5th Not
Certain whether she had had op – but she
Said that she had had a woman with her
previously & that she was going again. Later she
said she had been to woman about April 28th.
Admitted Hosp May 6th. Very ansemic. Temp temp & pulse
Discharge. Quieter May 20th. Died June evening

Johns A.10. ♂35. Stricture Urethra. Haemorrhage 1/12/09
3.6.12. Fulham Retn. use of catheter in hospital 2nd course of cloths
Ext. well nour; Decomp. advanced
Mor. Mit Cus dil esp Lt Ventricle. Muscle 2ft. Lungs = mx
hypost. Cong. Kidneys (12 3/4) ? chr parenchym nephritis
Bladder Empty. Ventricle not enlarged. Calculi in ducts
Right stricture membranous urethra with old & fairly
wide false passage on one side of it & recent false
passage 1" long ending blindly. Traces of another
false passage which had closed in middle.
Blad = of urethra behind stricture, normal
in front

Hislop Brother. I think he suffered from Bright's disease
Widow Taxidriver. Had backache at times. He went to
work last May 25. On May 27. said he did not feel well
this afternoon went to see Dr. who gave him an
instrument (catheter) which he said he did not
know how to use. Used it in lavatory, then said blood
was coming from [illegible] him; his urination & he
got worse that attack of shivering. Sent him to
bed & sent for Dr. Hislop [illegible].

Stanton A.J.S. II. "Injuries Caused by fall of sand" 1/250

4.6.12. M.

Hammersmith Not Anaesthetic

Ext: Well nour: Rupd dil Lips + Fits related. Injuries Slight abrasions widely distrib: over face, one on front of L chest + bruise on left lumbar chest. Sl: abrasion in right groin c superficial lacerated ext into anus. Small bruises on thighs. Ext bruising + swelling round left ankle Int. Hrt Cons sl dil. Lungs. Petechiae over bases. Some hypostat. cong: A little blood into left bare Thymus = 16 gms: Peritoneum = 4 oz of thick dark blood Rent: tear in left pelvic wall. Spl. superficial tear along inner border of capsule. Liv + Kids pale. Bladder Contr: + empty. Inside of bone is dens + ht long

opening into retroperitl. tissues. Undisguised pressure
Wound (Died 28 hours after accident). Knuckle of sigmoid
had passed thro' parietal peritl + mesentery in distor-
of lt sacroiliac joint & sl: peritonitis over it + a mass
pus in hollow, fæces escaping & another incomplete com-
municating sinus. Injury to rectum: lt sciatic + pudic
nerves & end. Dislocation at sacroiliac joint + of left
sacro iliac joint. Urine in cavity thro' wound. 2 fractures
pubis, rami. Left iliac crest. Dislocation lt sacroiliac joint
Much harm in pelvic cellular tissue, especially left iliac fossa
Hosp. Health. At 5.30 pm I saw I. playing with sister
in sandpit, running + sand gave way + fell on him
very collapsed + semi conscious. Restless, lips
reduced, under anæsthetic (Ct Cl 3 oz Ether). Good recovery
Discharged home. 2nd operation Rupt Bl. Peritl adhesions
Remain
of appendicitis

Tetanus Neonatorum. 1/251

— Smith ♀ 7 days P.M. 21.6.12. SMH 106/12

Ext. Well developed. R.M. present. Umbilicus healthy.
Int: Brain N. Meninges Cong:. Heart. Petechiae
over base. Lungs Numerous petechiae over
both lungs. On section lungs mottled from small
haemorrhagic foci in substance
Liver. Some irregular fatty change.
Kidneys. "Uric acid infarcts" in pyramids.
Histology. Adm: 19 June with very septic condition
at umbilicus. Well marked rigor. Pandemic P.T.O.

& Rigid abdominal muscles & frequently went into spasms; could not be made to take food attempts to feed brought on spasms. 5 cc of anti tetanic serum injected but died June 20th.

Watson E.M. b. 32.
4.7.12. Fulham
Pte to Marine pensioned due to first Paratyphoid Cultivated 1/252

Ext Well nourished. Abd rather distended. Percussion dullness right flank & swelling behind Caecum & Ascending Colon. Liver normal in size & outline

Hb Mensuris Cong. Htr. Rebecca in rapid Cons dly Muscular dil. Murmur 2nd R atrial Mitral. Area Pulsation back of left lower lobe. Some pyuria Cong Spl Bl 45 Kidneys-126. Cervical + Cong: Benign tumour Small but gen: dil. Marked Cong + Basal Malnourished 10" by Mult Int: about 18" above the mitral Valve Sloughs in some retain Local measures Back end: + Dry

Weston M.S. t. 35.

5.7.12. [redacted] Kilmington

Fr. Ann Mellin Death. Ethel Stapley 253 Infty.

full term labour. Anaemic [illegible] Fr.

Well nour. Abd enlarged Feet pumpish fingers

livid. Secretion in hands. Recent tracheotomy. Stitched up.

Hr cut [illegible] dilated Vent [illegible] mucous. Mucus [illegible]

mucus. Sl tympan of Lt vent. Lungs [illegible] hyperr

emia: sl emphys. Trachea narrowed by thyroid

which weighs 41-2 grammes is Cystic + Thymus 1/2 gm

much fibrous + fatty replacement. Sl: Tr deep ear

Kicks. = marked pass: Cong Genitals labia a livid

Ext ♂ fully dvl + foetal hand emerging, like ent.

to full term Preg uterus: Mem: rupt at int ∞

+ Meroleipanencii head except. Foetus full term
+ anencephalic. Placenta normal. Pt was delivered
by Dr Hall Hastings Jibrin in Wesleyan Hospital
on Broad Key avenue. Fairly large corpulent
Hitz Unusually healthy looking. Labor
progressed slowly, membranes ruptured 2nd day July 2nd
gave CH Elz pint to month then changed to Ether
on Junker- Pt sat deeply under. Dr M passed hand
up fetal head manipulated, turned, then pressed on
abdomen forcibly & manipulated to bring down the after
coming head. Pt ~~rallied~~ rallied in throat & became cyanosed
Pulse was feeble Became relaxed. Pt stopped breathing

Podger M. E. 52. 1/254
8. 7. 12. Anaesthetic death. Carcinoma Cervix
Op for Curettage. Intra death before Op commenced.
Marylebone.
Ext Poor/Nourish. Fairly built. Recent bruises
Int: Hr cavs dil exp. Lt vent. Muscle & adip fatty
+some bronchial mucus. Lungs. Scanty marked hypost
cong: + oedema. Some gen emphys + chr bronch. Spl rather
+ Emp. Kids 9 oz. Pancreas. Ext chr inters nephr
Sclf. carcinoma size of 5/- unimpaired life of extrs
Uterus Utricle. Two months ago, dysuria abdom pain
+ haem: for caters. Admn Samaritan Hosp: July 2
Op. July 4 curettage hopeless to op: for removal

of course. Gave mistress of Chtcl 2 + Bh 3 unopposed to undoubtedly won for 2½ hrs more than struggles. Face became dusky. Breathed more & when artificial resp: started. Then breathed naturally & then stopped finally: Civ did not seem to enter chest - Trach - clear. Doctor must give ½ = 3 IV.

Sudden death Coronary Artery disease. 1/255

George Joseph Bluhe. ♂ 70 PM 9.4.12. 115/12.

Ext: fat old man. RM present.

Int. Brain N. Slight atheroma of arteries. Heart. all cavities dil: Mitral valve rt thickened. Muscle rgt & dark. No fibrosis obvious. Coronal Arteries very diseased & lumens very narrow & extreme calcification. Aorta calcified & thin, mod atheroma & calcif, most marked in arch. Lungs congested & chr: bronchitis. Gall Bladder thick. Cholesterin calculus present. Spleen. Capsule much thickened.

P.T.O.

Hesloz. Nurse. Brought in dead July 9th

Sellar G.O. 37. 1/256.
10.7.12.

Vernal pressing

Marylebone

Ext Weld runs: Decomp. adv. Rec Up wrist left elbow
Int HT Cons much dil: Mus=marked br: atrophy mean
lungs. Marked hypert cong + oedema. Emphysema
Brachs. Kids 1¾ Parenchymatous:
Hutchig Deformed at birth as result of foetal rem
Sleepless nights Vomit when he enters Hosp
on 11 pm. to Sat 4. Pain runs down arm
forward. Bedsore found at middle. Found lying on
bed Unconscious. Temp 97·8 Pulse 84. Paris die

No reflex. Dr Huff called. Some thrush + digitalis
Sept 5 evening Temp 101 Pulse 94 + Temp remained
high 103°–106° until death Died July 8th at 2:30 P.M.
No autopsy

Coffin T.C. ♂ 43. Carcinoma Lungs + Stricture 1/257
27.8.12. City ↳ sudden death.

Ext. well nour Hutchins

Tub Glands enlarged. H+C Cavs all dil. Musc[ular] pals.
Lungs Cong + oedem esp at back. Chr bronch emphys
Mod thick pus in air passages. Mass of malignant
growth both Jaws deep neck — in upr lobe of
L[ung] extending to pharynx. Lungs also oedematous
+ lymph of lungs much harmed. 2nd growth in
glands each side of neck 2°. Liver + Spl pale. Kids
Cong[estion]
Uterus. Always good health. Heavy smoker of

Cigarettes. Became home Dec: 1911 & throat felt
very uncomfortable. Treated just as T.B. Then
Then diagnosed Cancer. Came to London & stayed
2 weeks on Aug 8/17. Went to Throat Hosp
on Aug 19. Operation. returned to work Oct Aug 23
Nearly quite about in month - had been bad all
night I said it had been like that before. Saw doctor
who gave medicine, tablets. Later went with
Gander. Found him with an abscess down

Gibbs R.G. t.24.
7.9.12.

Death = Anaesthetic Status lymphaticus??
Op = for repair Oesophagus accidentally
torn Coll: Cut through Manu-cidal 1/258

City.

Ext. Well nourished. Pupils sl dil. Lips + Fingers sl: cyan
Resp Op = wound 2½" long x to middle neck [for cardiac
cannot dyspnoea Access Nasi.

Int. Hrt Lungs unaltered did. Muscle = fair fatty
degen Musc. Some mitral valve disease = regurgitant
Lungs = sl hypostatic. Air passages much mucus.
Thymus 16·8 grms much atrophy & replacement. Ends of
Oesophagus dissected in wound. Lungs cong
Sh 123. Stom + eng: Malpighian bodies prominent

Kansas Stenographic Longhand
Hiatt. Married Easter Sunday 1911 Left Hanford
April 7 1912 became epileptic. April 10. left
Wyhone to go to work. Attacked by hundred-thou
cat. Wound all long Riverside speech. Stenographic M
& cat Thigh. Cat & Calvin Jones; Transcontinental
Affidavit to smaller hospital cut on wrist Lower
On rt hand bends on thumb & 1 & 2 fingers &
Palmar cut at wrist only finger. Heeled in top
Left hand at moment. Pain and notice raised above
head. Op Wed Sept 6. Stepping heating Wh in middle
of op. Started again. Then stepped small

Kelly M.F.S. 28. 1/254
7.9.12.
Death under Anaesthetic C+Cl3
Mary Eben Opⁿ for Recurrent ? Post Lymph
Melanotic Sarcoma in Vulva.
(Ex) Well nourished. Left Inguinal had been removed
Labia + Nodes right Groin Section of Scar in right
Post Pudendal Melanotic Left Vulva.
Hrt. Ht Chest all removed Abd: Muscle = fine fatty
degen: Musc. Lungs bedem at back. Sh: empty.
Thymus 22.5 grs Spl: enlg: some lymph hyperplasia
Kidneys enlg. Pericard + Epicard Ecchymosis at ends
Heart. Opn started for suspected recurrent
Melanotic Sarcoma in Groin found to have

had been around (actually more past noon)
Annette Otte 3rd year. Operation has
been under way for two months when
she suddenly became extremely weak
All memory lost

Pieri F. ♂. 31
21. 9. 12.

Death under Anaesthetic. Edin 1/260

South wounds Perineal Sp. Opening of T.B. Bladder
Ext Pons Penis. Lips + Ns rt: hard. Pupils rt. dil
Int. Hr cavs dil esp Lt vent. Lungs bas cong
T.B. Nodules Penis male Sphincter Vag Lungs
with Ch Jaundice + acute Pelvic peritonitis Bladder
+ miliary tubercles. Spl. soft + cong. Kids Left = 8 cy
Rt ureter and T.B. pyelo nephritis also ureter Bladder
ulcerated + contained thick foul smelling fluid. Abs cerv
between bladder + pelvic walls - what effect for
Gen/ perit. Rt testis has been removed but Rt vesicular

Glandular tubercul., also lupus like products
Hist. Two cases had had gonorrh. trouble. Nurse gone - difficulty of micturn.
Prostate & bladder neck. R1-TB Testis removed
+ improved followed. Also began to pass
blood to ureter reached Mr. Op. not carried
Very weak - wasted. Weak heart. Bad pulse. Ether
Skin by chloroform with pre-anaesthetic. Abdomen & groin
Skin shave hair - wh. was carried down beard
Feeble & resp. began to fail

Lucas J. ♂ 65.
26.9.12.

Death under Anaesthetics Effects 1/261

Hammermk

Ex ♀. Spare hair. Lips + Fingers Cyanosed. Resp
wonderfully obtuse. In left axilla small patch dusky
but. Ht Petechiae in back. Coma all day. Resp
Urine very little - marked hyperpyrexia + vomiting. Some
resp + choreic twitch. Liver slightly tender. Urine
Kidneys cleared + very. Amount small
& retention in upper urine. Operation signed
Heroic for relief of obstruction. Operation
Operation & operation in hand hall

Murray J. ♂. 10.
5.10.12.
Southwark

Tuberculous disease of brain 1/262
following fall on back of head

EZ r. Well nour. Face Lips + fingers livid.
Left pupil dil:. Rt eyeball missing
Lt. Nourication of Rt in skull fracture
Central convol in region flattened. Slight Nuchal
Pin machrian Lt no Mility Tr weakness, Normal sty of
Large chromatone attached inner surface dura mater slightly
Joint occip: protuberance + attached wall of Lt lateral
Sinus (vein not involved. Smooth surface i. harmless
attachment to dura. Nine in pia arachnoid. Post: part
of Left lobe cerebellum indented by nodule. Meninges the nodule

Caseous mass at c a little marginal fibrous + tubercular cell infiltr + small tubercles. Another small nodule some size attached to post: ext surface of middle lobe of cerebellum. Ventricles all dil. Small nodules in choroid plexuses. Pleura obliterated by old fibrous adhesions Lungs Miliary tubercles in small number throughout Upper lung. Larger nodules on surface. Wedge shaped caseous mass in R lower lobe. One medium sized caseous nodule & few miliary TB in rest of tissue. One L. TB ulcer at lower end of ileum. L.B. in small numbers in lesions.

History About a year ago fell back of head on pavement Dazed for one day. Then developed headache which grad became worse, Menstr, then vomiting & hyperesthesia when he died.

Vernal Flopping — Sexual Perver — 1/2 63 a

Re Hugh Eric Trevarnion-Lee

Exhumation of body at Norwood Cemetery 8. Oct 1912
Coffin removed from family Vault. Oak + brass fittings
Inscription Hugh Eric Trevarnion. Born 4 Dec 1884. Died 11
Sept: 1912. Inside oak coffin was lead shell
hermetically sealed inside this another oak coffin-
Com:: made in Cloister & Cemetery. Identified by mother
~~Left~~ Body covered with cotton wool.
Left well nourished. 1 ft 5 ft 11½". Fair sandy hair
which came out readily. Small open
wound over right radial artery. Blood-

stained fluid had escaped from mouth & nose. Eyes glazed. Body in good state of preservation & features well preserved. Green PM staining on back & back of neck, over scrotum & in patches on chest & thighs. No staining over abdomen. Red stain on back of thighs. Lower limbs stiff. Green mould on scrotum. Anus was very patulous & skin worn loose around it, no decomposition. Int. Organs well preserved. Brain Wt. 2 lb. 14 oz. Ht shrunken dot 7 & 3. Rt cavities dist & empty. Left Ventricle wall thinned. Lungs shrunken. Weight

Re Hugh Eric Trevarrinder. 1/263/6

Jur cmr.

