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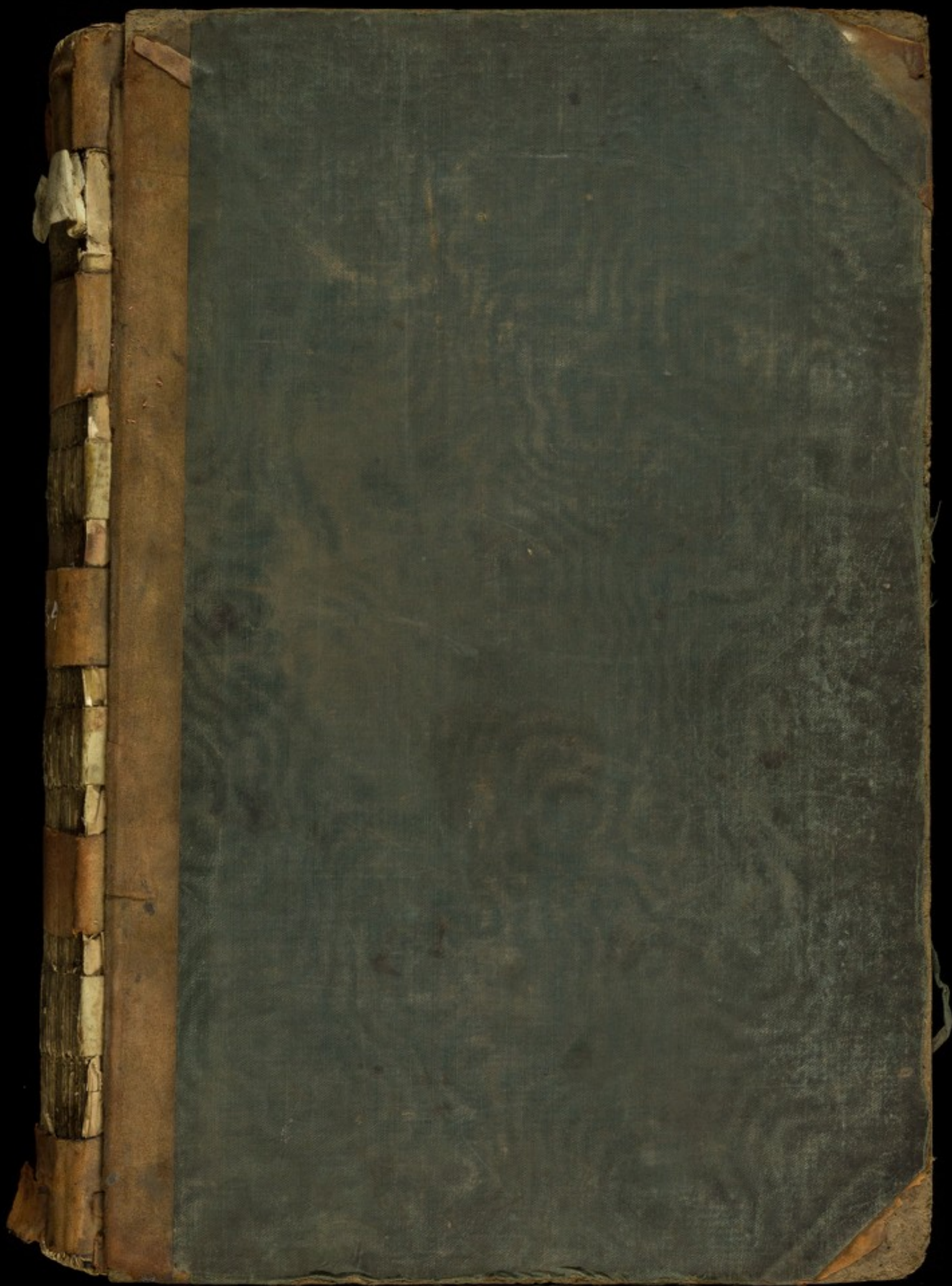
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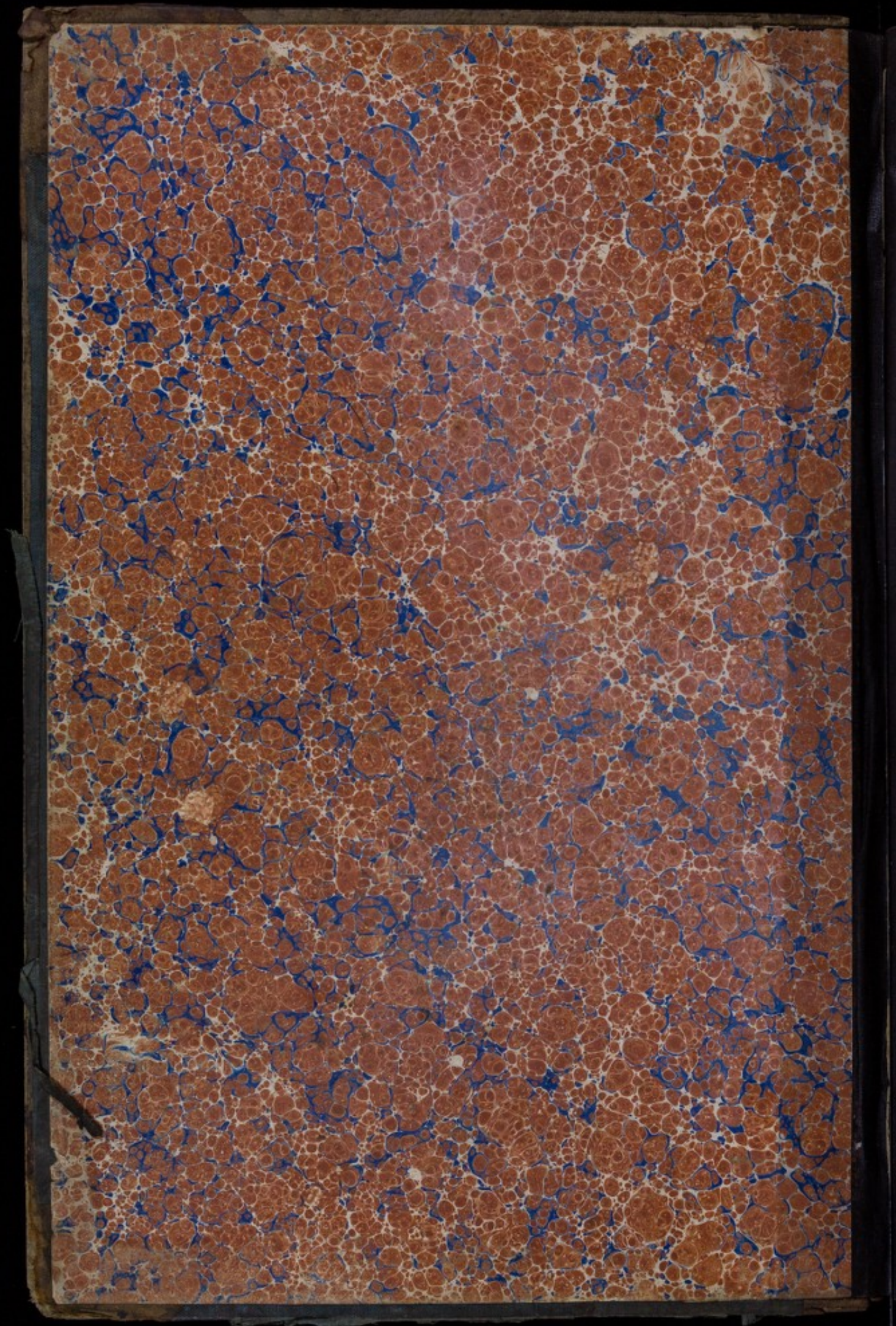
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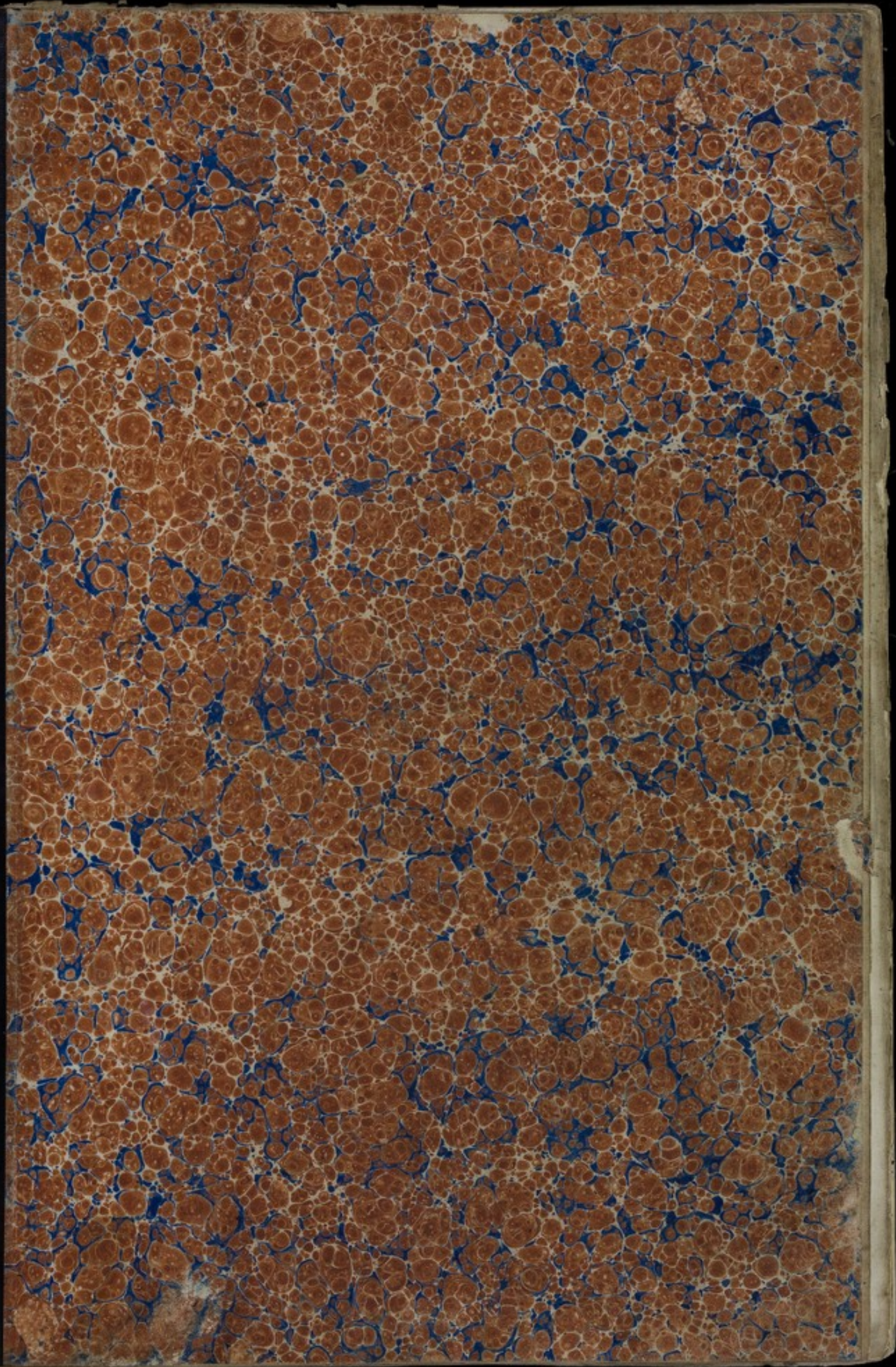
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General Hospital Fort Pitt
Chatham

Necrological Register

Vol 10th

Commencing 14th June 1851
Ending 30th Nov^r 1856.

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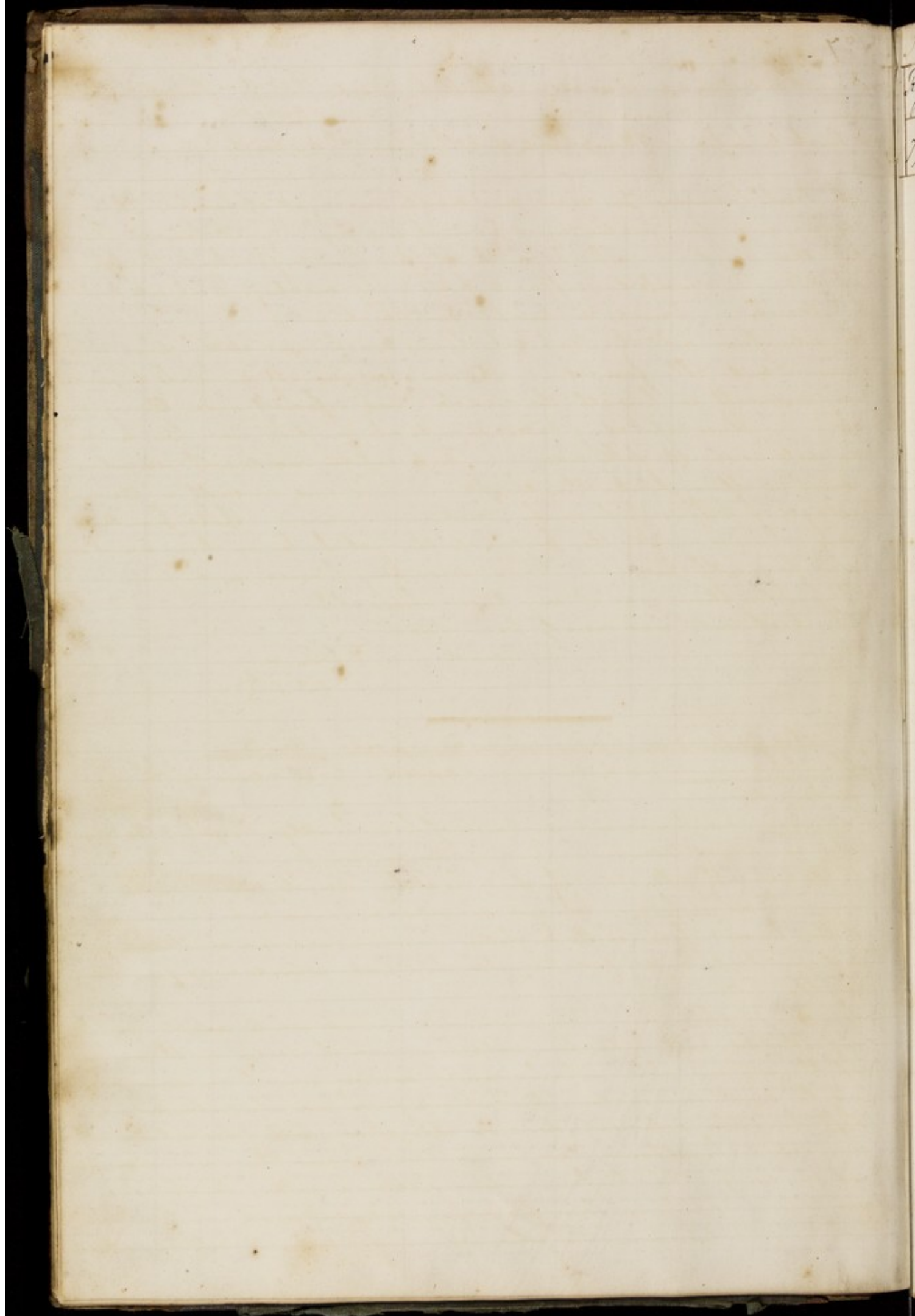
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Regt. Rank and Name	Age	Disease	Admitted	Died	Duration of Disease	When sent	Ward	Regt. No.
77 Private Mr. Simpson	20	Phthisis pulmonalis	April 15 th /51	June 17 th /51	4 months	England	15	311/125

An Irish labourer. Two years, nine months service, all at home. Three years, and four months service previously as a Boy. A clarinet player in the Band. He began to suffer from cough about the beginning of 1851. He associated, suffered from night sweats. Went into Hospital in March. Gained no benefit from treatment. On admission into this Hospital he was much emaciated. Chest appeared narrow and ill formed. Its resonance generally diminished, and very materially so beneath the clavicles - more especially under the right one. Much expectorating sputa, amounting to "gunghing" were here and there as well as on the left side. Mucous expectorations mixed with blood were common throughout the chest. He was evidently in the last stage of Phthisis pulmonalis. Hectic sweats. Spitting of blood very copious. In the progress to the fatal termination, diarrhoea was frequently present. The voice very hoarse and feeble. No anasarca was at any time observable. The treatment was merely palliative.

(Signed) A. Collings
S. 2. 5

Section cadaveris facta octavo post mortem
External Appearances. Body much emaciated. Great oedema of the lower extremities.

Brain. Membranes, and substance of brain healthy. Weight 3 lbs 10 oz.

Thorax. About 3 ounces of fluid in the pericardium.

Heart slightly enlarged. Structure healthy. Weight 9 oz.

Larynx and Trachea. Extensive ulcerations on larynx and trachea, especially of the lower surface of the Epiglottis. Trachea, and Bronchial tubes filled with purulent matter, and the ulceration had extended as far down as the latter.

Lungs. - Right firmly adherent throughout its whole extent. Texture infiltrated with tubercles, containing several cavities in the apex of the superior lobe. Pulmonary texture much condensed so as to sink in water. Inferior margin of lower lobe contained tubercles. Left lung also adherent towards the apex. Both lobes intimately connected together by the pleura, which was thickened over the whole lung. The superior lobe infiltrated with tubercles, so as to resemble a nearly uniform grey mass, and contained an immense number of cavities from the size of a large walnut to that of a

9) Pea lower lobe contained milium tubercles, and also one or two maces in second stage, and was much congested. Weight of Lungs, Trachea, and Lungs 5 lbs 4 oz.

Abdomen liver not much enlarged. Liver appeared to contain some fat, giving it on section a buttery appearance. Gall Bladder full of thin watery bile. Weight of liver 4 lbs. Spleen natural. Weight 8 oz.

Kidneys right contained a very slight amount of fat. Weight 5 1/2 oz.

Left considerable fatty degeneration of this kidney. Weight 6 oz. Stomach healthy.

Throat at its lower extremity contained numerous ulcers, as also the Caput coli. Rest of the intestines healthy. The external and common iliac veins were filled up with coagula, their lining membranes coated with a thin layer of lymph mixed with purulent matter, which was also present in the coagula. This affection extended into the femoral vein, but further inspection was not made on account of the great oedema of the limbs. (Copied by Laurence Mackenzie M.D.)

Wednesday

No. 8

Regt.	Name and Rank	Age	Disease	Admitted	Dis.	Duration of Disease	Where contracted	Mar.	Reg.	Vol.
	Private John Water	20	Phthisis pulmonalis	11/12/51	June 17/52	1 year	Chatham	11	344	3

An English labourer of nearly three years home service, of numerous attacks whose father died of Phthisis.

On admission there was not much expectation or cough, but these symptoms soon increased, and night sweats set in on the 8th of March. From this time the symptoms were variable, the cough being at times slight with little expectation, and at others severe with greatly increased expectation.

About the latter end of March diarrhoea became occasionally very troublesome, and the night sweats increased. From

this period little variation took place, the cough, purulent expectation, night sweats and diarrhoea continuing with more or less severity, until the patient finally sank exhausted

(Signed) John T. N. Briston M.D.
Staff Surgeon 2^d Class.

Section Cadaveris hora XX post Mortem

(3)

External Appearance - Body extremely emaciated.

Cranium - Membranes, and substance of Brain healthy.

Weight 2 lbs 13 oz 1 drachm.

Thorax - Muscular substance of Heart pale and flabby.

When healthy. Weight 8 1/2 oz.

Larynx and Trachea filled with purulent matter, but no ulceration present.

Lungs - Right firmly adherent throughout. Superior and middle lobes completely disorganised, containing an immense number of cavities of various sizes. Lower lobe contained a few milium tubercles, and was a good deal congested.

Left adherent towards its upper border. Superior lobe towards the apex excavated by numerous large cavities. Apex of lower lobe contained a few milium tubercles. Rest of the lung healthy, with the exception of considerable congestion. Weight of Larynx, Trachea, and Lungs 9 lbs 2 oz.

Abdomen - Gall Bladder full of very dark green bile.

Liver enlarged, and flattened out. Peritoneal coat contained an immense quantity of Tubercles deposited in large irregular masses. Texture of liver contained a considerable amount of fat. Capsule of Spleen also contained similar masses, but there were more present in its substance, which was much congested. Weight - 5 lb.

Kidneys - Right affected with fatty degeneration to a considerable extent. Capsule slightly adherent. Weight 5 1/2 oz.

Left presented much the same characteristics, and contained a small cyst in the cortical substance. Weight 5 lb.

On opening the Abdomen, the whole of the Intestines were found matted together. Peritoneum thickened and studded with tubercular deposit. The Proventric glands much enlarged from the same source.

It was impossible to remove the intestines so as to examine the Mucous Membrane.

(Copied by Laurence Mackenzie M.D.)

Robertson Esq

No. 9 -

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Mar	Reg	Notes
4th	Private	25	Spleen	April 11/54	June 21/54	1 1/2 years	Bombay	3	145	17

An Englishman, a farmer. Service 11 1/2 years - 4 1/2 years in India.

④ the rest at home or on voyage.

The only diseases mentioned in the Abstract of his case are General disease in 1846, and Rheumatic pains, but though the diseases are not specified, he had been in Hospital 400 days, during 4 Years in India. The fatal disease was Pneumonia combined with secondary Syphilis, but his doctor makes no mention of any affection of the chest, so that the commencement and duration of Albumenuria symptoms is quite unknown.

On admission he complained of severe pains in his legs, and arms, increasing in severity at night. Appetite good. Bowels reported regular. Tongue clean. Pulse and skin natural. Stethoscopic signs. Respiration rather feeble on the right side, and a rumbling sound at the lower margin of that lung.

From this time he seemed to improve, the pains growing less severe, and cough less troublesome, till the 24th of April.

A fortnight after admission when there is the following letter. Clinic Report - "Inquiry on Percussion and slight coughiness of Respiratory Mucus over the apices of both lungs and bronchial Respiration and Bronchophony in the same places. Rumbling sound at summit of left, very marked at the lower margin of right lung. Respiration feeble over the whole of both lungs. Expectoration thin and frothy."

On the 5th of May sore throat commenced in great enlargement of right tonsil, dysphagia, and difficulty of breathing.

He partially recovered from this, but on the 31st of May he was confined to bed and has continued so to the day of his death.

On the 10th of June, took charge of the Ward when I found him breathing with great difficulty, with great hoarseness, and profuse sputa, slightly streaked with blood. Pulse about 100 exceedingly feeble. Bowels reported regular. Tongue clean.

On the 16th Copious sediment was obtained from the urine by means of Nitric Acid.

From this time, his expectoration increased in severity, but it was not till the evening of the 19th that any alarming change took place, when the breathing became stuporous & Pulse 120 weak and thready. He lingered in the same state during the 20th and died at 1/2 past 8 on the morning of the 21st.

Treatment. Tonics, alteratives, generous diet, porter & latterly wine, Iodine in Capsum and Anti-syphilitic - and Lard from the 19th

(Signed) James Mc Loring.

P.S. The man was at first put down as phthisical. The purulent sputa, the bronchial Respiration, and Bronchophony bearing out this belief. But it will be seen from the accompanying post mortem appearances that the pus came from the lungs and the latter were caused by pneumonia

Sectio cadaveris h. o. c. III Post Mortem

External Appearances. Body generally much emaciated.

Cranium. Brain and Membranes. The altho with the exception of slight increase of fluid in the lateral ventricles. Wt. of Brain 3 lbs 11 oz.

Thorax. Heart healthy. Weight 11 oz.

Larynx and Trachea. The mucous membrane of larynx was generally thickened, and there were two very superficial abscesses on the under surface of the Epiglottis. The inferior border of the thyroid cartilage was denuded on the right side and partially necrosed, and a portion of the Cricoid was detached and loose on the same side. A considerable quantity of purulent matter was collected in an oval shaped cavity near the latter, which was situated externally and posterior to the commencement of the trachea.

Lungs - Right. Free from adhesions. Texture of superior and middle lobes healthy, having however one or two masses of calcareous condensation situated in the smaller ramifications of the bronchi. Lower lobe condensed being in a state of red hepatization and congested. Left after free from adhesions; superior lobe healthy with the exception of two masses of similar character to those in Right lung. Lower lobe much congested, but not condensed.

Weight of Lungs Trachea and Lungs 3 lbs 2 oz.

Liver of small size; texture pale, structure firm, appearing to contain an increased amount of fibrous tissue, although no irregularity was observed on its convex surface. Weight of Liver 2 lbs 13 oz.

Spleen. Capsule presented several irregular puckings on its outer surface, which at these parts was thickened. Weight 7 oz.

Kidneys - Right. Both renal affected with fatty degeneration. Capsules pretty well kept, and nearly all the substance of the kidney gone. Cortical substance having a mottled appearance. Patches of congested vessels mixed with the fat. Wt. 6 oz. Left presented nearly the same appearance Wt. 5 oz 7/16.

Stomach and Intestines appeared healthy.

(Signed by J. Mackenzie Esq.)

No. 10 -

W. Thomson Esq.

Regt. Rank and Name Age	Discharge	Admitted	Died	Duration of Disease	Inferior Connected	Place of Residence
93 Private John James	21	11th June 1851	May 24/52 June 23/52	4 Months	Edinburgh	15 343 21

A Scotchman, a labourer of three years home service, stated that

He had enjoyed good health, before joining his Regiment, and subsequently until the month of March last, when he began to complain of rheumatic pains of the back, and lower limbs, and at the same time became affected with cough and expectoration. He never had haemoptysis, but lost flesh rapidly before his admission into the Hospital on the 26th of May. At this date complained much of cough and dyspnoea on exertion, with copious purulent expectoration.

There was dulness on percussion over the anterior surface of chest generally, more marked on the right side where there was tubercle at the apex, and pectoral region under the clavicle. On left side respiration was harsh, expiration prolonged, and Bronchophony, but no moist rales at this time were heard.

He continued in much the same state up to the 12th inst., at which date large mucous rales were heard over left side of chest in front. On the 17th the whole of the right leg became much swollen and oedematous, the affection however being unattended with pain in any part of the limb. The urine was turbid and scanty, Sp. Gr. 1030, rendered clear by heat but acted on by Nitric Acid.

From this time he became daily weaker, and died at 3 P.M. on the morning of the 23^d.

Treatment. Sarsaparilla, antispasmodics, stimulants - Wine and nourishing diet.

(Copied by L. Mackenzie M.D.)

(Mr. Robertson Staff apt Surgeon)

Sectio Cadaveris horæ 8 post mortem

General appearances. Body much emaciated. Head adoma of right lower extremity, also some of left.

Cranium. Brain and meninges healthy. Weight 3lbs 5oz.

Thorax. Heart healthy. Weight 9oz 6grs.

Larynx and Trachea healthy.

Lungs. Right pretty free from adhesions. Superior and Middle lobes completely disorganised, containing numerous large cavities, and tubercles in their various stages. Lower lobe congested full of milium tubercles. Substantive texture of superior and middle lobes condensed, so as to sink in water.

Left. About a pint and a half of fluid was found in the pleural cavity, and a communication had taken place between it, and one two cavities in the apex of superior lobe, the rest of which contained a quantity of tubercles and small cavities. Aperture of lower lobe also contained small cavities. The rest of it was infiltrated with mucus of tubercles in 2^d stage.

Weight of Larynx, Trachea, and Lungs 5 lbs.

Abdomen - Liver enlarged - Texture infiltrated with fat giving it an
 lustrous & shining appearance. Weight 5 lbs.

