

**Necrosed pulmonary tissue and exudation becoming tubecular (card specimen) ; Tricuspid stenosis : partial obstruction of right auriculo-ventricular opening by partly calcified and organised fibrinous vegetations : localised fibrous thickening and calcification of endocardium of left auricle ; Ileo-cæcal intussusception with involvement of the duodenum; passage of the cæcum and vermiform appendix from the right into the left iliac region (card specimen) / by Sheridan Delépine.**

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Delépine, Sheridan, 1855-1921.  
Pathological Society of London.  
University of Glasgow. Library

### **Publication/Creation**

[London] : [Pathological Society], [1891] (London : Adlard and Son)

### **Persistent URL**

<https://wellcomecollection.org/works/zgng8xrj>

### **Provider**

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*Necrosed pulmonary tissue and exudation becoming tubercular. (Card specimen.)*

By SHERIDAN DELÉPINE.

THE section exhibited was obtained from the lower part of the upper lobe of the left lung of a drunkard. It shows side by side the nearly healthy tissue composing the greater part of that lobe and the infarcted necrosed portion which has become invaded by the bacillus tuberculosis. The block was a large one, measuring about two inches by one, and was sharply defined from the surrounding tissues, and distinctly visible through the pleura. It gave one the impression that there must have been in that region some hæmorrhage, and that the blood had slowly degenerated, the surrounding tissue providing a fibrous capsule for it. The indurated patch is composed of granulo-fatty *débris* and fibrinous material, filling up the alveoli in many of the vessels. Many of the interlobular septa and alveolar walls are thickened, but there are no indications of any true pneumonic process having existed previously in that region. The necrosed intra-alveolar products and alveolar walls contain large numbers of bacilli of tuberculosis and other micro-organisms. The surrounding parts, *i. e.* those neither consolidated nor necrosed, do not contain any bacillus. The case is interesting in showing the influence which necrosis may have on the spread of tuberculosis.

November 18th, 1890.

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*Tricuspid stenosis. Partial obstruction of right auriculo-ventricular opening by partly calcified and organised fibrinous vegetations. Localised fibrous thickening and calcification of endocardium of left auricle.*

By SHERIDAN DELÉPINE.

THE two auricles and the right ventricle being opened, the following lesions are evident.

*The cusps of the tricuspid valve are thickened and partly calcified,*



and covered with dense fibrinous vegetations, which are almost entirely calcified (through infiltration with phosphate and carbonate of calcium which are in a crystalline form).

In *the left auricle* there is a fibrous ridge extending from a little above and behind the orifice of the auricular appendix, towards the posterior part of the cavity. This ridge is partly calcified.

(The vegetations have been examined for micro-organisms, but, owing to the necessity of decalcifying them, the results obtained have not been satisfactory.)

*History.*—The patient was a butler, aged 40. He was under the care of Mr. W. Bennett at St. George's Hospital. (The following abstract has been prepared from the notes of Mr. C. E. Cotes, the Surgical Registrar.)

Six years before death: hæmaturia. Treatment for stricture by catheterism. Recovery apparently good.

Six months before death: hæmaturia and rapid loss of flesh, but no night-sweat or cough.

Five weeks before death: *anal abscess*, which burst and healed well.

Three weeks before death: hæmaturia, passage of clots, admission into hospital. Patient was then very thin and anæmic, bladder distended, pain on micturition, pulse very rapid and small. Patient continued to lose blood, and gradually sank.

*Remark.*—Possible relation between the septic inflammation affecting the perinæal organs (and consequently veins) and the cardiac lesion. In this case the right side is affected. In valvular disease secondary to lung disease (pneumonia) the left is affected.

October 21st, 1890.

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*Ileo-cæcal intussusception with involvement of the duodenum; passage of the cæcum and vermiform appendix from the right into the left iliac region. (Card specimen.)*

By SHERIDAN DELÉPINE, M.B.

THE specimen<sup>1</sup> is composed of the contents of the peritoneal cavity, with the exception of the jejunum and greater part of the

<sup>1</sup> St. George's Hospital Museum.



ileum, which have been removed in order to allow the other parts to be better seen.

The *sheath* is formed by the splenic flexure of the colon, the descending colon, and the upper part of the sigmoid flexure; the *intermediate tube* by the cæcum (with the usual "bourrelet" of ileum), the ascending colon, and the greater part of the transverse colon. The *entering* or *central tube* is composed of ileum. Between the central and the intermediate tube, *i. e. in the peritoneal sac*, and at the lower end of the prolapsed fold, the appendix vermiformis is found. At the entrance of the same peritoneal sac a portion of the duodenum was also found between the inner and intermediate tubes when the specimen was recent. The part thus most displaced corresponded to the place of junction between the first and second parts of the duodenum, and had evidently been dragged into the sac by the mesocolon.

*History.*—From a male child, 5 months old, who died with symptoms of intestinal obstruction soon after being admitted into St. George's Hospital.

*Remarks.*—There is nothing new in the specimen, except perhaps the dragging of the duodenum into the volvulus—a thing which unfortunately is not clearly visible in the preserved state, but was very evident before the organs had been removed from the body. The absence of any lacerations in the peritoneum seems to indicate that the ascending colon and cæcum must have had a distinct and rather long mesocolon.

The obstruction of the duodenum would have rendered the opening of the small intestine perfectly useless as a remedial measure.

October 21st, 1890.