Together 2lb. 9½oz. Cong newborn of brs A right lung area of acute pneumonia (staphylococci) Putrefactive bacteria in blood vessels not in lungs Blood stained fluid in pleurae. 9z. Pm staining air sacs. Peri = a little red fluid. Liver 2lb 6½ oz Shrunken + decomp = White (Pm) deposit on surface Spl. 7z. Kidneys. Green engorged with blood white deposit on surface Kids 9 oz. IV. A little turbid urine Supernatant IV Pm Staph Mostly Phagocytosed. Stained Pm staining

Contents Brain Stomach. Intestines + contents N. Appendix Heart
Genitals N. Chemical Analysis (Miller's)

Weighed Liver 2 gr Kidneys .56 grain Intestines 2.89 gr
Brain 1.28 gr. Total Weight Viscera 9 lb. 14 3/4 oz

" amount of Lead 7.58 grains

Total amount of Lead in body prob. 10 times that amt
= about 75 grains. Amount table at least 150 grains

Scott D.P. b. 1818.
10.10.12, Southwark
Ext. Wellham. h 30 wk 2 ob. ups 3e Dil. F Nat hist id

Bladder lay open on abdominal wall. Mucous
Org. Peritoneum widely separated with pelvis tissue
forming the two loops which clinical symptoms
typical muscles + large intestine.
Small of Abdominal
Hiatus Opening in Wall. Just opposite successful
Caesarean Section. Mucous Membrane. Abdominal Wall
becomes Hiatus = Clitoris which open Ethmoid as
impregnated. Tuberculosis Lymph. Immediate
Effect of Movement. Keep patient just
as long feeds for abdominal Wound

Ford D.L. b.23. Sudden death in Miller Cirkus 1/265

22.10.12.

Paddington

Gt. Wenham Mews 1 Yr 6 Mo 2 D. Typ + Tox shock

Pupils dil. Eyeballs inj + protuberant. Cries heard

in chest & short laboured moaning Respirations

some weeks just before death

Hist. Well thin. 1 Yr ago (2003). Cries all night and did

not walk upright esp ventrally + legs walks esp ventrally

bunny = like hyperextended. Gait unsteady. Small recent

haem in hands legs walking. Stools unformed:

vomit partly undigested. Urine pale — not copious

Thymus present apparently normal size Liver, Spl 15cs
Kids 13cs all organs Pancreas &c. Brain
& lungs healthy. Mental chge in the
History Appeared well, happy cheerful. Seen Dr
Gerrard yesterday. Said to have had heart trouble. Short
breath after exertion. July 31 At last Dr
said she had hysteria disease. Oct 19 fainted in
kitchen. Dr said afterwards she felt quite well. Heart
a little later. Dr not come. Whilst here was
no nothing she sank back in seat - appeared
fainted. Put her on floor. Dr came - said she was dead

Cole H. 8:50.
26.10.12.

Anaesthetic: Ether. 1/266

Hammersmith

Perforation of Cancer of stomach.

Ext. Very well nourished. TNa TNa + bunch of enlarged glands in left
Resect opⁿ: and pathological in lower abdomen
Hab: Hernias cong: Hr Cons mental dul: Lungs Marked
pars: cong: Sen emphy + chr bronchitis. Universal acute
Peritonitis Liver cong Spl. Soft + cong. Kids = ck: well
+ congenital. Muscular hypert: abdominal walls + of
large vess: down to obstruction. A mass. Cancer
Cancerous nodules about 2" of bowel at pig mid. No
Obstruction but deep ulceration perforation

Hist. Pain in left side with Vomiting. On adm 22.
pain developed all over abd. Adm into Ward
Ward Hosp: diagnosis - ~~Scarl~~ typical peritonitis
Operation. not taken well + got worse during op
had 8½. Op^n completed when he fainted - about 50°
after operation started. No attempt to remove
stomach. Died from shock

Shock following burns. 1/267

Henry Smith. ♂ 16 Pm 24.10.12. SMH 165/12.

Ext: Well nour: Rm in lower limbs, Hyperpnoea present
Hair singed over whole head. Extensive burn on face
& left ear, whole of left shoulder, arm & part of hand, extensor
of right upper & forearm extending to thumb, whole of front
of thigh & front of knees, & tip of penis. Depth 2nd degree
& over knees & forearms 3rd degree. Little swelling
around but no vesication at edges.

Int: Brain N Meninges cong: Heart. Rt auricle dil, left
auricle & ventricle microscopically dil: Lungs cong: P.T.O.

+ oedem esp'. at base. Kidney - Cloudy swelling + Eng'.

Hist. Admitted Oct 21. suffering from extreme shock due to burns caused by a lamp exploding. No treatment of any avail + died October 22nd.

Thompson J.C.M. ♂. 52. 1/268

6.11.12.

Electrocution during electrical treatment in a bath.

Many chronic. Ext well nourished + muscular. R.M. fifth Pupils dil. Lips + fingers of hand. Deep cicatrices sides of neck. Surface: linear abrasions from rt hip left forearm, axilla + another at back of rt shoulder. Groups of cutaneous haems at back of rt flank + other single ones over back of rt shoulder + a few extending down to buttock. Small haem left side of back. Sl. swelling (chronic) lower dorsal spine + ribbon surface haem. Remnants veins engaged. Spine small extravasated haem on dorsal surface deep to scalp on surface

Itt cuts much dil. Adv atten dural antis ō dilat
r thumb of r/w pain. Pleura. Afw petechiae ō back
w lymphoke. lung eg engaged + od enlarged
behind. Liver enl. Kids eg enl. Pancreas enl
Swelling over dorsal spine = blood clot in sat can't know
what 1½" long + ½" thick. Recent loss also breasts
abnorm in rt shoulder + under area of abrasion
up r/t flank. History. Has electric baths for rheumatism
Masseur. Has had 9 treatments, one two a week, last on 10/2/26
Finished 6d light bath for 10 min up to 120° then into
electric water bath to cool & current 400 milliamps (10 volts). Temp 103
& pulse 6 min. Heart dec. size temp. about. Urine ammonia
Pupil rigid. No response to treatment & male lamp blisters
& dec received full charge.

Myers A.P. ♂ 36.
28.11.12.

Local Anaesthetic Cleath Novocain 1/269
+ Adrenaline

Padding in Op: on Epiph: Goitre - Ether Commenced
Ext. Well worn: Epith thickness. Pulse slightly
Swelling reduced in front. Wound in upper portion
still wide
Int: Skull thick but ugly Hæm: 1/4 in. Rt cavern
much dil + walls hypert: left ventricle
Rt auricle much dil + wall marked hypert: Mitral valve
Pale. Lungs passive Cong: and Oedema. Frothy mucus
in air passages Thyroid much enl: resisting. Surfaces
of nodules. Almost meet behind trachea. Thymus large

+ bilobed Skl 15 3/4 g cmq. Kidb (16 1/2 g.) cmq.
Uninds Mucous tunds rl end.

History. Delicate all his life. Hr not healthy
Exophthalmic goitre chang. 6 months ago. Anxious to have op-
but nervous. Heart has been bad. Has digitalis
under skin. Had novocaine + adrenalin hypod
under skin + wonders Jessen - twenty-one drill
Lockhart-Mummery prick. Cocain 2 d injected for
a little uncomfortable in chest. Pulse quite
rapid, then did before. Stayed could be injected
Op = not commenced

Fitzpatrick E. S. 39.
21. 12. 12.

Anaesthetic Death CH 1/270

Mary Lebone Cancer Epiform Tonsil – about to be Excised

Fair well nourished. Cerebral Mange and Lungs abd. int. IVC. Hr. cava sl. dil ex c L+ vent which is more so

Muscle soft + dark. Lungs Hypost cong + oedema. Emphysema + bronch. Cancer involving + thick ing L+ border of epiglottis + ary epiglottidean fold. No obstruction to respiration Liver engged. Spl cong The gastric also occupied L+ hypochon. Tonsil extending to L+ tonsil. Deeply ulcerated + raised edge. Inactive ½ in thick in parts. Circular in type. Secondary glands L+ neck. Some small ulcers

Close together upper stomach wall = inflam of mucous
Mucous, Lt Mouth = fine fatty degen true but atrophy
Histy. Had cancer of left parotid gland which
had been treated by Radium at Middlesex Hosp:
Given Cthelz to continue superficial heart of
ulcer. Struggled violently while going under
Hysterical & refused when beginning to open
table before anything was done.

Cut-throat + H Cleprisming - Suicide 1/271

Joseph Bowdlehurst ♂ 73. PM 26.12.12 SMH 193/12

Ext: Well nour; Rm present. Hypostasis slight.
Cut throat wound seen up. Across upper part of neck, 6" long with extension down in midline for 2". Tracheotomy open in latter part. Wound extended further to left where it shelved, right end being slightly undercut. Skin lowthed & undermined in several places near right end.
2 shallow tentative cuts 1" long each & parallel to main wound situated at left end. Wound deeper on left side & just below mid-point a gland which is exposed. L facial vein divided P.T.O.

& ends Tied. Upper part of Sternum opened above thyroid Cartilage
on rt side only muscles divided. No large blood vessels divided
Vertical portion ground down by Luxitypsin & method opening up.
Tissues of neck infiltrated blood down to Clavicles. No septic
foci. Brain N. Arts very ather. Hrt. Rt Cavs dilated
& ventricle much hypert:. Marked atheroma ant & some of
Coronaries. Lungs Emphysematous. Patches of inhaled blood at bases.
Cut throat severed left pyriform fossa. Kidneys 3½ & 3 each
marked arteriosclerotic disease. Bladder hypert.. Prostate enlarged
& necrotic, Pharynx & upper larynx has blackened mucous membrane
Stomach contains ½ pt of black strong acid fluid. Wall injected
thick & mucous membrane black & easily torn. No erosion. Small
Intestines 1st part duodenum less in rest of duod & 1st part of jejunum
History. Admn: 25.12. Tracheotomy done & wound sewn up. Died 1 hour later.

Trix J. S. 11272 a

4.12.12.

Three homicidal bullet wounds

Death from haemorrhage

Holborn

Ext. Well now, 11 st 3". Hypert: slight

Int. Organs healthy. Brain, upper air passages + kidneys pale. A little blood in air passages. Large amount of blood in each pleural cavity - some in pericard' cavity + some blood injury of aorta

Bullet wound No I. Entrance circular ⅜" diameter 2" ext to + slightly below 1st nipple. Direction to left, upwards + backwards through chest wall, 5th intercostal space rt: behind into choroid plexus, tissues cut

Border of middle lobe rt lung, transverse into
fr ventricle of heart, thyt and border of upper
lobe left lung. Then thyt left chest wall
1 inch 3rd rib near ant end, the thyt
axilla turns in and at back of upper end
of thyt of left humerus where Miller found
Buller IVth II & left like ventricle ½" long rib 3" above
right chest crest, passing horizontally left & slightly
back ends thyt retro-sternal tissues, vacuity
diverticulum & left lacerated one pole of rt kidney
injuring thyt body of 12th D vert, producing laceration and

~~Hider A.L. 8.38.~~
~~16.5.12. E.~~

Trix J. Cuts 4.12.13 1/272 6

Of centre Clue to which bullet found. Bullet Wound N° III. Entrance. Circular Wound 2/5" diameter C under cut upper edge. Situated 6" to right of median of back. Passes to left upwards & backwards piercing chest wall fracturing 2 ribs, transverse processes fracturing top of lung & pericardium. Pass through diaphragm again, cutting base right lung left lobe, turning inferior tissue to end over spine at spine of 6 D Vert where bullet found 2½" above level of entrance wound.

Other Injuries. Sickle shaped lac cr wd abt vtx 1" above middle of rt eyebrow $\frac{3}{5}$" in longest diameter - Bone exposed at base

Transverse abrasion $\frac{1}{2}$" with bruising situated $\frac{1}{2}$" above middle of rt clavicle.

Circular abrasion - right - below chin slightly to left of mid line $\frac{3}{5}$" diameter

No powder marks or singeing round entrance wds of bullets.

Delayed $CHCl_3$ poisn. Op: for hydrid Hernia 1273

Arthur Eric Cushion of 2 years PM 26/10/12 SMH 166/12

Ext: Pool noun: Rm abnorm. Hypo present: Rectum closed Op: Wound R groin. Pupil dil: lips + finger nails cyanosed Int: Brain & N Hem N. Centre all dil: muscle pales Pleurae. Old adhesions over greater part of left lung. Lungs general emphysema some cong: chief hypostatic. Smell of acetone in pleural sacs. Thymus: Small fatty replacement (7.6 gms). Liver N enlarged. Edge rounded. Irregular yellow patches in surface. Yellow mottling throughout on section. Micros: pronounced fatty infiltn Jones PSO

3 ins of lobules + very marked fatty degen of peripheral cells. No focal necrosis. Kidneys - Cloudy swelling + cong.

History. Oct. 24 Op. for radical cure of uncomplicated Rt inguinal hernia. Anaesthetic = C_2H_5Cl. Required consciousness. Thereafter had convulsions which were stopped by warm bath + $CHCl_3$. Pulse became very rapid, dyspnoea developed + death about 18 hours after operation

Randall A.M. ♂. 51. ~~Heart fail. + Bronch. Heart Muscle Renal. Chr. Sepsis from Cholecystitis~~. Anaes. Case (Ether) 1/274

13. 1. 13.

Hampstead Chr: septic cholecystitis & abscess

Ext. Stoutly built. Recent shaved op wound 6" long in right upper abd: 2½" to right of middline.

Int: Ht + Caecale dil. Espl + ventr Mucle - adv fatty degen + sclerotic arteries. Lungs. Gen Emphysema + chr bronch: rt: pars emg. Gall Bladder + cystic duct dil. wall much thick + fibrous & contains pus + many small calculi. Local abscess at ant end Commun: ♀ gall bladder + duct & strongly adherent by dense adhesions - Abscess recent & sterile

By Operation 9th 1863. Reported Recovering Comfy. Orders of Anaesthetic (Ether) in Lady Curtis
No Hurry.

Shelley A. ♂ 6 11/12. ~~Heart Fail. & Fat. Dyspn. Heart Muscle & Emphysema.~~ 1/225

14.1.13. Anaes. Case (ACE). Op^n in Empyema

Southwark

Ext: Poor nour: lrg. Pupps sl dil. Lips sl: livid
Open recent op- wound 2" lng right chest. Recti ribs forward
but Ht pushed to left. Cavs all sl dil. Muscle=fair
Fatty tissues: Pleura Rt dist: by more than 20 ozs pus
Diaphragm depressed. Rt lung Comp: collapsed
Left emphys + some cong at back. Rds = Comp: + sl swell
Tonsils sl enl. Smell of ether in bod cavities
Hrtsky Healthy boy. Adm: Diabetes (temp Jan 13 for
Op- in Empyema which followed ~~P + C~~ pneumonia

No previous anaesthetic. A.C.E. given on Skinner's
inhaler. Total 3 ii-iii. Chest pale, eyes cyanosed
Pulse changed just following cyanosis by
respiration. Op. had commenced when first
removed by emphysema not opened. Difficulty
to restrain Mennes (Asst. Resp. Strug
& Other injuries).

Archer G. E. 21. Single. Septic Abortion + terminal 1/276
18. 1. 13. acute Peritonitis - pelvic Instrumental
St Pancreas
Ext.. Poorly nour. Slight oedema left ankle. Pupils
sl: dil. Milk. Breasts contain milk
Int: Hrt Caus ade sl dil. Muscle = fair adv fatty
Incis: Lungs = sl hypost cong:. Acute peritonitis
chiefly in pelvis + up in Rt flank to diaphragm, less
ext: in left side. Adhs + pint effusion pus. Liver sl
fatty. Spl cong. Kids cong + marked clouded:
Genitals. Uterus size N + of normal thickness
Pale raised area inside uterus on posterior surface

?. adherent placental site; surface elsewhere appears healthy. Puckered scar in ext os left side + in vaginal wall immed: below this depressed area with thick edges in vag wall, base smooth ?. recent healed. Also Extensive abscess in left pelvic wall surrounding pelvic blood vessels which not involved, abscess extends up left psoas muscle into post abd wall + out into muscles of left buttock + across to R pelvic wall. Infected thrombus in big vena cava above renal. Infection Gram + Strepto

Needs clinical interference

History Dancer. Miscarried at 4½ months on Nov 16. Shock had bad abd: pain, diarrhoea + vomiting when severe for about 1 day previously, improved after this for time Rigor Dec 3rd. Admitted on Dec 3rd under Jan 7. Died Jan 16.

Pearce M.A.S. 21. Morphine & Chloral Poison. Suicide. 1/277

18.1.13.

Marylebone

Ext: Well nour: pupils rl: dil ⅦNs + TNs sl: hird. Tongue protrudes slightly.

Int: Meninges rl. cong. Ltr: A few petechiæ on surface. Cut dil. Lungs some pass cong. Thyroid enl. + extends post to oesoph. No cystic change Liver engorged Kid's cong. No abnormal odour in stomach which contains a little brownish ? menstruating.