Kidneys - Right a good deal congested - Structure healthy - Weight 5 1/2 oz.

Left also congested. Weight 5 1/2 oz. Spleen natural. Weight 7 oz.

Stomach and intestines appeared to be healthy.

(Specd by L. Mackenzie M.D.)

No. 11 -

Wednesday

Regt Rank & Name	Age	Disease	Admitted	Died	Duration Disease	Where Contracted	Had Reg. Folio.
69 Private John Hirst	22	Paralysis	June 13 th /51	June 23 rd /51	Seven weeks	England	3489

John Hirst, Collier, 4 9/12 years service; of which 3 4/12 years were in the
 Mediterranean. Naturally of a weak constitution, and fond of intemperate
 habits. Was in Hospital for Feb. Con. Cont. in July 1849. On his
 return from Malta he was taken into Hospital on 28th April 1851, when
 he complained of pain in the cardiac region, dyspnoea, and cough.
 Pulse weak and frequent. A slight friction sound was then
 perceptible in the region of the heart. Two days after admission
 30th April he felt out of bed; the pupils became dilated, and the
 right angle of mouth was depressed. Tongue foul and brown to
 the left side when protruded. And there was also paralysis of
 the left upper and lower extremities. He was sent from
 Chichester to this Hospital, where he arrived on 12th June 1851,
 in a state of great debility - paralyzed on the left side. A blowing
 murmur was heard in the region of the heart, and the breathing
 was short, and hurried. Pulse at the wrist extremely feeble.
 Pupils natural, and obedient to the stimulus of light.

No appetite. Left foot oedematous. This clinical was highly
 changed with the relation of ammonia.

He was in such a state of debility on admission here, that a
 satisfactory physical examination could not be made.

The debility gradually increased, whilst the other symptoms
 became more severe, and he died on the evening of 23rd June
 1851.

The post mortem consisted at first, of a white to the cardiac
 region, pericardium, antero-sides, and diaphragm - and extended to
 the lungs. And since his admission here of various symptoms and signs.

Robert Allan

Staff Surgeon 2nd Class.

8)

Lection Cadaveris hominis XIX post Mortem.

External appearances Body not emaciated. General surface and conjunctiva tinged yellow. None of the muscles contracted. With tendency to effusion of the blood on section of the skin.

Cranium. Considerable amount of subarachnoid effusion.

In the centre of the right corpus callosum an oval portion of about one inch in length was found to be softened, as also a similar portion of the corpus callosum adjoining.

The rest of the brain healthy. Weight 2 lbs 110 gr.

Thorax. Right ounces of fluid were contained in the Pericardium.

Heart generally enlarged, especially the right auricle, and ventricle. Mitral orifice contracted to about half its normal diameter. Coraco Tardivus or Insels the same.

In the centre of the valve a large prominent fibrous projection was found which had given way, so that the valve was completely perforated, but the opening had a valvular character, being nearly filled by part of the excrescence. The cuspid valve slightly thickened, and hardened, and its orifice diminished in size.

Weight of Heart 14 oz 2 dr.

Larynx and Trachea both much congested, and filled with frothy foam, flimsy.

Lungs. Pleurae on right side intimately connected by old adhesions; the whole texture of this lung infiltrated with frothy foam, much congested, and in the upper portion of the lower lobe. Some extravasation of blood had taken place into the pulmonary texture.

Left also adherent presented the same general appearances as the right; the extravasation in this lung having taken place into the lower border of superior lobe. Weight 16 lbs 5 oz.

Abdomen Liver slightly enlarged. Much congested, especially the portal system, giving the section a beautiful nutmeg appearance.

Gall bladder distended with sandy looking bile.

Weight 3 lbs 12 oz.

Spleen Natural size contained a large amount of yellowish white calcareous deposit disseminated in masses through its substance. Weight 8 oz.

Kidneys right. Considerable obliteration of tubular system and capsule slightly adherent. Wt 5 1/2 oz.

Left also healthy Wt 5 oz.

Stomach. The corn. Membr. and oment. in use used as usual and rest of the intestines healthy.

(Copied by L. Hackenberg M.D.)

W. H. H. H. H.

Regt. Name and Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Med. Reg.	Vol.
53 Private John Barry	32	Pneumonia	June 21 st	June 25 th	four days	St. Louis	B. 10	340 81

A man of nine years and eight months service; of which 9 1/2 years in the M. I. Indies. He died at Rawl's Hospital in August 1850, from chronic Rheumatism. Suffered at Havana and on the 11th of June. Was sent to the Invalid Barracks, as he says, in indifferent health, having suffered during the whole voyage from fever, and ague. Three days prior to admission, while employed on Fatigue duty, he had a shivering fit, followed by heat and chills, but no sweating. Five days before he was finally attacked.

He was admitted under the head of Rheumatism chronic. There was much fever, skin very hot, Pulse 120, much thirst. Breathing oppressed, cough, and pain on the right side. Breath very fetid. Sputa resembling dirt broken down cum ant. yell. Face was flushed, eyes injected, and with the skin of a dirty yellow hue. Stomach full. Spleen palpably enlarged. Right hypochondrium and epigastrium hard, and hepatic dulness extending high into the thorax.

Lower part of the right side of the chest was comparatively dull on percussion. Vesicular murmur audible but suppressed. No rales during ordinary respiration.

In many old scorbutic spots were visible on the lower extremities. A copiousable tumour on elastic, and conveying the idea of a contained fluid, occupied the front and side of the tongue, rather higher than the usual position of Bronchocela, to which however it was judged to belong.

On the following day there was no improvement. He had continued hicough and bilious vomiting. The expectoration now consisted of a foetid putrid chocolate coloured fluid mucus.

The bowels were free open, the stools watery. 23.24. His condition was steadily no improvement. The hicough, and vomiting continued. He had delirium at night. Oppression increased. Intense bronchial respiration over the anterior and lateral parts of the right side, with great dulness on percussion, and increased vocal fremitus. No moist rales. Posteriorly vesicular murmur was audible very low down, and resonance on percussion was greater. Urine was found of sp. gr. 1021, acid and containing a small quantity of albumen.

25. June. Hicough continued. Vomiting had ceased. Pulse 130.

10 Respiration 25 to 30. Profuse sweating. Physically equal the same, and increased in degree. Large moist vesicles attending forced expiration, in the posterior parts of the chest. Condition hopeless and he died at 5 P.M. this day. The treatment consisted in the administration of calomel, tartar emetic, phos. fuming, blisters, Hydrocyanic acid, effluvia of camphor with morphia to arrest his cough and vomiting &c. Turpentine injections &c.

A. Collins
P. 1. 24

Int. Rile

June 26th/51.

P. 1. This man complained of "stone hind legs". Both sides exhibited many black spots and discolored patches.

Section Cadaveris hora decima post mortem

External appearances Body stout and muscular. A prominent tumour of an oval shape, and obscurely fluctuating was found in the centre of the neck.

Cranium Slight congestion of membranes and substance of brain which was otherwise healthy. Weight 3 lbs 1/2 lb.

Thorax Four ounces of fluid mixed with one or two flakes of lymph were found in the pericardium.

Heart slightly enlarged. Structure healthy. Weight 13 oz.

Heart congestion of lining membrane of lungs and trachea, but no alteration in size. Right firmly adherent. Pleurae much thickened, in some parts of costal apices consistence. Whole of the lung hepaticized, much congested, and sinking in water. Left free from adhesion. Lungs like healthy with the exception of slight emphysema at its lower lobe. Lungs like congested and cephalic throughout. Weight of larynx trachea and lungs 5 lbs 1/2 lb.

Abdomen Gall bladder distended with thin bile. Liver enlarged. Biliary coat much thickened. Texture containing a great amount of fibrous tissue, and the lobules remain all distinct. Weight 5 lbs 8 oz.

Spleen Much enlarged. Capsule irregularly thickened. Texture of a dark lead colour, and very soft. Three small suppurative abscesses were found the structure of which was of the same nature. Weight 2 lbs.

Kidneys Right a good deal congested. Weight 7 oz. Left presented nearly the same appearances. Cortical substance if anything more congested than the former. Weight 8 1/2 oz.

Tumour in the neck was found to contain fluid of the consistence and colour of coffee. Had a smooth lining membrane but no connection with larynx or trachea body.

Stomach and Intestines healthy.

(Copied by L. Mackenzie M.D.)

James H. Loring. M.D. Apth. Surgeon
W. H. W. W. W.

13- 11

Regt Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Ward	Reg	Sol.
25 Private John Flynn	30	Abscess	March 12 th	June 27 th	8 months	Chatham	12	141	150

Irishman - labourer - twelve years service, 3 years at the Cape, 4 months at New South Wales, 4 years in the E. Indies, and the remainder at home. While in India he was five months under treatment for Syphilis and even after continued to suffer occasionally from its effects, that were remaining somewhat enlarged.

Was five months under treatment in the Garrison Hospital prior to his admission here, with a large fluctuating tumour occupying the posterior third of the crest of the ilium, and the left half of the sacrum, then commenced by a small lump, and pain in the right lumbar region; and the only inconvenience at first experienced from it was very great pain on stooping. Had also suffered from Gonorrhoea, and Testitis.

On admission he presented a cachectic appearance, suffered from Night sweats, and complained of pain in the joints, and under both clavicles, was affected with a hollow cough, and the stethoscope gave indications of crepitation at the apex of the left lung. Adhesion of the right testicle to the scrotum, in which there was an opening with unhealthy purulent discharge from it. The tumour of the back as already mentioned.

On the 11th of March Dr. Bartholomew introduced a trocar into the tumour in the lumbar region, but no discharge followed. On the 27th it was opened, and 113 oz of healthy pus discharged. The opening closed and was reopened on the 29th when 40 oz of pus was discharged.

From this time it remained open and continued to discharge on an average about 30 oz daily, lately the discharge becoming extremely fetid.

On the 1st of April the stethoscopic signs were - roughness of respiration over the whole of the left lung, but particularly at the summit there is prolonged expiration. "Runt de frotement" behind, and below the left scapula from pleuritic adhesion.

From this time he suffered from occasional attacks of diarrhoea, and vomiting; the pulmonary symptoms slowly increasing and also the debility and emaciation. On the 10th of May an abscess commenced to form in the right groin which gradually increased to large size, and was opened on the 21st, discharging about 100 of thin dirty looking pus. On the 4th June he commenced to pass a portion of his urine by the opening in the groin, and

latterly the greater portion of it came through that spring
forcibly during respiration.

On the 22 inst. was attacked with convulsions and during the last
five days, he has had five different convulsive fits.

Treatment. Codliver oil. Tonics. anodynes - antispasmodics
- expectorants and fomentations.

Duncan Affleck

Surgeon Staff 2^d Clap.

Section Cadaveric - sex a X 75 - first incision
with appearance etc. Body extremely emaciated. A small spring
in the back, immediately over the body of the sacrum, and a fistulous
spring below Poupart's ligament on the right side. A minute
spring of the size of a pin's head in the scrotum, a little to the
left of the capite.

Examination Considerably increased amount of fluid in lateral ventricles.
Meninges and surface of brain otherwise healthy. Weight 2 lb. 10 oz.
Thorax Heart slightly enlarged. Lungs healthy. Weight 15 oz.
Larynx and Trachea healthy.

Lungs Right fairly adherent throughout its whole
surface, containing tubercles disseminated in masses in all three
lobes, and one or two cavities in the superior.

Left lobe also adherent. Pleura more thickened on this
side. Several cavities in the apex of the upper lobe, the rest
of the lobe, and part of the inferior contained tubercles
in the second stage. Weight of lungs, trachea and lungs 1 lb. 10 oz.

Abdomen Liver enlarged, peritoneal coat thickened, and
containing a considerable amount of tubercular deposit.
Spleen contained an immense quantity of fat.

Spleen natural. Weight 6 oz.

Kidneys Right. No or two points of tubercular deposit in
the cortical substance, also infiltrated with fat. Wt 5 1/2 oz.

Left was affected in a similar manner. Wt 6 1/2 oz.

Stomach and intestines with the exception of perforation
of the rectum healthy.

The lumbar vertebrae were found to be all healthy.

The anterior and upper part of the body of the
sacrum was bare to the extent of a half crown
piece, and this bone was even more diseased at
the sacro-sphincter junction, which articulation was
separated. Beneath the sheath of the sacrum on the
right side, a considerable quantity of matter had hardened
and partially disintegrated the surrounding fibres.

and part of the pro. of the same side passing downwards to the
 opening noticed in the groin. ¹⁵ ~~Face~~ ⁱⁿ ~~in~~ ^{and} ~~and~~ ^{and}
 downwards, the matter was found to have reached the
 bladder, which vesicula was perforated; it muscular coat
 irregularly thickened and contracted, and the mucous
 membrane most extensively ulcerated; it contained urine.
 The right testicle at its lower part was diseased presenting
 an ulcerated surface with high granulations over a space of
 about half an inch in circumference.

The opening in the back communicated with the sac of
 an old abscess; in the immediate vicinity of which a portion
 of the sacrum was bare.

In addition to these morbid appearances the seventh
 dorsal vertebra was very much diseased being in a carious
 condition, and nearly perforated through so that at this
 point the spine had a very considerable curve to the left
 side.

The rectum was adherent to the bladder, and the fundus
 perforated through by ulceration; but the opening
 did not extend to the bladder.

(Copied by L. Mackenzie M.D.)

Robertson Esq. -

No. 14

Regt Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	When Contracted	Had Regt
5 th Lt Henry Hall	22	Rhinitis	Feb 19 th	July 3 rd / 51	1 1/2 years	Humidities	15 337/244

An English labourer of 4 1/2 years service, of which 1 1/2 in the Mauritius.
 The first became affected with Rhinitis symptoms, in the month
 of August 1849 when stationed at Port Louis, Mauritius, at which
 time he had purulent expectoration at times tinged with blood,
 roughened respiratory mucus, and dulness on percussion over the
 anterior surface of the chest generally.

On admission into this Hospital, he was greatly emaciated;
 had a sallow cachectic look, and was much debilitated.
 There was dulness on percussion under both clavicles, hard
 respiration, and bronchophony, with great general debility,
 and night sweat. He has continued to become gradually
 weaker, the expectoration, which was always purulent & bloody,
 more abundant, and the disease in his lungs, as indicated
 by the stethoscope making corresponding advances.

Shortly before his death, gurgling rales and cretinal rales
 were audible under both clavicles, and for some distance

downwards, but more especially on right side.
On 29th ult he had more redness of right lower extremity, which
increased rather suddenly, and was attended with
slight pain, and stiffness of the limb. This was
not affected by heat or Lactic Acid.

He died on the morning of the 3^d July at 1 1/4 A.M.

The attendants. Expectant, and dyspnea, spitting out etc.

J. Robertson M.D.
Staff apt Surgeon.

Section cadaveri. No 181. post Mortem

External appearance - Body much emaciated. Great
redness of right lower extremity.

Cranium Membranes, and substance of Brain healthy.
Fluid in the lateral ventricles slightly increased. Weight
of brain 3 lbs 11 oz.

Thorax. The art. healthy. Weight 8 1/2 oz.

Larynx and Trachea. Mucous membrane of the former
healthy; the latter vascular, and filled with purulent
matter.

Lungs - Right adherent throughout its whole extent.
Superior and middle lobes completely diseased with tubercles;
containing an immense number of cavities, the majority filled
with purulent matter. The lower lobe contained tubercles
in the second stage, and its inferior border was
much congested.

Left also adherent. Pleurae on this side much thickened.

The whole lung presents one map of tubercular disease.
The apex of the superior lobe partially contained one cavity of
very large size, lined by a distinct membrane, and thickened
by several fibrous bands and blood vessels.

The texture of the rest of this lung was of a uniform
grey colour, much condensed, and containing cavities which
extended almost to the base of the lower lobes.

Weight of the larynx Trachea and lungs. 5 1/2 lbs.

Abdomen Liver not enlarged, but a good deal congested,
and containing some fat. Weight 4 lbs.

Spleen enlarged. Texture soft. Weight 12 oz.

Kidneys - Right a good deal infiltrated with fat.
Weight 5 oz 5 dr.

Left affected in a similar manner. Weight 6 oz 3 dr.

Stomach Intestines and Jejunum healthy. Lower
end of ileum and caecum contained an immense number

of others, a few of which were interspersed through the rest
of the large collection.
(Copied by L. Mackenzie Esq. D.)
No. 15-
Morton's J. S.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where sent	Ward	Regt	Tot.
25	James Willeba	29	Morbus cordis	June 7 th	July 8 th	9 months	India	14	311	74

The Englishman of 9¹/₁₂ years service of which 9⁵/₁₂ in the E. India
Appears to have first suffered from cardiac symptoms in the month
of Sept 1850 when it abated at Bangalore, at which time he
had great palpitation and dyspnoea, but no cough and
irregular pulse.

On admission he complained of palpitation, and dyspnoea on
any exertion, with a choking sensation, when he expired the
throat at posture, and had also a short dry cough.

Respiration generally was duller than natural over the anterior
surface of the chest, and the respiratory murmur a little con-
fused. Heart's action much increased and it impulsive
strong. There was a distinct bruit over the base of the
organ, and pulsation was much increased in the great
vessels of the neck. He had an attack of diarrhoea on the
15th of June which was relieved by the same diet admin-
istered.

On the morning of the 2nd July he had consid-
erable pain of abdomen and chest for which anodynes were
given. On the 5th July he had some oedema of the face, with
increased palpitation; and he died rather suddenly on
the morning of the 8th, at 7¹/₄.

Heath. Autopsies, anodynes, expectorants &c.

Robertson Esq. D.

Staff apt Surgeon

Section Cadaveri huius à J. T. T. Port Mortem.

External Appearances. Body well formed, not emaciated,
marks of leech bites over right side of chest inferiorly.

Cranium. Brain and Membranes healthy. Weight of Brain 2¹/₂ lbs.

Thorax. About four ounces of fluid found in Pericardium, which
membrane was not thickened or diseased. Heart enlarged,
especially the left ventricle, which was dilated, and its
parietes much thickened. On testing the Aortic Valves in
the usual way, they were found to be incompetent, and
on examination were puckered and thickened.

16 The commencement of the aorta, although not dilated showed extensive and are, being studded with atheromatous patches of semi cartilaginous consistency, with trace of ulceration in one place. Initial valves healthy. Weight of Heart 170g.

Larynx and Trachea - free at ang section of lining Membrane, but no ulceration.

Lungs - Both slightly adherent by bands of old lymph. Texture much congested and slightly emphysematous.

Weight of Lungs Trachea and Larynx 3lb 14g. Liver - Not enlarged, but much congested. Weight 4lb 4g.

Spleen Natural. Weight 70g. Kidneys - Right much congested, structure healthy. Weight 40g.

Left also congested. Considerable obliteration of tubular structure of this kidney, apparently from fatty deposit.

Stomach and Intestines healthy.

(Copied by L. Mackenzie M.D.)

M. W. W. W. W. W.

- No. 16 -

Regt Name and Rank	Age	Decade	Admitted	Died	Duration of Disease	Where Contracted	Grade	Reg.	Sol.
53 The Hon. Major	30	Rheum. Chn	July 1 st 50	July 9 th 50	European	India	15	343	57

An English labourer of 10 years service, of which 7 in India, the rest at home. From his document he appears to have suffered from Rheumatism affecting chiefly the right leg since 1849 when in India. On his arrival in England he was stationed at the Invalid Depot at St Kamps, and on the evening of the 3rd inst ant, being at the time intoxicated, he fell over a bank of earth. He passed no urine from that date, and on the evening of the 5th when he was sent over here, about four hours were with drawn by the medical officer. The following morning he has made the ordinary quantity, and expressed himself as feeling easy and comfortable. His bowels were confined, a temporary mark a diminution on his admission not having acted. On the morning of the 8th he had made no urine, and complained of a feeling of general debility, with numbness and loss of power of the lower extremities. There was the appearance of a large blough about to form in the back over the sacrum, with some abrasion of the skin

in the vicinity. A large quantity of dark colored urine¹⁷ was with drawn by the catheter. His pulse was feeble and his tongue dry.

On the 9th he was evidently much worse; he was raving during the greater part of the night before, and had slight diarrhoea, with vomiting of thin green colored matter. Had made some water, but a good deal was with drawn. It was dark colored Sp. Gr. 1015; slightly caputable both by heat and Nitric Acid. A large portion of cellular tissue in the back extending upwards above and infiltrated and had a boxy feel, and pitted on pressure. The pupils were contracted and very sluggish; pulse becoming more feeble and extremities cold, at the forenoon Diet and he died at 6 P.M.

Treatment. Wine and Anusmia with friction to the back.

Dr. Robinson

Staff Apt Surgeon

Lectio Cadaveris hodie XVIII post Mortem

External appearance. Body stout and muscular. Large slough on the back and abrasion of skin on the inner side of both feet.

Cranium. Considerable congestion of meninges, and bulging of brain. Small round body, the size of a pea, containing gray matter, was found in the posterior extremity of the right choroid plexus. Weight of Brain 3 lbs 2 oz 10 dr.

Thorax. Lungs healthy. Weight 11 oz.

Lungs and trachea. Great congestion of lining membrane, especially the latter at commencement of bronchiae.

Lungs. Right free from adhesions. Whole texture of the lower lobe engorged with blood, but crepitant throughout.

Pleura on left side considerably thickened, and this lung also congested; lower lobe slightly condensed, especially the upper portion of it. Weight of lung trachea, and lung 3 lbs.

Abdomen. Liver not enlarged. Gall bladder distended with bile. Serosura of liver much congested, and containing some fat. Weight 3 lbs 12 oz.

Spleen. Weight 5 oz.

Kidney right, slight fatty degeneration. Weight 5 1/2 oz.

Left, same. Weight 6 oz 3 dr.

Stomach, and intestines healthy.

The Bladder much distended. Its parietis thin and flaccid and containing a quantity of turbid urine.

W. Westbury

Regt Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	No.	Regt.	
24	Rte In Moore	36	Pleuris, Pulmonary	June 22/51	July 21st/51	2 years	India	114341	99

He had been in of 11 years service, all of which were spent in India, enjoyed very good health up to the date of the battle of Chillianwallah, where he was wounded by a bullet which fractured the upper part of the right humerus, and having passed through the mass of soft parts & coming the joint, made its escape through the fold of the axilla. The clavicle, it appears, was fractured at the same time. These wounds healed without difficulty, and the bones appear to have united perfectly. He however lost the power of the right upper extremity, and was invalided and sent home, the end of April 1851, when it would appear that Pleuritic symptoms first made their appearance. On his admission at F at F the above mentioned disease had made very considerable progress, and the breath was much embarrassed, consisting chiefly of the application of counter irritation to the chest, the exhibition of cough draughts, and occasionally acids and opiates to remove the flatulence, and diarrhoea. He died July 21st at 1/2 past 9 P.M.

(Signed) J. Lamb and
Staff apt Surgeon

Section cadaveris hœc XV post mortem.

Extern al appearance: Nocturnal sweats. Marks of recent counter irritation, on the anterior surface of neck. No enlargement, and fluctuating.

Intern al. Membranes and substance of Brain healthy.

Weight 2 lbs 9 1/2 oz.

Thyroid. The ant-considerable quantity of fluid in the cavity of the thyroid, which was slightly dilated. Initial valves of the trachea healthy. Weight 1 lb.

Larynx. At the posterior angle of both vocal ligaments a deep ulcer was found, and the thyroid cartilage on both sides in it. The hyoid bone blood was bared, and the arytenoid cartilage on the right side lying back. Trachea & Bronchial Tubes were much congested.

Lungs - Right slightly adherent though not its whole extent, the
 posterior portion condensed so as to sink in water. Much congested
 and infiltrated with frothy serum.

Left - Pleura at same contained a large quantity of fluid -
 The lung was free from adhesions. Texture slightly emphysematous
 and much congested - This lung especially at its anterior
 border was emphysematous. Weight of lungs 3 1/2 lbs.

Stomach - Lined open all size, presenting on examination
 an excellent specimen of advanced carcinoma. Both the
 concave, and convex surfaces nodulated. Texture hard,
 the usual appearance on section presenting an immense
 quantity of adenomatous filaments. Weight 2 lbs.

Spleen enlarged - Texture much congested, but firm. Wt 10 1/2 lbs.
Kidney - Cortical substance especially in both slightly congested
 Weight of right 4 1/2 lbs. left 5 lbs.

Intestines - Much one of Stomach presented a nearly uniform
 dull leaden hue, with ecchylosed patches towards the caecum
 and pylorus, and along its greater curvature.

Liver and large ducts healthy; one or two of the
 pancreatic glands contained a deposit of almost bony
 consistence, and were enlarged to the dimensions of a
 small marble.

About four joints of fluid were found in the peritoneal cavity.

(Copied by L. Mackenzie Esq.)

Robertson Esq

No. 18 -

Regt	Name and Rank	Age	Disease	Admission	Discharge	Duration of Illness	Place where contracted	Ward	Regt	Sol.
94	Leif. John Gibson	105	Mania	June 7/57	1865	14 months	Managers	9	339	214

sent home as he had shown symptoms of insanity since
 May 1850. The malady is said to have been caused by a false
 accusation having been brought against him by the Quaker
 while he was acting as a soldier at Mangalore, and about that time
 he had an attack of hepatitis which seemed to have
 increased his mental affection. It said to have attempted
 self destruction, whilst at Cochinore. He was a native
 of Ireland, and a labourer previous to enlistment.

On admission here he answered questions coherently, and said he was perfectly
 well, although unacclimated, and feeble. About ten days after his
 arrival here, he wrote letters to the Lord Mayor of Dublin about some business.

which he said belonged to him, and this hallucination continued up to the time of his death.

Symptoms of common continued Fever began to appear about the 10th of July, and on the 17th took on the typhoid type, and he died at three p. m. on the 20th.

The treatment consisted first of purgatives and diaphoretic and latterly of stimulant.

Lectio Cadaveris hora XVIII post mortem.

External Appearance. Body anæsthetic - General disfigurement of a system - true, as also the suppurative.

Cranium. In removing the Calvaria which was unusually thin, the frontal bone towards its anterior extremity, on either side of the sulcus lodging the longitudinal sinus was excavated by numerous small foramina; several of which had perforated both through the inner table and disfigurement giving it an irregular brown eaten appearance.

Partially, near the junction of the frontal with the two parietal bones, there were several other excavated portions of bone, also symmetrical, two on each side, about the size of a pea, having smoother and better defined edges than the former. All these were occupied by fibrous Vegetations springing from the surface of the Dura Mater, causing that membrane to adhere intimately to the inner surface of the skull.

The arachnoid covering the convex surface of both hemispheres was thickened and opaque, from effusion between it and the pia mater; and besides punctured, at one or two points, thickening apparently from the deposition of lymph, and one or two bodies on its outer surface resembling the so-called Pacchionian Corpuscles of the Dura Mater. The brain was unusually firm; and there was no increase of fluid in the lateral ventricles. Weight of Brain 3 lbs.

Thorax. Three ounces of fluid were contained in the pericardium. Heart at the commencement of the aorta, and at the attachment of the initial valve showed slight traces of atheromatous deposit. Otherwise healthy.

Larynx & Trachea. A considerable congestion of the lining membrane, and a tendency to ossification of the cartilage of the larynx.

Lungs. Right adherent by its lower border, by a thin layer of recently effused lymph, and by a patch of the size of half a crown piece, towards the middle of the superior lobe.

Superior and middle lobes of this lung in a state of pure hepatization.

if shown, being completely condensed, so that they resembled a portion of liver sinking in water. Small portion of the lower lobe near its anterior and upper border was comparatively healthy. The lower portion of the lobe condensed, and in a state of red hepatization, much congested, and in some parts exudation had taken place.