History Single. D v A. Knowsley since Dec 21. Complained sleeplessness – run down. Pulse 125 – was flushed & light headed she was in love with married man who wanted her to live with him. Given a tonic – syr hypophosph: & a narcotic. Dec 26 much better. Jan 16 Said she was much better & sleeping well slight gastric disorder – Given stomachic. That night 8–9 pm went to chemist & had 2 bottle Bx eq made up of Sodae Brm (Maple Leaf) & Chloral 2 drm in each bottle. Took whole of this bottle = 4 gr Morph & 4 drm Chlor. Found dead 5 pm Jan 17 – had been dead several hours. Was a hysteric neurotic

Kirby H.O. 45. Rupt Mucocele appendix mistake for 1/2 78
6.2.13. acute appendix Anaesthetic death.
Fulham. Old heart disease

Ext. Fairly well nourished. Face livid Recent tracheotomy
Thor: Mammæ conj: Pericard obliterated by old fibrous adhesions
Apex Calcareous in R auricular wall. Aorta thickened
& dilated (1½"). Cavs all much dil - walls hypertr
Left ventricle marked. Muscle = fairly fatty & marked
brown atrophy. Marked mitral stenosis
Fairly marked aortic valve disease & aortitis. Lungs
Rt: Pleural conj. Peritoneal Cavity intestines normal
injected intraperitoneal. Extensive fibrous adhesions

Luiseingeweid. Spleissg. Kids pass eng. Oesoph: kürz.
Im Sin ist Wolle numerous small yellow areas ☆ after
Lungen mes (Trans fluids) Appendix dist: to thickening
thumb. Surfaces smooth pale. Arbeit small projecting
mass of mucus = inflamed muscle.
History. Always delicate - rheumatic subject. Sudden
attack of abd pain. Diag unis - appendicitis
Op. Feb 5th. Anes (Dr Heath) Ether. Total 2¾ hours.
Went under bad, struggled. After ¼ hour became cyanosed
then stopped breathing. Op not commenced

Febr F. t. 32.

11.2.13.

1/279

Abortion 2½ months & Sepsis
+ acute Peritonitis - Suppurating Cervix

Blongton

Ext. Well nour. Pupils dil. Lips rel cyan. Vaginal discharge

Int. Thorax rel dil. Lungs rel pass: emp: Evid acute peritonitis, a little turbid fluid in pelvis + lymph over small ints. Spleen soft + enlarged Kidneys rel swollen. Uterus 5" long. Cervix rel dil. Ext os swollen. On inner surface of body - upper ½ of post: wall - lies a circular raised area with ragged inner surface ? remains of placenta + with membranes attached to inner surface elsewhere

No injury in wall. Placental site on incision thereof yellow brown. Corpus uteri extends in 3 areas to peritoneum - site of small cyst next to peritoneum in one area. Large cyst in left ovary

History Married Dr. T. called 8 pm Jan 31. Had just miscarried. Decomposed foetus 21/2 months in chamber with blood. Temp 99.8. Later removed decomposed material & other tissues passed. Diarrhoea Feb 4. Sign of Peritonitis Feb 6. Admitted 9 pm. Vomiting. Abdominal temperature. Pulse 140 Feeble. Died Feb 7 6 AM

Leibundgut E. ♁.31.

12. ♯2. 13.

Septic Abortion, post instrumental
+ terminal acute lobular Pneumonia. 1280
Ex opth Ophthalmia Gatke

St Pancras

Murder adnexa uterus peritoneum w pus in cul de sac. Ext. poor nour: large deep bedsore sacrum. Ops: head pack. Healed septa between umbs & scabs. Breasts contn milk. Pupils react Lungs as liver

Liver Hr. Few petechiæ over base. Cuts all sl: dk. Mucle = slight fatty infiltr. Intestines Thrombus attached to ov Vent. wall, lumen = lumen aorta bronchopneum at base. Thymus sl enl. resembles Ex opth. gatke. Spl big. 3 gr + cong. Kids slight cl: cortex + cong. Ant 1/2 tongues partly denuded of epith. in Ulcer 3" long in caecum. Uterus sl. enl: Smale vaccin

area post wall = placental site Ring of Ulceration involves uterus just above cervix. Ulcer Healing. No Corpus luteum

History Mis Carried Jan 21 or 22 Am in lodging. Said it was Breeches Said. She had done it herself with piece of wood Became worse + feverish Dr called in Jan 25 to Infirmary Jan 26. Appearance & doctor suggested injection of Carbolic 2 to 1 Dr had given draught. Left off 1 tooth Hydr Chl Temp 101 Abd tender Dr Rose Sanchez Jan 26. She was married, very feverish, running pulse. Offensive Vaginal discharge. Acute septic poisoning

Ward T.R. & 5 weeks. ~~Head Tail. Abdom. Contd. Conpenit. Syphilit.~~
~~Dise. Acc. Hern. Tonsils. Circumcision~~ 1/281
20.2.13.
Length 18" Wt. 4-6. 1003"
Islington Emg. Σ Circumcision - bleeding.
Ext: Very poor frame. Wt 4lb 10oz. Abd: rather distd: Pupils
sl: dil: . Recent circumcision; several stitches.
Little bruise-adhesion - blood in subdural space over back of
brain - prob: birth injuries. I-II Monds = marked faltg degen
micro:- Lungs = sl: passive emg: . Liver. Urine N. Micro
= uniform Emg Σ Skel emg: Kidds pale
History full term. Mother quite well not agree
Feb 13 Admitted Ward PR. Temperature Normal Feb 15
Taken to U Ctd Feb 16. Circum cision Feb 17

Abnormal cystic dilatation of kidneys. Penis edematous
bladder clear. - Child could not pass urine.
Bladder emptied but as soon as cyst drained
Child bleeds ½-¾ hour after. Later in day clear but
cloudy + child could not pass. Late that night blood
night chem - next day No urine until 4 pm arrival
Death about 12:30 pm on Feb 17

Sellman E. S. 5.37. ~~Fatal Inf. Abt. Blood Poison~~ Causing Injury to ~~Infant Illegal Attempt Procure Abortion~~ Murder

22.2.13.

Criminal Abortion Perf. Hebert R.S. & Others

Chelsea

Rex v Rosina Jewell

Ext. Very stout, lips livid Queen Road Seniside Apr 1913

Int. H+ Petechiae on surface. Cervix dil. Esp. Vent

Muscles marked fatty mens. Lungs = cl: hypost: cong: +

Emphysema chiefly pelvic Spl 8 oz. Kids cl wells. Uterus bulky 6": Cervix dil: Ext Os swollen

large circular area = placental site & decomp: plaques

on upper post wall. In upper part of this area is large

perforation of uterus admitting 1 finger. Subperitoneal haem

to left of perforation + left broad lig + thickened + infilt

by blood. Small blood clot in peritn. Large corp: luteum in R ovary. Septic thrombosis in left int + common iliac vein
Bact: streptococci
Hunter Healthy. Intemp: last 3-4 yrs. Wife & three children. 3 previous children: Married 6 yrs. Dr Ross called Feb 19th 10 AM. Had just had miscarriage. Foetus 3½ months in chamber. + much blood. No after births. She was very sick + in great pain. Resp 40. Pulse very feeble. Temp 99.6. At 8.30 PM pain worse. Feb. 20. After birth protruding but could not get it away. Severe pain. Delirium. Pulse high tension. Face pale. Examined. Feb. 21. 11.30 Removed placenta with difficulty. Very decomposed & smelling. Died 4.40 pm same day. Had mrs: March 1912. Mrs Jewell attended them. Taken ill Feb 18. Mrs S there Dec 1st repeatedly stated that she did not want to have child

~~Dudley J. S. 45. Pt. Head Tile. 20 A. Bronchitis.~~
~~4. 2. 13.~~ Dell Man. E. 22. 2. 13 Cont 1/282 6

Rex v. Rosina Jewell

Visitg Cert Mrs MacNair. on Tuesy Feb 18. I Visited dec. Mrs Jewell came. We 3 visited several Public Houses & had drinks together. Then returned Mrs J then operated on dec: in my presence about 11:30 pm Mrs J rubbed Calvs infection on her hand, then washed her Douched dec: 2 enema ½ hot water. Op: took effect immedy. Immed: dec: Complained of pain in left side & had to be helped to bed. I slept with her that night, next Morning she appeared much worse. I went for Dr Rus at

10.45 A.M. Became on after moments. Miscarried
Dees knees on hearthrug. Sobbed
Opn. was performed. Shrieked all night after the stick
When dr got off her knees she looked very
white & tired & like sick
Dee. admitted that Mrs J had previously procured a
miscarriage when. She
Mrs Jewell also charged with procuring
miscarriage on 4 other women
Own opinion. Pregnancy may not have been complete
but feti: gone away afterward.

Chapman W. ♂. 60. ~~Pontine Haem.~~ ? Acc. ~~Lead Poison~~. 1/283

~~4.~~ 3. 13. ~~Haemorrhage Pons~~ due to rupture!

City ♂ discard carter. No medic. Pb poisoning

Ex! well nour. Previous PM in Barts.

Nerv. Central Aphasia Large tortuous + atheromat. Large

Haem central pont pons limiting thyke. Ht Cuss

- dil. Lt vent much hypert. Athero — no

narrow Coron Arts. Lungs Pass-Cong. Chr Bronch

+ Emphys. Spl: firm + fibrotic. Kids = some arteriosel!

disease. Suprarenals. Nodi hyperpl carter. Teeth very

Carious - Gums woolly + dis colored. No lead

line visible + none found Micros + no other

indication of presence of lead.

Hinting. Autopsy suggested that the Pt.
persons ~~was~~ cause of death

Shorter F. 2½ 9 Weeks. ~~Ch. Bronchitis & Emphys. Suffo. Malnutrition~~ 12.5.T
Length 20½", Wt. 5-6-15 3. ~~Thymus~~.

4.3.13.

Paddington

Illegitimate - Premature - Malnutrition

Foster mother

Ext. Temp. Head. Length 20½" Wt 5lb 15½. Lips Pharynx N. Hrd. Slight eczema. Buttocks Int. Menings Cong - Leptomic. Pelectum. Surface Ht & lungs Ht muscle = Marked fatty micro. No congenital defect. Lungs emphys emotes & small areas of Collapse. Both Mucous Layer air passages Gl. cong Sternal contained a little bile stained mucus, no food. Little fat in body

History, Illegitimate. Premature (8th month) Born

Queen Charlotte's. Breast fed in Hospital. To foster Mother for 5/- weekly when a month old. Did not get on well. Taken ill 3 weeks ago. Collapsed and died early (in afternoon) on 2nd March 2nd. Tried various foods but none suited the child

→

Jacoby S.O.B.38. Adv: fatty heart. muscle. A Cardiac 1/28 a
8.3.13. pericardium + 2nd change liver, spleen
Hampstead + pentine. Acute by M Cardiac - Suicide
whilst of sound mind.
Ext Well nour. Marked oedema lower limbs + vulva. Lips + F.F.s
livid. Dilated vein lower limbs. Int: Pericard: oblit: by old adhesions
& extensive Calcif: nova plates radiate from apex. Ht. Auricles much
dil, 2ys vent.. Rt/sp. Muscle soft pale. Lungs left oblit. by old
adhesions, large amount of clear fluid in rt + this lung partly
compressed. Marked passive cong: + oedema Both lungs. Slight
oedema larynx. Peric: = 5 oz clear straw fluid (+ fluid had
already been withdrawn after death.. Extensive old adhesions
esp round liver + spleen + their capsules much thickened. Numbers of

Capts in peric: filled with acute fluid. P unpalp. Thyr prom through each forward ring. Was a hollow tube of decalc. bone traversed by thread covered by peric = Liver = 72g. Nodules on surface + fibrous resembling marked multilobular cirrhosis. GB. Oedem. Spl 22½g. Firm + very cong. Kids = marked passive cong. Pancreas very cong. St: = pass cong. Small hæm. hyperæ for adhesions

Hirsley Mysterious illness 15 years ago: duration 6-8 weeks, Another about 11 years ago (liver + spleen involved). Has More than 5 years ago became ill again + remained ill ever since

Nicer = very active: not neg as primary.

~~Hickens. b.5b.~~
~~27.4.13.~~

Re Sarah Olga Jacoby dec'

1/285
Hampstead 6
8.3.13

Hitting Cunt: 4 ops last 12 months. Tapped 50 times. Wore tight webs, feet swollen. A few weeks ago Medical 1/2 gr Cachets prescribed as sleeping draught. Could not walk latterly. On May 3rd ill & lying on couch - writing farewell letters & spoke of death. Said she felt justified in taking her life now no longer of use to her children & husband. Died just a week ago. Said she had accumulated enough of the Cachets. May 4 went to bed at 10 pm - quite cheerful. Next morning at 6.45 A.M. unconscious breathing heavy & very rapid. Eyelids & lips swollen. Died May 6th at 7.45 pm

Patient began vomiting. Had never shown unsoundness of mind. Dr Clark Wilson saw her at 4 pm on May 6
Very cyanosed, pulse almost imperceptible very rapid. Respiration very rapid. Could hear [illegible] Chloroform was then taken 120 gr of Medinal on May 6th

On Freezing of Urine sediment 7½ gr Veronal + much chloride acid. None elsewhere in body.

Prince B. b. 22. ~~Heart fail & Stat. lymph. & Advanced liver disease.~~
8.3.13. Married (~~Alcohol~~). Anaes. Case ($CHCl_3$). 1/286
Chronic Alcoholic Op^n for removal
Paddington of Mesenteric Cyst.
Ext. Well nour: Lips & Fingers rel: livid. Pupils slightly
small clear open used in conjunctiva of rt lower eyelid.
Int: Hrt: Cons all dil expl + vat. Musc = slightly flabby
degen micro: Lungs marked pass emp. Patchy rhonchi
in upper air Pass. which are emp. Thyroid slightly
Pituitary cysts liver 7 gr Pale. Marked coarse fatty
Kidneys fine fatty micro part Whole Abdominal Spl 8 cm
Appendix. Vessels pass emp. Pancreas emp
Tongue furred. Tonsils large cake lingual tonsil. Chr gastritis

Stewart Hist & exp:

History. Very good health. Alcoholic Habits, Bottle of whiskey every 2 or 3 days.

Meibomian cyst developed about last Nov.

Op'n for removal. March 7. 9:30 AM. Died 10:20 AM

Anesthetic Et Cl 3. Was noisy when going under. She was very nervous that morning. All right until Op'n was just completed, when breathing stopped & pulse could not be felt.

Mitchell A.M.S. ~~Heart Fail. b Ac. Peit. Result. Abort. b Septl. Infect.~~
10.3.13. Uterus. ~~Natural Causes.~~ Retroflexion of Uterus. 1/287
Septic abortion ~~death~~ & general peritonitis
Clevelands Gr Hosp: Lt. Natural death.
Ext. Well nour: Milkin Heart. Lips. Blue
Int. Retroflexed uterus back of Pelvis. Caus. Sinus. Left dil: Lt Vent
more marked. Muscle = adv fatty + some Br: atroph
Meins: Enl acute pleurisy Lower part Left lung. Lungs
= some passive cong: Thymus cl: enl + fatty cystic. Universal
acute peritonitis with some turbid yellow effusion + deposit
of lymph. Liver. appears pale + greasy. Spl: Gr Cong
Kids. Marked Cl: swell. Pancreas cong: Vagina. Dgr
brown mass of altered blood clot lower in upper Part

Quite healthy about pleg vaccy

+ Swollen mass proj fr— ext os. Uterus 5" long retroverted
Ext os swollen + patulous. Cervical canal dil. Mucus purulent
Body + cervix lined by necrotic debris (altered blood) + 2 small
clots like that in vagina. Fleshy polypoid mass size
of kernel joined by litle pedicle attached to upper ant. wall
probably placenta. Wall + mucous surface of uterus congested
Several superficial abrasions of mucosa in post. wall + haemorrhage
in wall here

History Taken ill March 3— Abd pain. Miscarried 2½ months
ago 10 yrs. Ill ? music : 18 months. Pain head — dizzy : vomiting + diarrhoea. Admitted
6.40 pm March 5. Very feeble + cyanosed. Temp 103° Pulse + Resp
rapid. Septic. Sent in ambulance. Sentence discharge. IV Ol
offensive. Then uterine vomit. Death 6.30 pm March 7.

Parry E.B. 35.

20.3.13.

Coalgas Poison.

1288a

Present at the 3 Phys Dr J.S. Haldane
Kensington. Sir John Hastings. Dr Keppel Barrett
Dr Kennedy &c

Ext Well nourished. Hypostatic bright red also lips. Abrasions
on outer side L. elbow & haemorrhage beneath
Int. Muscles bright red Choroid plexus congested
Ar carotid dil. vents hyperæmic. Little blood right
auricle Lungs liver Spl & kidneys bright red. Pancreas
Stomach & Intestines bright red

Libby R.F. 8:26.

Coal Gas Poisoning

1/288

20.3.13.

Emigdio

Ext. well nourished. Pupils react. Lips pale. ~~Well nourished~~. Hyperpnoea present. Int. Hr cons all react. Lt ventricle hyperactive. Lungs. Sp. Rhonchi, stertorous + ints. Right lung

Hosty in the 3 cases. Gas in sewer from broken gas main in Pembridge Place. Knight One man collapsed in sewer; the other two tried to rescue him.

Mclaren W. S. 25.

20.3.13.

Coal Gas Poisoning 1/288 C

Kensington

Ext Well nourished. Pupils react dil. Hy pertains bright red. Slight abrasions on right forehead, lips, right wrist & left hip. Haem beneath these. Two open wounds outer side left elbow

Int Muscles bright red. Thyroid enlarged & several Cystic adenomas. Air passages bright red. Ht Cavs generally dil. Lt ventricle thin. Lungs, Spl & Kidneys bright red. Meninges & Cong

Dr Haldanes estimate of Co.

Venous blood 82.1% } May be regarded
Blood from Spleen 83.3% } as identical

Dr Haldanes conclusion The even saturation of the blood when tissue death was not very rapid + not more than 2% of Co in the air if assumed

~~Johnston P.L. b. 2~~. ~~Heart Fail.~~ ~~Congenit. Heart Dise Acc. Chr.~~
~~Bronchitis.~~

25. 3. 13. 2¾ month

Congen. defect Heart + Bronchitis 1/289

Vaccinated Glaxo Preparat.

Weight

Ext. 12 4/8 cy. Well nour. 25. Lips + Hands cyan. 4 vaccinations. left shoulder. Scabs evidenced. Scars healthy. Mr. Hutchins ale of die 3 opening in foramen ovale. Direct aeteriovenous patency. Lungs emphysematous + bronchitic. Pneumonic cong. Murmur in upper cardiac area. Thymus gland large + well formed. Spl enl.

Nursing Female. Vaccinated ~~in February~~ February. Scabs some pitted festering + pink. Scabs ~~Feb~~ March 22 are dry. Became pale

Rees C.C. ♂. 68. ~~Injury Brain Post Bullet Wound~~ 1/290

25.3.13.

Shot in head. Suicide. Injured mind. Dread of recurrent cancer tongue.
Eat. Well now. HVs. Rhi bid. Extreme lack
in Rt temple. Circum. pur edge Blackened
Burnt edges & exit opening removed by op-
Opening in dura mater almost 1" in front of
skin opening. Exit wound in front & above
left ear.
Rt. Skull. Fracture of inner part of Rt orbital
plate & adjacent cribriform plate. Depressed
depression. Subcranial blue over ant part of brain

Tracks of bullets from entrance wound to right cheek
& the bullet pulled back to exit wound. Larynx
not involved. Course of Bullet forward to front of
throat then back wards to exit wound. Hemorrhage did
happen. Marked passing pressure. Anti tetanus treatment
Nitrous Oxide & ether in left.
edges tongue. No gunpowder. Left cheek bruised
& bone seen entering & comes
Heidt. Cancer of tongue & Op. Since Lab. Nov. 1912
suspected recurrence. More acute pain since Jan 1913
& much pain Died March 25. 10 A.M.

More A.C.S. 27- ~~Heart Fail. Loss Blood Tollis~~. Homicidal Cut Throat 1/29

11.4.13.

St Pancras. Rex v Henry Langton. Murder Convicted & Executed

Ext: Well nour: Height 5ft 5". Hyperlatus slight Odl Opn r cur with ecchymosis on W Temple & depression in mens Papels dil-rmse of Rt Left. Lips pale ~~yellowish~~ livid. Finger nails livid. Deep incised wound front & upper part neck. Length between 4½" & 6". Straight line pass upwards to left & at Lg 25°-30° E horizontal Two serrations on margin, one right to Lge of mediane the other ½" from left end Rt end at ant border of Rt Sterno mastoid Muscle, Left end at ant border Lt Sternomastoid

Skin Cut obliquely Sternocleidomastoid Cut
about ½ thick, Rec'd some false membrane, Vessels ligated
divided Nerve dipped out. Nerves pt Larynx Thyroid exposed
pushed + muscles thus. Br Common Carotid
Completely divided, Large vein injured
Br Primitive trunk of left Thigh 1½" above.
Int: Skull replaced by false membrane beneath dura mater
in right temple. Lungs Intercostal. Much blood
in upper air passages, Organs natural
History Throat cut by patient in Lunatic Asylum 2:15 p.m. April 10
She walked backwards followed by Nurse, Passed into
Ward Chair taken into Parents Room + died before much
Men followed her the Cut was through

Bavin J.m.t.19. Anthrax. (Ac. Intest. Infect.). 1/292

1.4.13.

Southwark

Ext. Well nourished. Lips livid. R+ nostril & face
& Rt eyelids swollen. Herpes near Rt angle of mouth
Open wound outer side Rt eye (Removed malignant pustule)
Blood stained mucopus in nose

Int. Haemorrhagic meningitis over Rt cerebral hemisphere
in convex + medial surfaces. Much smaller area on
under surface right temp lobe near pole Itr covers choroid
& ventricle cleft. Some diffuse haemorrhage into substance
of upper lobe + Rt middle lobe lower lobe = pons cerebellum

+ oedema. Oedema skin front of chest + cellular tissue in mediastinum. large sub pectoral haemorrhage much clear yellow fluid in pectoral muscle. Liver & spleen swollen & congested. haemorrhage in right kidney extending into pelvis. Spleen 5 gr. Soft - almost fluid. Kidneys & swollen: marked oedema of normal cellular tissue. Small but large number of haemorrhagic lesions in walls, mainly in upper duodenum. Small local haemorrhage with central pallor + one ulcer. Two areas in which whole circumference of intestine was thickened for 2" + haemorrhagic to naked eye. One small lesion in large intestine. Brain: pregnant - fetus 18 weeks. haemorrhage between scalp + many subarachnoid haemorrhages, petechiae in pia + lungs + kidneys. Heart - congested. Head 29 bodies excised. + JW March 31 5:30 AM

Mitchell F. ♂. 74. Heart Fail. Consequ. Shock & Concuss. Brain 1/293

5. 4. 13.

Blinglin. Previous Plb Fracture Skull direct + Contrecoup Follow. Blow Head. Ext: Well nour: Lips + Subject Insult Shock. Old man F.V.s Rt. hand. Injured Two Superf. Incised wnds $1\frac{1}{4} + \frac{1}{2}$" long both of head to left of mid line. Not completely thro scalp. Bruising beneath wnds extends along lines of fracture to bone. (2) Extensive Bruising round + eye (3) Sl bruising Rt. upper eyelid (4) Small recent lacerated wound Dorsal of Rt elbow; down Colonne, + haemorrhagic adj muscles (5) Superficial abrasion, Circular + $\frac{3}{4}$" diameter on outer side Rt forearm at upper end. Bruising beneath Extending some distance down in subcut tissue (6) Sl abrasion

upper lt arm, bruising beneath it.
Rt. fracture Skull beneath bruise crosses sinus close to bone (very thin) crosses post fossa to petrous bone. Length 5½.
Fracture 1" long in rt orbital plate + ? 1 in left orbital plate (Plates very thin) Localised small mass of blood clot in sulcus near top of rt cerebral hemisphere near front. Rent 3rd longitudinal fissure. Brain N. HT. Some dilat of ventricles. Muscle = patchy fatty + marked breakdown muscle some hyaline casts + oedema between. Liver ? fatty but small Spl Cong Kidneys ? passing.
Fracture knocked down by cyclist. Died 2nd 6.45 pm Not medically attended. Died April 3rd 2 pm

Rider A.E. b. 27. ~~Head Tail. Uterus. Womb follow. Separation Placenta Result. Blow Abdomen.~~ 1/247

7.4.13.
St Pericras
Separation of Placenta Quiet & heavy pull
Ext Well nour: Skin + mucous membs pale lips & tongue
Breasts large & contain milk (1) Bruise 4" × 2½" right
lower abd wall 2" to right of umbilicus, lower edge
on level of symphysis pubis (2) Bruise ¾" diameter, 3½"
below middle of left clavicle (3) Bruise 1¾" × 1½" on inner
side left knee (4) Superficial Lac ½" long & bruising on outer
~~side~~ side of Patella (5) Faint bruise 1½" diameter at
mid point on inner side of leg (6) 3 bruises dorsum
of R foot (7) Small bruise inner side left elbow
Bruises all recent
~~Lungs~~ Lungs = Pass Cong + oedema. Brain, heart muscle,

Kids. Parents ~~Stuart + Lucy~~ all hale. Gerald
Reeve superficial laceration. Lower end vagina perineum
~~vulva~~ = Chris delivery. Blood clot - a little in vagina.
When 10" long. Cervix lax + thin wall. Nothing posterior
Lays marked adherent to placental site 4½ x 4"
& a little placenta. Abdn subinvolved hard
over greater portion of fundus. Uterus midway between
Pubis & umbilicus. Chris Health: 8 months pregnant. W pregnancy
April 3rd about 5.30 pm Fell hard in garage when running
heard lower abd pain W. Bleeding started at 11 PM. Became
Worse. Dr Cooke 8.20 AM. Blanched & shivery pulseless Cyanosed
Died in hospital April 4th 6 AM Chris Delivery

Houghton H.M.S. 41.

14.4.13.

Overdose of Chloral, self administered

Liq Bromo-Chloral Co.

1/295

Chelsea

? accidental or suicide

Ext: Rather stout. Hypert: very livid. lips blind. TVs slight ro Old Op^n ? scar q" long mid line upper abdom. Upper end stretching

Int: Skull ½" thick + hard, bone also thick. Dr Cunliffe removed vertical mine ro. Meninges = faint marked bronchial mucus

Lungs = mne hypert: cong: Old pleur: adhesions beneath Ep: ? cal. Kidneys Liver: cong. Stomach Pylorus admits 1 finger easily. Large ant: gastro jejunostomy opening almost opposite Cardiac orifice. Opening almost admits closed hand. Opening leads into large jejunal pouch which runs

Proximal end of jejunum. Several inches below junction distal end of jejunum was inserted at right angles into proximal portion. Union by fair apparent functioning wall. Uterus and Ovary = Numerous fibroids present

History - Period of Depression for period (months) Overdose by Liq Chlorid Bromo chloral Co self administered

1) Drams ounce and a half 10 grains each of Chloretyd + Pot Brom
2½ m Cannabis Indica Tr → 10 m Hexobarbitone
2. drams chloro. 2 c.c. in each bottle.
Dr Cunningham Miller

Dupre E.O.B.17. ~~Heart Fail.~~ & Fat. Defen. Heart Muscle Path
Condit. Stat. Lymph. Anaes. Case. 1/296

16.4.13.

Hampstead Op^n performed. Double hernia. CHCl3 + Ether

Ext: Well nour. Lips + ? Nails cyan. Pubis shaved.

Cardiac massage wound. Upper abdomen. Incision opened wound left upper arm (to open brachial artery)

Int. Ht Pr Cavs & Lt Vent dil. ? Rt hypert Lt Vent

Muscle = fine patchy fatty micro. Lungs = nuc parvus

Conq: Thymus 50 gms. + shows pure atrophic changes

Micros: Liver + Kids conq. Spleen 12½ g. Firm + conq

Tonsils much enlarged. Some lymphoid hyperplasia lower end ileum

History. School boy ex Felstead, very healthy, strong + athletic. Gunshot wounds just night ago. Recovered. Op^n postponed double rupture Sir Watson Cheyne. Anaest Dr Schorstein.
Op: Fri April 14. 9:30 AM. An aesthetic pr CHCl3 less than 3iii then CHCl3 + Ether less than 3i. Then Ether 3ii-iii for 3 minutes before change occurred (about 7 min after anaesthetic given. Became pale at first. Anaesthetic stopped. He was not fully under Artificial resp= started. Ht massaged, He struggled slightly, vomited a little saliva + gastric juice + died immediately. Dead before 10 AM

Hall J.B.S.26. Haemorrhage - Passage of Bullet 1/297
21.4.13. Hugh chest. Murder
Westminster Rex v Jeannie Baxter
Ext Wellman: Height 6 feet.
Entrance bullet wound, oval 3/8" x 1/2" Situate 4 1/4" above + slightly to the right of Right nipple. Exit wound Vertical slit 1/2" long situated 3 1/4" to left of 5th Dorsal spine on back + 1/2" lower than entrance wound. Arm wound Right side
Entrance = 1/4" diameter & circular situated nine inches of arm 5 1/2" above point of elbow Exit wound similar 1 1/2" just below arm + 1/2" higher than entrance.
Internal - Chest wound. Bullet passed to left + slightly upwards

+ back wards thigh muscles, immed. beneath
Clavicle which depleted it downwards, Pass through
upper Vein lower trachea, thyroid left lung heart
top of liver ribs, struck + punctured lower edge 6th
left rib + ~~out~~ went forward under skin at point of
exit wound. Wound in right axilla passed through
subcut tissue. which on Withdrawal. left plenty
fluid blood. + Mouth gaping + tapped air passage
Centre wound blood clot. Lives 1 yr. = Alcoholism
mem = Chronic. Revolver 6 chamber Webley
'450 calibre 6 bullets fired — sold Lead. 5 bullet holes in
wall. ∴ Prisoner found guilty of manslaughter
3 years penal ~~servitude~~ servitude.

Male Infant, Found in ditch. Rickets & Ac. Bronchitis. Natural Causes. Burns Prod. After Death. Length 27"
22. 4. 13. WV. 18 eb. Age 19-12 months 1298

PM at Two Brewers Public House, Hadley. High Barnet Ext. Very well nour. Hair scanty. Block has been cut from left side. Left central incisor tooth lower jaw alone erupted. Burns all superficial. Across lower pt buttocks & down back of thighs, on rt back chest, back of forearm, knuckles & hand, inside rt wrist & knuckles - backs of fingers rt hand, outer side left knee & leg under surface & outer border & foot, inner side rt ankle, upper part rt calf, both sides rt foot & toes; slight marks face & ears. Many of the areas are marked & wipe off - Dry blisters in areas on buttocks

Int. Ext. - few petechiae on surface. Acute bronchitis & pus

1 pneumococcic (lobar) upper air passage. lung. External collapse at back - no pneumococci + pus in smaller air passages microscop: also emphysema. Other organs healthy. Marked exudate of rabbits in chest cavity + back of lung lung. (confirmed microscop).

Rabbit Body found in ditch.
Pro mortem signs of ill treatment.
Bruises + smoky areas post. after death, attempt to destroy body by fire + dumped on waste
Attempted disposal of body by burning
Death from natural causes

Parker A.B. ♂. 6 Months 3 Weeks. Acid Intox. Follow. Admin. $CHCl_3$ Anaes. (Delayed $CHCl_3$ Poisoning). Thymus rather large (36 gms). 1/299

23.4.13.

Paddington. Previn PM

Ext. Well nour: Pupils rd dil. ♣Vs livid

Int. Menings very congested. Hrt. Rt Cavs + Lt ventricl dil Fatty marked just under muscle insert, Lungs Rt pass comp + marginal emphys. Thymus 36 gms. Liver mottled yellow colour. Micro: Extensive acute fatty, coarser in centre, very fine in periph lobules. Kids. Acute fatty convoluted tubules mainly. No Rickets No blood in intestines. Transverse red lines ½ m long in upper caecum + small red spot at same level. Wall of caecum + Vermiform appendix thick, but congested? pleuritic intussusception.

Hist Mrs. Generally unwell. Taken ill April 14
— pains 2 tablespoonfuls of blood per rectum. Taken
to Padd Green Children Hosp April 16. Exam = under
anaesthetic Uterus dep. Ut+Cx 3ii. 5 min clear abn
Arrest urine exam (no ♀ ♂) on April 17 Ut Cx 3ii
Removed well. No blood passed in hosp.
April 19. Unable to pass water. Taken ill. — collapsed blue
in face + hands. Sick vom, delirium — Cond. Conv
Died April 20. 3 AM

Langridge W. ♂ 16. Strychnine & Hyoscyamus Poison. 1/300
24.4.13. Acid. Death.

South Wards.

Ex: Well nour: Pupils ll dil. Lips + fins ll livid
Punctured wounds forearms + each thumb. Ether injection
left forearm

Int: Cerebral Veins engorged. Left vent: dil, other cavs
sl ns: Pleural Cavs obliv = Lungs sl pass cong.
Kids ll pass cong: Pharynx cong. Tongue int
bitten. Stomach contain much yellow fluid. Wall N

Hist: The boy had been in employment
A trim 4-5 weeks. About 11.30 AM he went

to back bench where pills were + took a handful
swallowing between 40 + 50 a few at time

The Pills = Little Liver Pills

Aloin gr 1/10
Podoph " 1/5
Ext. Hyosc " 1/20
Jalapin " 1/10
Ext Nucis Vom gr 1/20
& Rein Capsicum gr 1/20 F + Pil

Parker F.E. ♁.34. Criminal Abortion Murder 1/34

25.4.13.

St Pancras

Ext: Stout. Decomp: advanced. Flyblown.

Int: Ht cons dil esp Lt vent. Lungs: Cong + oedem ar backs. Some clear fluid in pleural cavities. Spl 13 oz very soft + cong. Kids. Cl swell + cong.