Left lung - lower lobe slightly congested but containing an immense quantity of frothy serum. Superior lobe highly emphysematous, weight of lungs, trachea and lungs 5 lbs.

Abdomen - Liver slightly enlarged - Gall bladder completely empty. Texture of liver of a deep yellow colour. Hepatic system slightly congested. Weight of liver 3 lbs 13 1/2 oz.

Spleen of the small size, much enlarged. Texture soft and lamellable. Weight 5 1/2 oz.

Kidneys, right capsule adherent with slight fatty degeneration. Weight 5 1/2 oz. The left kidney presented the same general characteristics, as the right, the weight also being the same.

Stomach presented a considerable amount of ecchymosis. Small and large intestines were found healthy.

(Copied by L. Mackenzie M.D.)
No 19-

Robertson J.

Regt Name and Rank Age	Occurrence	Admitted	Died	Duration of Disease	Place of Infection	Med. Regt.
46 Lt James Bond 30	Latent cholera	June 20 th /51	July 29 th /51	1 year	Leeds	14/14/140

An Englishman formerly a labourer. First admitted into this hospital on the 20th of last June, prior to which period it appeared that he had been, for about eight months, almost constantly in this Regimental Hospital for bronchitis attended by expectoration, dyspnoea, and occasionally slight haemoptysis.

On admission here his appearance was not however indicated to be of good health; however he suffered from the above mentioned symptoms.

Upon a physical examination being made of his chest, over the anterior and upper portion of the left side was dulness on percussion, and at the same time crepitation.

He was attacked 8th, 19th, and 25th instant by haemoptysis and again this morning at about 1/2 past 7 o'clock.

This last attack appeared to arise from the rupture of a considerable sized vessel, and terminated fatally at 40 minutes past 7 A.M.

22 The treatment chiefly consisted in the exhibition of expectorants and opiates, local blood letting, counter irritation, and latterly occasionally turpentine and sulphuric Acid.
(Signed) J. Rambant
Staff Apt. Aug. 2

Section Cadaveris No. 4 IV Post Mortem.

External appearances. Body well formed, not much emaciated. Marks of recent counter irritation on upper part of chest on the right side.

Cranium. Substance of brain healthy. Weight of Brain Three Ounces.

Thorax. On opening the chest, the lungs did not collapse, but were found overtopping the heart.

Heart open all sides fully contracted - the structure healthy, with the exception of some other points of atrophy and deposit at the commencement of aorta. Weight of heart 9 Oz.

Trachea and Bronchial tubes were found full of frothy blood, which exuded in considerable quantities from the larynx and among the lungs.

Lungs. Right. Superior and middle lobes contained tubercles chiefly in the second stage, with one or two small cavities in the former situation.

Towards the lower part of this lung, a considerable quantity of blood was extravasated, but appeared to be contained principally in the ramifications of the bronchi.

The outer surface of the lung was uneven all over, and from its empty semi-lunar state presented three or four times its natural volume.

Left lung slightly adherent towards the apex; the upper lobe excavated by numerous cavities of large size, the majority of which were lined by fibrous bands and vessels. The lower lobe contained solitary tubercles and was much congested; extravasation of blood having occurred in one place in this instance into the pleura on any tissue. Weight of trachea, larynx and lungs 3 lbs 11 Oz.

Stomach. Gall bladder contained twenty two angular calculi which completely filled it.

Liver. Structure of liver perfectly healthy.

Weight 3 lbs 13 Oz.

Spleen natural. Weight 6 1/2 Oz.

Kidneys. Right congested. Weight 6 3/4 oz.
Left also congested. Weight 6 1/2 oz.

The stomach contained a good deal of blood, which had in all probability been swallowed shortly before death.

The membranes, as well as that of the small and large intestines healthy.

(Copied by L. Mackenzie M.D.)

Robertson S. A. J.

No. 20.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Reg. No.
88	Elie Mc Elhin	32	Phtisis - Pulm.	July 18 th 1851	July 31 st 1851	6 months	Halifax N.S.	14 341 133

An Irishman of 13 years since spent at home, Malta, the W. Indies and St. America, enjoyed very good health up to five months ago, when at Halifax he was attacked by cough, attended with dyspnoea, and expectoration, which formed his chief complaints on admission into this Hospital on the 18th of July 1851. He was then in the last stage of Phtisis, suffering from very distressing dyspnoea, cough, and pain in the chest, with physical signs indicating extensive disorganization of a large portion of both lungs.

The treatment consisted chiefly in the application of counter irritation to the chest, and occasionally local blood letting to a moderate amount, expectorants and Opium, from which he found no temporary relief. He died on the 31st July 1851 at 10 A.M.

(Signed) J. Lambart
 Staff Apt Surgeon

Lectio Cadaveris hora X post Mortem.

External Appearances. Body well formed, not much emaciated.

Marks of counter irritation on the anterior surface of chest.

Abdomen. Not examined.

Thorax. Two ounces of fluid were contained in Pleural cavity.

Heart enlarged, valves healthy. Weight 11 oz.

Larynx and Trachea. Extensive ulceration of larynx, and base of epiglottis, but not much congestion.

Lungs. Right. Adherent throughout its whole extent by old lymph. Superior lobe contained several large cavities towards the apex. The whole of the middle, and upper portion of the lower lobe contained tubercles in the 2^d stage.

and one or two cavities in the middle one. In the two former, the Indian texture was condensed, and of a grey colour, and the lining membrane of the smaller bronchia much thickened. Superior lobe low and its lower border much engorged and condensed, so as almost to sink in water, and containing tubercles disseminated through its substance. Left lung also adherent towards its upper border, by lymph of old formation, and by the lower to the diaphragm by recently effused lymph. The upper lobe contained several cavities, and of a much smaller size, than those found in the corresponding portion of right lung. The rest of this lobe, as well as the lower, presented the same general characteristics as those found on right side. Weight of lungs, trachea & lungs 5 lb. Liver not enlarged. Texture much engorged, so as to give it a slightly nutmeg appearance on section. M. 26 1/2 oz. Spleen slightly lobulated. Structure healthy. M. 7 1/2 oz. Kidneys, right a good deal engorged, otherwise healthy. M. 5 1/2 oz. Left same. Weight 5 oz 5 dr. Stomach, and duodenum ^{healthy} returned & lining throughout their whole extent were ulcerated, as also the Paps lactantes.

— Robertson & Co —

(Copied by L. Mackenzie R.D.)

No. 21

Regt Name & Rank	Age	Diseased	Admitted	Died	Duration of disease	Where confined	No. of Regt	Co.
28th Regt Mich. Artillery	32	Phthisis	June 11 th	July 31 st	6 months	Portsmouth	141	83

The Indian, formerly a labourer of 13 1/2 years service, of which the greater portion was spent in the Indian service, N. S. Wales & Canada. is stated to have enjoyed very good health up to May 1850, when he was admitted into the regimental hospital for a febrile attack. He was however discharged as cured, and appeared to have had tolerably good health, up to January 1851, when pectoral affection is first stated to have supervened when it would appear from his monument, that a cavity existed in the upper portion. On admission into this Hospital, he suffered from cough with expectoration, dyspnoea, and occasionally night sweats. He was evidently much emaciated, and in a very debilitated condition. The physical signs indicated Phthisis deposit in both lungs, more especially in the upper portions of

25

the left. These physical signs were attended by the usual symptoms of confirmed phthisis, and the treatment was on the whole rational consisting of counter irritation, expectorants, opiate &c. On the 24th he was attacked by smart diarrhoea, under which he rapidly sank, experiencing little benefit from a variety of treatment adopted. He died this morning at 2 P.M.
(Signed) J. Sambant M.D.

Sectio Cadaveri h. a. x. post Mortem.
External appearance. Body much emaciated
Cranium. Not examined.

Thorax. The ant. one or two white patches were found on the right ventricle. The serous membrane covering the heart was elevated, and thickened from effusion giving it the appearance of a gelatinous fringe along the outer surface, and the border of the right ventricle. The valves were healthy. W. 8 1/2 oz. Lungs and Lachra filled with matter, but no indication of other living membranes.

Lungs. Right firmly adherent; texture disorganised by tubercular deposit. One large cavity was contained in the apex, and the greater part of the rest of the lung presented a honey comb appearance, and numerous excavations of smaller size. The whole lung was much congested especially at its lower border.

Left. Pleura on this side also adherent, and intimately connected by layers of false membrane, a cavity in which one or two superficial cavities were found, towards its upper and anterior border, and the effusion of the contents into the thorax seemed to be prevented by the membrane in question. Superior lobe contained a large cavity filled with tubercles and purulent matter. The whole of the rest of the lung contained tubercular cavities, and its structure was much condensed. Wt of lungs, Lungs and Lachra 5 lbs.

Abdomen. Liver slightly congested. Healthy Wt 3 lbs.

Spleen natural. Weight 7 oz.

Kidneys. Right congested. Weight 4 oz 3 dr.

Left. same appearance 5 oz 1 dr.

Stomach and Intestines. Duodenum and Stomach healthy.

The lower portion of jejunum and the whole of the colon contained numerous ulcers in various stages of advancement.

The large intestines were also ulcerated, and towards the rectum lined by a thin layer of recently effused lymph.

(Copied by L. Hapkinfield M.D.)

McBarnon L.S.

Regt.	Name & Rank	Age	Disease	admitted	Died	Duration of disease	Where cont'd.	Mar. Reg.	Vol.
99	Pte John Barry	24	Phlegmon of the	May 1 st 1851	July 28 th 1851	three months	Chattanooga	139	262

An Irishman, a laborer previous to enlistment; landed from Oct 1849 at home. He was first admitted into the Larimer Hospital, on May 20th 1850, where he was treated for chronic rheumatism, and discharged at the end of a month. He was readmitted on January 14th 1851 having, according to the document, undergone in the intermediate period treatment for Pulver, Irid. While a patient there on February 27th, in addition to general rheumatic symptoms, he complained of pain in the courses of the left great sciatic nerve. He was treated by blisters and tonics, and discharged apparently well on March 24th. He was readmitted on the same day for "Rheumatism Acutus" apparently confined to the acetabulum, and neck of the femur, and attended with bulging of the left hip joint observed on April 8. About the 18th of the same month, hardness and elasticity are stated to have been distinguished, beneath the upper part of the sartorius, and the tensor vaginae femoris, and at the same time swelling on the left side, with purulent aspiration on the right was observed. It was then supposed to be disease of the hip joint, with a tendency to Pthirus. On his admission to Fort Pike on May 1st, the chest is mentioned to have been sound, and he was affected with an enlargement of the upper two thirds of left thigh and a patch of edema on the thigh and sacrum posteriorly. He was even then in a very weak state, and quinine was administered internally, while iodine and tincture of silver were applied externally. On May 17th he was admitted into Ward 7, and the same treatment was in the first instance carried out. Like greatly the matter contained in the swelling already alluded to showed a tendency to point on the outer side of the upper third of the limb, and warm fomentations were used to allay the pain he experienced. Under this treatment he got better with such able diet he did not improve, and the cod-liver oil was employed for some time, until the patient was unable to bear it further. Sarsaparilla and Tonics were afterwards given but the debility of the patient continued to increase, and at length the collection of matter became such, as to render it necessary to evacuate it by incision. After this the state of constitutional irritation which followed

Use and the use of ammonia and other stimulants, with anodyne.
On taking charge of the Ward on July 8th he was in a state of
great debility. The pulse was weak, and rather quick, the tongue
clean, and the bowels rather confined. The appetite was indiffer-
ent, and he was much troubled with thirst. There was con-
siderable oedema of the feet, and the urine was scant, very albuminous
as shown by heat and Nitric Acid, and of sp. gr. 1015.
The position of the patient rendered it impossible to examine
the chest correctly; but there appeared to be dulness in the
right infra scapular, and mammary regions, with harshness of
the respiratory murmur. He had at that time no cough or
expectoration.

The matter in the abscess rapidly collected again, and was
a second time evacuated by means of a lancet on July 12th, when
it was found to amount to 6 lbs. A compress of flannel was
then applied, and the limb supported by bandaging from
above downwards.

The patient appeared for a short time relieved, but diarrhoea
soon set in, and although checked by astringents he became
gradually weaker. He returned on July 26th, and was again
checked, but he sank rapidly and died on July 28th at 9
o'clock A.M.

(Signed) J. Mackenzie M.D.

P.S. In some days before his death, the matter showed a tendency
to point in the direction finally attended to, and after all began
to escape on the forenoon of July 26th, when the opening was en-
larged, and again a pint of pus evacuated, but with hardly
any relief to the patient.

L. M. K.

Sectio cadaveris Jun 27 XXVII. Post Mortem.
External Appearances. Body emaciated. Two openings, one
in the upper, and the other in the lower third of thigh
from which pus exuded after death. Oedema of both lower
extremities.
Cranium. Slight amount of sub arachnoid effusion and fluid
in lateral ventricles increased. Substance of Brain healthy.
Weight of Brain 3 1/2 lbs.
Thorax. Chest healthy. Weight 9 lbs.
Larynx and Trachea healthy.
Lungs Right. Pleura on this side adherent and much thickened.
The lower lobe contained several masses of tubercles in 2d

stage, and one small cavity. Lower lobe a good deal congested, and somewhat condensed. The upper lobe was slightly so.

Left lung also adherent, but to a less degree. Inferior lobe towards its upper portion contained two or three masses of tubercles in the second stage in the apex. Towards its lateral border, which was simply emaciated, several small cavities were found, and many tubercles were dispersed through the rest of the lung. Weight of Lungs 7½ oz. 2½ lb. 11½ oz.

Stomach. Peritoneal coat of oesophagus was thickened from granular lymph of a low type. Gall bladder distended with thin dark coloured bile. Texture of liver contained a great amount of fat, and one or two spots resembling tubercles. No spleen 3½ lb. 9 oz. Spleen enlarged. Texture natural. No 12½ lb. 4 oz.

Kidneys. Right - Capsule adherent. Cortical subcapsular contained a quantity of fat, and one or two spots of tubercle. No 5½ lb. 4 oz.

Left. More extensively affected in the same way No. 5½ lb. 6 oz.

Stomach and Intestines. Duodenum and jejunum healthy.

Colon towards its lower end contained one or two patches of ulcer, which were more numerous in the large intestine. A considerable quantity of fibrin was contained in the pelvis, and the peritoneal coat of the bladder was affected, in the same way as that of the liver.

On cutting into the left thigh the inguinal glands were found enlarged, and suppurating. All the muscles were detached from their sheaths and the cellular structure destroyed by purulent matter which descended to the knee joint. The bone was healthy. The knee had no connection with the hip joint.

(Copied by L. MacKintosh M.D.)

W. Westcott

No. 23 -

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Residence	Regt. No.	Regt. No.
50 th	St. Francis Hall	38	Phthisis Pulmonalis	28 th June 1851	1 st Aug 1851	8 Months	Walsley	11	344 148

The patient was admitted on the 28th of June 1851, in an advanced stage of Phthisis Pulmonalis, stated in his case, to have commenced on the 5th of December 1850 at Walsley, but by his own account he had been subject to cough for many years previously. This case did not

(39)

give any detail of previous treatment, but he had marks of Counter-Iritation on the chest. on admission into this Hospital, the symptoms were, constant Cough with mucous-purulent expectoration, hectic flush & night sweats, the physical signs of advanced Phthisis being also present. These symptoms continued with very little change up to the night of the 31st ultimo, when he was attacked with violent hæmoptysis, under the effects of which he sunk rapidly.

General Hospital

Fort Pitt August 2^d 1851

(Signed)

Ellis & Barton M.D.

2^d Class, J. Simpson

Section Cadaveris horæ post Mortem.

External Appearance. Body well formed, slightly emaciated. Marks of counter-irritation on the anterior part of the chest.

Cranium. Membranes & substance of Brain healthy. Weight 3 lbs. 2 oz.

Thorax. Heart healthy, with the exception of trifling atheromatous deposit at the commencement of aorta. Weight of heart 8 oz. Larynx & trachea full of frothy blood. Mucous membrane healthy.

Lungs. Right. Pleura on this side adherent. Superior & Middle Lobes contained Tubercle, chiefly in the second stage, & one or two cavities near the apex of the former. Lower lobe much congested & milky Tubercle disseminated through its substance. In several parts of this lung, extravasation of Blood had taken place, but it appeared chiefly due to injection of the smaller Bronchi.

Left. Also adherent. Pleura on this side much more thickened than on the Right. The whole of this Lung was disorganised by Tubercular Infarction. One very large cavity was found near the apex of the Superior lobe; & one about the size of a walnut, traversed by fibrous bands & vessels, was situated about its middle & from the quantity of blood it contained, the hæmorrhage had in all probability its origin here. Numerous cavities of small dimensions were found in the lower lobe. Weight of Larynx, Trachea & Lungs 3 lbs. & a half.

Abdomen. Gall bladder distended with thin watery bile. Liver enlarged. Texture unusually soft & lacinate, especially in the left lobe, which contained a considerable quantity of fat.

Weight of Liver 3 lbs. 12 oz.

Spleen enlarged. Texture unusually pale, soft, & lacinate. Weight of Spleen 11 oz.

Kidneys. Right. outer surface smooth from irregular distribution of fat on the cortical substance. Capsule easily stripped. Not much destruction of the Tubuli. Weight 4 oz. 4 drs. The same general

Characteristics were presented by the left Kidney. Weight 48, 6 lbs. Stomach contained a considerable quantity of blood & its mucous membrane was stained from the same source. Large & Small intestines healthy.

(Copied by William Arthur Thompson 1888)

M. S. Humphreys

No. 24.

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt.	Dis.
32 nd	P. Henry Brooks	28	Phthisis Pulmonalis	July 26 th 1851	Aug 15 th 1851	8 months	India	14	341	139

"Abstract of the fatal case of Priv. Henry Brooks. 28. Disease Phthisis Pulmonalis, died in Ward 14, Medical Division, Aug. 15th 1851 at 4 P.M."

This patient was admitted into this hospital, apparently in a dying state on the 26th of last month. It would appear from his own imperfect account of his case, that his present affection commenced about 8 months ago in India. (no document has been as yet received, with any account of his case, when in India). He landed at Providence, at the beginning of July, in a state of extreme debility, but under the treatment adopted, improved so far as to be considered fit to be removed to Chatham, where he arrived on the 26th of last month. On his admission into this hospital, he was in a state of extreme emaciation, with a proportionate loss of strength. He had very distressing cough with dyspnea & a considerable amount of abundant expectoration, of an extremely foetid nature. One of his most remarkable symptoms on admission, was almost complete loss of voice. The entire surface of the Chest was dull on percussion, & the respiratory murmur in most places almost inaudible. Mucous Rhonchus was heard in several places, but neither pectoriloquy, or cavernous respiration, could be detected either on admission, or subsequently. His case at first made some improvement, under the usual treatment adopted, for the advanced stage of Phthisis, however during the last four days, dyspnea became very distressing & the treatment employed afforded little relief. He died yesterday at 4 o'clock P.M.

(Signed)

J. R. Ransant

Staff Asst. Surgeon.

Section Cadaveris hora XX post Mortem.

External Appearance Body extremely emaciated. Marks of counter irritation over anterior surface of the Chest.

Cranium Head not examined. Thorax. Heart healthy, weight mixed B.

Thyroid Glands enlarged & contained some crystalline deposit. The whole of the under surface of Epiglottis & mucous membrane of the Larynx & Trachea, was much thickened, being thickened & extensively ulcerated, & part of the Cricoid Cartilage necrosed.

Lungs. Right. Free from adhesions. Superior & Middle Lobes free from In-
fection & partially emphysematous. The greater portion of the lower lobe, especially
towards its posterior & inferior aspect, was affected with Pneumonia in the first
stage, in one place passing on to the second. Its anterior border was emphyse-
matous. Left Lung. Lower lobe adherent by effusion of tolerably recent
Lymph. Its whole texture being affected with Pneumonia, being in a state
chiefly of grey, but also in some points of red Hepatization. Section con-
sidered it as to sink in water. Superior lobe, altho' generally emphyse-
matous, was considerably shrunk in size. It contained no Tubercles.

Weight of Larynx, Trachea, & Lungs, 4 lbs 12 oz.

Abdomen. Liver much enlarged. Section contained an immense
quantity of fat. Weight 5 lbs 4 oz. Spleen slightly enlarged. Structure
healthy. Weight 9 oz. Kidneys. Right of small size, in the advanced
stage of Bright's disease. Capsule partially adherent. Cortical sub-
stance slightly mottled. On making a section it presented a uniform
pale ^{yellow} colour from fatty deposit. Tubular structure nearly destroyed.
Weight, 3 oz. 8 drachms. Left, with the exception of being more aden-
tous, presented much the same appearance as the Right.
Stomach & Intestines, generally healthy.

(Copied by William Arthur Pond)

McKenzie S.S.

No. 25 -

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of disease	Where contracted	and	Regt. No.
28 th	David Wilkinsons	30	Phthisis Pulmonalis	June 11 th	16 th Augt.	8 months	Portsmouth	15	343 41

"Abstract of the Fatal Case of Mr David Wilkinsons, aged 30.

"28th Regiment. Admitted June 11th 1851. Disease Phthisis Pulmonalis.

Duration 8 months. Died in Ward 15 Medical Division, on 16th August,
at 3 P.M. Regt 343. Folio 41."

An Irish Shoemaker of 11 1/2 years service, in the Mediterranean, N. India
& the E. Indies, of which 5 1/2 in the latter. Had good general health, with
the exception of an attack of fever at Hyderabad. In January last when
stationed at Portsmouth, he had an attack of cough, hæmoptysis, & pain
of right side, with much attendant dyspnoea & subsequent debility. On
his admission he was much emaciated & in a very exhausted state. Chest
badly formed, the right side being more prominent than the left, & expanded
very imperfectly in forced respiration. There was dulness on percussion, over
this side anteriorly, most marked from under the clavicle to below the umb.

ple, with tubular heathing & pectoriloquy in the same situation, & lower down mucous-crepitant râles & marked bronchophony. Percussion was also impaired under the left clavicle, with harsh prolonged expiration & increased vocal resonance. Lower down moist râles were present. Owing to his very exhausted state, only one more examination of his chest was made, on the 2nd of August, when the dulness is noted, as having become much more marked over the left side, & pectoriloquy was also present. He had no diarrhoea, no affection of the voice & suffered but little uneasiness, although very weak. He died on the 16th of August, at 3 P.M.

Treatment, entirely palliative with wine & nourishing diet.

(Signed)

John Robertson M.D.

Staff Asst. Surgeon.

Section Cadaveris hora XVII post mortem.

External appearances. Body exceedingly emaciated. Chest badly formed, depressed beneath both clavicles.

Cranium. Membranes & substance of Brain healthy. Weight 3 lbs 10 oz.

Thorax. Lungs firmly adherent to parietes of Chest, by old adhesions, over the entire surface. Heart, weight 6 oz., appears healthy.

Lungs. Right. Its three lobes filled with tubercular matter, principally in the third stage. The centre of its upper lobe, is converted into a large Pthirical cavity. Left Lung found in the same condition. Full of cavities more especially in its Superior Lobe. Mucous membrane lining the Larynx & Trachea slightly congested, in other respects healthy. Weight of Larynx, Trachea & Lungs 5 lbs 14 oz.

Abdomen. Liver, small, slightly congested towards its lower margin. Weight of Liver 2 lbs 14 oz. Spleen, weight 4 oz. 2 lbs. Kidneys. Right, capsule slightly adherent. Cortical substance slightly infiltrated with fatty deposit. Weight 4 oz. 2 lbs. Left, presented same general appearance as right; on removing the capsule from its posterior surface, the cortical substance was found superficially atrophied. Weight 3 oz. 14 lbs.

A few ulcers were found in the large intestine, the remainder of the intestinal canal healthy.

(Copied by William Arthur Thompson M.D.)

W. A. Thompson

No. 26 -

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Height	Weight	Other
87 th	W. William Scott	23	Pthiric Pulmonalis	7 th May 1851	21 st August 51	14 wks & 14 d	Chatham	11	142	97

"Abstract of the Fatal Case of Private William Scott 87th Regt. Agd 25. (33)
Biside Phthisis Pulmonalis. Died at 11 to 7 A.M. this morning (20th Augth) in Ward
11 Medical Division. Reg^t 342. Ill^y 77."

The patient was admitted on the 7th of May 1851 under the head of "Catarrhus Acutus,"
the symptoms being of a very severe character, such as great debility, considerable
expectoration & night sweats. On the 8th of June he was seized with severe rigors,
from this period the bad symptoms increased daily. The patient came under
my care on the 16th of June last, when he presented all the well marked
Symptoms of Phthisis Pulmonalis, likely to run a rapid course, but he
constantly reported himself as feeling much better & said he was gaining
strength rapidly, & about the 20th of this month, wished to be discharged from
Hospital. Towards the latter end of July, the symptoms made rapid advance,
& the Patient became daily more debilitated from the effects of profuse
expectoration, night sweats, & distressing dyspnea. On the 16th of the
present month, bed sores made their appearance & became very trou-
blesome, & from this period the other symptoms also increased & the Patient
sank exhausted at 11 to 7 A.M. this morning.

Fort Pitt 20th August 1851. (Signed) Edw. Newton M.D.

Sectio Cadaveris. hora XXIX post mortem.

External Appearances. Body emaciated. Upper part of left thigh &
hip discoloured & covered with one or two bedsores. Considerable oedema
of corresponding limb.

Cranium. Membranes & substance of brain healthy. Weight 3lbs 2oz. 4dts.

Thorax. Seven ounces of fluid found in the pericardium. Heart healthy.

Weight 9oz. 4dts. Larynx & Trachea. Whole of lining membrane of Larynx
& about 2 inches of commencement of Trachea, thickened & ulcerated. One

superficial & oval ulcer situated towards the post. extremity of the left vocal liga-
ment. Lungs. Right firmly adherent by a very thick layer of lymph, ca-

pable of being separated into distinct layers. Superior & middle lobes com-
pletely disorganized with Tubercular disease, containing an immense
number of cavities of various shapes & sizes, the majority filled with paren-
chymatous matter. Lower lobe contained chiefly tubercles in the 2nd stage.

Left Lung, also adherent, but less intimately so than right. Whole of
Superior lobe, disintegrated, like corresponding portion of right lung, & the
Lower lobe containing miliary tubercles & some in the second stage.

Weight of Larynx, Trachea & Lungs. 6 1/2 lbs.

Abdomen. Liver healthy, weight 3lbs 6oz. Spleen, natural. weight 7oz.

Kidneys. Right slightly affected with fatty degeneration & contained one
point of Tubercular deposit about the size of a pea. Weight 5oz. 4dts. Left. Same,

weighed 5oz. 8dts. Intestines. Stomach & small intestine healthy. Lower end of
Sigmoid & Caecum contained a considerable number of ulcerated points.

(Copied by William Arthur Thomson 1885)

W. A. Thompson

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg.	Fol.
53 ^d	Edwin Legg	34	Febris Intermitteus	Aug 11 th /51	20 th Aug/51	17 days	St. Marys Bks. Brompton.	10	340	116

Abstract of the Fatal Case of Private Edwin Legg - aged 34-53^d Regt. admitted August 11th Duration of Disease 17 days - Contracted at St. Marys Barracks Brompton - Died at 9^{1/2} P.M. August 20th 1851 in Ward 10. Medical Division - Register 340. Folio 116.