Uterus 4" long. Cervix = 1 finger cavity. Two superficial splits traverse whole length of cervix in ant wall; rest of cervix covered by greyish slough. Body not thickened or inflamed. In upper part of post wall, perforating mucous mem $\frac{1}{4}$" x $\frac{1}{8}$"

against some person or persons unknown
Injuries + inflammation of cervix.

prob: placental site, apparently not inflamed,
Large corpus luteum in left ovary
History Married. Abortion on April 14th
Dr Sternberg Dodd called in on April 16. Died
at 1 AM. on April 23rd She tried Dr Dodd
on April 18 then an instrument was passed
upon her on April 12 with object of procuring
abortion

Crookes H.S. 35. Injuries Head & Brain follow. Blow. 1/302
26. 4. 13. Murder. Rex v Turner

St Pancras Prevrin PM Found Guilty of Manslaughter 8th Oct 1913

Ext. Well nour: Ht 5ft 9" Pupils rli dil. Lips + Hands livid
Lacerated wound back of head ~~left~~ side c area of superficial
abrasion and V-g opening - down to bone →
Op = wound above left ear. Slight Abrasion 1/8"
long ext to left ala nasi. Small bruise upper part
of back of rt upper arm + a tiny mere brick of
rt forearm. Slight abrasn 1½" long across outer side of left upper
arm about ½ way up. Int: Recent bruise 2" deinds in front of
rt ear under horn ver mandibular joint. Skull. Fissured



fracture 5½" long starting beneath wound at back of head & passing forwards on R part of vertex to occipito parietal suture. Trephine opening on left side over Middle Meningeal artery. Brain destroyed but said to show superficial laceration of left frontal & temporo sphenoidal lobes. Its coats somewhat thickened. Lungs = Pneumo Congt. & oedema. Spl. Congt. Kid. = parenc congt.

History. Was walking along Clerkenwell Rd to Kings X Rd to catch tram at 12.30 Am Sunday April 2nd. Saw a man knocking a woman about. Intervened & was struck by the man on right jaw, fell heavily & was rendered unconscious. Taken to Royal Free Hosp: & op: performed. Died April 24. at 9.50pm.

Acute Arsenical Poisoning – Suicide 1/303

Gladys Ricketts ♀ 26. PM 6.5.13. SMH 11/13.

Ext. Well nour: RM + Hypostasis present. No cyanosis.

Int: Brain N. Menings cl: cong: Heart RT cavities + left auricle sl dil: lgr ventricle rather more dil: Muscle appears normal. Lungs thyist passive cong: Air passages cong: Thyroid somewhat enl: + congested. Liver unusually cong: Spl sl cong. Kidneys very cong. Bladder cong. Pancreas. Small areas of cong: throughout. Tongue shows teeth marks enl: Pharynx cong: Yellow froth NTO

Vomiting, dilated pupils, pain, sudden collapse, retching & death after

Round mouth, nose & skin round about nares stained yellow. 2 superficial ulcers side by side & running longitudinally on anterior wall of oesophagus at upper end; the larger was 3/4" long. Bases smooth, edges swollen & pale. Stomach contains about 15 oz of bright yellow fluid. Wall stained yellow except at pylorus & for a short distance from it. Wall also congested. Duodenum stained yellow & cong: Some cong: & yellow stain throughout small int. Ileo-colon. Large int: cong. Otherwise very cong. Heart & Lungs very congested & pericardium contains 10% arsenic. Emetic given by police. Washed out.

Barker H.E. ♂ 47½. ~~Heart & Ether~~. Enteritis & Mongolian Idiocy.
↑ tuberculous ↑
7.5.13 .. ~~Finality~~. 1/304

Ext. Well nour. Length 2/ft 11½" Abd. protuberant. Sternum
+ bowed ribs prominent lips = sl: cyanosis, mucous ms. Pupils dil.
forehead prominent + root of nose depressed. Hair on head & scanty
hr. Parietal eminences prominent, frontal bosses. Skull
arched vertex in front thick + very vascular. Ears
very ~~large~~ firmly attached. Ltt canal dil. Cap ~~Cervical~~ Lgr
Muscle = fine fatty micas. Lungs Emphysematous; sl: pues:
Cong. Thyroid 3.8 gms. Rather small micro = v little
Colloid. Deep chummar epithelium in vesicles. Thymus very
small = 2.35 gms. Small ♂B nodules in peritoneum

Liver enlarged. Fine fatty degeneration Spl al: enl:
Early amyloid. Kids some enlarged = cloudy swelling
Testes + lingual tonsils enlgd. Lymphoid hyperplasia
Oesophagus + upper oesophagus Large TBs ulcers in
upper jejunum. Numerous small + several larger TB
ulcers towards end of ileum. Large caseating glands
near lower end of mesente. Large confluent TB
ulcers in caecum + in lower part of large intestine
Smaller + ~~fewer~~ + fewer ulcers in middle part
Testes small + in int: inguin. Bones. Epiphyseal
Cartilage much reduced in thickness + adjacent
bone soft + vascular.

Tucker E.M. b. 3/12 Ac. Bronchitis & Broncho-pneum. Emphysema
Collapse ~~& Acute Meningitis~~ ~~Thymus small~~ & Acute meningitis 1/305
16.5.13.

Paddington Child put to nurse

Ext. Poor nour. T 96.2°. Pupils dil. Lips + finger nails Slt cyanosed. Head rests, moves extremities & vulva Int. Brain Cerebral convs flattened. Acute meningitis chiefly in post. - greenish pus. Lat Vents dil & contain turbid fluid Int Canal Sl. dil. Adv pt of middle lobes Lungs Large & Emphys. Back of arm of both Lungs = Collapse & acute bronchopneum. Muscles fair & pale. Thymus small. Liver & kidneys cl. mod. Spleen 3x3 enlg.

Hist:- Born in Queen Charlottes Hosp: Feb 14. Then stayed

in a convent for 1 month – Wt 86. Then nursed with Mrs Payne
on April 6.. Developed rash on chest which became bad & bled
also rash on buttocks. Left her on May 2nd Dr Wakeham saw her
Neck very red (infection). Very hoarse.. Same condition
buttocks. Rash touched, not severe. May 8. No worse. May 14 Much
worse. Died May 15. 4.30 AM Did not improve in weight.

Wolstencroft J.H.♂. Spinal Anaes. (Stovaine) Op. ~~Perfor~~ 1/306
26.5.13. Op^n for perforated Gastric Ulcer.

Hum mus mulh.

Ext. Rather pony mus: abdomen .. Recent Op^n wounds mid abdomen. Lips pale. Firs hird. Pulse weak Limbs & arms thin wasted shoulder - Ether

Int: Ht. Cvs are all much dil: Rt ventr & left vent: hypertrophied. Muscle = marked bron atrophy.

Cor: ant. = apex: a Anemia Calcif^n + narrowing. Lungs = ord chr bronchitis. Some pass cong + oedema. Early acute peritonitis + about 1/2 g of dark brown fluid + small intd ads. Spl cong. Kids Chondromatosis + cong. Cerebrum

ulcer or junction of stomach + duodenum in anterior
& large perforation into peritoneum = Chronic ulcer

History: ~~Tour~~ Death shortly after operation

Crawhall J.B.51. Death Under Anaes. ($CHCl_3$ & Ether) Op. Upon Empyema (Op. Not Commenced) 1/307
26.5.13.

Kensington

Ext.: Well nour: Tracheotomy wound – recent & sinuous
Lips pale & livid, Punctured wound front of each side
of chest & in R forearm

Int. Lft cavs dil esp L ventricle. Muscle = adip fatty
& one bra atrophied. Large empyema at back & sides
R lung. About 1 pint of thick pus – pneumococci.
R lung partly compressed & pneumonia. Both lungs
oedem. & congested. Some emphys: & chr bronchitis
Spl very eng. & softer than usual

Slight odour of Ether in chest

Hernia. N.V. Considerable strang. Taken ill May 3rd.
Dr Philp saw him evg of May 5th. Just commencing
pneumonia. Nursing home May 6th. Op= an emphy-
sema on May 24th in afternoon. Mr Crisp Brighton
Surgeon. Was by herself. Took ansesthetic well but
condition was desperate. Dr Dudley Buxton started
with Ether then Chl Eth + ether. Ether then
Stopped Chl Eth because BP was falling at time
of collapse taking only O_2. Death before operation

Powell G.E. ♀ 5. ~~Pt. Rudolph Forrest~~. Bronchitis & Emphysema
27.5.13. Anaes. ($CHCl_3$ & Ether). Op. Middle Ear "1/308
Thymus ~~shadow~~ (9.3 gms). ~~Nat Stat. Typh.~~

Mangledon

Ext. well nour. Pupils dil: lips + FNs livid. Rcvrs ops behind each ear. Left ~~wrist~~ dressed by stitches, Rt open. Bmp & carotid + pounds.

Int. Hs unenchanted: Rt cavs + Lt vent. Comd: dil; Muscle N. micros: lungs very emphys.. Oedema & serio collapse. No pneumonia but acute bronchitis + mucopus in upper air passages. Liver. Slight fatty micros. Spl 13/44 cong + lymphoid hyperplasia. Kids = pass cong. Tonsils ~~slightly~~ enlarged. Sl lymphoid hyperplasia throughout

Duval Clinic. ~~5 Dec~~ Slight smell of anaesthetic

History Conj: Lens at 7 months. Influenza 3 weeks ago followed by discharge right ear. Middle ear disp. Op ~ Dr Gant May 16 the discharge left ear Op: May 25 ~~Dr Op~~ open Ether 2 hr op: very week + had been running high temp. $CHCl_3$ + Ether. Well under when breathing suddenly ceased. No warning. This was about 12 ~~days~~ mins after Op ~ started. About 2 drams given. Pulse + Resp: stopped together. Sign of shock when tone was operated upon. Pulse became weaker + purple discolor.

Bryant L. S. 20. ~~Heart Fail.~~ + Ac. Blood Poison. from Retroperit. Abscess 2ry Append. ~~Complicated with Abortion.~~

31. 5. 13.

~~Miscarriage 2 wks to above.~~ 1/30th

St Pancras. Previous P.M.

Ext. Well nour: Milk in breasts. Pupil rl: dil lips livid

Int. Hr. Rt Cavs + Rt vent slightly dil. Lungs rl pass cong

Thyroid. Rt enl: + firm cystic. Peritoneum, indications of acute

peritonitis - lymph. over liver, intestines + uterus. Liver rl: swollen

Spl cong Kids rl swollen + cong. Appendix evidently inflamed

in outer surface. Large retro peritoneal abscess in

Rt loin, pus infiltrates lumbar muscles; did not

extend into pelvis or involve spine Genitals. Uterus

4" long; wall thick Cervical canal rl: dil. Placental

site 1¼" diam in post. wall. Inner surface clean
Large corpus luteum in R ovary

History. Dr called in May 15. Had fever? influenza; had
vomited a little + bowels freely open. Said she was
pregnant. May 17. Symptoms Peritonitis + Appendicitis.
May 18. Home. Sent into UCH as appendix abscess.
Foetus alive. Hopeless. Miscarriage imminent. Temp 106°
Foetus result dead. Everything passed in usual way
a little better next day + Op- deferred. Many
streptococci in blood. Vaccine. Continued with
ill improvement. Could not find bleeding condition
Pleura tapped for Pus. Died May 29th. semi-
Conscious last 24 hours.

Smith H.E. ♂. 46. ~~Heart Fail~~ Lobar Pneum. & Pleurisy ♱ 1/30
Commence. Pericard.

5.7.13. Food poisoning - Cramps Nocturnal dysp
Paddington. suspected diphtheria

Ext. Well nour. Lips slightly ♁ Vs very thick. Pupils eq
Int. Early acute pericarditis - some effusion Apex Cons altered
eq V rest Muscle = some patchy fatty incom. Lungs. Recent pleurisy
over lower upper lobe. This lobe completely solid = grey hepatisation. Lower
lobe partly compressed. Marked pass cong + oedema elsewhere. Sons
clear bronch + emphys. Acute mediastinitis. Spl 4½3. Sofr cong.
Kids cl swollen + cong. Stomach dil: + some brownish fluid. Pancreas
firm. No gastric or enteritis. Bronchi in large intestine.
History. Asthmatic + invalid in winter. Dyspnoea. Cheerful.

Taken ill evening of June 26. first felt queer about 4 pm
Had had crumpet 6.30 pm. Baby also had some & were
sick. Had severe diarrhoea during night. Vomiting
+ retching but not sick. Felt very ill next day. Pain in abdom
+ head heart. Thought she had been poisoned by crumpet.
Dr also thought so. Grad only became worse. On June 29
abdom swollen + cleared up. Chest symptoms worse
June 30 Delirious + in great danger all night
Died July 1st 3.30 pm

Sanger B. ♂ 85. — Lord George — Head injuries — Murder — 1/221

30.11.11. [redacted]

Finchley. Assailant committed suicide by strangulation

Ht 5ft 4½" Lived 5 hours.

Ext: Well nourished. Head injuries (1) Lacerated bruise 3" × 2¼" above Rt pinna (2) On top of head to left of middle is a Lac: wound about ½" square + 1" × ¾" circular (3) Lac wound 1¼" long, tangentially behind left ear with bruise 2" × 2" around it. (4) Reflection of scalp. Other injuries: Recent bruise 1½" diameter upper part right thigh. Rt hand over back +

Contusion wound Right Groin 2½" above C
Femoral Canal wound 7/8" long almost in centre
of Groin. Bruise on back of right thigh, Bruise
Groin on back of left thigh

Fracture of Skull. Depressed fracture beneath
wound behind right ear. Fracture of tissue

Passes up to top Summit, Crosses transverse
& backwards & downwards to end in left part fossa
& Bat spine passes down & to left to pelvis
Brain one hand extends into Right Hemisphere.
Much swelling & Superficial Laceration in Right temporo sphenoid & Parietal & left Occipital

O'Brien E. B. b. 62. Cerebral Haem. Follows, Rupt. Aneur ism of Cerebral Art.? Not Acc. Prev. Injury. 1/31
12. 7. 13.
fall in road 5 months previously

Hammersmith

Ext: Well nourished. Small recent bruises - two below rt knee, one on inner side left knee, one on inner side each elbow & one above & one below rt elbow. Scraps small bruise back of left chest. Lips & fingers blue

Int Brain. Arteries at base all very diseased. ? Small rupture aneurysm on left mid: cerebral. A little subarachnoid haem: over each cerebral hemisphere. Flattening left Cerebral hemisphere. Left basal Nuclei Cryptic destroyed by haem: & wall of left lat Ventricle extensively. A little blood in other

Ventricles - Small firm pigmented area in Rt basal lobe
= pleura + small bacon. Hrt - Rt cons + left vent: fairly
marked dilat^n. Marked atth of aorta + coronary arts.
Lungs = some pass-cong: chr: bronchitis + emphysema
Kidneys = some arterio sclerotic disease.

History. On Feb. 14. 1913. Got off train before it stopped
+ fell down. Had abrasion on head + bruise over eye. Not
severe, but much shaken up. Said to have been
ailing since. On July 9th about 7:30 head to fall in house
Tried to speak. Died 4 Am following morning. Dr called
8:40 pm Pulseless Breath labored + stertorous. Pupils re. dil. Cond.
Dr reacts to light. All the signs of cerebral hemorrhage

Hardy A. R. ♂. 19. Heart fail. Follow. Op. Decompres. Brain Tumour (Pons Glioma) Anaes. ($CHCl_3$).

17. 7. 13.

Cirl. Tumour ?, related to previous head injury 1/3/12

Ext. Well nour: Head Completely shaved. Recent curved clean wound across occiput. No scars on head. Pupils r.l.d.il. Lips pale. No r.l. hemiplegia

Int. Two trephine openings one each side below level of tentorium. Dura mater not opened. Brain. Cerebral convolutions flattened bilaterally. Veins engorged over cerebral hemispheres. Marked dilat 3rd & lat ventricles less of 4th. Glioma confined mainly to upper pons - right side. Tumour in deeper part, soft & cystic in upper & posterior part. No haem: in ventricles or

Ward 11. H.L. Murdoch = fine fatty micro Thyroid (17.1 grammes)
Undergoing attack Heids = mine passive cong:
NO smell of anaesthetic
History About 15 months ago hit on head by box
when working at Tilbury docks. Rendered unconscious
Complained of head last x mas. Head became very bad
& had to give up varying jobs. April this year tried
a fit. Not unconscious - Since then persistent
vomity severe headache. Admitted Barts
June 16. Op^n July 16. 1-30 p.m. Waring - Anaesthetist Mr
Gill. About 2.30 big vessel fractured & op stopped. then completed
& op finished. Died 20 mins later still unconscious.
Widespread cerebral Hge. Temporary improvement.

Britton. ♂. N.B.
29. 7. 13.

Said to be precipitate labour. Labour lobe on lavatory → Premature. 1/313
Attempt to destroy by fire

Hampstead. Previous Phys

Ext. Deep burns ~~from~~ from middle of forearm to knuckles + back of left side head - hole in shirt. Slight on outer side of R hand + fingers. Dam. left side trunk, deep on left hip + outer side of thigh leg + scrotum + penis + inner side of R thigh + leg. Burn R ankle opening into joint Back line over ankle + scrotum. Three superficial parallel burns over right back due to spine (bars of fireplace) Slight burn front of R shoulder + another R forearm No vital reaction and burns micro = produced after

death. Umbilical Cord 9". Ragged, not tied
No indication of escape of blood
Int: No Caput succedaneum. Burn fluid in
air passages + in stomach. Lungs. No natural expansion
but areas of emphysema produced by heat. Liver
pale roasted. No epiphysis lower end femur
Hist: Child born July 25. Male infant of
Lily Bolton. Domestic servant. Said to have
been born suddenly when on lavatory + to have
been drowned in pan. - Attempt to destroy
Child afterwards by placing in fire

Ball-winkle A.G. ♂ 25. Regurgitant V mitr - Asphyxia 1/314
9.8.13. Admin Ether as anaesthetic ? ♂
Marylebone Acute pericarditis Fell ill 4 months ago
Ext Acute well nour. Pupils ch. light, Fns
mve livid
Int. Mennings Cong. HH cases slight, Lvent rather
more so. Lungs E and A crepitation each base. Lungs
some emphys. Much stomach content in upper air
passages down to medium sized bronchi. Acute gen peritonitis
+ much pus. Pelvis almost free Liver 11 6 = adv Cirrhosis
kidneys. In rectum loose thrombus 1½" long 1/2 way into
peritoneum 1" above anus. Whole of rectum below this point

was much thickened & indurated & surrounding fat. No stricture = chronic proctitis. Small healing ulcer just above anus. Muscular hypertr. of rectum.

History Illness ~~[illegible]~~ 4 years ago. Admitted Middlesex Hosp. for stricture of rectum. 1st Op^n Aug 2nd to dilate stricture. Was followed by Ether. Good recovery. Later developed signs of peritonitis. 2nd Op^n Aug 7. Same anaesthetic by same man. Vomited when ½ under, put head on one side & vomit came away, relaxed & help came & breathing well. Continued with ether until under table to operating theatre & on table. Gilmour immediately stopped breathing. Dusky face. Pulse beating – stopped 2 mins later.

Robins R. t. 34. 1/315

21.8.13.

Spleno-Medullary Leukaemia

Abortion + Laceration + infection of Uterus

Sr Pancreas. Previous PM. ? Cause: Bruise on back alleged by husband

Ext: Well nour: FNs rather hard Milkin trents

Int. HT. Rt Cvs + Lt Vent small not dil. Musc = sme patchy fatty + some Rt: atrophy muscs. Lungs rli Cong

Periv N Liver 80 z. incl PM changes - Spl: 32 z Very soft + cong. Kids 7+6 oz. Chr parench degen. Uterus 4" long Cervix somewhat dil.. ? rli deposit of lymph on inner surface of body. Remains of placenta adherent to top of uterus on left side - calibre size of 2/6. Wound in right lateral wall passing upwards for 1½" from

just above int os, deeper below where it was lacerated
whole thickness of muscle; some scarring in lower part.
Septic thrombosis of circular vein of cervix extends to right
pelvic vein & inf. vena cava. Large corp. lut. Rt ovary
Wound in uterus organisms Micro.

Hitz Married 5 yrs. Two children younger 18 mths old. Labors
difficult. Warned against further pregnancy; Bad health
for last 6 mths. Pregnant 3 mths ago. Not losing.
On Wed night July 30 bleeding severe & she miscarried them.
Said to be 5½ mnths. Husband said to have given her
Devoe Klenzo douche earlier that night. Adm STH anemic shg
July 31 - 4pm Temp 100 - Pulse 120. Part of placenta removed
under anesthetic. Temp 2, cont'n; to 101. Rig us later.
Died aug 9, Blood Picture of Splenomedullary leukaemia

Crook L.B.& D. 22 - Heart Fail. & Ac. Blood Poison. (Puerperal Septic)
22.8.13. Follows Labour. 1/316 2 Ppms

Puerperal Septic aemia

Yelling

Ext: Stout. Milk in Breasts. Pupils dil:

Int: Hrt Cons dil expl + vent: Murmurs = adv fatty Micrs.

Lungs. Marked Cong + oedema at bases. Septic bronchopneumonia left upper lobe confirmed Micros - streptococci. Liver Numerous minute strep: abscesses. Spl: 7 oz. V enl cong. Kids 7½ + 7½. Chronic parenchymatous degen: Uterus 4" long. Cervix = 2 fingers. Body thick. Inner surface covered by septic clots - small abscesses beneath lining walls

History. Healthy. 1st Pregnancy. Full term. Labour

Started Aug 8. Child born Aug 10. 9 AM Attended by Midwife
Placenta removed Aug 17. Wife very ill. Died Aug 19 7:30 PM
Child alive & well Temp 103 before death.

Smith R.A.G. ♂ 3/12. ~~Head Lag~~ Acute Bronchitis & Emphys. 1/317

28.8.13.

Fulhams

No evidence of pneumococ diarrhoea

Everything possible done for her in hospital.

~~Ext~~ Emaciated. Length 22½". Wt 6½ lb. Grasmikes. No cyan but Hr can't dil. Slight pink tint dyn muscle. Lungs general emphysema & slt pass cong. Stomach Curds in leaden thumbs & lymphatics. Thymus 2 8qm atrophied. Kidneys & pancreas congestn. Stomach large & full of fine curd & fluid. No evidence of enteritis or colitis Little subcut fat, omentum mesentery normal

History 2nd child — full term 8½ lb. Breast fed for 3 weeks, then bread & milk. Put on Nestles milk

Admitted July 3. Well on admission & cont.
to do well in Infirmary. Transferred to Infirmary Nurses
July 16. Smell. appar. well; in nurses return on Aug 3rd
Night Child not doing well. Wt 8lb 2oz & cont. to
lose did not improve & changed diet. " Henley of
Mustard Section when entered Infirmary but more recent
letter child have diarrhoea & green stools. Attack: refused
bottles spoke to green stools. Cough. Aug 14. Loose as
16th. High diarrhoea improved. Aug 20. Wt 8lb. Wife left
Infirmary Aug 20 taking check with her against advice
9 Days. Died Aug 26.

Clarkson E.E. b. 21. ~~Heart Valv~~ Fat, Depen: Heart Muscle 1/318
8. ~~9. 13~~. 9.13. Follow. Anaem. ~~Age~~ Brain Tumour.
(Chlorosis) Chlorosis
Paddington
Ex[r] well nourished Unexpected Death
Int Skull thick. Inside deeply excavated by Cerebral Convolutions.
Brain. Pale hard & firm in ant fossa Tube forming ridge along
inf surface & extending almost to head of Caudate nucleus No
necrosis or haem: in tumour. No retinal hyperplasia.
Ht Muscle expl[t] very Pale & soft degen. (Chlorosis)
Spl 5½ x 3. Liver & Kidneys congested. Lungs. Tuberculosis
History. Illness Commenced ½ year ago - tired & hysterical
Pain in chest. No cough. Chlorosis diagnosed. Recently

Complaint of pains in head & attacks of sickness. Fits 1st Nov. July 9, others on July 13 Aug 5th & last Sept 5th. came round from last. Died that night at 8pm. Before the last unconscious, foamed at mouth & kicked. Dark about 1-10 mins. Knew nothing about the attacks Dr Cameron. Fits not true epilepsy, thought they might be hysteria epilepsy. Not anticipating her death

Tarrant F.M. ♂. 6. Compress. Brain Extradur. Haem. Following
8.9.13. Fract. Skull & Injury Mid. Menin. Art.
Paddington Skull v thin & papery along line of fracture
Ext. Well nour child. Lips pale & T Vs livid 1/319
Faint recent bruise inner side of left calf
Int. Haem with post pt of left Temporal Muscle. Skull fractured
beneath here. Fracture 2½" long & passing into R middle fossa.
1¾ g clot beneath fracture (extradural). R Cerebral
Ring centre emphaem in brain near left temporal pole
Depression of skull beneath extradural haem. Cerebral
convolutions flattened. Heart. few petechiae on
surface. Cavs dil esp L ventricle, Lungs. Slight hypost congn.

+ Rh: emphys: Thymus 29.3 gms. Rather large. Much atrophy
marrow. Spl + kids cong. Some clear urine
History. Health. Sept 5. left for school 1.45. Brought
home 4.30. Complained of pain in left ? side of head
Running along edge of pavement when she twisted
round by herself, helper pushed by woman. (One foot
slipped + she overbalanced + fell in road. Dr Beattie
called about 6 p.m. Sept 5. Quite unconscious. Pale.
Pupils N. Saw again 9 p.m. Breathing deep. Pulse slow + full.
Rt Pupil did not react. Died same night. After fall
seemed shaken + was trembling

Partial Strangulation by Ligature. Status Lymphaticus.

157
13
11320

Alfred Wiles Ot 9 months Pm 26.9.13 8 PM H

Ext. Well nour. Rigor mort. Slight hyperaem. No cyanosis
Conjunct. pale depression with engorged
slightly raised edges, 3½ long across front of neck.
½" wide. No bruising underlying the
groove. No bruise or other injury of underlying structures
or of larynx or trachea. Brain N.
Meninges slight Cong. Thymus large & bulged almost
up to Thyroid. Weight 34 gms. Heart, 2 petechiae
on surface. Rt auricle & dil. muscle pale. P.T.O.

Blood fluid + dark. Lungs rather oedematous & few petechiae on surface. Mucus in air passages
Liver. Slight cong: Spl: lymphoid hyperplasia. Lymphoid
hyperplasia in large intestine. Mesenteric glands large
Micro. H+E Fine diffuse fatty degen:
Thymus. Lymphoid hyperplasia. Normal functional
gland. Thymoid resembles epithelioid type
many acini - which are small - being empty.
Spl. Marked lymphoid hyperplasia
Histig - B I D. 25 Sept. 1913.

Martin G.O. 43. ~~Head Inj~~ + Shock ~~Fallen. Injuries Acc.~~ 1/321

29.9.13. + Diabetes + Chr. Bronchitis.

Crushing injuries of chest, run over by Car

Fulham

Ext. Well nour: . Decomp: advanced. Abdomen very distended + tense. Marks? abrasion? bruises across back of chest

Int.: Extensive bruising whole of left side + back of scalp

Hrt Caps all round dull: lungs: marked hypost Cong + oedema + bronchitis.

Organs gen: very decomposed, + gastromalacia. Nodrain apparent

Tongue bitten on each side. Front teeth. Rt 1-7 close to spine 8-10 in two places at back not so close to spine. Left 2-7 in front, 5-8 at back. Haemorrhage into surrounding cheek tissue

Thirty. Very healthy. Carman. Left home well at 8 AM Sept 19. On that day at 2.10 pm he tripped + fell in road on back in front of car; front wheel of Car - near side - went across his chest. + then stopped dead. Taken Woman's Hosp. - Dr told wife Take him home + telephoned Dr. He has some bruises but will be back at work in few days. He was cheerful but very ill. He said it was his own fault as he had stepped back. Changed for worse Sept 26 + died 10.45 pm that day.

Blake A.C. ♂ 45.

29.9.13.

Asphyxia due to oedema of larynx 1/322
2nd to already tissues. Nor acted
by N_2O (hyp: hydrocyanic + ?)

Hæmorrhagic

Ext. Well nour. hips rather livid

Int. Inner surface skull slightly roughened. Brain convolutions slightly flattened. Lat ventricles mod dil & full of clear fluid; 3rd + 4th ventricles dilated. No explanation of hydrocephalus. Hr cavs all dil esp lt vent. Muscle = v. pale: fatty + some hæm throughout. Lungs extreme oedema: esp at backs. Calc particles: chr bronch + emphy, old caseous areas at apices. Marked oedema aryepiglottidean folds.

Spl cong Rich 8½ + 8½. Marked pallor cong. Uvula
enlarged. 5% sugar. Tonsils large. Firm mass
right side in post. half, thro contained pus chiefly
in diffuse cellulitis, it extended to epiglottis. Pus
Contained gram + streptococci
Uterus. Cabman. Always healthy + sober. Complained
of cramps Sept 24. Ankle difficult. Breath Sept 27
at 10. Air Adm. Went back to ship. Came ashore. Emerging
up in wards. In much pain. N_2O given Dr Webber
took it well. Small incision made - did not open
abscess. Mouth forced open further + respiration
immed. stopped.

Walker W.H. ♂ 40. Entrance Food Air Pass. Suffer. Tumour Brain.
29.9.13. NV Acc. Op. ~~Thymus Status~~ ↓ 1/323

Ironmonger No Cancer Hist. Glioma in Pons

Ext: Poorly now; Lips pale. Fds livid, Closed wound in thumb

Int: Skull very thin & parts of middle fossae completely absorbed; some foramina also enlarged. Subtentorial skull removed on each side down to foramen magnum post each of atlas & removed Brain. Surface much flattened & convolutions Pons & medulla & Cerebellum uniformly enlarged. All ventricles greatly dilated & full of clear fluid. Soft white tumour - glioma?

Buried deep in lungs + ?. Projecting into L ventricle
Ltr cyrs adhesions esp L ventricle. Lungs congd
+ emphysematous. Much stomach content. Lungs
upper lobes pneumonic + down to medium bronchi very
Subst emptied/plugged. Recent tracheotomy. Spl
Cong. Kidneys = passive Cong.
Hist Pt had getting weak last 5 years. Unsteady on
legs + eyes affected. Entered West London Hosp. L side 2
days after admission + seemed much better. On day of death Sept 26
he was propped up in bed + fed with spoon by nurse
Had about 4 teaspoonfuls when he began to gobble + to
have one of his usual attacks of suffocation. He died
in 10 minutes after food. Tracheotomy performed without
anaesthetic + 2 fragments of food found. He gave
a few gasps + died

Brinckley F. E. 38. Difficult labour + shock c dyspnoea + heart
30.9.13. Neur- Anaesthetic Chl3 profuse admin 1/324
Pearl
Ext. Rather stout. Abd: dist: Pupils sl dil. Lips + F1s livid.
Bloody vag discharge. Bleach colour face neck upper arms
hot. Hrt Cons dil esp ventricle. Muscle = a little flab well
marked but atrophied mens. Lungs = faint crepitations
Conj oedema lower 8rs. R&L + decumbent Spl 8rs R&L
+ resp. Kids = pass urine. Vagina large fully blood soaked
gauze plugs. Uterus enlarged to size of recently delivered full
term pregnancy without retraction. Cervix dilated
readily. A little blood clot removed etcm.

Placenta & membranes completed removed.
& well thereafter. Two small corpora
lutea in left ovary. Hæm. between Vagina & Rectum
Uterus very healthy. Had had 10 children - the last
twins 11 months ago. Labour generally good. This
time the child not felt so well. Labour 2nd stage on
Sept 29. 1.45 AM. Membs not ruptured. Head forceps
Labour pains passed off. Arrest hr 3 1/2 Hrs. very exhausted
& begged to be relieved of pain. Anæsthetic gave chloroform
3/4. Struggled very violently - not completely under
Sensation resp failed & pulse could not be felt. Cyanosed
Restorative failed. Delivered child 20 - 25 mins after mother
death. Child white macerated. Little blood lost

Lowe E. & 28.
10. 9. 13.

Criminal abortion - perf. relf induced 1325.a

Hammersmith

Two perforations of roof of vagina
Cellulitis & Peritonitis.

Ext Well nour: Decomp & stinks. Breasts Contain Milky fluid Pin incision from above umbilicus to pubes

Int. Int Cavs dil, & vent: marked Mucus = adv. fatty degen micros: Lungs = marked hypost. Congs. Acute gen peritonitis with much pus Two openings in peritoneum at bottom of pouch of Douglas, lead into Vaginal roof on right side Larger admitted 1 finger Liver very fatty. Spl. soft very large. Kids = Cl. swelling Vagina. Two openings in roof as desc. above with narrow strip of mucous membrane between them. Around

there tracks acute cellulitis & thickening extended up to
Uterus & appendix + for some distance up to
Caecum + asc colon. Peritonitis more marked over upper
part of rectus sheath. Also small area of cellulitis over lower
part of sacrum. Uterus 6-6½" long. Cervical canal did.
but no injury in cervix or body. No fractures or placenta. Deposit
of plastic type over surface of uterus. No rupture. Large
effusion in left ovary

Hetty Lover. First told me she had gone over her time 2nd week
in August. We then began to arrange marriage in September
She denied any op & her admitted having taken pills
(penny royal + iron) previously. Eventually told that she
was well again & said she did not want to be

~~Carnegie C.D.O. 24. Degen. Henry Munde, Bucs. (Ethel)~~
3.7.13.

1/325
6

Re Edith Lowe dec Continued
Criminal abort

Visiting Card. Ill + in bed Aug 25 when mother came home. Said she had never done anything. She was sitting in chair - very collapsed, in great pain + vomiting. She had passed a little blood & dilatation of os which was very high. Thought she was about to miscarry. On 3rd 4 Aug next morning she said she was dying + implored

of great pain in chest. Temp was up to 101. but gradually
felt + better day week. On Aug 30 temp 99.6
+ began to swell my wife gave her douche Sept 1st Dr C
called in Consultation. Foetus dead (4½-5 months)
Then sent to Hammersmith Infirmary. Died 3.5 5 AM
Sept 5th

Brown. E. N. B. Congenital Heart Disease. Wt. 8½ lbs. Length 20¼"
12.9.13. Midwife in attendance. Survived birth
Padd 7 for 10 hours & gave a cry. 1/326

Ext - Well nour. Full term. Deep red colour all over. Pupils dil: lips cyanosed & deep cyanosis of arms & hands

Int. Numerous small haem. whole scalp - deep sulcus Meninges congested over brain & spine, N. umbilical cord & H & Thymus. Sickle shaped opening in foramen ovale & small interventricular septum. No ductus arteriosus. Lungs engorged. Air in eye pass but very little. Thymus very enlarged. Liver, spl & kids engorged. Pharynx & larynx

Lübeck. Partie Cap. Arkona

Warburton H. ♀ 37. 11327

16.9.13. Chronic septic poisoning & abscess 2 yrs

City. Carbuncle - staphylococcus. Chr Alcoholism.