Total Service 12 years $\frac{1}{2}$ - of which 6 years in the East Indies, the remainder at Home; was Invalided at Rangoon Pindee on the 28th August 1850. "Utterly incapacitated for the duties of a soldier," "At Serapore in 1846 had an attack of Paralysis of the right side of the body from which he has never entirely recovered" "Subsequently" had several other Paralytic shocks "and" severe attacks of Dysentery and at present labours under the Chronic form of this Complaint" was admitted into this Hospital on arriving from India under the head "Paralysis" complaining of general debility and loss of power and sensation to some extent in the whole of the right side - the Eye, the Arm, Leg &c with occasional shooting pains through the Limbs. Was much emaciated. Had Cough and pulmonary expectoration. Chest narrow and elongated. Expansion impaired. Resonance diminished but especially of the left side - Respiration bronchial accompanied by "creaking sound, remote crepitus and occasional dry rales in the upper parts of the chest - Hepatic dulness extending high into the Thorax. He improved in general appearance, gained flesh and strength and being found "unfit" was discharged to await the meeting of the Invaliding Board at St. Marys. No admission for Fever of any kind appears in the detail of his Case sent from India. On 11th August was readmitted "Febris Intermitteus" said that he was attacked on the 4th of the month and had had a (tertian) paroxysm on each alternate day since, but yesterday when he should have been free he had a pretty sharp attack - Was very pale and yellow; felt very weak, had an herpetic eruption about the mouth - A febrile condition was maintained with exacerbation at the time of a regular accession. He was never completely free from fevers. Pulse remaining gentle, rather small, skin dry. On the 14th some oppression of breathing was reported & the respiratory sound posteriorly to be feeble. 16th Reported better, skin relaxed, free from pain and breathing easier. Bowels very freely moved. Pulse still gentle - 17th 18th Much inability of Stomach with bilious vomiting. Dyspnoea increased - Pulse rapid. Impaired resonance of the posterior parts of the chest with Bronchial respiration and crepitating rales. Vomiting ceased on 18th.

19th More feeble. Look little nourishment yesterday. P. 120 small and weak. Tongue pale, furred and dry. Cough moderate. Sputa copious thick and purulent. Respiratory sound much enfeebled in anterior part of right side. Comparative dullness on percussion beneath this clavicle. Bronchial respiration, —, and increased vocal resonance, indications of cavities in this part of the lung, and of a general tubercular condition of both in an advanced stage. Sound of the heart very feeble. No "murmur". Some vomiting. Frequent stools of somewhat dysenteric character. Yellow tinge of whole body. 20. Fatal termination imminent, delirious. 9^{1/2} P.M. Died.

Treatment. On admission after evacuating the Bowels because was had to Quina to arrest the Ague. as soon as the Thoracic Complication became more prominent, this was omitted and Sarsaparilla, Salines & Diaphoretics, with Counter-irritation of the Chest &c.

Fort Pitt Aug 21st / 51. (Signed) A. Collings
Staff Surgeon 2nd Class.

Actio Cadaveris hora XV post mortem.

External Appearances. Body emaciated, Conjunctiva and general surface tinged yellow.

Cranium. Brain weighs 2^{lbs} 4^{oz} 3^d. Considerable amount of ant. arachnoid effusion. Vessels of pia mater congested. Under surface of post. lobe of left hemisphere softened (yellow) to depth of $\frac{1}{2}$ inch, and extending over a space of a crown piece.

Thorax. Heart healthy. Weight 8^{oz} 2. Trachea and Lungs healthy. Lungs — both slightly adherent. Right Superior lobe, whole of, hepatized of a pale yellowish grey colour. Containing purulent matter when expressed. Middle lobe emphysematous, entirely free from consolidation. $\frac{4}{5}$ th of lower lobe in a state of red passing into grey hepatization. Latter more advanced of two. Remainder of remaining portion of lung highly emphysematous.

Pleura pulmonalis thickened with deposition, at parts, of tolerably recent lymph. Left Lung — Nearly whole of Superior lobe emphysematous, especially its Superior border. Lower lobe in a state of grey hepatization resembling Superior lobe of right side. Weight of Trachea and Lungs 4^{lbs} 10 oz.

Abdomen. Liver — Peritoneal Coat of liver irregularly thickened. Texture of liver contained an increased amount of fibrous tissue and also much infiltrated with fat. Weighs 3^{lbs} 7 oz.

Kidneys. Right Kidney diminished in size, Capsule slightly adherent. Cortical surface ext. irregularly nodulated and

and puckered. Whole Kidney tinged deep yellow. Tubular structure not much destroyed. Weight 5 or 7 dr. Left. Weight 6 oz. Spleen — enlarged and somewhat engorged. Texture firm. Weight 13 oz. Stomach and Small Intestines healthy. Greater part of mucous membrane of Caput Colicum abraded slightly. That of rest of large intestine thickened, and contains traces of old ulceration through whole extent.

(Copied) David Playfair, M.D.

Wednesday -

No. 28 -

Reg.	Name & Rank	Age	Disease	Admitted	Died	Duration Disease	Where con- tracted.	Month	Day	Year
46	Pte. Ben. Scott	31	Morbus Cordis	June 28 th 1851	Aug. 26 th 1851	9 mo.	Bradford	14	34	196

An Englishman of 12 years service, formerly a labourer, first admitted into Hospital June 28th 1851, when it would appear from his document that he had enjoyed tolerably good health up to December last, when he was attacked by ulceration of the Tongue, & subsequently inflammation of the lungs, when palpitation of the heart with cough & dyspnea first became apparent, which constituted his first symptoms on admission. He came under my care ~~last~~ June last. There were well marked dulness over the cardiac region, & lower part of the left side, a faint bruit accompanying the first sound of the heart, heard best over the left nipple. Crepitus heard at the inferior portion of both Lungs, both anteriorly & posteriorly, respiratory murmur feeble in the upper portion of the chest. His general symptoms then were constant dyspnea with cough not attended by any very considerable amount of expectoration, & palpitation of the heart much increased by exertion. Pulse exceedingly weak, quick & irregular. His countenance was of a leaden hue & presented an anxious & distressed aspect. Superficial veins of the neck distended. The treatment employed at first consisted of the exhibition of Acon. Sulph. in combination with opium, from this he experienced no relief. Subsequently he was ordered Digitalis in combination with Opium & Specuacantha, with local bloodletting & counter irritation & occasionally mild mercurials in small doses. Under this treatment his case made considerable improvement, cough, dyspnea & palpitation becoming less distressing & the physical signs evincing a considerable reduction in the congestion of the organs of Respiration. He was invalided & discharged on the 2^d of August. He was readmitted on the 20th inst. suffering from the above mentioned general symptoms & physical signs in a more marked & aggravated form, & derived little benefit from the treatment adopted. Obstinate hæmoptysis set in on the 22nd, after which he rapidly sank, &

did on the 25th at 4 past 3 o'clock

(Signed) Hambant

Staff Surgeon

(37)

Sectio Cadaveris hora XXI post mortem.

External appearances Body well formed not emaciated. Marks of recent cupping & counter irritation over cardiac region & Epigastrium. General surface tinged yellow.

Cranium Membranes & substance of brain healthy. Weight 8 lb 8 oz.

Thorax 12 oz. of fluid with a few flakes of lymph intermixed, were found in the Pericardium. Heart much enlarged. Muscular tissue flabby. Right ventricle especially dilated, but the valves on this side of the heart healthy. Mitral valve on its ventricular aspect thickened & contracted, so as only to admit the point of the little finger, by cartilaginous deposit of unequal density. On its auricular aspect there were several roughened vegetations, one of which of almost bony consistence, about 2 lines in height, was attached by a broad base, & the whole margin of the valve was much more dense on this side, than on the opposite. Aortic valve perfectly healthy, & aorta itself neither dilated nor showing evidence of Atheromatous deposit. Heart's weight 14 lb 6 oz. Larynx & trachea, mucous membrane congested & full of frothy blood. Lungs Right, slightly adherent. Whole texture throughout much congested, & generally emphysematous; in many parts throughout its substance extravasation of blood had taken place, affording good specimens of Pulmonary Apoplexy. These clots were found in all three lobes.

Same general appearances, but less extravasation & more emphysema present in left. Weight of Larynx, Trachea & Lungs, 4 lb.

Abdomen Liver of small size. Gall bladder at its lower third externally, not traversed & compressed by a thin fibrous band. Liver externally slightly undulated in appearance, especially towards the inferior margin of Right Lobe. Texture contained a considerable amount of fibrous tissue, & was much congested, section giving a nutmeg appearance. Weight of Liver 3 lb 4 oz.

Spleen congested. Texture unusually firm. Weight 7 1/2 oz.

Kidneys. Right, congested, apparently healthy. weight 5 oz.

Left, same, weight 5 oz. of blood.

Stomach & Intestines slightly congested, otherwise healthy.

(Copied by William Arthur Thomson M.D.)

Robertson Esq

No. 29-

Reg	Name & Rank Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg.	Folio
72 nd	P. James Tierney 24	Phthisis Pulmonalis	Aug ^r 25 th 51	Aug ^r 27 th 51	11 Months	W. Indies	14	341	191

Abstract of the fatal case of P. James Tierney 72nd Reg^t died in Ward No 14, Medical Division, at 1/4 to 1/2 A. M. Aug^r 27th 1851. Disease Phthisis Pulmonalis.

P^r James Furney a 24. 72nd Regiment. 3 years and 8 months in the service. Prior to Enlistment a labourer. Served 3 years at home the remainder in the West Indies. enjoyed pretty good health up to the early part of 1849. when he was attacked by Intermittent Fever. in Sept. 1850. he was for the 1st time attacked by cough and pain in the chest which continued up to the date of his admission on the 18th of August 1851. when he was evidently in the last stage of Phthisis. He was then in an exceedingly debilitated and emaciated state. Suffering also from cough constant attended by a large quantity of expectoration. and pain in the chest aggravated by motion. The Physical signs then were general dulness over almost every part of the chest. Pectorilargy and Gargorillement heard beneath both clavicles. Crepitus over the greater portion of the lower part of the chest. On the 19th Ins^t an acute attack of Inflammation superadded when to the above mentioned physical signs. Mucous Ronchus and Friction sound, became superadded. The treatment was merely palliative. He died at 1/2 to 4 A.M. August 27th 1851

(Signed.) J. Rambaut

S. A. Surgeon

Sectio Cadaveris hora VII post mortem.

External Appearances. Body considerably emaciated.

Cranium Membranes and substance of Brain healthy. Weight 3 lbs 10 oz 4 drs

Thorax Heart healthy. Weight 8 oz. Larynx and Trachea, considerable ulceration of lining membrane of former. Lungs - right Pleural cavity contained a large quantity of fluid; pleurae much thickened, connected together by a thick and dense layer of lymph. Pulmonary texture much condensed, and containing tubercles chiefly miliaary, also some in the second stage throughout its whole extent. Left lung free from adhesions. Superior lobe towards the apex, contained several minute cavities some communicating with one another. A few were also found in the upper lobe. The rest of this lung in the same state as the right.

Abdomen Liver. Capsule of the Liver thickened by Chronic Inflammation. Texture on section paler than natural, but of proper consistence weight 3 lb. Spleen pale - texture soft, weight 7 oz. Kidneys. right, surface pale structure apparently healthy, weight 4 oz. 7 drs. left, same, weight 5 oz. The whole of the small intestines were matted together by chronic lymph so as to render it impossible to remove them. Some fluid was contained in the peritoneum.

(Copied by William. S. L. Munro. M.D.)

W. S. L. Munro

Reg.	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Cont. acted	Ward	Regt.	This
59	P ^{te} J ^m M ^c Mahon	25	Cachexia	May 4 th /51	Aug 29 th /51	12 months	China	15	337	236

Abstract of the Case of Private Timothy M^c Mahon 59th Regt. Admitted May 4th 1851 - Died August 29th at 7 1/2 A.M. - Ward 15 - Disease Cachexia - Duration 12 months - An Irish labourer, aged 25. Service 2 1/2 years.

This man arrived at Hong Kong in Feb. 1850. Suffered severely from Fever, and was invalided in the Autumn of the same year. Was admitted into this Hospital in a state of great emaciation and debility, anasarca and ascitic and presenting some Scurvitic petechial. His joints spongy and tender. No abdominal visceral enlargement was detected. The Respiratory sound as well as those of the heart are reported as natural. Urine plentiful. Sp. Gr. 1.010. - Improved a little for the first weeks after admission but never to any extent. He only suffered from Diarrhoea. Pain in the right side. Dyspnoea. Resonance of right side of chest impaired and respiratory sound obscured. Progressive debility, general anasarca. Increased tenderness of right hypochondrium. Debility altogether on right side. Treatment. Tonics, Purgatives, Blister, Mercurials &c.

(Sign) A. Collings. S. L. J. C.

Section cadaveris hora IV post Mortem. Aug. 29th 1851.

External Appearances. Body not much emaciated, lower extremities oedematous. Cranium. Membranes of the brain healthy. Brain. Weight 3^{lb} 2^{oz} 6 dr. Ventricles full of straw coloured serum. Thorax. Pleura right. Contained a large quantity of straw coloured serum, with some flakes of lymph, and pus. Left. Natural. Pericardium containing no fluid. Substance of heart healthy. No disease of any of the valves. Weight 8 oz. 6 dr. Trunks, Larynx and Trachea 2^{lb} 8 oz 5 drs. Larynx and Trachea healthy. Containing a little pinky mucus. Lungs. Right studded with tubercle and containing towards its apex, a cavern a little larger than a hazel nut. Left greatly congested but free from tubercle. Abdomen. Liver considerably displaced by effusion into the right pleural cavity. Healthy, on external appearance. Weight 3^{lb} 3 oz (Gall-bladder empty) When cut into of a slightly nutmeg appearance. Spleen. Weight 10 oz. 3 drs. texture firm and congested. Kidney. Left 5 oz. 1 dr. Congested in its depending portion. Capsule slightly adherent. Right Kidney. Weight 5 oz. 2 drs. Right ^{fatty} ~~abdominal~~ deposit, seen in Cortical structure. Intestines slightly congested.

(Sign) Will^m Munro.

(Copied by David D. Gibb M.D.)

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Head Regt	File
R.C.R.	St Luke Diffley	40	Phtisis Pulmon	July 31 st 1851	Aug 31 st 1851	3 7/8 years	Canada	10	340 119

Abstract of the Total case of Private Luke Diffley, Royal Canadian Rifles, aetatis 40, admitted into Fort Pitt General Hospital July 31st 1851. died in No 10 Medical wards at 1/2 past 10 AM August 31st 1851.

Irish, fair complexioned & emaciated looking man. Had been failing in health for upwards of 2 years & is now in the last stage of the disease. Extensive tubercular degeneration of both Lungs; cavities, as evidenced by large gurgling rales, blowing respiration & increased vocal fremitus below the clavicles. Disease most marked in the left lung. He had suffered from diarrhoea for the last 6 months & got weaker much. Cough moderate, Sputa copious, purulent, streaked with blood.

"Detailed Medical Report on the case of 13110, St Luke Diffley, Royal Canadian Rifles, invalided & sent to Chatham." Luke Diffley aged 39 years. Total Service 28 years, of which in Jamaica 13. Disease Phtisis Pulmonalis, June 1848, Toronto, cold caught whilst on guard. Five times in Hospital, April 1850, 24 days; October 50, 10 days; October 50, 25 days; December 50, 78 days. March 1851 to present time (10th) Shortness of breath & inability to perform any duty. A Labourer.

(Signed) J. Woolfpreys

1st April 1851

Appt. Surg. R. C. Rifles

After his admission into this Hospital, altho' the Chalk mixture with Elix. & Opium, Pills containing Acetate of Lead & Opium, Pills containing Croton, Sulphate of Copper & Opium, were tried to arrest the purging, all proved of no avail. He was placed on Opium diet, & snowing allowance to support his failing strength, but this also proved of no use. He continued lingering, daily becoming weaker, until expiration took place at 1/2 past 10 o'clock A.M. of the 31st August.

(Signed) Wm Murray

August 31st 1851

Sectis Cadaveris hora XXVII post mortem.

External Appearance Body extremely emaciated.

Cranium. Membranes & substance of Brain both much congested. Weight 3 lb. 3 oz.

Thorax. Heart healthy. Weight 8 oz.

Larynx & Trachea. Slight ulceration towards basis of Epi-glottis. (41)
Larynx & Trachea otherwise healthy.

Lungs. Right, adherent along its whole extent by old lymph. Superior Lobe towards the apex contained several large cavities. Rest of this lobe & the middle, infiltrated with Tubercle chiefly in the second stage, & also upper portion of lower lobe, which lobe however contained a few small cavities & was much congested throughout. Left Lung. Upper third of Superior Lobe completely excavated by an enormous cavity, which appeared to be formed by the junction of several & was lined by a distinct membrane & bordered by the remains of septa. The rest of this Lobe contained one or two small cavities, & tubercles in various stages. Lower lobe contained several Tubercular masses in the second stage & was much congested & condensed.

Weight of Larynx, Trachea & Lungs, 5 lbs.

Abdomen. Liver slightly enlarged. Structure comparatively healthy.

Weight 4 lb. 7 oz. Spleen healthy, weight 9 oz. Kidneys. Slight fatty degeneration of both kidneys. Weight of right 4 lb. 2 oz. Left 4 lb.

Stomach & Intestines. Stomach healthy. Whole of small intestine from Jejunum to termination of Ileum. Showed traces of ulceration. The large intestine was also affected in a similar manner from its commencement to its termination in the rectum. Mesenteric glands enlarged from Tubercular deposit varying in size from a pea to a fist.

(Copied by William Arthur Thompson M.D.)

Robertson Esq. -

No. 32.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Reg	Fol.
R. Can. Rifles	Pte John McDonald	38 yrs 3 months	Phthisis Pulmonalis	15 th August 1851	Sept. 3 rd 1851	15 months	Canada	14	341	188

Abstract of the Fatal Case of Private John McDonald Royal Canadian Rifles. Aged 38 years 3 months - Admitted on Aug 15th labouring under Phthisis Pulmonalis Contracted when stationed in Canada - died this morning 3rd Sept at 1/2 past one o'clock in Ward 14.

An Irishman by birth - his previous occupation being that of a Sailor. Total Service 20 years 6 months - of which time 4 years and 55 days had been spent in the West Indies - 5 years and 8 days in North America - 5 years and 110 days in Mediterranean and the rest at home. He was admitted into Hospital in Canada on 20th June 1850 from attack of Haemoptysis, from which time the commencement of the present disease may be dated. On admission into General Hospital here, he was in an extremely weak and emaciated condition, complaining of Cough, dyspnoea

with constant pain in almost every portion of the chest - On examination the whole of the anterior part of the chest was found dull on percussion but marked, however on the right side under the Axilla - where Cavelmans respiration could also be distinctly detected - He continued to sink - the Cough and expectoration becoming more troublesome - and the Physical Symptoms of advanced Phthisis becoming gradually more developed - till the 31st of August when he became much worse - At the evening visit of the day mentioned he was found in a low delirious state - his pulse being exceedingly weak, quick and irregular. His bladder being evidently distended a catheter was introduced and about two pints of urine brought away. Since that period he has never rallied but continued in a semi-comatose condition till this morning when he died at the hour above mentioned.

Sept. 3^d 1851.

(Signed) Robert Orr Brighton. A.A.S.

Sectio Cadaveris. - Private John McDonald Royal Canadian Rifles.
 Nov. 1st post mortem. 3^d Sept. 1851.

External Appearances. Body extremely emaciated - Cranium -
 Membranes of brain healthy - Extending over base from pons varolii to
 optic Commissure one or two flakes of lymph were found with
 considerable sub-arachnoid effusion - Lateral ventricles also distended
 with fluid. Weight of brain 3^{lbs} 3^{oz}. Thorax. Heart healthy weight 8^{oz}.
 Larynx and Trachea healthy Superior lobe. Right Lung adherent
 slightly at apex - Superior and middle lobe contained tubercle chiefly
 in 2^d stage, and one or two cavities - Lower lobe much compressed
 and condensed, so as to sink in water - Left Lung pretty free from
 adhesions highly emphysematous throughout whole extent -
 Superior lobe near its junction with middle contained tubercle chiefly
 Miliary, also a few in the 2^d stage - Weight of Trachea, Larynx and
 Lungs 3^{lbs} 4^{oz}. Abdomen. Liver not enlarged - Lexture contained some
 fat weight 2^{lbs} 14^{oz}. Spleen - Lexture firm good deal engorged 6^{oz} or
 in weight. Kidneys Right good deal compressed weight 5^{oz}.
 Left same 4^{oz} or in weight Stomach and Intestines healthy.
 The Mesenteric Glands were much enlarged from soft yellow deposit
 which on Microscopic Examination was found to consist of softened
 Tubercle -

(Copied by David Ogilvy Haile M.D.)

Robertson Jaf

Pt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Reg	Vol
44	Drummer John Davidson son -	17	Phthisis Pulmonalis	28 August 1851	2 nd Sept. 1851	6 Months	Malta	11	344 84

Abstract of the fatal case of Drummer John Davidson 44th Regt. aged 17 years Disease Phthisis Pulmonalis, died at 1/2 past 6 P. M. 2nd Sept. 1851. In Ward No 11 Medical Division, Reg. 344, Vol 84, an Irishman. Total service 3 years, passed in Mediterranean, was first taken ill, six months ago at Malta, with a cough followed by Difficulty of Breathing, and Haemoptysis. The cough and Difficulty of breathing continued up to the time of his admission into this Hospital. Was in hospital 87 days, from Nov. 50, to January 51, 13 days in May 51. On admission, he appeared to be in a very weak condition, and was labouring under cough & dyspnoea, coming on in paroxysms. At the lower part of the left side of the chest he complained of a cutting pain increased on attempting a full inspiration. The sputum was purulent and copious. Pulse 120, regular but feeble. He had great thirst, appetite was bad and during a paroxysm of dyspnoea, frequently he vomited. On Examination of the chest, it appeared badly formed. The right lung as compared with the left was resonant on percussion and sonorous rales were heard all over it, with prolongation of the expiratory murmur - Over the left lung loud crepitation was heard - From the time of admission up to that of his death, he continued to suffer from cough and paroxysms of dyspnoea, partially alleviated by treatment which consisted in the administration of expectorants, Stimulants, and Antispasmodics, such as Specacuan, Tannin, Wine, Brandy, Ammonia, and Sulphuric Aether, and counter irritation to the chest.

(Signed Daniel Ogilby, M.D. & L.S.)

Sept. 3rd 1851. Sectio Cadaveris Drummer John Davidson 44th Regt. No 11
XIX post mortem

External Appearances Body much emaciated

Cranium Membranes and substance of the Brain were slightly congested, weight 2 lbs. 14 oz. 2 drs.

Thorax Heart slightly enlarged, valves healthy. Weight 9 oz. 2 drs. Larynx & Trachea healthy. Lungs Right firmly adherent, especially towards its upper border. Superior lobe contained one enormous cavitation lined by distinct membrane with traces of vessels. The rest of this lobe contained a few cavities varying in size from a pea to a walnut, as did also the lower lobe, the intervening pulmonary texture, being infiltrated with masses of tubercle. Left also adherent. Superior lobe and upper part of inferior contained cavities of various dimensions, and masses of tubercle. The lower lobes of the latter, chiefly infiltrated with milky tubercle,

highly congested and emphysematous. Weight $4\frac{1}{2}$ lbs.
 Abdomen Liver healthy, Weight 3 lbs. 7 oz. Spleen natural, Weight $6\frac{1}{2}$ oz.
 Kidneys slight scrophulous degeneration, Capsule slightly adherent
 Weight of the right 4 oz. 3 lbs. and of left 4 oz. Stomach and intestines
 healthy

(Copied by William L. J. H. Munro. M. D.)

No 34-

Museum of.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Regt	File
30	Pt Charles Bailey	30	Morbus Cordis	Sept. 1 st 1851	Sept. 4 th 1851	3 Months	Portsmouth	15	343 85

Abstract of the fatal case of ^{from Pt} ~~Private~~ Charles Bailey, aged 30 - 30th Regt. admitted
 Sept. 1st 1851, died in Ward 15 Medical Division, at 3 a.m. Sept. 4th 1851
 Morbus Cordis Register 343. Folio 85-

An English laborer of 10th years home service, in the month of January 1851 when
 stationed at Portsmouth, he caught cold from sleeping on a damp bed and was
 admitted into his Regimental hospital complaining of cough dyspnoea pain
 in the Cardiac region and occasional expectoration of blood, he experienced
 temporary relief from treatment (chiefly anti-phlogistic) but returned
 towards the end of the month in a nearly similar state, he was invalided &
 sent to Fort Pitt on the 2nd of June 1851, when he complained of analogous symptoms
 there was strong pulsation in the great vessels of the neck especially the right
 Carotid, a loud bellows murmur most marked with the second sound
 was audible over the sternum, and could be traced although becoming
 fainter in character to the apex of the heart. Some crepitation was heard
 over the lower part of right lung, and his expectoration contained blood,
 he improved so far as to be discharged to St. Mary's, on the 23rd of August.
 but was readmitted on the 1st Sept. complaining as usual. Nearly the
 same physical signs were present as formerly noticed. The cardiac dulness
 was increased, and the pulse very full, dyspnoea urgent, & percussion
 impaired over both lungs. behind with mucous crepitant rales in the same
 situation. He expectorated about 4 oz. of pure blood on the morning of
 the 3rd and died at 3 a.m. on 4th Sept.

Treatment Counter irritants, expectorants antispasmodics &c
 (Signed) John Robertson M.D.
 Staff Asst. Surgeon

5th September 1851. Sectio Cadaveris hora VI post mortem -
 External Appearances Body stout and muscular, general surface
 livid, towards the upper part of the body and muscles not contracted

(45)
Cranium. Membranes and substance of Brain healthy weight 3 lbs 5 oz.
Thorax. Pericardium contained a considerable quantity of fluid. Heart enormously enlarged especially the left ventricle. Mitral valve healthy the commencement of the aorta was much dilated its lining membrane was puckered but not much roughened a small aneurism about the size of a walnut was situated above the anterior coronary artery, the convexity of which projected into the origin of the Pulmonary artery. The dilatation of the aorta did not extend to any great distance downwards. At the ^{base} apex of the left ventricle several transverse bands of very dense glistening fibrous tissue were present. There were two small elliptical perforations in the Pulmonary artery, which communicated with the aneurism of the aorta which however caused it to assume a sacular form. These had well defined edges, and appeared to be of old formation. Weight of heart 20 oz. Larynx and Trachea considerably congested. Lungs right adherent by old lymph. Superior and Middle lobes hepatized. Texture condensed so as to sink in water, as also a portion of the lower lobe. The rest of this lobe in the 1st stage of Pneumonia. Left also adherent. Lower portion of the Superior lobe also hepatized. Rest of this lung engorged. Weight of Larynx, Trachea and Lungs 4 lbs.

Abdomen. Liver Peritoneal coat thickened. Texture firm action presented nutmeg degeneration. Weight 3 lbs 4 oz. Spleen small structure apparently healthy weight 4 oz. Kidneys right congested capsule stripped off with difficulty, one or two points of tubercular deposit found in the tubular structure. Weight 5 oz 6 drs. Left also congested, with good many of tubuli obliterated, apparently from fatty deposit. Weight 7 oz 1 dr. Stomach considerable congestion of its mucous membrane towards the pylorus. Intestines healthy.

Copied by

William P. H. Murwed M.D.
 M.D. 1851

No 35.

Regt.	Name & Rank.	Age	Disease	Admitted.	Died.	Duration of Disease	Where & how treated	Regt.	Who
72 nd	Pvt Andrew Robertson	34	Scrophula	29 th Aug ^r 1851	Sept. 10 th 1851			7	

"Abstract of the Case of Pte Andrew Robertson Aged 34. 72nd Regiment, Died September 10th 1851, at a quarter before 5 o'clock. A.M."

A Scotchman of spare habit of body & at present somewhat emaciated, was admitted into the Fort Pitt General Hospital, on the 29th August, for Scrophula, which was evidenced by indolent Abscesses in different parts

of the body, one on the right side of the neck, another upon the lower part of the chest close to the inferior cartilage & a third in the Lumbar region. Two of these abscesses were opened soon after his admission, & a large quantity of creamy scrophulous matter discharged, & poultices kept constantly applied. On the 1st Sept. he began to complain of severe pain in the forehead, a dry parched tongue & a disagreeable taste in the mouth, & constipation of the bowels. This pain continued until the 3rd Sept. when it became worse & was accompanied by diarrhoea. These symptoms continued with very slight change, but not attended with so much severity, as to prevent him from walking about the ward. At night his sleep was restless & uneasy & on the night of the 8th he raved very much. On the 9th he was seized with severe Epileptic convulsions, from which he did not recover his sensibility. The convulsions were principally confined to the right side, they returned frequently during the night, but towards morning they ceased entirely; great tenderness seemed to be felt over the region of the liver & hicough was incessant. Towards the afternoon of the 10th the breathing became short, the pulse irregular, weak & quick & he died at three quarters past four P.M. The treatment consisted in poulticing the abscesses upon first admission, & the exhibition of Spongia diet. Upon the superintention of head symptoms, purgatives were given. The head was shaved & clothes applied. Blesters to the scalp & nape of the neck, & emollients, & endeavours were made to bring the system as speedily as possible under the influence of mercury. Mustard Cataplasms were also applied to the calves of the legs & Serpentine Eucumata administered.

(Signed) Wm Johnston Esq. M.D.

11th September 1851

Staff Capt Surgeon -

Section Cadaveris horæ XX post mortem.

External Appearance. Body emaciated. Marks of Scrophulous abscesses on right side of neck & of counter irritation on the nape of the neck. Cranium. On removing the Calvarium, Dura Mater appeared to be considerably elevated, over the anterior aspect of both hemispheres from Effusion between it & the Arachnoid. Considerable quantity of Curd was found at the base of the brain, & sub-arachnoid effusion was general both on its upper & under surface. The lateral ventricles were distended & the vessels of the Choroid plexus much congested. Weight of brain 3lb. 5 Ozt. Thorax. A small abscess was found on the Thoracic parietes, situated at lower border of Pectoralis Major & origin of external Oblique, which contained thick purulent matter. Small quantity of fluid was found in the pericardium.

Heart, considerable congestion of its superficial vessels. Aorta much dilated, thickened & puckered from atheromatous deposit, a highly criciform condition of aortic valves which however on being tested in usual way, were found competent. Mitral Valve healthy. Weight of heart 8.5. & 1/4 lb.

Larynx & Trachea A small ulcer in the centre of former.

Lungs. Pleura very intimately adherent on both sides, especially on right. Right Lung, superior lobe contained one large cavity, lined by a distinct membrane, rest of this lung infiltrated throughout, with tubercles. Chiefly in the 2nd stage, & pulmonary texture condensed, but not so as to sink in water. Lower lobe much congested, full of milky tubercles. Left Lung infiltrated throughout its whole extent with tubercles. Chiefly milky in the lower lobe & a few in the 2nd stage in the upper, the former much congested & slightly condensed.

Weight of Larynx, Trachea, & Lungs 4 lbs 13.5.

Abdomen. Liver much enlarged, weight 4 lbs 9.5. Spleen slightly enlarged, structure soft & lacerable weight 11.5. Kidneys Right contained a few points of tubercular deposit. Weight 5.5. Left same, weight 4.5. 3rd.

Intestines. Extensive ulceration at lower end of Sigmoid & Caecum.

(Copied by William Arthur Johnson M.D.)

N^o. 36 -

Whitburn Jas.

Regt.	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Name Reg	Folio
71	1 st James Hamilton	33	Amnesia		17 th Sept			J	339 143

Abstract of the fatal case of Private James Hamilton 71st Regiment, Aged 33 who died in Ward 7, Medical Division. September 17th 1851, at 7 P.M. Disease 'Amnesia' Register 339 Folio 143.

A Scotchman, Butler, unmarried, nearly 11 years service, was always of a hasty temper and considered in his Regiment half-crazy. Was first under treatment for maniacal symptoms from June 26th to Sept. 30th 1848 again from Sept. 1st 1849, for a few days, again from Jan'y 18th 1850 to the present date. Had an epileptic fit in May 1850, after this symptoms of paralysis came on and increased slowly till April 7th 1851. The date of his arrival here, when the report is "Both extremities are paralyzed as also his tongue & he is unable to speak."

From lying constantly in bed, there were several foul sores on the back and nates. To prevent his rubbing these it became necessary to tie him in bed. Since his arrival here, he has been completely deprived of the power of motion, his articulation very indistinct his senses

Seemed very imperfect and his intellect almost wholly destroyed. Latterly the bad sores had almost healed, on the 16th Inst. he became feverish the chief symptom being great irritability of stomach causing him to reject almost all food. These symptoms became typhoid and terminated fatally yesterday evening.

Fort Pitt
Sept^r - 18th 1851

(Signed) Francis Loring M.D.

2nd Staff Surgeon

Sectio Cadaveris No. XVII. post mortem

External Appearances. Body well formed not much emaciated, bad sores on the back and both heels.

Cranium. The arachnoid covering both hemispheres was in several parts thickened, and opaque, from effusion between the pia mater & it. The lateral ventricles were much dilated and distended with thin clear, transparent serous fluid. Substance of the Brain generally, was unusually firm, but not congested. Weight of Brain 3 lbs. 14 ozs. 3 lbs.

Thorax. Heart healthy with the exception of one or two patches of atheroma, in the commencement of the aorta, and an unusual amount of fat on the outer surface of both ventricles. Weight of heart 9 ozs. 3 lbs. Larynx and Trachea healthy. On opening the chest the lungs did not collapse. The right was highly emphysematous, throughout as also the superior lobe of left, lower lobe of this lung, a good deal condensed in some parts, so as to sink in water. Weight of Larynx Trachea and Lungs 3 lbs. 9 ozs.

Abdomen. Liver of small size. Gall Bladder much distended with very dark, coloured, viscid bile. Hepatic veins much dilated. Tissue of Liver apparently healthy. Weight 2 lbs. 12 ozs. Spleen small. Structure natural. Weight 4 ozs. 2 lbs. Kidneys. Left contained a small cyst, weight 3 ozs. 4 lbs. Right, healthy, weight 3 ozs. 2 lbs. The Illium towards its lower end was much congested but no ulcers were found.

William, J. J. H. Munro M.D.

W. Westmeyer

No. 37.

Regt	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Hard Reg. No.	Dis.
56	Pte William Price	22	Phthisis Pulmonalis	28 th August	21 st September	6 Months		14	

Abstract of the fatal case of Private William Price 56th Regiment who died at three o'clock A.M. September 21st 1851 in Ward 14

Medical Division.

(49)

An Englishman by birth, before joining the Army he followed the occupation of a labourer. Total service 5 years, all at Gibraltar. Had always enjoyed very good health up to March last when he was attacked by Cough and Dyspnoea, attributable to exposure to Cold, since the period referred to he has always been under treatment. On admission into the General Hospital here on the 28th August he was in an extremely debilitated and emaciated condition, complaining chiefly of Cough and expectoration attended with general debility and dyspnoea. He suffered also from hoarseness but did not complain of pain in the region of the Larynx.

On Rhethoscopic examination, the existence of one large, or of numerous smaller cavities in the upper lobe of the left lung was indicated. Crepitant Rales were also heard over the lower portion of both sides of the Chest. He continued without improvement, the symptoms of an advanced stage of Phthisis becoming gradually more highly developed, though the more urgent symptoms were occasionally and partially relieved by the use of the Medicines exhibited. On the 7th September he was seized with Diarrhoea which, though modified in intensity by the treatment adopted, continued to a greater or less extent, without intermission, till the period of his death, which took place this morning at the hour above mentioned.

Treatment - Expectorants, Cod Liver Oil, Astringents, Opiate Inhalants, with a nourishing diet.

(Signed) Robert Orr Crichton, M.D.

21st September 1851.

Edm. Stander M.D.

Sectio Cadaveris hora IX post Mortem

External Appearances, Extreme emaciation.

Cranium, There was opacity of the Brachnoid, and some effusion into the spaces between the convolutions - The Falx Cerebri adherent along the posterior part of longitudinal fissure, Structure of Brain is natural and firm - presents no morbid appearances - Ventricles contain a small quantity of fluid - weight 42 1/2 grs.

Thorax, Left lung adheres universally to the walls of the Thorax by moderately firm adhesions of recent formation - Right lung partially adherent by more chronic adhesions, but more firmly adherent at upper and posterior part, No collapse took

place in either lung on its withdrawal from the chest. Pericardium contained no fluid, Heart small and contracted in its cavities, without coagula in its ventricles, otherwise healthy, weight $6\frac{1}{2}$ ozs. Right Lung - the whole of the upper lobe consolidated from tubercle, which at its apex had almost obliterated the texture of the lung, by its deposit, Middle lobe is also condensed, and occupied extensively by tubercle, which, in parts, has formed gritty concretions, the lower lobe is comparatively healthy, crepitating freely, but contains through it, small masses of tubercle - weight 32 ozs. Left Lung - upper lobe contains at its posterior part a large irregular cavity, with several smaller ones at its apex filled with sanious pus, and its anterior part contains tubercles in all stages, from crude deposit to softening, the lower lobe is also extensively infiltrated with tubercle in all stages, but is in part crepitant - weight $34\frac{1}{2}$ ozs. Larynx natural, but the Trachea and Bronchi deeply congested, and the former presents at one part a small ulcer of the mucous membrane. Abdomen, Liver - gall bladder full of glairy bile, the organ enlarged - weight 66 ozs. Kidneys - the right, on dissection, presents at its centre a yellow tubercular mass the size of a grain of wheat, tubercular portion in a state of great atrophy, surface smooth, Capsule separates easily - weight 4 ozs. Left. tubuli in this also much encroached upon, in several parts of this kidney there are deposits of a fatty nature, cortical structure pale throughout weight $4\frac{1}{2}$ ozs. Spleen cuts firm, and does not break down under moderate pressure - weight 11 ozs. Mesenteric glands much enlarged, many of them the size of a pigeon's egg, and filled with yellow tubercle. Stomach empty and contracted, internal surface thrown into longitudinal folds. From the commencement - throughout the small intestines - are numerous oval ulcers, not attended with congestion of the mucous membrane, and not more frequent at the lower than at the upper part, the last two inches of the Ileum, and the Ileo-Cecol valve is one mass of ulceration, there are various ulcers in the large intestines, Rectum is one mass of ulceration, and about a foot from the termination of the large intestines is a marked constriction.

(Copied by Robert J Buckle, M.D.)

Josiah K. Burdett M.D. L.R.S.

Regt	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt.	Folio
10 th	Private Hugh M ^c Cabe	42	Mania	Aug. 30 th 1851.	21 st Sept. 1851	ymath. 14 days.	Calcutta	I.	347	37

Abstract of the fatal Case of Private Hugh M^c Cabe 10th Regt. who died in Ward I. medical division on the 21st September at 2 o'clock A.M. Disease Mania. Register 347. Folio 37—

Private Hugh M^c Cabe. aged 42. appears to have been invalided on account of pulmonary disease—but the first certain information regarding him—is his admission into the Lunatic Asylum at Calcutta on the 7th of February 1851. when the symptoms he displayed were sullenness, disinclination to speak to, or associate with any one—incoherent muttering and cursing &c—On his arrival at Graunsend on the 29th of August he was reported to be in a state of great exhaustion, Complaining of Dyspnoea and Diarrhoea—much emaciated, nearly blind, and completely covered with Verrucae—Admitted into the General Hospital August the 30th From his weak and unstable state it was impossible to make a satisfactory examination—but on the 3rd of September the report is—on the left side percussion elicits a clear sound and respiration seems pretty healthy—on the right side universal dulness probably from effusion, and no respiration audible—except in the upper part, where there are loud mucous râles—almost cavernous and bronchophony—Liver much enlarged, extend to the level of the umbilicus—The man gradually became weaker, till the fatal event took place.

(Signed) Thomas Listerwood M. B.

(Signed) Francis Laing M.D. 2nd Staff Surgeon.

Lectio Cadaveris. Private Hugh M^c Cabe 10th Regt. hora x post Mortem—External Appearances. Body in a state of extreme emaciation—Lower extremities oedematous—Cranium. Calvarium of natural thickness—Large quantity of fluid beneath the arachnoid filling up the space between the convolutions of the brain also a large quantity of fluid at base of brain—filling up the cavity of the Spinal Cord. Firm adhesions at parts between the surface of Tentorium Cerebri and convolutions in course of the Longitudinal Sinus—The arachnoid generally opaque on the surface of the brain—slight venous congestion on surface of Hemispheres—Structure of Brain firm—Ventricles contained about 12 ounces of fluid and appeared to have been dilated from the previous existence of fluid there. Weight of Brain and Cerebellum 500g. Thorax. On opening Thorax, the Cavity of right Pleura was found full

of dark chocolate coloured fluid, and densely coated with
reticulated lymph of a similar colour. The effusion was sacculated
below the lung - which did not extend below limits of third rib
anteriorly. The effusion when examined microscopically, was found
full of blood globules. In left Pleura there was a less effusion of
fluid to the amount of about a pint of pale straw coloured fluid.
Heart very small. Left Ventricle closely contracted upon its cavity.
Contains no Clots. Valves on both sides sound. Weight 7 oz. Colour
of muscular structure of heart, brown. Right Lung Condensed
so as not to crepitate at all on pressure. extended anteriorly
to the lower border of third rib, but posteriorly (compressed to about
thickness of an inch) to level of 7th rib. Right Lung weighs 16 oz.
At apex of this lung were some scattered tubercles, but no exca-
vations. Left Lung was covered by an opaque Pleura - posteriorly
lymph is capable of being scraped off with the knife. The
upper lobe was emphysematous and contained a few tubercles
which have commenced to soften. The mass, the size of a hazel
nut, is of the consistence of putty. Middle and lower lobes
are oedematous and crepitant. Larynx and Trachea healthy.
Weight of left lung 28 oz. Abdomen. Liver very small. Peritoneal
coat opaque from inflammation of peritoneal surface. Gall Bladder
full of thin glaucous bile. There was slight portal congestion.
Weight 30 oz. Spleen small and its peritoneal surface also opaque
from patches of lymph of old standing. Structure firm. Weight 5 oz.
Left Kidney small. Cortical structure considerably atrophied.
Surface granular and Capsule slightly adherent. A small cyst
existed on upper part of posterior aspect of kidney. Weight 3 oz. 50r.
Right Kidney paler than left. presents same appearance of
atrophy of the Cortical encroaching on the tubular structure.
Surface slightly granular and Capsule slightly adherent. Weight 2 oz. 50r.
Peritoneum slightly roughened over its surface. particularly over the
Bladder, which was full. Some effusion into Peritoneal Sac.
Stomach contracted. Firm Contractions at its Cardiac extremity.
Mucous Membrane toward pylorus deeply tinged with bile.
Small Intestines and also Large present no marked appearances.
Bladder contained a considerable quantity of Urine. Peritoneal
Surface roughened by effusion of lymph.

(Signd) David Ogilby M.D.
(Copd) David Ogilby M.D.

St. Andrews M.D. 1844

Ref.	Name and Rank	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	No. in.	Folio
44	Private James Edwards	21	Phthisis Pulmonalis	Aug ²⁸ 1851	Sept ²⁷ 1851	2 years 1 month	Malta	11	364	82

Abstract of Fatal Case. Private James Edwards aged 21 - 54th Regiment admitted August 28th 1851. Duration of Disease two years and one month. Contracted at Malta. Disease Phthisis Pulmonalis. Died 27th September 1851 at 4 to 7 o'clock A.M. in ward 11. Medical Division. Regista 344. Folio 82.

By birth an Irishman - previous occupation a Labourer. Total service four years eleven months. Previous to admission into this Hospital he had several fits of Haemoptysis succeeding a blow he received, when in Malta, on the right side of the chest. He was admitted in an extremely emaciated condition, complaining of weakness, Cough, dyspnoea, pain in chest, and night sweats. The Thorax not badly formed, and under both clavicles there was dulness on percussion. Harsh respiration and prolongation of the respiratory sound. Over the right lung superiorly coarse moist râles were heard. The natural respiratory sounds were scarcely audible on the left side of the chest. Sputum was copious and purulent.

Although his general health did not improve in Hospital, his cough became much easier until three days ago when having exposed himself to cold, his cough became worse and dyspnoea more urgent, and the night sweats became so profuse as to render him much weaker. He died on the 27th September at 4 to 7 A.M.

In addition to the Pulmonary affection he was also Deaf.

Treatment. Cod Liver Oil, Expectorants - Sinapisms, Lenient Diet and latterly Stimulants and Antispasmodics.

(Signed) David Ogilvy Hoile M.D.

(Capt.) Colin M. Miller -

Lectio Cadaveris Nova XXIX post mortem

Cranium Height of Cerebrum and Cerebellum 4.8 oz.

Thorax On opening chest, both lungs slightly adherent by recent bands of lymph, and at upper part of the right lung by firmer and more chronic adhesions.

On attempting to take out the lungs a large cavity almost empty was opened at the posterior part of the upper lobe of the left lung. No collapse of the lungs on their removal from the chest.

Heart Upon the wall of right ventricle was an opaque patch of lymph which could be scraped off. Right cavities of heart natural and contained a small discolored clot. Left cavities contracted and contained no clot.

Valvular apparatus sound. Weight 9 oz.

Left Lung contained as above stated a very large cavity at its apex, at the inferior part of this cavity numerous septa were seen, formed by obliterated bronchi and pulmonary vessels, the whole cavity was lined by well formed pyogenic membrane. The whole of the remainder of this lung with the exception of the lower half of inferior lobe, was filled with small tubercular cavities.

The structure of the lung was every where obliterated by deposit of yellow tubercle. The lower part of the inferior lobe contained tubercular masses but was crepitant although greatly congested. The air passages were deeply congested. Weight of lung 50 oz.

Right Lung At the apex was a still larger cavity than that of left; occupying almost the whole of the superior lobe and filled with grumous pus. The walls of the cavity were also lined with well marked pyogenic membrane.

The whole remainder of this lung was infiltrated with small tubercular masses, which had supplicated but without coalescing to form large cavities, hardly any portions of even the inferior lobe of this lung crepitated. Bronchi of this lung less congested than those of left. Weight 83 oz.

Larynx Healthy

Trachea Of natural colour

Liver Small, particularly the left lobe. Gall Bladder contained 2 oz. of clear glairy fluid. On section of liver the hepatic veins were seen gorged with blood, but its structure was otherwise healthy. Weight 46 oz.

Spleen peritoneal coat of a gray colour slightly roughened from lymph which was not recent. Structure firm. Weight 8 oz.

Right Kidney a section of this kidney showed the tubular portion greatly encroached upon. Cortical structure pale, capsule separated with ease.

Surface of kidney smooth. At one part near the centre was a small tubercular deposit, which had softened. Weight 46 oz.

Left Kidney The upper part showed a depression from contact with the liver, there was also in this kidney considerable encroachment on the cortical structure which was pale and showed vessels radiating towards its circumference. Weight 4 1/2 oz.

Stomach Small, much contracted at its centre. Surface thrown into deep horizontal folds. Contained a small quantity of white mucus.

Small Intestines. Valvulae conniventes deeply marked throughout. About middle of jejunum was a small ulcer about the size of a split pea, about three feet lower a second small one, - at the lower part of ileum they were found closer and larger, and the mucous membrane considerably injected in a ramiform manner. The patches of ulceration at the lower part are elongated and oval. In the last six inches of ileum are two very extensive ulcers, which in part have destroyed the muscular coat.

Rectal valve healthy. In caecum were two small ulcers but no accompanying vascularity in the surrounding mucous membrane.

The transverse & descending Colon were greatly contracted, but free of ulceration.

(Signed) Colin M. Miller

John E. Hurd M.D. S.M.

Age	Name and Rank	Age	Disease	Admitted	(Date)	Duration of Illness	Where contracted	Height	Weight	Color
15. 25	P. Francis Grady	33	Phthisis Pulmonalis	Oct. 15/51	Oct. 23/51	9 months	Chatham	11	344	138

The Subject of this examination was before enlistment an Irish Labourer, he was 33 years of age & numbered 13 years in the service, of which eight had been spent in the Mauritius and the remainder at home. His disease Phthisis - he appears to have caught cold in January last and never since to have been free from cough. Much of his time since this period has been spent in Hospital. The Stethoscope demonstrating from time to time Progressive Disease in both Lungs, the right seemed first affected, but both became eventually involved in almost complete Tubercular Organization - He was admitted to this Hospital on the 15th Oct in a very feeble Condition with much Dyspnea the action of the heart and arteries weak and rapid and all the symptoms of feeble Regeneration of the organs of respiration. His Sputa consisting almost of pure pus, tinged with sanguinous streaks. he lingered in this state until the morning of the 23rd Inst when sudden Hemoptysis put a period to his sufferings. All the usual modes of treatment seem to have been resorted to in his case without any but the most temporary benefit. His very feeble state on admission to the General Hospital prevented any close examination being directed to other organs than those more obviously the seat of disease.

Copied Francis Cogan

Section Cadaveris hora XXVI post Mortem

External appearance. Body considerably emaciated.

Cranium. Weight of Brain 3^{lb} 10^{oz}. On the surface of the pia mater in the course of the longitudinal sinus were several patches of milky tuberc. Substantia brain healthy.

Thorax. Pericardium contains about 2 ounces of straw coloured serum.

Heart weighs 733 drs. Small and flabby, and containing several coagula. Between the pleura in the right side, are recent adhesions, most dense at the apex of the lung on the right side the adhesions between the pleura are so firm, as to prevent them from being separated.

Weight of lungs and air passages. 5^{lb} 10^{oz}.

Right Lung. almost the whole of the superior lobe of right lung is occupied by an immense dry cavity, lined by a pyogenic Membrane, and vessels stretching across it. The remainder of this lung is completely infiltrated with Tubercle in its different stages, at the apex are several cavities, almost empty. The remainder of this lung (with the exception of the inferior lobe, which is much congested, but containing little Tubercle) is in the same condition as the right lung.

Lungs float in water. Bronchial glands of a grey colour and considerably

Lungs. Lungs slightly congested.

Abdomen. Weight of Liver 3lb. 2oz. Organ congested, but healthy otherwise.

Gall Bladder empty.

Weight of Right Kidney 3.3 lbs. Capsule slightly adherent.

Left Kidney Weight 4 oz. Capsule very much adherent. Structure pale and granular. Subcapsule almost obliterated.

Weight of Spleen 5.3. 3 lbs. As the blood and fatty.

Stomach, at Cardiac orifice are several patches of ulceration. Mucous Membrane of Stomach congested. Intestines healthy.

Prosen Organ

David Gilroy Hoile M.D. Ant. Long. N. Eng.

No 41

Reg ^d	Name	age	disease	Admitted	Died	Duration of disease	Where contracted	Ward	Register	Folio
18 th Jan 1851	Mr. Charles James	27 yrs	Morbus Cordis	Sept. 10/50	Nov. 4 th 1851	1 year 6 mos	Maine Street	10	340	179

An Englishman, Occupation not described in Medical Register, Service 9 years and 4 months, Station on which he served not described in the Register. The former diseases from which he suffered, were Rheumatism Acute from 20th March to 16th April 1847, and from 7th October to 31st of same year he was in hospital for the same disease, from 19th March to 2nd May 1848 Catarrhus Chronicus, from 4th August to 30th September 1848 Catarrhus Chronicus, from 4th January to 3rd May 1849 Catarrhus Chronicus, from 11th April to day of his death Morbus Cordis, September 10th. Admitted, and described as an Englishman, 5 feet 6 inches in height, brown hair and some flour on eyes, exsanguine countenance and wasted body. He was admitted on this date complaining of palpitation of the heart, Dyspnoea without any cough, pain in the region of the heart, shooting down to the Loins, across the chest & along the upper extremities. The apex of the heart was seen to beat in the 5th intercostal space, giving a fluttering sensation to the hand when applied to the chest generally. Palpation on percussion over the lower portion of right lung & left lung normally resonant. The heart's sound altered, a bruit taking the place of the first sound and leaving an interval between it and the second sound. Pulse hard full & resisting. Bowels passive, unable to lay down in bed, but sits up supported by pillows. On the 5th of October he was attacked with catarrhal affection accompanied with cough and expectoration of viscid mucous, complained constantly of pain between the shoulders and in the region of the heart. Emaciation became daily greater and four days before his death his appetite completely failed him. The treatment was merely palliative, sedative and the

use of wine to uphold his strength, I may state that no further (57)
Stethoscopic examination appears to have been made after that made
on the day of his admission + the precordial space much enlarged
& the heart's first sound altered a bruit taking its place and leaving an
interval between it & the 2nd sound. The bruit was heard most distinctly
near the apex of the heart. Abdominal viscera healthy with the exception
of dulness to a greater extent than usual over the right Hypochondrium.

Section Cadaveris xiv. th loria post mortem.

External appearances, Body well formed but much emaciated. General
Surface & Conjunctiva of a slightly yellow hue.

Cranium, Head not examined.

Thorax, Upon opening the chest both lungs especially the
Left found to be intimately connected to the pericardium, which
membrane was much thickened and firmly attached to the outer
surface of the heart.

The Heart itself was enormously enlarged, especially the right
side. The tricuspid Valve was generally thickened at its free
border. The Valves of the pulmonary artery were healthy. Those of
the aorta were thickened & rigid but appeared to be competent.

The Aorta itself, at its commencement was immenely narrow
& showed no trace of atheromatous disease. The Mitral Valve was
also thickened & rigid & the left auriculo-ventricular orifice much
contracted. The heart with pericardium attached weighed 1 lb 14 oz.

The Larynx & Trachea with the exception of slight congestion of their mucous
membrane were healthy.

Right Lung slightly adherent throughout its whole extent. Pulmonary
texture generally congested & much condensed, but not to such an extent
as to sink in water.

Left Lung also adherent. Superior lobe & upper two thirds of lower
also condensed as on the right side. Lower lobe of the inferior lobe
highly emphysematous. Weight of Larynx, Trachea & lungs 3 lb 6 oz.

Abdomen, Liver, Gall Bladder distended with unusually dark & thick bile.
Peritoneal coat of liver thickened and the lower border of right lobe slightly
nodulated. On putting into the texture of the liver the hepatic venous system was
found to be much congested & giving on section a nutmeg appearance, it
was also firmer than natural. Weight of Liver 3 lb 6 oz. Texture of
Spleen immenely firm. Weight 8 1/2 oz.

Kidneys Right, Capsule slightly adherent & thickened. Section presented
an immenely pale appearance, cortical substance externally granular, much
infiltrated with fat. Tubuli nearly entire. Weight of right kidney 5 oz one drachm.
Left Kidney cortical substance presenting the same general appearance as on the right side. Tubuli
in this kidney a good deal congested. Weight 5 oz 2 drachms. Mucous membrane of Stomach was congested.
Intestines Small & Large were healthy. (Copied by) Pat. M. Dermott, M. B.