No connection & accident 20 months present.

Ext. Poorly nourished; Sl oedema Ankles & tops pale. 2 opⁿ op^s wounds

over right thigh, opening into same cavity; smaller

wounds over left leg & upper part of right thigh & in lower

part of middle right thigh - all crumbling pus. Healed

carbuncle over spine between scapulae. Punctures - opened

over buttock. Hard inner swelling under side left knee

Int. Ht Cavity all superficial did: Muscle = marked

fatty degen. Viscera. Lungs - passive Congn & oedema

Acute bronchitis. Liver & kidneys fatty & several

Small abscess in lung chiefly subpleural Liver. Glb. Adr
Fatty infilt = chr alcohol. Spl pale Kids 8½ + 8g
extens many large small abscess thyroid Pus in brain
+ abscess in bladder wall. Large abscess back neck
Right side extending down neck towards Cardiac Tuberc
Fluctuant area over knee = another abscess
Abscess cell = gram + staphylococci.
History. Knocked down by taxi Oct 6. Last Small cut over left
eye + bruising down left leg. Was drunk then + a chronic
alcoholic subject. Bart June 25/913 Bad between thumb
and: into Carbuncle - Opened. Later - abscess opened in Rt thigh
Left thigh. Left shin left wrist both axillae + groin Died Sept 14

Dorkings H. S. 47. ~~Heart Failure Ac. Blood poison (Empyema Bl.)~~. Anaes. Case (CHCl3 & Ether) 1/328

25.9.13.

Pyo. Nephritis due to Stone. Empyema of Gall Bladder + 2 ozs abscess right loin

Hammers mth Ex. Well nourished. Lips pale. Open op. wound Rt loin.

Int: Ht. Left vent faint marked clear thro cardiac

Skin & Muscle = pale fatty + marked Rt abdl muscles

Lungs oedem; at back esp Right, also gen. emphys + chr bronchitis. Gall Bl. much enlgd + contains numerous small dark calculi + thick pus + communicates extern thro sinus of previous op. in right loin

Impacted calculus chiefly cholesterin at beginning of cystic duct. Spleen 11½ ozs very soft + pulpy. Kidneys Left: 10½ ozs typical, + contains also some chiefly cystine but a

tes lesions in pyramids. Cloud swell + emy. Rt Kidney removed c ligature on stump c minute [illegible] perineal fat inbet c pus; this area in contact c abdom wall & lower had thus probably become infected.

History. Ailing for 6 years c haematuria for Private op: went London Hosp: on July 23rd for pyonephrosis due to stone. 2nd op: Sept 10th. Last op: Sept. 23rd to explore abscess where Kidney had been. Old incision enlarged abscess found; she then stopped breathing & died. $CHCl_3$ - 2 + Ether 3 given on mask. Cannot about 3 i. Took it well vomited in evening. Kept. night under. Under for operation 20 mins Breathing stopped before heart.

Machin G.R. ♂ 2 Days. Mening. Haem. 2nd Congenit. Heart Dise. 1/329
NN Acc. Anaes. Length 20½" WV. 6 lb. 13½ oz.
26.9.13.

Difficult Labour - Subdural Thymus 9.4 gms
Haemorrhage - Compress Brain ? Both Parts
Francis
Ext. Well nourished. Head shaved. Recent sutured
opening about mid Rt Parietal bone. Pupils react to light
Int. Flaps of Rt Parietal bone turned out + dura mater
incised transverse. Stitches in superior longitudinal sinus at end
of incision - No injury to skull. Dura infiltrated blood on
each side of it at occip protub: round each lat: sinus.
About 4 oz blood-part clotted in subdural space
over whole left side of brain. Brain under great
tension & very wet. A little subarach: haem at Rt

frontal pole. Brain impinged. HT Pet: on surface. Large patent duct: aorta & sickle shaped opening foramen ovale - not large lungs - air throughout but not fully expanded Pale liver & Kids Cong. Uric Acid infarcts in Kidneys.

Victor. Breech Presentation. Labour protracted but instruments not used. 6 hours after birth child had fit. These repeated at intervals. Fits very frequent when admitted - every few minutes. Preceded by a cry. Movements commenced in feet & spread over whole body. Not marked eyeward. Symptoms of compression. Opium chloral given. Hypodermic turned down. Brain under cranial tension. Superior longitudinal sinus opened; as soon as it was exposed child stopped bleeding.

Cowe A.E. 12. Asphyxia Changes Not Very Marked. 1/333
1.10.13. Thymus fairly large (33.1 gm.).
St Pancreas Poisoning by Morphine adm by Mother.
Ext: Well nourished boy. Pupils N. Lips + fingers deeply stained TNs slightly
Muriate
Sweat eruption arms + legs
Int. Meninges very cong.. Petechiae: surface of Hs + lungs
Hs Cuts dil exp: Left vent. Muscle pale Lungs cong.
? Stomach Contents in upper air passages Spl + Kids cong
Rt Tonsil enl.. Pharynx + Epiglottis livid + contains stomach contents.
Partly digested food in stomach: Analysis. Morphine found
in all organs analysed with large amount in stomach
contents - amount equivalent to 4.26 grains Morph Sulphate. No CO

or Chlcls detected in body. Analysis by Wilcox & Rosa
Hastings. Dec + Mother came to Hotel near Kings X as
Sept 18 (Boy stayed home returned to Bluecoat School
Horsham on Sept 16). They were last seen apparently normal
on night of Sept 28. - No response next morning. Bedroom
door found open. Mother in bed, covered by bedclothes
+ unconscious. Paper stuffed under door + in Keyhole
but no apparent escaped gas. Empty + open Chcls bottle
No smell of Chcls. Boy found dead in same
bed under clothes, head at foot end. Body cold
+ stiff. Dead about 6 hours. Lady H Chick clutched with back
of his mouth + Lady Carnside over his mouth + nose
portion clenched in his teeth. No struggle in room. Face livid. Eyes
protrude.

Evans F.E. ♁. 22 Criminal Abortion 1/B34 1a

3.10.13.

3 infants in utero. pyaemia

Hammersmith, In presence of → Dr A Givan

Ext.. Well nour: Decomp advanced. Breasts large + contain milk. Old scar 4½" long Rt abdomen

Int.: Ht. Rt Cavs + Lt Vent: slidil: Muscle = marked Patchy fatty degenerations. Lungs = septic infarcts + abscesses. Hypost: Lung.- Pelvic peritonitis + a little pus. Abd. organs decomp. Liver + Kids - some fatty mets Small abscess one Kidney. Genital. Vagina Capacious Uterus 5½" long. Cervix admits 2 fingers easily. Bruising Depression Rt 1¾" long up Post wall of cervix + body.

Ⓐ In rt lateral wall broad depression = Lac: Wound
extends upwards. Just above ins on right a circular
depression ½ x ½ penetrating deeply into body. Circular
vein contains septic clot. Shreds of ? membrane loosely
adherent to wall surface of body. Some deposit of
pus lymph outer surface of bowel especially depression No 3.
Contains intestinal organ. Infection Streptococcus pyogenes
~~Hæmolyticus~~ Remains of Placenta found micros.. The bowels
in ulcers ~~acute~~ acutely infl. micros
Ulcers only later circular. Admitted Nursing Home
Sept 25. ~~Temp~~ Temp 99-6 p 100. Septic temps up to 103·4
pulse rate to 136 Died Sept 29 12 pm Dr. A. Gurrans Case.

~~Whyton E.F. 5.41. Double Re. Plan. + Ac. Peri + Infect. By~~
~~11.5.15.~~ Re T E. Evans dec ~~Pneumococcus~~ .2

1/33 F
6

Dr Girvan. Fabre clerk's certificate.

History amplified - Adm Nursing Home 11 Clarendon St. Pimlico on Sept 25. Miscarried between 2+3 pm same day. In great pain on admission. Dr G examined her at 5 pm & said placenta had not come away & presented Eight. Next morning ~~placenta~~ had not passed. On Sept 27 at 9 AM Dr G curetted her giving anaesthetic [illegible] kindly. Temp afterwards fell & kept well all the time. Deed asked me (I think) not to give her away

To her sister. In August (11th–30th) Pile complained to her of Abdominal pain, & She first complained of feeling ill – sick Sept 23rd was very ill with great pain on Sept 25

N.B. Post Exam of Appendix. No appendicitis

Appendix constricted near tip where there was buckling and ? previous inflam".

Dr Girvan Death Certificate Appendicitis Peritonitis – Hernia

Rex v Girvan

Pleaded Guilty to giving wilfully false Certificate of Death.

Pittham W. ♂ 46. Ac. Blood poison. (Ac. Append. & Perit.). 1/335
3.10.13. Opn. Not Acc. Anaes. ; G.P.I.
Southwoods.
Ext. Rather stout. FIVs shaved. Face neck & upper chest
hirs. Recent opn wound 5" long over appendix & drain
Dressings wet, mid line abdomen & left groin
Int. Membs. fine adherions between dura & pia arachnoid
on vertex & base esp: in front (GPI). Ht. Rt Cavs & left
Ventricle much dil Muscle = very marked fatty & marked
brown atrophy Muscs. - lungs. Marked passive cong & oedema
Gen! emphysa & chr bronchitis. Acute pentonitis, more
Marked in Pelvis - Appendix has been removed

Spl: Slent: + cong. Kids = clouds weak + cong.
History Mental dulness developed about Xmas 1912.
Grad: got worse Adm: Beth Eden 1 hosp June 16.
On Sept 30 about mid day obvious ill. At 6 pm
obvious peritonitis. Op = 9 pm - Rectal prepared
Ether + Ether. Went under well. Appdix removed
+ drainage completed. Patient kept warm with Canad
hose and hop's. Came out hose he kept talk
+ pulse good at end and at beginning Taken back to
bed where he died in few minutes

Rose M.M. b. 27. Uraemia ~~Coma~~ + Disease Kidneys (Large Amyloid).
~~Not Adm. Admn. a Op. Death. Removed Dead~~ ~~Coma~~.
16.10.13. Unmarried. Midwife attended Macedon-
Hammersmith 9 Doctr. Suppression 4-5 days 1/336
Ext: well nour:. Pupils Sc dil. Fits x 1 hour. Breasts ent: milk
Tnd. Meninges Cong:. Hr Retention in urine. Bowels
normal dil, Ventricles none ro. Muscle = fairly marked
Rom atrophy + fine fatty micro: Lung = none hypost cong
+ Oedema. Emphysema. Spl 9½ Soft + very: Cong + decomp.
Kids (16½) Large white fatty - marked amyloid micro
Bladder Cong. + ~~Hyp~~ Hyp empty. Adrs amyloid Liver + Spleen
Uterus 4½" long. Cervix nl dil. Thick mucous plugs +
ext-os ~~cervix~~ mucus tongues of tone in V. Wall of

Corbett H.E. ♂ 46. Asphyx. ~~[illegible]~~ Oedema Lungs ~~[illegible]~~.
~~[illegible]~~ Rabbit. Epithelia Mouth.
17.10.13. Anaes. Case (CE). 1/33)

Chelsea Operation not commenced 2 3

Ext. Well nour., lips pale Sl swell below angle rt jaw
Thr. Ht cons all dil, left auricle slightly. Much fine fatty
& marked hyalin chgs & hemp Gen emphys & chronic
Hypost cong - oedema, pigmented rt lung. Oedema cong chronic
lobes, more rt side. Liver, spl & kids cong. Sl oedema gall
bladder. Mass of mucin gastric = pyloric & cardiac
Mucosa: about ½ of thickness in rt side less
of width ⅔" in front of oesophagus Chronic but not
Marked Tongue attached on rt side; back of right

Tuesday. Cleaning Cubicles Stalls Bedding Etc
Sent down 12 ride next to clerical
Horses. very healthy. temperatures & pulses. Smoked Cattle
For last 6 weeks weighing 1 cwt & a little Thurs. Sweeps appears
in mouth yesterday. Sent to Carriage Hosp. Over 14. Dressings
Return 14 on Oct 15 in Evening Visit Hosp. Ike was dressed
Op:: In afternoon Oct 15 Anaesthetic (2 Eg) Open mouth
Tooth well but clogged. Then became quiet. Wheeled
into theatre & lifted on table; then hitched that he
was made attempts to breathe & no air entered lungs
Tongue pulled forward. Breathing Artificial resp. & Heart beating

Taylor E.H. ♭. 27. Heart Fail. + Valv. + Musc. Dise. Heart + Anaes. (CHCl$_3$) + Resp. Induc Pneu Abort. 338.

18.10.13.

Pres Mitral comp: ly adv mitral stenosis with slight failure Retchs before op:

Maylebone. Ext. Well nour:. Milk in breasts. Marked oedema Lower limbs Vulva + flanks. Pulse sl dil. Lips Tongue, Sl: hypostasis Apex: Ht 15$\frac{1}{2}$ 3. Rt Cons Much dil + hypert Lt Vent Rt Cur much dil + concid: hypert. Vent: Just marked dil sl hyper. Adv. mitral stenosis; no recent endocarditis. Muscle = fine fatty mean. Abut $\frac{1}{2}$ pint of clear effusion rt. Less left plevy. Lungs: marked emphys Bases pinched + very oedem: Small recent infarct left base. Both mains upper air passages. Oedema of

Uterus tissues over chest. Abdominal hys q6y
marked nutmeg emp. Spl 7½ cm from xiph. Liv
1½ ctgts. Pass emp. also of stomach + intestines.
Uterus enl. ½ above level of umbilicus. Cervix widely dil
+ head presents - Foetus (26. 12½ 3). Membranes ruptured but
not detached, ~~none~~ nor placenta. Indication of passage
of 2 uterine vessels in lost walls
Hosp. Married 2½ yrs. No children. Severe hr disease
found. Sent to Queen Charlotte's hosp. for emergency
term of pregnancy. Marked depression + collapse. 28 weeks
pregnant. Baby's heart not heard. Some twin. 2nd stage of labour
2 days later. Ctcl 3 given in arm — weak. Marginal. Died
before anything done. Resp stopped first

Hooper E.W.O. 5 11/12. Asphyx. ~~Heart Fail~~. ~~Resusc~~. Stat. lymph.
30.10.13. Anaes. Case (Ethyl Chloride). 11339
Tonsils + adenoids. Op + complete.
Ext. Well nour. Lips + Fr. livid.
Int. Mucous engaged. Pt Cons much dil except Lt Cor
Mus = pure Jatty Murs. Lungs. inhal blood in both.
Pl emphys + hypert Cong. Thymus 30.6 grams - only
slight atrophic changes. Spl 4 oz. Cong + marked lymph
hyperplasia. Kids pass. Cong. Liver Cong. Lingual Tonsil and
Tonsils + adenoids recently removed. Lymph hyperplasia
duodenum + lower ileum. Mesent gl much enlarged
+ fine pigment deposit.

Thirty. Healthy boy. Tonsils just take enlgd + inflamed + adenoids present. Op:- post pnsl until tonsils free fm infln + prepared on Oct 28 Ethyl Chloride 3 cc given by closed inhaln Op:- completed. Removed fm theatre - had hemtg severed + coughed up blood. Suddenly stopped breathing + cyanosed. Trach: done + artificial resp. - Nosepiece

Cellulitis & Gangrene following Vaccination. 1/340
190

Winifred Alyce Potter ♀ 5/12 yrs PM 30.X.13 SIM 4/13

Ext. Well nour. & mal. absent. Hyperpyrexia present. Decomp. commencing. 4 vaccinated areas on left upper arm, the 1 cabbaleer & healthy, 2 others formed fair deep ulcers with inflamed base but no spread, the 4th the lowest formed a large & deep ulcer with inflamed base & acute Cellulitis extending down wards into axilla & upper & spread to whole hand & fingers; thus area livide & deep purple; Commencing Gangrene of fingers Numerous Opⁿ incisions all over into base P.T.O

Cavity below the deep fascia. Pus in axilla &
Supraclavicular glands.