W. Harrison Esq.

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	When Entered Ward	Ward	Register	Folio
25 th Regt.	Pt. John Buckley	28	Phthisis Pulmonalis	Oct. 19/51	Nov. 5/51	3 Months		10/10	348	50

Abstract of the fatal case of Pt. John Buckley, aged 28 years, of the 25th Regt. of Foot. Admitted into this Hospital on the 19th of October 1851. Duration of disease 3 Months. He died in the Ward 10. Medical Division on the 5th November 1851 at 2 quarters to the H. P. M. H. in Register 348 - Folio 50.

An Irish Man. By trade a Cabinet Maker, period of Service 4 years and 7 months served in the Mediterranean, New South Wales, and East India. The period of Service in each Station not specified in the Medical Register. He never suffered in any way from bad health until the commencement of the fatal attack about 3 months ago. On admission he was in a very full state. The chest presented a wasted appearance, sinking below the clavicles - on percussion there was considerable and extended dulness over the upper part of the left Lung and dulness over the lateral portion of the right. Slight crepitation over the upper part of the left. Puerile expiration at the apex of the right, and egophony over the upper part of the left. Expiration very much prolonged. Inspiration sharp and sudden. He complained of distressing cough at night which brought on pain at the apex of left lung, also of extreme debility and weakness. From this period (Oct. 19th) he became gradually weaker. The cough was incessant and the expectoration of purulent matter exceedingly abundant.

On the 3rd day of November (dyspnoea) supervened which could not be controlled, and he expired as before stated on the 5th November.

Treatment consisted of expectorants, the stem pectoris scilicet, Antacids and Anodynes. Nourishing diet including wine and Malt Liquor.

Fort Pitt. November 6th 1851

Signed

Robt. W. Fraser. M.D.

Staff Surgeon L^d Galt.

Sector Cadaveri; XXIV hunc post Mortem.

General Appearance. Body much emaciated.

Cervicium. The vessels of the dura mater were much enlarged and the piamater, Arachnoid, bulged. Substance of brain healthy. Weight 2^{lb} 13^{grs}.

Thorax. A. B. of straw colored fluid was found in the pericardium. Heart healthy. Weight of heart 8^{oz} 5^{grs}. Lungs and Trachea full of purulent matter, but showed no traces of ulceration. Lungs Right. Slightly adherent towards its apex. Superior lobe contained a large quantity of softening tubercle and minute Cavities, the intervening portions of pulmonary texture were of a grey color - and so condensed as to sink in water. Middle lobe emphysematous generally, but also contained towards its upper part several masses of tubercle; in the superior border of lower lobe were one or two isolated patches of tubercle the majority of which were milialy. Several in the L^d Stage, some softened, others calcareous. The portion of this lobe which was free from tubercle was adenomatous and much affected with emphysema - Left Lung. Left pleural cavity contained 1² pints of serum.

The pleura were intimately adherent, and the pleura pulmonalis in parts elevated in the form of vesicular bullae (weight of Trachea, Larynx, and Lungs 5^{lb} 7^{oz} 13^{gr}).

The whole texture of the ^{left} lung from the apex to the base was one mass of tubercular disease containing Abscesses of variable dimensions, equally numerous in both lobes.

Abdomen. Liver of small size, structure healthy, weight 2^{lb} 12^{oz}. Spleen natural weight 73. Kidneys light, texture unusually pale and slightly fatty, weight 4³ 3^{gr}. Left Kidney the same weight 4³ 5^{gr}. Stomach, duodenum and jejunum healthy, at the lower end of the ileum a single ulcer, and one or two enlarged glands were found. The mucous Membrane of Rectum and about 4 in. of the ascending Colon were completely destroyed by ulceration. Several ulcers were also found in the rest of the large intestine, extending from the point to its termination.

J. Cogan
W. H. V. S. S. S.

No. 43-

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	When Continued	Head	Right	Left
57	George Billington	29	Paralysis	18 th June 1867	8 th Nov 1867	one year & two months	Quarant	11	364	34

Abstract of the fatal case of private George Billington. 57th Regiment died at 3 am, disease, Paralysis

The subject before us was a soldier of 29 years service all in India. 29 years of age an English labourer before enlistment he always seems to have been of a delicate constitution and previously to his admission to hospital on the 12th September 1867 from which period we date the commencement of his disease he seems to have suffered from an affection of the face amounting in one instance to partial paralysis and from areas ear ache both of which affections were referred to the effects of Rheumatism. On this latter occasion the pain from which he suffered was very severe it affected the right side of the head face & more extending down to the arm, the ear & eye of that side were both highly inflamed & subsequently these muscles during the nervous supply from the potations are described as having been paralyzed.

His Surgeon apprehended disease of the temporal bone on what grounds does not appear and opened his symptoms. His extension to the meninges of rot to the brain itself. On the 11th June last he was admitted to Fort Pitt G. H. when the sense of hearing on the right side was completely lost he had a constant dull pain on that side of the head occasionally violently paroxysmal with Strokes and nervous Lardonicus. The paralytic affection reached the arm of that side but did not altogether abolish sensation or motion, the pulse was very excited and on the affected side was full and intermittent, while the state of the tongue gave indication of a high degree of nervous excitement & irritation. Doxophina was given to

allay pain but failed in its effect and as the attacks seemed abated in their character Roburin in small doses was prescribed but under its use violent delirium came on with great dilatation of the pupil especially the right

Slight Erythema was then induced and with it all these symptoms of excitement disappeared the tongue became moist the appetite improved and the secretions in a measure regained their healthy character, these good effects were however transient and on the 20th of August he is reported as having lost sensation & motion partially on the right half of the face the arm and leg of that side as being unable to close his right eye the sight of which was much impaired his mouth drawn to the left & as being unable to move his neck but very slightly in a lateral direction and as having some difficulty of speech with slow uterine. This has been his state up to the period of his decease. The immediate cause of which was coma which existed for a greater or less degree for a period of 24 hours before his decease. During the progress of the case the functions of digestion & respiration have been only secondarily affected the food indeed taken has been but small in quantity but it has not been followed by the nausea or other symptoms which is serious a lesion of the brain so probably easily would lead us to imagine pain upon other regions of the neuropath occasioned him great suffering and the relief which opium and other anodynes afforded him was not only transient but seemed when their immediate effect had subsided rather to have aggravated than soothed the disease itself.

J. A. R. Jones. L. R. S.

Section Cadaveris 14 hora post mortem

External appearances Body much emaciated marks of insect bites over abdomen and right hypochondrium.

Cranium The Dura mater was much congested, firmly adherent to the surface of both hemispheres and the tentorium cerebelli was also intimately attached to that portion of the brain on the right side. The lateral ventricles were much dilated and contained turbid serous fluid; the substance of the cerebrum generally appeared to be healthy but the convolutions of the brain were much less marked than is natural. In the right crus cerebelli was contained a tumour in size and shape resembling a walnut, the parietes of which were of a fibrous character and softened in its center. The cerebral substance in its vicinity where not atrophied was much softened and on removing the brain a portion of the cerebellum remained behind. Part of the pons varolii was atrophied from the pressure of the tumour. Brain weighed 2 lbs 4 ounces.

Thorax On opening the chest the lungs did not collapse, heart healthy, left ventricle very firmly contracted, weight 8 ounces. The lungs and trachea contained an immense quantity of frothy blood. Right lung slightly adherent at its base one mass of tubercle was found in the apex of the upper lobe and another of much smaller dimensions in the lower part of the middle lobe. The whole of the lung was singularly emphysematous and at several parts much

61
congested apparently by injection from the bronchi. Left lung free from adhesions also very emphysematous one or two milium tubercles were found throughout its substance which in general was engorged and adenomatous - but did not contain so much blood as the right lung. weight of lungs trachea and lungs 1 lb 10 ounces -

Abdomen left lobe of liver considerably hypertrophied with an imperfect septum giving the organ the appearance of having a third lobe, texture of liver much congested otherwise healthy weight 8 lbs ounces -

Spleen rather pale containing some milium tubercle of a yellowish colour weight 6 ounces & drams

Kidneys right: much congested weight 6 ounces & drams
left: same weight 5 ounces the mucous membrane of the stomach was most extensively congested and the folds in parts adherent by old lymph there was likewise slightly increased vascularity towards its Cardiac extremity pylorus healthy. Intestines small and large were healthy, both testicles were much atrophied but their glandular structure appeared to be healthy
Microscopic examination of the tumour found in the cerebellum afforded well marked evidence of its being malignant in structure. The central softened portion consisted of an amorphous granular stroma unaffected by the addition of caustic potash and acetic acid with the exception of being rendered more transparent, in this were found numerous very large circular cells the contents of which were minutely granular also oil globules of various dimensions and a few plates of cholesterine towards the circumference of the tumour a few elongated cells containing nuclei were present and in its exterior portions of nerve tubes

Entered by Stuart Moore

Robert M. S. J.

No. 444

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Pyrexia	John
28	John Campbell	39	Phthisis Pulmonalis	Oct 20 th (51)	Decem ^r 3 rd	18 months	India	M/1	344	153

Abstract of Fatal case of John Campbell an Irishman. Previous occupation a Labourer Total Service 19 years. 6 months of which 6^{mo} 5^{mo} at New South Wales - 3^{mo} 4^{mo} at East India & in the Mediterranean (time not noted in Register) — In 1834 he had an attack of Acute Hepatitis in New S^t Wales for which he was bled & blistered. — In India he suffered from an Hepatic Affection. Bowel Complaints up to May 47 was 8 times in Hospital & including the present admission has been seven times under treatment at home for Rheumatism & Chest affections. In November & December (50) had a severe attack of Pneumonia, under treatment 48 days. When discharged was much reduced, and had a worn out appearance, He was admitted into this Hospital in a very weak condition complaining of severe cough, dyspnoea & breathlessness — His appetite was bad, and his pulse very feeble. Skin dry. Pectoriloquy was heard under the left blade on auscultation, Sputum was very copious & purulent. Bowels rather too open. — His cough continued

as severe as upon admission. Expectoration which was limpy & green. He did not suffer much from night sweats, but gradually became weaker. Eclitic flush over the malar bone. On Nov^r the stethoscopic examination showed the following symptoms Respiration Bronchial. Moist Crepitant Rales over the whole of upper lobes of both Lungs. Bronchophony heard on the right side of the Chest. Sputa expectorated with some difficulty - consists of tenacious mucopurulent matter - It gradually became weaker & died on December 3^d. Treatment - Cod Liver oil. Expectorants. Palliatives. Wine & Generous diet.

Henry J. Wilkin

Scellie Cadaveris Nora x x " Post Mortem.

External appearance. Body extremely emaciated

Cranium. Membranes & substance of the brain healthy. Weight lbs. 13. 7¹¹

Thorax. about four ounces of fluid contained in the Pericardium. Heart small in size. Slight atheromatous deposits at the commencement of the Aorta and one of the Semi-Lunar Valves cribriform, Heart otherwise healthy. Weight 7¹¹. Larynx & Trachea. Partial ossification of the former & slight ulceration at the inner extremity of the left vocal chord. Lungs. Left free from adhesions except towards its Apex. This Pleural cavity contained about one pint of fluid, and a considerable quantity of air. Superior Lobe towards its Apex contained a very large cavity apparently formed by the adhering of others of a smaller size. Cavity lined by a distinct membrane ^{and} traversed by several fibrous bands the remains of vessels, the rest of this lobe was infiltrated with masses of Tubercles in the 2nd stage & condensed so as to sink in water. The lower lobe towards its inferior border was coated with a thin layer of recent lymph & on cutting into its texture it was found much congested and slightly condensed with several masses of Tubercles disseminated towards its posterior & inferior margin.

Right Lung. Pleura on this side much thickened & adherent throughout their whole extent. Superior Lobe contained several small cavities near its Apex the whole of this lobe & upper part of the lower contained Tubercular masses and the latter was much congested & condensed. The Bronchial Glands were much enlarged. The Weight of Larynx, Trachea & Lungs lbs 5.

Liver. externally unusually pale, the inferior margin showed traces of Incipient cirrhosis its texture unusually firm. Weight lbs 3. 0¹.

Spleen. also pale, but on section there appeared one or two points of congestion weight 7¹¹. 7¹¹.

Kidneys. Much congested ^{and} the right contained one or two Cysts. Weight 7¹¹. 7¹¹.

Stomach & Intestines. Healthy. Nearly the whole of the mucous membrane of the large Intestine was destroyed, with the exception of a small part near the Pectum by chronic inflammation the surface of the Bowel was irregularly elevated and of a dull ^{lead} colour.

W. H. Johnson

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Place of Service	Rank	Regt.	His
51	William Quinn	21	Fistula in Ano	Dec. 11. 1851	Dec. 23. 1851	4 months	Chatham	2	147	110

Abstract of the fatal case of Private William Quinn, 51st Regiment. Aged 21. Disease: Fistula in Ano. Admitted Dec. 11. 1851. Died Dec. 23. 1851 in Ward 2. Surgical Division. An Irish Recruit of eight months service, all at home - was admitted into the Garrison Hospital on August 2. 1851 under the head of Fistula in Ano. It appears that shortly after his admission into that Hospital the Fistula (which communicated with the Rectum) was operated upon, but without any beneficial result. Subsequent to the operation many abscesses formed about the anus and buttocks, which were at times opened according to circumstances, giving rise to much purulent matter. His general health then became much impaired, bowels irregular, digestive organs impaired, accompanied by general debility. He was sent to this Hospital (as his case improved) for change of air. On admission into this Hospital the fistula presented a very unhealthy appearance; and the Patient's general health and aspect bad. The Lungs also presented signs of disease. Sometime after his admission Diarrhoea set in, and continued to attack the Patient occasionally until the period of his death. There was also much irritation of the urinary organs, apparently depending on deranged and impaired digestion, tho' the Patient frequently complained of pains in the lumbar region over the situation of the Kidneys. Sometime previous to the Patient's death (16 Decemr) the Lungs were examined, & found to be extensively diseased. Debility, Diarrhoea, Cough & Expectoration continued to increase until the 23rd inst. when the Patient expired at 7th A.M.

Aut. Post (Signed) Edward J. Blunt Esq. D.
General Hospital Staff Surgeon 2nd Class.
Dec. 23. 1851.

Secio Cadaveris VI hora post-Mortem.
External Appearances. Body emaciated. Marks of recent Crucifixion over the Anterior Surface of the Chest.
Admission. Membranes & Substance of the Pleura healthy. Weight of Pleura 3 lbs.
Lungs. Four pieces of Pleura were contained in the Pericardium.
Heart - Loss of small size. Structure healthy. Weight 6 oz.
Lungs & Pleura. Two small lobes were found on the under Surface of the Epigastrium, and one at the lower extremity of the right Viscal Ligament. There was no congestion of the living Pulmonary of either the Lungs or Pleura.

Lungs - Both adherent chiefly near the apex, by old lymph.

Right - Superior & middle lobes infiltrated with tubercles and containing numerous cavities especially the former. The upper portion of the lower lobe contained masses of tubercles in the 2^d stage, and towards its posterior and inferior border was compressed. Left Lung - General cavities were present in the upper lobe, especially posteriorly. Its inferior border was emphysematous. The upper portion of the lower lobe contained tubercles in the 1st & 2^d stages. Surface margin slightly emphysematous.

Weight - of Lungs, Patches & Lungs 4½ lbs.

Abdomen - The Gall Bladder contained some greenish gray bile. The Liver was infiltrated with fat, but not much hypertrophied.

Weight - 3lb 5 oz. - Spleen was natural - Weight - 2lb 5 oz.

Kidneys - Slight fatty degeneration of the right kidney - Weight - 4½ oz.

Left kidney presented the same general appearance, and contained in addition some tubercular deposit. Weight - about the same.

Intestines - The Stomach was healthy. Several ulcers were found in the Jejunum of an oblong shape, and in many instances tubercular depositions had taken place in the corresponding point of the posterior coat. The ulcers were much more numerous in the Ileum, and in some instances, had almost perforated the Intestine in which cases an attempt at reparation had taken place by the deposition of lymph on the exterior. The Large Intestines also contained numerous ulcers, especially in the Cecum, and near the termination of the Sigmoid.

(Signed) Henry J. Wilkin

Robert Long

No. 46.-

Pgt	Name	Age	Disease	admitted	Died	Duration	When contracted	and	Reported	Notes
82	Thomas Matthews	22	Abscessum Lumbare	Nov 2 nd 1851	Jan 1 st 1852	7 months	Prison	2	144	154

Abstract of the case of Mr Thomas Matthews 82nd Pgt. Aged 22. Disease Abscessum Lumbare. Died Jan 1st 1852. An Englishman, of scrupulous habit, a laborer previous to enlistment, served 5½ years, all at home. Was admitted June 6th 1851 into the Regimental Hospital with an abscess in the right groin; which on being punctured with a lancet yielded about a pint of curdy matter. It continued to discharge, and from examination with the probe appeared to extend into the pelvis. The patient became weak and emaciated, suffered occasional pain in the back which seemed to point to the testicles as the original seat of disease. "Another abscess opened on the outer ridge of the pelvis" but it does not appear from the notes of the case at what exact time. On admission Nov 2nd 1851, it is stated "there was a large oval ulcer over the crest of the ilium of the right side communicating by sinusses with an internal abscess and yielding a copious discharge". He complained much of weakness in the small of the back, but not of

pain, the original sore had nearly healed and the limbs were unaffected.

The ulcer was dressed simply and tow used to absorb the discharge. Tonics and nourishing diet, including wine, were prescribed. The pain in the back soon after became distressing, the discharge continued, Diarrhoea came and was checked by the usual means, but notwithstanding he became gradually weaker, the discharge continued till the 31st ultimo when it suddenly ceased, the pulse became small, countenance livid, hicough came on, and he died Jan^y 1st 1/2 P.M. having continued sensible to the last.

Attn Bell.

Secio Cadaveris horae 22 post mortem.

External Appearances. Body emaciated, abdomen enlarged and dropsical. An oval ulcer about two inches in length over the crest of the right ilium, also a small circular one internal to it, situated over Poupart's ligament.

Cranium. Brain and Membranes healthy. Weight 1lb 15ozs.

Thorax. Adhesions at the upper part of the right lung, and upper and posterior part of the left. Pericardium contained 3ozs of a straw-coloured fluid. Larynx and Trachea healthy.

Lungs. Upper lobe of right lung contained a large quantity of cheesy tubercular matter, neighbouring parts congested, other lobes healthy. Upper lobe of left lung infiltrated with tubercle in the first stage, a small cavity in the superior and back part near the apex. Weight of lungs 3lbs 2ozs 5drs.

Heart healthy.

Abdomen. Contained about five pints of serum mixed with pus and flakes of lymph. Peritoneum in a state of chronic inflammation.

Liver particularly right lobe much enlarged, texture pale and indurated through the whole extent of the organ. Weight 4lbs 8ozs. Gall-bladder small & empty.

Spleen. Very much enlarged, friable and soft. Weight 1lb 5ozs 2drs.

Kidneys. of large size. Right weighed 6ozs. Left 5ozs 3drs.

Intestines. Stomach and small intestines healthy. Cecum surrounded by a mass of enlarged and hardened glands, internally extensively ulcerated. Colon & Spleen healthy.

The Dorsal Vertebrae. from the 11th to the last, were extensively carious, their anterior ligaments destroyed and the intervertebral substances almost absorbed. The fascia in front of the spinal column was thickened and formed a sheath for the pus, which was discharged by a sinus passing anterior to the Aponeurosis of the Transversalis muscle and terminating at the opening at the crest of the ilium.

No. 47-

Attn Bell.

Ref	Name	Age	Disease	Admitted	Died	Duration	When contracted	Ward	Regist	Extr
82	Samuel Finck	25	Scrophula	Jan 26 th 1852	Jan 26 th 1852	10 Months	Portsmouth	4	146	227

Abstract of the case of P^{te} Samuel Finck 82^d. Aged 25. Disease Scrophula. Died Jan^y 26th 1852. An Irishman, was admitted into this hospital with Scrophulous Disease of the glands.

of the neck & was discharged to be mobilized on the 12th of December 1851. Somewhat improved in health. — On Wednesday the 6th of January, 52. was readmitted from St. Mary's Barracks. Cold. Paleless. & Insensible. & only survived two hours. — History of the case while previously in Hospital, taken from the Register. "Of Obusious Diathesis, Health had been generally good, was in Portsmouth Hospital last March for this same affection. — At the angles of the jaw on both sides of the neck there were the cicatrices of Abscessulous Abscesses, one of which discharged matter when pressed, the Cervical Glands were enlarged & hardened but free from pain. — Also at the inner side of the left foot over the Metatarsal Bone of great toe was a small sinus through which the London could be felt on the introduction of a probe. — On the 4th of January two abscesses were laid open running along the sheath of the London, after this the sore healed favorably, and he was discharged on the 12th of December (51).

J. L. Simmeson Staff Asst. Surgeon.

Pectus Codaveris. horae 42, post Mortem.

External appearances. Body much emaciated & marks of counter-irritation over the Sternum.

Cranium. Small quantity of fluid contained between Dura Mater & Brain.

Membranes & Brain healthy. Weight of latter 2 lbs 13 ozs.

Thorax. Heart. Texture pale & flabby, intimately adherent to the Pericardium anteriorly and posteriorly. Marks of inflammation on the anterior surface of Left Ventricle.

Atheromatous deposit on the right Ventricle valves. Weight 83.47.

Larynx & Trachea. Healthy.

Lungs. Both very much congested. Sink in water. And infiltrated with tubercles throughout their whole substance. Left. a small cavity near its root.

Right. In the apex of superior lobe is a tolerably large cavity & passing through its centre are bands the remains of obliterated arteries, also traces of recent Pneumonia. Weight of both lungs 8 lbs.

Abdomen. Liver. Pale on its anterior surface. Texture healthy. Weight 3 lbs 13 ozs.

Spleen. Healthy. Weight 9 ozs 5 zrs.

Kidneys. Both healthy. Weight of right 5 ozs 2 zrs. of Left 5 ozs.

Stomach. Healthy.

Small Intestines. very much congested.

Large Intestines. Congested only in the upper part.

J. L. Simmeson Staff Asst. Surgeon

No 48

Reg ^d	Name	age	Disease	admitted	Died	Duration of disease	When contracted	Ward	Register	Folio
3 ^d	P ^r Joseph Roy	25	P ^r P ^r Pulmonary	Aug 7	Aug 21 st	8 months	May 1851	15	343	232

Abstract of the fatal case of P^r P^r Pulmonary of P^r Joseph Roy 3^d Reg^d aged 25 years Disease P^r P^r Pulmonary Died at 1/2 past 3 O^c on the 21st Aug 1852 in Ward 15 Medical Division Reg^d 343-Folio

The patient was a young man to enlistment, and had been in the service $5\frac{1}{2}$ years⁶⁷.
When stationed at Malta in May 1851. He suffered from a severe attack of Haemoptysis
which was relieved by Dr. Hugh Dill with opium. This attack was succeeded by cough
and mucopurulent expectoration from which he recovered in a short time. On the 16th and 18th
July he again had attacks of Haemoptysis after which he continued to be affected with cough
and mucous expectoration up to the date of his departure from Malta. On his admission
into this hospital on the 7th of January 1852. he is reported as suffering from severe pyrexia
and cough accompanied with mucopurulent expectoration frequent diarrhoea and occasional
night sweats. The aggravation of his symptoms was attributed to cold caught on the passage
from Malta. Since his admission he became every day weaker, and suffered from
severe cough with copious purulent expectoration. and his symptoms have been occasionally
aggravated by severe attacks of diarrhoea. On the 13th of January an examination of his Chest
indicated the existence of tubercular pneumonia affecting the upper and anterior part of left
lung, but from his weak condition an accurate estimate of the extent of his disease could not
be ascertained. He occasionally complained of pain over the abdomen which became more
severe immediately before his death. His treatment after admission consisted of nourishing diet
with opium and astringents, from the effects of which he experienced considerable relief from
his more prominent symptoms. In the last few days the quantity of the expectoration was greatly
diminished and it became very frothy. He continued getting rapidly weaker and died at 10 past
2 O'Clock on the 21st of January 1852.

J. Finlason M.D. Surgeon

Scoti Cadaveris Aged 25th Jan. 1852

External Appearance Body very much emaciated. Marks of treatment over the Sternum. Scarce
over the Sacrum. An ulcer on the Glans Penis, on right side of Meatus Urinarius

Cranium Membranes of Brain healthy a fibrous clot occupies the whole length of the Superior
Tentorial sinus. Right Ventricle contains about a drachm of serum. Left about two
drachms. Substance of Brain healthy Weight 8 3/4 lbs Tissues.

Neck A small abscess containing about two drachms of pus in the middle line midway
between the Inferior Maxillary and Hyoid Bones.

Thorax Pericardium contains about three ounces and a half of serum. Heart and great vessels
natural Weight nine and one half ounces.

Lungs and air passages. Firm adhesions binding the adjacent surfaces of the Lungs
together. principally affecting the left lung. Larynx and Trachea healthy. A large cavity
occupies nearly half the upper lobe of left lung and extends downwards parallel to its
anterior border. It contains about three ounces of frothy pus and has crossing its area the
fibrous remains of blood vessels. Its walls are lined with masses of tubercular deposit in different
stages of disorganization. The remaining part of the lung contains coarse tubercles. Anterior parts
of upper and middle lobes of right lung are much hyaline and studded with patches of
tubercular deposit. in other respects it is healthy. Weight of lung and trachea 4 lbs 4 ounces
Abdomen. Gall bladder contains the colour of brown black bile. Liver of natural size. Est. Appearance
healthy. Internal structure presents the fatty deposit in its first stage Weight 3 lbs 7 ounces
Spleen healthy Weight 7 ounces
Kidneys healthy weight of right 3 1/4 ounces. of left 5 ounces.

Stomach healthy

Intestines. lower portion of Ileum and almost the whole extent of Colon the least of elevations principally towards affecting the ascending Colon

Spencer Smith Surgeon

No. 49

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	When Contracted	Wght	Height	Temp
B ^d	P. James Robinson	25 years	Phtisis Pulmonalis	7 th January 1852	24 th Jan 1852	1 month	May 1851	15	343	220

Abstract of the fatal case of P. James Robinson B^d Regt age 25 years Disease Phtisis Pulmonalis. Died at 1st Co of the 24th of January 1852 in Ward 15 Medical Division Regt 343 John 220

The patient was a Colours Sepa enlistment and served 5 $\frac{1}{2}$ years of which in the Mediterranean six months the remainder at home. He had never been under treatment from the date of his enlistment until the month of April 1851 when he was treated at Cork for Syphilis. In May 1851 when returned at Malta. He first suffered from an attack of acute Catarrh at which time dulness on percussion was elicited over the apex of right lung. He recovered from this attack in 12 days. In July and again in September of the same year he was admitted into hospital for attacks similar to what he suffered from in May and when under treatment in September dulness on percussion over the inner half of right Clavicle & Bronchophony in the right subclavicular region were heard. He then complained of pain across the upper part of the Chest in which he was treated by cupping anodynes & blisters. On the 28th of October he was returned under the head of Phtisis Pulmonalis marked by very decided symptoms. On his admission into this Hospital on the 7th of January 1852 he is reported as possessing the decided characteristics of the tuberculous diathesis, as being much reduced both in flesh and strength and suffering from cough at night accompanied with tenacious mucopurulent sputa. An examination of his Chest on the 16th indicated consolidation over the upper two thirds of right lung accompanied with loud mucous rales and Bronchophony. The Respiration throughout the remaining part of the right lung and the whole of the left lung was puerile. His cough was then not very troublesome. His pulse 100. His respiration 30 in a minute. His appetite pretty good and stools regular. He had occasional night sweats after which he felt much weakness. He continued in this condition up till the morning of the 23rd when he complained of difficulty of breathing, with great increase in the density of his cough, restlessness and want of sleep during the night. His pulse was very rapid and weak. Respiration about 30 in a minute and accompanied with very great effort. Pain across the Chest and inability to rest on the left side. On examining his Chest the loud mucous rales heard so distinctly on the 16th over the upper two thirds of right lung were now limited to the upper third and over the middle lobe bronchial breathing and Bronchophony and in some spots complete absence of the respiratory murmur were observed. On the left side over the middle third of the lung nothing but mucous and expiratory rales were heard. There was no Bronchophony and from the pain he complained of over the Chest percussion over this situation could not be employed. As the evening drew his symptoms were much aggravated his pulse was very weak and quick. Great dyspnoea and cough almost constant. No respiratory sound could now be heard over the middle third of right lung. He passed a very restless night and died at 1st Co of the 24th of Jan 1852

His treatment consisted of nourishing diet, wine, cod liver oil
Opium & Jutta purgans

Section Cadaveris Ana ex vi post Mortem

External appearances. Body slightly emaciated. marks of cupping and blistering in right subclavicular space. small box for one sacrum -

Cranium. Brain and meninges healthy. Weight 5 lbs 5 ounces

Thorax. Pericardium contains 5 ounces of serum. Heart and great vessels healthy weight 9 1/2 oz. Pleurae. Cavity of right Pleura contains 12 ounces of dark coloured serum. That of left 4 oz.

Firm adhesions binding apex of right lung to costal pleura. Pleura much thickened over upper and middle lobe of right lung. Larynx and Trachea healthy. Right lung contains a cavity; capable of holding a small sponge, in its apex. Half part of per. The remaining parts of lung studded with tubercles in its outer and softened state

The structure of the lower lobe of the lung interesting between the tubercular deposits are usually separated from inflammation of nature. Left lung Spots of tubercles at its apex and anterior inferior margin in a softened state. Whole of upper lobe in the first stage of inflammatory congestion. Weight of lungs & air passages 6 lbs 5 ounces

Abdomen. Cavity of peritoneum contains about 16 ounces of straw coloured serum

Liver much enlarged - presents the fatty deposit throughout its whole internal structure. Weight 4 lbs 12 ounces - Gall bladder empty

Spleen slightly congested weight 4 ounces.

Kidneys healthy weight of right 6 ounces - of left 5 ounces.

Stomach healthy

Intestines. occasional spots of ulceration about the junction of jejunum and ileum and again at lower part of ileum. Colon healthy

Opium & Jutta purgans

No. 50.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	When Contracted	Ward	Register	Folio
82	Pt. Bartholomew	24	Gonorrhea	28 th of June 57	June 22 nd 52	6 Months	June 51	7	141	186

Abstract of the notes of Private Bartholomew No 82 Regt Register 141 Folio 186
His patient was a labourer, prior to his enlistment. He is a pale sickly looking man he was transferred to the Hospital of the 48th on the 16th of September 1850, with swelling of the right Ankle joint and an onifice on the outer side of the foot, from which there was a considerable unhealthy discharge. On the introduction of a Probe, the Astragalus & Os Calcis were found to be extensively diseased. There was also a large tumour over the Testes, which had previously burst and discharged Pus. This continued to heal slowly, up to the 28th of June last, when he was admitted into this Hospital very weak & emaciated

The feet had then an elongated appearance. The integuments were of a bright red colour with three apertures on the outer side of the joint immediately below the External Malleolus & another on the internal side both yielding a thin unhealthy discharge. For the last month he had suffered from cough attended with a dirty mucous expectoration. There was dulness on Percussion in both Subclavicular Regions with diminished Respiratory Murmur. Heart's action regular. He had suffered much from Nocturnal perspiration. On the 24th of September in consequence of there being no hope of the Patient's life from the extent of the disease of the Ankle joint, Amputation was proposed by Staff Surgeon Darttall and agreed to by the Patient. But the diseased state of the lungs prevented its performance. His cough continued without much alteration, but the Physical symptoms of diseased lungs gradually increased & the discharge from the Ankle became more profuse until about 10 days ago when he commenced to sink. His breathing became very short & greatly oppressed Diarrhoea set in, appetite failed, and he died at a Quarter past Seven A.M. on the 22nd of January 1852. The treatment consisted, in Nutritious diet, Tonics Antispasmodics and Stimulants internally. Locally Astringent applications with Pulverized Charcoal.

Copied by Thomas L. Nash M.D.

Actio cadaveris XLVIII hora post mortem

Body — Very much emaciated. A large Ulcer on the outer side of the right Ankle joint. A small one internally also; glands enlarged in the right lymph below Poupart's Ligament

Cranium Weight of Brain 3 lbs 5 oz, Membranes & surface healthy right ventricle contained about half a drachm the left a drachm & a half of serum. Substance of Brain healthy.

The Heart Pericardium contained three ounces of straw coloured fluid. Heart healthy Weight 7 oz & 5 drams. Left lung intimately adherent to the Pleura on the anterior and posterior surface, several cavities, chiefly in the upper lobe. Right lung infiltrated with Tubercles Larynx & Trachea Deep ulceration on both sides of the Epiglottis. Mucous Membrane of Trachea greatly congested. Weight of Larynx Trachea and both lungs 5 lbs.

Abdomen Contained four pints & a half of serum, Liver pale on the anterior & upper surface, substance slightly infiltrated with fatty matter. Weight 4 lbs.

Kidney's Healthy weight of the left 3 oz & a half weight of right 3 oz Spleen Healthy weight 7 oz.

Stomach & Intestines Stomach healthy Deep ulceration of large & small Intestines throughout, their entire course

Ankle joint Externally an ulcer the size of a crown piece

situated below the Malleolus Extimus, with a large Fistulous
 Orifice leading to disease here On dissection of the internal parts
 nearly the whole of the Os Calcis was found to be carious. to a considerable
 depth presenting a honey comb appearance & of a dark brown colour
 on the external surface. The centre part of the Deltoid Ligament was
 completely destroyed, but the other Ligaments in connexion with
 this bone were healthy The disease had not penetrated to the Joint

Staff Assistant Surgeon J. Emersons Case
 Copied Thomas L. Nash M.D.

No. 51.

Regt	Name	Age	Disease	admitted	Died	Duration of Disease	When Entered	Ward	Regt	No.
3 ^d	Pt Patrick Stanley	21	Phtisis Pulmonalis purpurea & Inflammation	7/12 Jan'y 1852	31 st Jan'y 1852	3 Months	October 1851	15	343	233

Abstract of the fatal case of 2689. Private Patrick Stanley age 21 years Disease Phtisis Pulmonalis purpurea
 & Inflammation. Died 31st January 1852 in ward 15. Medical Division Regt 343. Vol 223.
 An Irishman Age 21 Service 3 years 29 which at Malta & Gibraltar. Commenced at Rome
 It appears from the document which accompanied this man from Malta that on the 16th
 of September last he was in Hospital with a severe attack of Pneumonia from which he
 recovered. On the 7th of October he had another attack of Pneumonic Disease which was re-
 lieved by the usual remedies. On the 23^d October he was returned under the Head of
 Phtisis Pulmonalis having slight fever and other decidedly ^{Phtisical} symptoms -
 On admission into this Hospital on the 7th of Jan'y 1852. He stated that his complaint had
 been much aggravated by cold caught on the passage home. On admission he com-
 plained of general debility of severe cough which at night prevented him from
 sleeping. The expectoration was mucopurulent and he had oedema of the feet and
 ankles. Examination by means of the Stethoscope showed increased vocal resonance and
 dulness on percussion over the middle third of left lung. also Mucous rales were heard in
 this situation. He complained of severe pain in the right side increased by motion. No friction
 sound could be heard in this situation. He continued gradually to grow worse. His cough
 increased in frequency and severity. The expectoration was mucopurulent and very profuse
 and diarrhoea supervened which continued up to the day of his death. On the 28th a
 severe paroxysm of coughing brought up about a pint and a half of frothy purulent
 matter streaked with blood after this he became exceedingly debilitated. The
 diarrhoea increased the cough and dyspnoea were more urgent and he expired on
 the 31st ultimo at 11/2 past 6 P.M. (Signed)

R. W. Fraser M.D. Staff Surgeon 2^d Class
 Copied by J. Dickinson from the Surgeon

Scelus Cadaveris hora xctv post mortem

External Appearances. Body slightly emaciated. Marks of treatment on left side of chest
 Cranium Brain and Membranes healthy. Weight 9 lbs. 15 ounces

72 Thyroid Pericardium contains about 3 ounces of Serum. Heart and great vessels healthy. Trachea 10 ounces.

Lungs and Air passages. Larynx and Trachea healthy. Firm adhesions over all the surfaces of Pleura of right side especially over its lower two thirds. Right Lung Upper lobe and posterior third of middle and lower lobes healthy. Anterior two thirds of both superior lobes occupied by a large abscess containing Purulent pus. Formed internally and posteriorly by the remaining third of the lung externally and anteriorly by the Pleura Pulmonalis. Much thickening over this space. It is lined by a firm Membrane throughout its whole internal surface. Similar to the Membrane lining Abscess in other situations. The quality of the pus expectorated during the last two days of his life was similar to what was found in the Abscess on examination. No Tubercular deposit could be found in any situation. Weight of Lung & left 11 oz. Abdomen Liver enlarged 40% in its internal structure. Gall bladder contains about 1 1/2 ounces of healthy bile. Spleen 5 lbs.

Spleen triangular in shape. Weight 7 1/2 ounces.

Kidneys healthy. Weight of right 5 ounces of left 5 1/2 ounces.

Stomach healthy. Intestines slightly congested at intervals. Through the course of the thin. No ulceration either of Stomach or Colon.

Specimen Smith paper

No. 52.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	When Discharged	Remarks
55th	John Dillon	26	Phthisis Pulmon.	Jan. 1862	31st Jan. 1862	10 months	Discharged	3 1/2 1/10

Abstract of the Letter case of Private John Dillon, 55th Regt., age 26 years. Disease Phthisis Pulmonalis. Seen at half-past five. A.M. on the 29th of January 1862. Ward 14. Medical Division.

The patient previous to enlistment was of trade a labourer. His period of service was 3 yrs. and 10 months, of which 9 months were spent at Gibraltar the rest at home. He had been four times in Hospital within the last 9 months, under treatment for Pulmonary disease. On the 7th of January, he was again admitted into Hospital and was then found labouring under cough attended with copious expectoration. His Strength was reduced, and he was emaciated. On examining the chest dulness was found over the left subclavicular region, and a high cretaceous murmur was distinctly heard; over the superior region on the right side, the respiratory murmur was bronchial and purrle. No change in the symptoms was observed up to the 14th of January, when he is described as suffering for the first time from diarrhoea. On the 17th the cough was more frequent and severe, loud rattling rales were heard under the left clavicle, and bronchial respiration under the right. The diarrhoea had become more constant and severe, and was accompanied with pain. All the symptoms gradually increased in severity up to the 28th when I

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saw him for the first time. He was then much emaciated, the cough was constant and severe, the Sputa very purulent, the Night Sweats profuse, and the discharges from the bowels were frequent and watery, and attended with pain. On examining the chest - great Dulness was found over all the left side, but especially under the left clavicle, where also pectoral and loud cavernous rales were distinctly audible, indicating the presence of a large cavity. There was no change in his symptoms up to the 27th when he complained of some pain extending over the lower part of the left side; over which friction rales together with fine crepitation was heard, and on the lower region of the right side. Loud mucous rales mixed with a little crepitation. He was unable to bear percussion so that the amount of dulness could not well be determined. From this date up to the day of his death, he got rapidly weaker, his Appetite entirely failed, the Haemoptoea became more profuse, the breathing more difficult and laboured, and after a restless night he died exhausted on the morning of the 29th at half past five o'clock. The treatment consisted in anodynes and expectorants, together with a light and nourishing diet, and an allowance of wine.

(Spina)

Alexander Robertson M.D. and Surgeon.

Actio Cadaveris huius XXXI post Mortem.

External Appearances. Body much emaciated.

Cranium. Weight of brain 3 lbs, brain and membranes healthy.

Heart. Pericardium contained 8 oz. of serum, flakes of lymph floating in it.

Weight of heart 10 oz 4 drachms, healthy.

Lungs and Trachea. Weight 5 lbs, 8 oz. Trachea healthy. Pleura firmly adherent on both sides of chest. Small cavity at the posterior and superior part of right lung. Cavity capable of containing a small orange at the apex of left lung. Both lungs studded with tubercles in various stages of softening.

Liver. Weight 4 lbs. healthy. Gall bladder full.

Spleen. Weight 6 oz 1 drachm - healthy.

Kidneys. Weight of left 6 oz 4 drs. weight of right 5 oz. both healthy.

Stomach. Healthy.

Intestines. Large intestine ulcerated throughout its whole course, other portions healthy.

Alexander Robertson M.D. and Surgeon.

No. 33

Regt	Name	Age	Disease	Admitted	Died	Discharge	When Contracted	Registe	Tols	
12	Edward Platt	35 $\frac{6}{12}$	Phtisis Pulmonalis		Feb 21 1852			350	1	

Abstract of the fatal case of private Edward Platt 12 Regt. aged 35 $\frac{6}{12}$ years disease Phtisis Pulmonalis died 21st February 1852 in ward 15 Medical division Register 350 Tol. 1 This man was a clerk previous to enlistment and had served 16 $\frac{7}{12}$ years 10 of which were in the Mauritius remainder at home. Had suffered for the last two years from occasional attacks of Catarrhitis in November 1851 he caught cold, since which period his cough gradually increased latterly accompanied with great difficulty of breathing loss of appetite flesh and strength. Physical Signs On examining the chest there was found diminution of respiratory murmur. increased vocal resonance, and the sounds of the heart audible beyond their normal limits. The treatment there pursued was with a view of alleviating the cough. His habits were rather intemperate but his general conduct was good - on the 12th of February his chest was again examined. Mucous rales and Bronchophony were discovered indicating the existence of a cavity. he commenced to smoke on Sunday his respiration became greatly affected attended with great pain. Scarifics set in the action of the chest became quick and local and finally he sunk at a quarter to six o'clock P.M.

The treatment consisted in Anodynes Expectorants, Antispasmodics, and wine together with nutritious diet.

(Signed)

James J. Thompson
Surgeon

Actio Cadaveris XXXVIII hora post Mortem

External appearance Body greatly emaciated

Cranium —

Membranes of the Brain healthy.

Right lateral Ventricle contained 1 $\frac{1}{2}$ oz of serous fluid

Left about $\frac{1}{2}$ oz.

Substance of Brain and Cerebellum healthy Weight 3-3 $\frac{1}{2}$ lbs.

Thorax -
Heart and
great Vessels.
Lungs.

Pericardium contained 4 3/4 of serous fluid
Healthy weight of Ventr 5 3/4 and 2 dr^{ms}
Left Lung infiltrated with tubercles in
various stages of softening and contained
several small Cavities -
Tubercular deposition in Right Lung
also to some extent
Larynx and Trachea healthy
Weight of Lungs Larynx & Trachea 7 1/4 13 1/2

Abdomen -

Liver slightly infiltrated with fatty matter
weight 3 lb. 12 1/2 oz.
Spleen normal structure soft weight 9 1/2 oz.
Kidneys healthy weight of right 6 1/2 oz.
of left 4 1/2 oz 2 dr^{ms}

Stomach and
Intestines

Stomach healthy
Large Intestines ulcerated to a considerable
extent Small intestines healthy.

(Signed) James J. Armstrong
Surgeon.

No. 54.

Reg ^t	Name	Age	Disease	Admitted	Died	Duration of Disease	Where contracted	Register	Folio
94	Arthur Jeffery	33	Stricture Urthrae		Feb 12 1852	Four Years	India	146	120

Abstract of the fatal case of P^r^t Arthur Jeffery 94 Reg^t April 33.
Taken from Register 146 Folio 120.

Disease Stricture Urthrae

An Englishman a Labourer prior to Enlistment. Has served 12 years.
all of which time was spent in India He stated that about four years
since, while in India, he had pain during Micturition & the Urine was
voided in a very small stream sometimes guttering He has been in Hospital
several times since that period. Suffering under similar symptoms from the
commencement all attempts to pass the Catheter have failed. He was admitted
to the Garrison Hospital November 15th 51 complaining of the above symptoms
The Catheter was tried on several occasions but always failed in passing the
Stricture. Pains & severe pain very often followed the introduction of the
Instrument. He continued much in the same state, the Catheter being passed
each day down to the Stricture but no farther up to the 3^d of the present
Month when he applied for his discharge, & as very little benefit was

Why to accrue from his remaining in Hospital his wishes were complied with. On the 7th of this Month he was again admitted to Hospital labouring under urgent symptoms of retention of Urine which were relieved for the time by the treatment then pursued. The next day however the patient complained of great pain & tenderness in the Hypogastric Region & the Urine continued to pass Guttatim. The Urine when tested was found to be highly Albuminous & Ammoniacal of low Specific Gravity, this together with his indifferent general health has led to the belief, that extensive disease of the Kidneys & Bladder will be found. On the 11th he commenced to sink passed restless nights suffering intense pain & from a harassing Cough which no treatment appeared to alleviate his Pulse became weak & intermittent he became completely Comatose & died on Tuesday Evening at a Quarter to Twelve P.M. His treatment consisted in Diuretic & Anodyne Antispasmodic Hip Baths & Urine

Thomas L. Mack M.D.
Acting Asst Surgeon

Section Cadaveris XXXV Hora post mortem

External Appearance Body slightly emaciated Scrothum distended with Extravasated Urine

Cranium Membranes & substance of Brain healthy Left lateral Ventricle contained one drachm of Serum

Thorax Pericardium contained two drms of Serum Weight of heart 12 oz. A large Fibrinous clot in the right Auricle right Ventricle healthy considerable Hypertrophy of the walls of the left Ventricle left Auricle healthy

Larynx & Trachea healthy weight of Larynx Trachea & Lungs 3 lbs 10 oz Lungs slightly Emphysematous

Abdomen Spleen weight 4 oz & 3 drms internal structure healthy Gall Bladder filled with dark coloured Bile healthy Liver weight 3 lbs 11 oz substance healthy

Stomach & Intestines healthy Kidneys weight of right 3 oz left 5 oz & 5 drms. The cortical substance of both Kidneys greatly increased in thickness in the left Kidney of a pale yellow colour in the right very vascular. a good deal of the tubular structure on the left side absorbed. The Papillulae & Pelves of both Kidneys greatly dilated. The Muscular & other coats of the Bladder very much increased in thickness. The Urethra greatly diseased presenting several false passages. The Urethra has given way behind the stricture which was in the Membranous portion

of the Ventricle hard & cartilaginous, presenting a complete barrier
to the introduction of an instrument. Thomas L. Wood M.D.

Acting Asst Surgeon

Case 55.

Ref	Name	Age	Disease	Admitted	Died	Duration of Disease	When Contacted	Regimen	Takes
44 th	John Walsh	19	Phtisis Pulmonalis	2 nd February	20 th Feb	Chatham	6 months	849	

Abstract of the fatal case of John Walsh Burdett 44th Ref. at 19 Disease Phtisis Pulmonalis died on 20th February 1852, Medical Division Ward 14, St. George's Hospital. Had spent seven months in the service, at Chatham, he was admitted into Hospital on 2nd August 1851 suffering from a painful and hard swelling on the right side of the perineum which afterwards supplicated, and a fistulous opening was formed, communicating with the rectum, through which more or less urine was discharged up to the 20th of Dec. when the opening closed. While under treatment for the above affection he was attacked with pain in the chest cough, breathlessness, and palpitation. These symptoms gradually increased in severity up to 2nd Feb., when he was transferred to this Hospital. He was then very feeble, and emaciated, complaining of severe cough, loss of appetite, and night sweats. Dullness on percussion under both clavicles, but especially the right, where loud cavernous rales were distinctly heard, under the left clavicle, the vocal resonance was increased, but there was no evidence of a cavity. The right side of the chest was enlarged and occasionally, a friction rale could be heard. The heart was hypertrophied but no morbid sound could be detected. There was little change in any of the symptoms up to the 8th Feb., when he complained of pain in the abdomen, especially over the caecum. The bowels were constipated, and could only be relieved by repeated enemata. The pain continued more or less severe up to the 15th, when he suffered for the first time from diarrhoea. His strength was now rapidly failing, the cough was constant and severe, and the larynx became affected. On auscultation, a peculiar metallic whistling became audible under the right clavicle, and loud gurgling rales, under the left. From this date the diarrhoea became more severe, the cough increased, and the larynx became so much affected, that the breathing was difficult and laboured. On the 17th all the symptoms were increased, and he sank exhausted on the 20th Feb. at 4th past 9 a.m. Treatment consisted in anodynes and expectorants.

Thomas Sayer

Sectio Calvaria hora XLIX post Mortem

External appearances. Body emaciated.

Cranium Not examined.

Thorax Cavity of Pleura contained a pint of semi purulent fluid. Right Lung. Compressed towards the medial line, an opening about the sized of a goose-quill communicates with the pleural cavity the left lung compressed, and infiltrated with branching tubercles.

The Pericardium contained three ounces of serous fluid. Heart slightly enlarged. Abdomen Liver compressed over to left side from the pleural effusion. Enlarged and fatty. The other viscera not examined.

No. 56.

Thomas Carey

Regt	Name	Age	Disease	Admitted	Died	Duration of disease	When Contracted	Regt	Edis
44 th	William Gorman	23	Phthisis Pulmonalis	7 th January 1852	21 st Feb'y	6 months.	Gibraltar	29	

Abstract of the fatal case of Private William Gorman 44th Regt. died 21st February 1852, at 23. Disease Phthisis Pulmonalis, Medical Division Ward 14 Irishman. Labourer. Had 5 years service 3 of which were spent in the Mediterranean, the remainder at home. He was admitted into Hospital in Gibraltar on the 1st September 1851, labouring under pulmonary disease for which he was invalided, and sent home. On admission there, on the 7th January, he was found suffering from cough accompanied by a copious and viscid sputa. Dulness on percussion under both clavicles but especially the right where loud mucous rales mixed with some crepitation were heard, he was very feeble and emaciated. The night sweats were profuse, and his appetite almost entirely gone. From this time up to the 6th of February, the symptoms were diminished in severity, and for some time he appeared to improve, and to gain both flesh and strength. Shortly afterwards he was attacked with obstinate diarrhoea, the cough became more frequent and severe, the mucous rales formerly heard now became gurgling. The night sweats returned, and with them emaciation, and loss of strength. On the 14th there was little alteration in the chest symptoms, but the diarrhoea continued unabated in severity. Notwithstanding the use of large opiate and the most powerful astringents on the 21st a great change became evident the previous symptoms increased, accompanied with pain in the abdomen, with great prostration of strength, and notwithstanding the free administration of stimulants, he continued to sink rapidly.

and died on the 21st February at half past nine o'clock. The treatment consisted in administering opiates with a moderate allowance of wine.

Thomas Harey

Lectio Calaveris XL horae Post Mortem

External appearances. Body slightly emaciated

Cranium Weight of Brain 2 lbs. 10 oz. Membranes congested, Brain healthy.

Thorax Pleura firmly adherent at apex of both lungs. Heart, healthy weight 7 3/4 lbs.

Trachea. Healthy. Lungs. large cavity at apex of left and infiltrated with tubercle, in different stages of softening. Right lung studded with tubercle. Abdomen. Liver weight 3 lbs. 6 oz. healthy.

Gallies. Weight 3 oz. healthy. Kidneys Left weight 4 1/2 oz. Right 4 oz. both healthy. Stomach. Healthy. Intestines. Ileum and Colon. ulcerated throughout their whole extent.

Thomas Harey
Surgeon

No. 57.

Regt	Name	age	Disease	Admitted	Died	Duration of Disease	When Discharged	Height	Weight
12	Dyer Elmer	40	Phtisis Pulmonalis	9 January 1852	5 March 1852	5 months	Chatham 34 1/2	100	

Abstract of the Medical Case of Private Dyer Elmer 12th Regt. died 5th March 1852 at 40. Disease Phtisis Pulmonalis. Medical Admission March 14. This man was an Englishman and previous to enlistment had been a Labourer. He had been 20 years in the service, 10 of which were spent in the Mauritius the remainder at home. He had not been in Hospital for any Pulmonic affection until November 1837, but for nearly 3 years before had suffered from occasional cough, debility, and loss of appetite and on that account he had been put on light duty for some time when admitted into this Hospital, on the 9th of January 1852 he was affected with constant cough attended with copious viscid expectoration and considerable dyspnoea, with profuse night sweats his appetite was bad, his aspect sickly and body emaciated. Physical signs on percussion there was considerable dulness under both clavicles and rales crepitating rales were to be heard upon auscultation in both these situations. For some time after his admission he seemed to improve slightly, but except the disappearance of the night sweats the other symptoms underwent little change, until the 20th Feb when under the left

Claricle loud Macmus sales were heard, while under the right loud cadaverous sales with pectoriloquy, were also very distinct his appetite was very bad the right sweat returned and he lost strength rapidly, but was able to move about the walk for some hours each day, until the third of March when his strength suddenly gave way, all the symptoms increased in violence and he died on the 5 March at 12 past 7 o'clock a.m. It is remarkable that through the progress of the disease there was very slight dyspnoea, there was also no diarrhoea but the bowels on the contrary were very regular, nor did he at any time complain of pain in the abdomen, when first admitted he was put on Cod liver oil, but the stomach would not bear it the rest of the treatment consisted in expectorant, opiate and nutritious diet with an allowance of wine.

Thomas Hanrey (Surgeon)

Sector Cadaveris XXVIII Grav port Mortem

External appearances, Body, emaciated.

Cranium Brain and Membranes healthy, weight 2 lbs 15 oz.

Thorax Two ozs fluid in Pericardium, Heart healthy, weight 11 ozs 3 ozs.

Trachea and Lungs weight 6 lbs, Trachea healthy.

Right lung a large cavity was discovered in Upper lobe capable of containing 4 ozs fluid. Left a cavity at the apex both Lungs were infiltrated with Tubercle, and the Plura was every where firmly adherent.

Stomach, Liver pale and fatty weight 5 lbs

Spleen healthy weight 4 ozs 3 ozs.

Kidneys Right healthy weight 4 ozs 3 ozs.

Left a Cyst, Hydatid, and Cicatrix, were discovered on outer surface weight 4 ozs.

Stomach healthy - Intestines Small intestines healthy

Stomach and Colon ulcerated -

Thomas Hanrey Surgeon

Regt	Name	Age	Disease	Admitted	Dead	Duration of Disease	When Discharged	Regt. No.	File
12	Richard Lamprey		Phthisis Pulmonalis		21 March 1852	4 Years		350	26.35.66

Abstract of the fatal Case of Private Richard Lamprey. 12 Regt. Disease Phthisis Pulmonalis. died 21 March 1852 in ward 18 Medical Division. Register 350 File 26.35.66. This man was a port boy previous to enlistment & had served 13½ years 7½ of which were in the Mauritius. The remainder at home. he had always enjoyed good health till the Spring of 1848. when he occasionally suffered from the pneumonary symptoms of Phthisis Pulmonalis for which he was treated with temporary benefit, suffered some months from Hemoptyses which was followed by the symptoms indicating tubercular disease in an advanced stage, never has taken any mercury. suffered lately from a most distressing cough and pain in the chest. great emaciation, and expectoration of purulent matter which at periods was more profuse than at others. Physical Signs When admitted into the hospital on examination there was found to be dullness on percussion over anterior 3 of left lung and upper 3 of right in which situation's mucous and crepulating rales were heard. Heart sounds were normal. His digestive functions deranged. Urine high coloured and albuminous. He commenced to sink at 10 o'clock on Sunday morning. His respiration became greatly affected attended with great pain. the action of the Heart became quick and weak. and finally he sunk at ¼ past 12 of P.M. His treatment consisted of Anodynes. Expectorants Antispasmodics and wine together with nutritious diet.