Mitt. Heart heard ventricle dil. Muscle pale (No fat mixed)
Lungs Gen'l emphysema. Emg: collapse at base. Numerous
small air spaces. Spl emg: Kidneys. Cloudy swelling.
Brain & Menings emg. Infection = streptococcus
Hist. Admitted 18-10-13. Died 28-10-13

Freeman J.J. ♂ 30. ~~Hæmic paraplegia~~ Peptic
Ulcer Duod. ~~Natural Cure~~. Respirator
10.11.13. + Universal Neuritis. Not connected
with work
1134
Fulham
Ext. well nourished. Abd dist + tense. Liver reduced
Int: Menings irreg. Rt cerebellum affected as Remove about ½ pint clear fluid in each
lung. Tubular breathing Rt post axillary. Universal acute
peritonitis, more marked upper 3 rds. Suspect
+ve deposit Glycosuria. Urine = clear. Duodenum
circular Chr peptic ulcer 1" diam ½" from pylorus
Whole bowel gangrenous + free communication with peritoneal
cavity. Recurrent from this to pylorus. On post wall

Exactly opposite knee on similar ruptured ulcer
of same size + shape

History Labourer. On Nov 5 carrying planks
at work No complaint. Left work 8pm
Developed abd + pain + vomits during night. Did
not go to work next day. Dr called + thought it
was due to constip + - appears not recorded ill
Ordered olive oil enema. Later said he had been
knocked down by plank at work on previous day.
On the 12th he should go to hospital at once
but does not go until 8pm 15th he came to us.

Blundell E.E. & 24. ~~Heart Fail. Renal. Ac. Gastroenteritis Renal~~
10.11.13. Infect. Gaertner's Bacillus ~~Tabl Food~~.

Holborn. Acute gastro-enteritis from food poisoning
Gaertner's outbreak. 1/342

Ext.: Well nourished, tips hard HVs, clear to

Thr.: Meninges cong: Hr. RR cons + Lr vent sl. dil

Muscle = fine fatty degen Myocs. Lungs. Sl Hypost + emphys

Liver + Kids Cl swell. Stomach = small area of cong =

Duod. cong. Sm. Int Sl cong & ulc: comm in upper part

+ sl cong. elsewhere. Mesent cong in Caec, less marked

+ slight further in beginning intestine in sigmoid

+ rectum. No ulceration.

History Outbreak of food poisoning among Staff at

Oddenino's Restaurant. About 80 persons had the midday meal on Oct 30. 14 people taken ill soon after 10 & vomited during afternoon & went home, & 3 others were received. Did not eat any ices. Taken ill with nausea & faintness the vomiting repeated - a little blood in later vomit. Bowels opened profusely. Pains in stomach & diarrhoea. Collapsed & died. Diarrhoea had then ceased was faint & nauseated. Sunken eyes, flushed face, cyanosis, extremities cold & dry red. Vomit continuing. Improved somewhat for time but diarrhoea recommenced 2 days later. Vomiting later was severe & streaked with blood. Temp rose towards end to 103°. Died Nov 7. 34 yrs. No food proved

Alfieri E.J.J. ♂ 49.

11.11.13.

Manchuria

Ext well nourished. Lips cyanosed.

Inv. Skin Ltr. Smile pet: keloid on surface. Cavernous mouth

Tongue & Lt cheek ulcerated. Lt vent. hyperk. Mucous

fine fatty tissue & stalk mucous. Lungs marked pleuro emphysema

Chs. bronchi + emphysema. Heart enlarged to left

Junction. Mucous rales in chest passages

Liver = marked pleuro emphysema. Large malignant ulcer

= epithelioma across back of lower mouth extending up

Outer side ulcer lip: base & tongue into right opening

Anaesthetic ether CHCl3 + Et2O

Hosp: Cancer flour 4 months 1/343

to receive radium. Death before op.

Glands + veins on L breast. Effect of left tumour. Rt axilla
empty to the eye. Left half much thickened + nipple by
fibrosis. Rt carcinomatous breast thickened + set to
fascia and veins very thickened. Rt. post. axillary
+ epitrochlear glands matted together and Rt wrist glands
upon anterior aspect firm + white. Large L. ant. inguinal
upper right neck
History. Been unwell for some time. Middle-aged
Asp. for Radium Treatment. Op: to undergo Radium
into middle of Sept. for 24 hrs. Chills + fever given
Total 33 charges. On knee, open method. Appl. and
Ointment + Empty Jaquar. Darkness. Light stung girl
when left arm touched. Some right hand. Two gasps then

Maddison A.E. & 27.

12.11.13.

Rex v Kennedy 1/347

Criminal Abortion 3 months pregnant

Perforation of Uterus

Maddn

Ext Well nourished. Abd distended. Milk in breasts. Nipples & areolæ dil. Lips & fauces livid. Pubes shaved, but Hr can still be dil. Mouth = after taking mixture. Lungs. Faint mottled hypostatic cong. Ecchymosis anterior to pericardium & much bloody fluid. Mucus membrane in pelvis. Skeleton very spare & emaciated. Kidneys & liver well. Uterus 5" long. Cervix = 1 fl. Body thick firm & muscular. Inner surface smooth & pale. Cong - Large perforation top of uterus to right of middle line, admits 1 finger into peritoneum. Edges rough

Monday. Small yellowish under Peritoneal
Coverg. Outer Layer Perforated ruptured at fallopian
tube. Pus in fallopian tube. Pelvis normal
Uterus
Ovary
Tuesday. Feverishly. Child dies youngest 5 months
Taken ill on night of Nov 6 (said she had pellagra after
that day). Mrs K had been with her that day. In middle
of night she said she felt very ill and feared something
Early morning sent telegram to Mrs K to come
to her as she was in each day to end. Doctors had never
taken charge of her case. Early May 8th Severe
great pain + delirium - Rigors Friday night. On 8th admitted
heavy had dyspnoea. Pt pricked. Coat E.S. Thurs Nov 10 Death

de Leon L.A. t. 40.

14.11.13.

Chr: Interstitial Nephritis & Skin eruption which scratched & produced carbuncles - Uraemic convulsions 1/34

Paddn

Ext. Thigh well nourished. Skin brown & extensive papular eruption. & much scratched & scarred resulting. Six large carbuncles (staphylococcal in nature) each of them top of head

Mvr. Scalp. Carbuncle deep & large undermining surrounding skin & small abscess in underlying tissue & a well filled & septic wound. Extended from behind upwards & forwards which was not involved. Moreover

Mvr. Cava did exp. Ht vent & which much hypertr Mus = tone of

fairly clean. Urine Kidneys 2¼ + 2⅓. Sugar = marked Granular
casts. Casts cylindroid = Advanced Chronic interstitial
Nephritis & Chronic Cystitis. Temperature not taken.
History. Trained Nurse. Daughter of Med. Man. Had Pneumonia
Chronic Bronchitis. Health bad for some time. Suffering
much itching of skin & thought was to scratch but did not do
so much. Has headaches. Left New York for Med. 10 days
before death. Stayed with a woman who had had
her very ill & refused to see Dr. Two days later
worse. Dr Kennedy sent for. He arrived & had
conversation with Mrs. She told him she was
suffering from Acute Septicaemia & that she had a violent
convulsion which lasted 5 mins of his seeing her.

Case of Eclampsia

Philps H. ♂ 64.
17.11.13.
Padd—

Carcinoma of Prostate — 2 mths onset 1/346
Spinal canal prod: Paraplegia
Death arrested by fall 4 weeks before death

Ext. Very pale mouth lips pale. Large stinking bedsore sacrum
Int: Prim: Carc: Prostate + whole gland being
replaced by soft white growth = adeno carcinoma. Whole
bas invaded bladder except ant wall forming a large black
mass of growth thro which urine - infected - has
infiltrated to produce early acute Pyelitis. 2° growth
in rect and anal canal glands. Many 2ndys
in all viscera & renal fossa. Spinal 3rd
rib ext: into spinal canal compressing cord which

is almost liquefied below that level. Other 2nd cases
vertical bodies, 11th and by almost complete
destruction and the mixed tissue composed
many cells with melange

Micro: Abdgland = carcinoma of prostatic type + squamous
cell carcinoma rectum 14 male 2nd in Pituitary.

Hist: In Jan 1913 first case Dr professionally in
Penzance, Kremer Waldenstrom Hosp. Italy. Last week
pleuritic. Pyrexia until Sept 25 when first day
Stumbled fell down flight Upstairs. Broken Tib
Confined bed Took 10 days next day. Dressed
& sat up again. Paralysis in Incidents. 3 weeks before death

Stamp F. U. 8. 39. ~~Heart Fail + Dapers, Heart Muscle Acc. Accid.~~

18.11.13. Accidental Inhal. Chloroform.

Handyman cleaning clothes 1/377

Ext. Very well nourished lips + fingers sl. livid.

Sl: recent abrasion below chin. A little blood from

orc: for mouth

Int Nervous sl: emp Ht Chest much dist exc Lt ant

Mouth = fine rales degen Mitral. Lungs - some panic emp

Abd: emp. Viscera sl palp emp. Tongue not bitten

Much food vomited. No blood Ht Cl z nitrite test

sl: odour given off by Thymus

Urine Normal Central Chemist. At bed time

he went down to dress [illegible] room [illegible]
to clean grease from clothing using CCl4 [illegible]
he was found by wife at 3.30 AM. He was lying
on floor on face, dressed as when he went down
She pulled him over & found he was dead. A bottle
lay on its side on floor about length from him & broken
stopper some distance away. Also small basin with wood
wood beside it. Body cold. Some dirty work
which had been used for cleaning. Returning to
room noticed CCl4 on clothing & in room. Dead
4-5 hours. On chest & hips marks resembling CCl4 burn-

Dr Cunningham

Wood E.M.M. b. 49. Heart fail. & Brown Atrophy & ~~Fibrosis~~ Heart Muscle Conseq. Athers. Coron. Arts.

19.11.13.

1/378

Marylebone

Ext. Well nourished. Hyp[ostasis] livid. Lips, hands & fingers livid. Ears, sides of face also livid.

Int. Hr. Rt Cavs ~~normal~~ much dil, left auricle somewhat more: more markedly dil: Muscle of ventricles pale & firm many glistening areas of fibrosis. Patchy athn: coronary arteries which were small. Lungs. little path: cong: A little stained catarrh in larynx, trachea, lower pharynx & upper oesoph. Oesoph livid. Much food in stomach. Kidneys ~ N: Pass cong.

14th. Found dead in bed at ~~8.30 Am~~ 8.50 Am
in Room 17. Had had bath night before, lying in
bed on right side, position comfortable. Face cyanotic
Had been dead several hours. On morning of 13th the
corpse due to breath just looking blue about face & lips.
That night she complained of a spasm on left side
of chest, rather acute which it lasted. It was over
region of heart. On 16th still complained of pain
in side. Was night attained nurse. Always good
health.

Thrower M.R.S. 66. ~~Head Tail Ulcer~~ Pept. Ulcer Stomach.

22.11.13. Death from haem. 1379

Chelsea Chronic Gastritis

Ext: Well nour old woman. Lips pl livid

Int. 17 wks pale. Cons. Arcus + left corn pl

clin; bs ventricular murmur. 17 wks = fine fatty

deg + marked bronch. atrophy mucous. Lungs + air

passages pale. Kidneys pale. Stomach. Pylorus half

occupied wholly by a large ulcer with obvious atrophic

canals. (Typical chronic peptic ulcer). Floor much

+ clean, lying 1 - 1½" thick, adherent to liver & pancreas,

spleen over large area, border liver, diaphragm

Left Margin Chest wall. Apex Blood vessel in
flow & clot phlyctenic W = splenic vein.
Atrial 10 3 beat in atrium. Dark tarry
blood thrown into veins.

Hist. Mind recent in the emphysematous
Health gradually feebler. Constant indigestion
ago about dr 2-3 yrs ago. Christian Scientist for 10 yrs
Nov 20. Fainted in kitchen, pleasant and agreeable
consciousness. Dr. Tucker called. Next morning felt
much better, but dizzy and faint. Worse after 9 AM
Dr. Hamlin. Pale & ill. Rapid pulse on Nov 20. Vomited
had vomited blood. Diag: Int haem? malig ulcer.

Wallace L. M. b. 2 10/12. Convulsions, & Coma ~~Follows~~. Inf. Hydrocephalus
29.11.13. at 6 pm. Dead 2 days 1/300
Tottenham
Ext: Well nour. Eyes sunken. Lips + NV very livid, TVs rhonchi
Int: Skull thick in parts, thin over cerebral Convolutions; wide sutures & cavated for convolutions. Dura mater thick and strong. Menys cong. Convolutions flattened. All ventricles dilat: Lat ventricles fairly marked + empty. Brain very soft & wide ~~=~~ appearance of Post meningitis Ltle Petechiae in cortex. Cause dela Mouth pale

Sept 26th - Kiss ~~rec~~ Cry
Hicks, Hewett arrive - Epileptic for a week ago
- was teething. Thurs 27th. Fit about 1.50 pm
at 2 pm another fit. Rallied a little. Dr
Connor 4 pm - child still in fit. Died
at 7 pm

Drury R.M.S.21. [illegible] Perit. pAc. Blood Poison. Follow. Labour (Puerperal Fever). Infect. Stat. Lacer. in Perineum.

4.12.13.

1/38/

Admitted. Previous PM.

Ext Well nour. Breasts contain Milk

Int Hrt Cons rl: dil. Muscle pale. Lungs = some hypost: cong. Acute peritonitis over intestines + uterus Spl Enl: +very cong. Kids cl Mvll

Genital. Superficial perineal lac ~ 1¼" long almost to rectum, base sloughy - micro exam'd with negative Numbers. Uterus 6" long, hypost: firm & pale. Tiny superficial lac = half way up cervix. Placental site 2½" diam in Post wall, covered by clot not septic

No placenta or membs. Septic thrombosis of veins in wall of lower body. Tall Tubes N mucus. Lage cup Lwr: left ovary. Bact: gram + streptococci

History. 2nd child. Confinement Nov 18. Labour pains 10 Am Birth 2 pm. Placenta passed 10 min later without assistance (attended by midwife). Shivers night of 21st + cold morning. Midwife summoned. Shivers + pain in stomach 23rd. Nov 24 pain worse loss of appetite Nov 25. Seemed worse. Midwife sent for Dr Removal to fever hospital. Not notified by midwife as puerperal fever until Nov 27.

Whitman F.W. ♂ 57. ~~Uraem. Bl Heart Fail, Renal Cancer. Growth~~
~~Rt Kidney~~. Not Acc. Lead Poison. 1/3/12
8.12.13.
Paddington
Malignant Hypernephroma Kidney + 2 mets
Admitted 1 week ago. Terminal uraemia
Ex: Well nour. Oedema of legs + ankles. Gums green (Pb)
No lead line. Lips pale. Tongue furred
Int. Cardiac acts = much athema. Some cases of tubular
blood. Pericard = some clear fluid. Lt + Rt eyes dil esp right
side + left ventr. Muscle = adv fatty + some bronchopneumonic
Aorta very athi + some commencing acts. Lungs, Backs very
congested + oedem. Gen emphys + chr bronchitis. Peric contain
much clear fluid. Liver = marked nutmeg. Kidneys large
+ many small cysts, also in cortex - kidneys 2 oz 4 3

Left leg. Rt replaced except lower pole by a large soft haemorrhagic tumour = hypernephroma with ~~+~~ 2nd deg. clot about the cava & through the tumour into vena cava. Blood in urine

History. Attended pregnant woman. Had colic & cramps. In Sept. under Dr. Marsden cramps & colicky abdom. pain. No urine drops. Bleeding. Pain improved. A month ago ascites developed. Heart dilated. No evidence of renal disease. No blood but in urine. Final symptom thirst & cardiac hammering. Died Dec 5 midday. Apparent cause pneumonia ~~suspected~~ at first

Wrigley R. to. 26. [illegible] + Perit. + Ac. Blood Poison. Follows. 383.
9.12.13. Acute blood poisoning + phlegmon. Septic. Abortion.
Hampstead ? instrumental + self induced
Ext. Well nour. Lips & FNs mne livid. Milk heart,
Int Hr Petechiae on surface. Card somewhat dil.
Musc = sl: fatty micro. Lungs = Marked passive
Cong: + oedema. Peritonitis ? confined. Spl 17½
Veng rgt + cong. Kids & medl: Uterus 4¼/4 "long
Cervix tightly closed. Wall of body thick & firm; no
separ apparent. Placental site covered by clot
+ septic (staphylococci micro. Large collections
in uterus. Acute cellulitis & small abscess

Confirmed Illness - in Each Instance Negative

Italy Man. Not Married. Never Left State. Had 5 Children by Me. Age 30 Years. Never Ill Before Confined. Taken Ill Nov 30. Said She had Taken Stuff for Miscarriage. Stayed in Bed all day. Called Dr Nesbitt. Fever Began Dec 2 on Sunday Nov 30. She said She Thought She Could Have Miscarried. Dr Gibbon Called Dec 1... Pain Lower Abdomen Temp 99.5 On Dec 2. Pulse Temp 105 P 135. Examination + Removed Shreds of Membrane. Thought about 2 Months Pregnant. She said She had Produced This Myself by Some Means Which Only She Knew (Nov 9-21 W). Had been Tampered With by Any One Else. Abortion + Puerperal Fever Symptoms + Tendering Entire. Pulse Rapid Temp High Died Dec 6 · 11.5 Pm.