James J. Armstrong
Acting Assistant Surgeon

Section Cadaveris XXV Hora Post Mortem.

External Appearance. & Cadaveric rigidity well marked in all the extremities, more so in lower than upper. A superficial bed sore, with over the left Trochanter, major a good deal of Cadaveric corruption of the posterior surface of trunk. Moderate sized clot in the longitudinal sinus. Some old tough adhesions of the Surface of Arachnoid particularly near the Sella magna. Vessels of Pia Mater distended with blood. Arachnoid and Pia Mater come away with ease.

Brain and Membranes

found the Brain without tearing the Brain substance
Weight of Brain 3 1/2 lbs. thus 1 1/2

Central substance firm and resistant. White substance
Slightly injected on opening the Brain down to the
natural Ventricle and opening these last about 2 Anns
of translucent fluid was found in each cavity
Choroid Plexus not abnormally injected - Optic Thalami
and Corpora striata natural in Consistence and Color
Basal Brain Blood Vessel, distended with blood
membranes separate readily from the Middle surface and
under surface of posterior lobes readily. Substance of
these lobes of natural firmness. Cerebellum natural

Thorax Subcutaneous fat and Cellular tissue in
very small quantity, on incision of chest and examining
the lungs the left lung was found almost entirely adherent
to the Thoracic walls and very old tough adhesions of Musc.
which required very great force to tear through and toward
the Apex of the same lung. Could not be torn through without
tearing substance of the lung a considerable quantity
of dirty orange colored fluid found in the cavity of left
pleura no fluid or adhesions found in right pleura

Heart & Pericardium. about 4 1/2 of muddy orange fluid
in the cavity of pericardium. lining membrane of Pericardium
and membrane covering the Heart somewhat thickened
natural in same parts some white spots observable

Stomach weight 10 1/2 lbs. 2 1/2 lbs. sigmoidal valves of pulmonary artery
and aortic natural tricuspid valve healthy Cardiac substance
of good Consistence Color natural under examination perhaps
slightly thickened Trachea & Lungs weight 5 1/2 lbs. 15 1/2 lbs.
mucous membrane of epiglottis & Larynx abnormally injected
and thickened Vocal chords present several points of
ulceration the surface of these ulcers being whitish buff colored
and edges sharp and well defined - in lower part of
Trachea and commencement of Bronchi mucous membrane
injected and presents whitish points of tubercle active of
left lung stuffed with tubercles tops of left lung. Stuffed
with tuberculous Cavities. Varying in size from that of a
small nut to a large pigeon egg. lower portion of lung although
it contains fewer Cavities than the rest of lung is stuffed
with small tubercles and gray granulations upper portion
of the right lung is filled with Cavities and small tubercles
the Cavities of both lungs are filled with yellowish creamy
matter Abdomen Gall bladder moderately distended

with thick dark bile. Liver weight 4½ lb. 12 1/2 upper and lower surfaces dull yellowish mottled color Capsule thin, off small portion Liver substance Color of section of liver same as that of the surface Some hepatic congestion. Spleen weight 9½ lb. 2 lbs - external surface reddish slate color section pale claret color substance softer than natural Kidneys light weight 5½ lb Capsule thin, away readily. substance generally pale. Cortical substance a smaller quantity than natural. Pyramidal substance has the appearance of being pulled out both surfaces. Left Kidney weight 6½ lb. upper part congested Capsule thin, away readily. Cortical substance has the tubuli layer and more distinct than natural - Stomach maculiforme and punctiforme injection of lining membrane parchmenty Woods Pylorus. Pouch well marked Intestines in the Cecum is an ulcer with well defined edges about the size of a shilling 10 inches further on towards anus is another of smaller size and on from this numerous ulcers varying in size the last being about 2 inches from the Cecum -

(Copied by) James M. Metchie
Acting Assistant Surgeon -

Thomas George Higginfield

No. 59.

Regt.	Name	Age	Disease	Admitted	Dis.	Duration of Disease	When com. treated	Regist.	Folio.
65 th	Joseph G. Gaulty	22	Spontaneous Lumbar 1851.	7 th July 1851.	28 th March 1852.	Eight months & 21 days.	Canterbury	144	152

Abstract of the fatal case of Corp^l Mr Gaulty 65th Regiment 22 years of age, service four years & eight months, a labourer previous to enlistment, disease Spontaneous Lumbar, as taken from Register 144. Folio 152. Who died at Half past 11 o'clock A.M. on the 28th March 1852 - He was admitted into Hospital on July 7th 1851 assisted by Assistant Surgeon Port 65th Regiment Canterbury, with a large circumscribed swelling in the right lumbar region, which he had perceived about one week previous, there was slight pain on tapping the lumbar vertebrae & fluctuation in the tumour, iodine & counter irritation having failed to cause its dissipation, there was a small incision made into it, when a large quantity of Pus was discharged. He was admitted into Fort Pitt Hospital in November last, when on examination a suppurating Abscess analogous to that described above, & situated in the right lumbar region presented itself, together with tenderness over the part corresponding to the 2nd & 3rd lumbar vertebrae. The discharge continued the same up to his death, only of a thinner consistence, about the 14th January. hectic fever which had set in some time previous, became more apparent & ex-

84.
-haunting night sweats, when his appetite became much impaired with in-
creased discharge from the Abscess, great emaciation - About the 1st
February his bowels became very much relaxed & ever since that
period he has suffered from occasional diarrhoea. On the 17th March
he complained of slight cough & on Auscultation & percussion, a slight
crepitus was elicited, underneath the Scapula of left side, accompanied
with some dulness, the cough continued, but rather improved towards the
last, his expectoration was scanty & of a greenish yellow colour - On the 20th
of March crepitus was audible in the posterior superior part of right
Lung, on the 22nd crepitation & cooing sounds became audible in the
left sub-clavicular region, as well as in the middle & posterior inferior
part of each Lung; but in a couple of days the crepitus nearly disap-
peared from the anterior part of Thorax - The foregoing symptoms
continued without much intermission until the morning of the 28th
when his pulse became weaker, & more intermittent, his skin cold,
& finally he sank at 1/2 past 11 o'clock AM. - Treatment consisted of Sars
counter irritants, opiates, expectorants, together with nutritious diet & wine
Wm. Joblache Assist^t Surgeon St. St. George's.

- Sectio Cadaveris XXIV hora post mortem.

Ext^l: Appearances --- The trunk & extremities very much emaciated, cadaveric rigidity sparingly marked on upper extremities, but marked on lower, in the left lumbar region a fistulous opening with a dark areola around it.

Examination of head. The brain & its membranes normal. weighs three pounds three ounces & three drachms, the longitudinal sinus filled with small clots of blood, Arachnoid slightly adherent in the situation of longitudinal sinus, the vessels of the Pia Mater distended with blood.

Examination of Thorax. - Firm adhesions of pleura on both sides. pericardi-um contains about half an ounce of clear fluid, heart presents no morbid ap-pearances, structure normal, weighs eight ounces, the trachea & Larynx engorged with purulent fluid, the posterior lobes of both lungs very much congested & tending to solidification, the upper lobes of lungs highly emphysematous floating on water, the Larynx, Trachea, & lungs weigh three pounds three oz & 1/4.

Examination of Abdomen. --- The gall bladder contains a quantity of dark green viscid bile, the liver normal weighs three pounds. The Spleen of usual magnitude weighs seven ounces. The cortical substance of right kidney larger than natural, has a pale & granular appearance weighs 8 ounces, the left kid-ney presents appearance similar to that of right is heavier, weighing nine ounces & a half. The small intestines normal, in the large intestines the mucous membrane is softened & of a dark colour.

Examination of Spine. --- The Muscles covering the lumbar region softened & infiltrated with serum, the laminae of Vertebrae thickened & covered with

purulent fluid, the transverse & other processes of Vertebrae softened & dis-
eased, the whole range of Spinal column in the advanced state of Caries,
the intervertebral substance normal. The disease extends up as far as the
5th rib on both sides, the heads of the Vertebral extremities of the ribs are also
involved in the disease.

(Copied by)

No. 2 Thomas George Fitzgerald M. D. Clarke Assist. Surgeon 85th Regiment.
No. 60.

Regt.	Name.	Age.	Disease.	Admitted.	Died.	Duration of Disease.	Where Contracted.	Registrar.	Folio.
12 th	Thos. Lawton (Private).	31 3/4	Phthisis Pulmonalis.	26. March 1852.	12. April 1852.	15 months	Chatham	349.	218. 223

Abstract of the fatal case of Private, Thomas Lawton. 12th Bat. 12th Regiment, aged 31 3/4 years.
Disease Phthisis Pulmonalis. Died at a quarter to 10 O. on the morning of the 12th April, 1852, in
Work 14. Medical Division - Registrar 349. Folio: 218 - 223. This Patient, an Irishman & son by
trade a Butcher, before enlistment was, was 18 3/4 years, & was a member of which were spent
in Mauritius: He remained at home: In January 1851, he became subject to a cough,
(having previously enjoyed good health) but was not admitted into Hospital until the evening
November, when he remained under treatment for two months, on the 18th February 1852, he
was readmitted with cough, copious expectoration, accompanied by night sweats, and loss of
strength. When admitted into the General Hospital here, March 26th 1852, he is described
to have been a man of about 5^{ft} 10ⁱⁿ in height of a very thin and sickly appearance,
weak and emaciated. Labouring under distressing cough, attended with difficulty of
expectoration. The Physical Signs then evident were: dulness on percussion under both
clavicles - bronchial respiration - and - bronchophony very distinct at apices of both
lungs: the left side of Thorax was remarked as having the appearance of being smaller
than the right - at this time his pulse was quick and feeble. These symptoms developed
themselves more and more every day and the following report was made on the 6th of
April 9 days after his admission - Cough still continues severe and frequent - Expec-
-toration copious - on examination of apices of lungs, loose mucous rashes, and on per-
-cussion of left subclavicular region, bruit de pot fêlé is distinctly heard - Night sweats
continue: slight oedema of lower extremities is now for the first time observed. From this time
he became worse daily: dyspnoea was aggravated, and steadily increased. At the evening, viz
on 12th April, he was evidently sinking fast - his pulse, almost imperceptible and intermitting
- his breathing became quicker and shorter - he passed the night almost in a state of
insensibility - and finally quietly expired - totally exhausted on the morning of the 13th April
1852. His treatment consisted of nourishing diet & wine & anodynes - Cod-liver-oil & bli-
-ster: and, diffusible stimuli.

Section. (Cadaveric). Thos. Lawton. 26 hours after death.

External Appearance. - Body considerably emaciated - Cadaveric rigidity well marked: more
so in lower than upper extremities: Head: Hair grey: Superior longitudinal sinuses, dilated
- dist with dark blood: - each side natural except about the Pterionium flaccid, when

The two layers are adherent, great cavity of black void contains about six drachms of transparent, pale, stony coloured serosity = vessels of Pia-Mater distended with venous blood. Encephalon weight $3\frac{1}{2}$ - $3\frac{3}{4}$ Cerebrum - grey substance more impetuous than natural white substance - softer than natural and on section of the "hemispheres" presents the appearance of "sandy injection" = vessels at base of Cerebrum distended with blood = natural - ventricles contain about two drachms of clear serosity = Cerebellum - natural -

Thorax - Cavity of Pericardium contains about an ounce of semi-transparent fluid heart weight $9\frac{1}{2}$ - $4\frac{1}{2}$ healthy in every respect = cavity of left Pleura contains $2\frac{1}{2}$ of dirty - thick - greenish-yellow fluid = the posterior and inferior surfaces of left lung very firmly adherent to the Pleura costalis = Weight of both lungs and air passages $5\frac{1}{2}$ - $7\frac{1}{2}$ - Mucous membrane of Epiglottis - larynx & Trachea covered with numerous superficial ulcerations - also much congested = Left lung - upper portion contains numerous tuberculous cavities varying from the size of a "bean" to that of an "Egg" also several smaller cavities in the lower lobe = Entire of lung, studded with crude tubercles = Right lung - several tuberculous cavities in the upper lobe of this lung also smaller and lower lobe tolerably healthy =

Abdomen - Liver - weight $3\frac{1}{2}$ - $3\frac{3}{4}$ - external surface of a mottled dark colour = Sepa-
-rate separates readily = substance of liver congested = Spleen weight $8\frac{1}{2}$ - $9\frac{1}{2}$ - external sur-
- face dull slate colour = substance, natural colour and consistence = Kidneys - Left
weight $4\frac{1}{2}$ - Capsule in separating tears away small portions of the substance of the organ =
healthy in other respects = Right - weight $4\frac{1}{2}$ - healthy = Salivaries - Stomach - healthy in
appearance = Mucous membrane of natural consistence = in lower part of small in-
- testine are numerous small circular ulcers separate and in clusters, increasing in
size and number as they approach the Caecum - close to the Caecum several of these
ulcers are very irregular in outline and of large size

Copied by J. Smith Chetresurgeon &c -

Thomas Geo. Fitzgerald M.D.

N.B: The above was entered here in the wrong place: it should have come after the fol-
-lowing: "Stomach and Spleen, Caudex &c."

N^o 2

No. 101

Regt.	Man & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Residence	Register Fol.
74 th	Thomas Ryan Private	24	Apoplexia Similis	16 th April 1851	9 th April 1852	Yrs. 14 mos	Pembroke Wales	139 206

Detailed Medical Report of the Case of Priv Thomas Ryan 74th Regt Age 24;
Service 6th 7th Disease Apoplexia Similis; Admitted into Fort Pitt General Hospital
11th April 1851; died 9th April 1852. Vide Medical Register 139, folio 206. - The disease
first appeared in 1850, when Ryan was in Pembroke in Wales, & was attributed
to cold & Stomach Distress, but had not been aggravated by vice
& misconduct - A sober, & man of rather delicate conformation & of
stomach habit of body. Up to the date of the present disease.

the patient had enjoyed very good health. During the latter part of 1849, he had occasional pain over the crest of Ilium of left side but it was not until January 1850, that it gave him much inconvenience; & on his admission into the Regimental Hospital, a tumor was found to occupy the left Iliac region, which was opened & discharged a quantity of matter. At the time of his admission into this Hospital he had improved in strength & health that he was unable to undergo much exertion. There was a sinus extending about three inches back wards, but the discharge therefrom was not then abundant. On May 19. 1850 the patient is reported to be still improving in general health; & the discharge diminishing. The sinus also seemed to be contracting; but he complained of pain in the right thigh. On the 7th June 1851 he was brought to the Invalid Depot, to appear before the Chelsea Board, but was readmitted into the General Hospital on the 24th of same month. A large purulent tumor was now found presenting in the right groin, with pain extending down thigh; the abscess was now opened & exit given to a large quantity of Pus, of a greenish tinge; he complained of pain in the Iliac region. The sore discharged very freely for some days, but ultimately diminished. On 2nd July he complained much of increased pain of the thigh. About this time a change was visible in the countenance of patient; his appetite began to fail; oedema of the lower extremities set in, & he gradually lost strength in consequence of the incessant discharge from the sore. On 13th August he had an attack of Shingles which was obstinate & reduced him considerably. In October the abscess was discharging freely & the patient complained of pain in the right knee; his general health failing rapidly. In November the discharge from sore was rather less, but no improvement in his general health. From this time his decline was progressing; he had occasional Shingles; he became affected with bed sores, & his emaciation was extreme & he died on 9. A.M. of the 5th of April, after having been twelve months all but one week in the General Hospital.

The treatment throughout, consisted in the internal use of Iodine in various ways; counter irritation; with a nutritious diet.

Copied by L. C. Brassey

for Mr. Neal.

Thomas J. Hufferd Staff. Res. Surgeon.

Letitia Callender; Aged 85 VIII West London

Ext. Appearances -- Callender rigidity of lower extremities well marked. Body extremely emaciated. Over sacrum there are three large bed sores in the right groin an opening large enough to admit the hand; Muscular substance very pale. Head not examined by reason of broken & decay. The Pericardium contains 3iii clear serum. The entire surfaces of both Pleura are strongly & completely adherent to each other.

Weight of Heart 8oz + 3iii. Walls of left ventricle an inch thick. Structure Natural - The whole of left lung is stuffed with coarse tubercles; In the apex of right lung, there are several small cavities; the upper lobe is filled with coarse tubercles. Weight of lungs without Larynx + Trachea 1lb 2xiii. Livers - Gall Bladder filled with yellow bile. The upper surface of right lobe of liver adherent to the Diaphragm. Capsule does not separate without tearing the substance of liver. Liver extremely of a pale yellow color, the lobules being well marked + exhibiting fatty degeneration. Section of liver of the small duod. pale mottled yellow appearance + of firm consistence. Weight of liver 1lb 5ziii. Spleen - Structure Natural; weight 3iii. - Kidneys - At the lower extremity of right kidney there is a small abscess filled with curdy matter. Weight 3iii. Weight of left kidney 2oz 2iii. The capsules separate with difficulty from both kidneys, + they are pale + small. Stomach - Mucous membrane lined with minute spots of a dark brown color. Duodenum - a few small ulcers on the mucous coat of small intestine; some ulcers of a larger size in Cecum. The lower part of intestinal tube healthy - Rectum + Sigmoid - The whole of the bowels of *Amphus testacea* Lillienman curious. There is a large sinus beneath the fascia of the right Psoas muscle terminating in the opening in the right groin.

J. C. Brady

No. 3.

No. 62.

H. H. Marshall M.D.

Regt	Name	Age	Distance	Admitted	Died	Duration of Disease	Where Taken	Regiment	Folio
75th	John. Rowley	30	Pathum Palace, India	26 th 20 th 1852	5 th April 1852	10 months probably more	England	350	146

"Abstract of Fatal Case of 'Corporal John Rowley' aged 30 - of the 75th Regt admitted to the General Hospital Fort Pitt on February 20th 1852. The disease seems to be of longer duration, than when he was admitted here into the Hospital - Contracted in England. Died at the General Hospital Fort Pitt on the 5th of April 1852 at 12th 30. Pk of Pathum Palace in 15 Ward. Regiments 350 Folio 37. to 94."

"An Englishman, before submitting a statement, of 11 years and six months service at home, has been generally employed on the 'Recruiting Service'; was frequently in Hospital for the last 10 years, with 'Catarrhal' Complaints; and 10 months before he was admitted to this Hospital, he had a severe attack of 'Haemoptoe', also some time before he was admitted here he had 'Tubercles in Lungs' (which was laid open) and had well marked symptoms of 'Tubercular Pneumonia' and Dyspnoea at times appeared, for which he was treated with Cod-liver-oil - nourishing diet to support the system - Was admitted into the

"General Hospital" took place on the 20th February 1852 with "Pleurisy Pleuro-pneumonia" and "Chronic Dysentery". Mark of treatment in "Book of Leeches" and "Phlebotomy". Upper third of both lungs gave a dull sound on percussion - attended with "Pleurisy Rales" - he also suffered much from "Chronic Dysentery" which affected him occasionally very much, he had also troublesome "Cough" with "Purulent expectoration" which tended to emaciate him gradually all the time (about two months) that he was in this Hospital - Treatment his "Cough" was relieved by various "Cough Mixtures" - his "Constant purging" by vegetable and mineral laxatives, re-tinents. The "General Support of his System" by Wine eggs and a nourishing diet.

April 21st 1852

For M. Payne. Staff Lieut. Surgeon:
J. Smith (Candidate)

Section Cadaveris

XXIV. *homin. post mortem*

Name - "Corporal John Rowley - 75th Regiment"

External Appearance - "Cadaveric rigidity" not well marked in upper part. Mor-
tality is in lower extremities - Two bed sores on perineum, one over the base of
"Sacrum", the other on "right shoulder". Head - Meninges - "Frachoid surfaces"
adherent at the summit of the "Hemispheres" - "Septum cerebri" in the
"great cavity" of "frachoid" "Pia Mater" natural - "Pia Mater" congested - "Brain
substance" healthy. about an ounce of "light straw coloured fluid" in the cavity
of the "Pericardium". "Valves of both the "Aorta" and "Pulmonary Artery" calcified.
"Tricuspid and Mitral" valves healthy. "Height of Heart & Semis - Lungs, height
of Lungs and Air passages" 5th 8th 3th "Right Lung" - "Air passages" healthy. In
the apex of "Right lung" are numerous "tubercular cavities" varying in size from
that of a "small pea" to that of a walnut - "Solitary Cavities" but in smaller num-
ber are found through the lower portion of the "Lung". Whole Lung studded with
white tubercles, and grey granulations. "Left Lung" - "Tubercular Organization"
in the upper part of this lung but in a less advanced stage than in the other lung.
Portion of this Lung floats even "after previous water bath". Liver - "Liver" height
6th 10th (Effusion of 5 lbs of serum into cavity of Abdomen) "External Surface" of
Liver presents a "muddy colour" - "Capsule" separates easily, "Consistency" firm but
"friable". Liver is much enlarged - "Kidneys" "Right" 5th 2th in height "Capsule"
separates easily. "External Surface" pale. "Aorta" "Aorta" "Left" 5th 4th in height
same character as the other "Pleura" "Height of Pleura" 5th "Natural" "Stomach"
"Stomach healthy" "Mucous Membrane" of "natural consistency" "Submucous tissue" of
small intestine "studded" with "white tubercles" also are visible numerous on both "Stomach"
"Altera" "Lungs" and on "Colon". "Stomach and Large Intestine" presents large ulcerated sur-
faces with "very irregular" and "sharp margins" and the bases rugged and hard. Section
of this "membrane" forming the bases of these "ulcers" presents a tough almost "cartilagi-
nous appearance" as if an attempt had been made to reproduce the "mucous mem-
brane".

J. G. Fitzgerald, Staff Lieut. Surgeon

J. Smith (Candidate)

Regt	Name	Age	Disease	Admitted	Date Discharge	When Discharged	When Entered	Regt	Folio
23rd	John Kemigen	32	Catalepsy chronic	30 March 1852	April 23	2 Months	England	329 345	257

Abstract of the case of Private John Kemigen 23rd Regt. Aged 32 years, Disease Catalepsy chronic. Died at 4th post 6 am on the 23rd April 1852 in Ward 14 Medical Division General Hospital Fort Pitt. Register 349. Folio 228. 229. 237 and Register 345. Folio 74.

This man before his enlistment was an Irish Laborer, and subsequently served 13½ years in the Army, in Canada and India, from which latter place he was sent home about two years since. After a severe attack of Cholera, two months before his admission here he suffered (in the Garrison Hospital that then) from an attack similar to the one he laboured under when he presented himself to our observation on the 30th of March 1852. His state on admission was noted by Mr Fitzgerald; as the following, the complaint of "much oppression of his respiration. Cough & pain in the chest, and his general debility was such, that the attending Officer of the day (Mr. Payne) cupped him on the left infra axillary region and applied a large blister to right front of chest. On doing him at the same time Antimonial solution, on the following morning he was improved. He expectorated freely and breathed with greater freedom. At this time was a 110 and full, on the following day a still more favorable report was made, but on the evening of the 1st of April he appeared to have relapsed, the report is as follows, very little. Great oppression of chest. Loud Sibilant and Laryngeal sound all over the chest particularly between the Scapulae behind. In the situation of the large bronchi - perspiration streaming from the face and upper part of body. Countenance congested and anxious. C. 94. and moderately full, at this time his expectoration was copious and frothy, from this period he became much weaker, subject however to hurried and exuberant, and on the 6th of April he was reported to be very greatly improved in both general and local state. Countenance much less anxious. On examination of chest the Cales are less loud and moist than hitherto. expectoration not so copious, however on the 12th instant the following physical signs, revealed themselves, viz. - Particularly on the right side is well marked dulness on percussion extending from 6th rib downwards over which space there is absence of respiration and bronchophony - obscurely diagonal and transverse affected side, Anteriorly, as to be heard large mucous expectorant rales on both sides mixed here and there with the Laryngeal and Sibilant, On the 13th the following day he was discharged to be admitted with Catalepsy chronic. On admission the symptoms were not much altered, that there was some alteration on the signs the following report will show, he now lies chiefly on his right side when can now be heard bronchial respiration of a very peculiar whistling character under lower angle of Scapulae simulating almost emphysema breathing - he speaks in a whisper in a tone too low to produce bronchophony, or any of its modifications - Constitutional symptoms now much aggravated, from this time the symptoms were in an and his debility became greater every day. his face was livid and congested, his extremities - ears - and tips of nose cold and of a dark purple color. indicating imperfect circulation of the blood, the respiration became intolerable and after passing

The night in the greatest anxiety and distress he died asphyxiated on the morning of the 23rd instant. Treatment. Counteracted local depletion. Blitters and Serapism. Antimonials. Esputants - Dinitis. Anodynes. Antispasmodics. Diffusible Stimulants, Main Stimulant.

Duncan Robertson M.D.

May 3rd 1852

Section Cadaveris. six hours after death. April 22nd 1852

Name, John Kerrigan 83rd Regiment.

External Appearances. Cadaveric lividity of the body well marked.

Brain. The cerebral matter on the upper surface of hemisphere. also at the base of the brain the cavity of the cerebrum was found to contain about 12 oz of serum Weighing 3 pounds 3 oz & 3 drs.

Lungs. In the pericardium there is 5 oz of turbid darkish orange coloured fluid. The left pleura contains a couple of ounces of fluid (from the right side). The right pleura contained a considerable quantity of fluid. The left lung is solidified and of a dark bluish colour. at the apex of left lung there are two cavities, through out the whole of right lung there are scattered tubercles and their site principally at the apex. the lungs and air passages weigh 7 pounds 7 ounces.

Abdomen. Liver the capsule slightly adherent. the mark of an old cicatrix is observed at the inferior part of right lobe. Spleen of a dark colour externally. and of soft consistence. Weight 13 ounces.

Kidney Right, the capsule of which separates readily. Weighs 5 ounces and three drachms.

do. Left. Presents no abnormal appearances. the capsule covering its external surface separates easily. Weighs 5 ounces. Stomach, healthy throughout.

Intestines. On the lower part of duodenum there are observed several small ulcers, and they can be found nearly throughout the whole of the large intestine.

Duncan Robertson M.D.

May 3rd 1852.

Thomas Geo. Fitzgerald S.A.S.

N^o 5

No. 64.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	When Discharged	Regt	Vol
83	John Neil	21	Paralysis	April 6 th 1852	May 4 th	18 months	June 1851	349	246

Abstract of the case of private John Neil aged 21 83rd Regiment admitted into hospital April 6th 1852 lab. owing under an attack of hemiplegia of the right side which first made its appearance in June 1851 when stationed at Kinnaird. died May 4th 1852 at a quarter past six o'clock P.M. in ward no 14 Medical division of the General Hospital Fort Pitt, of Hemiplegia complicated with pulmonary affection. Register 349 Vol 246.

The Irishman, by trade a labourer has had two years and eight months service of which one year and ten months have been in the East Indies.

Was under treatment for acute Rheumatism from the 21st April 1851 to 1st June of the same year when he was discharged to duty. About eight days afterwards.

92
He was attacked with hemiplegia of the right side, which continued up to the time of his death.

On the 14th of April 1852 he first complained of an occasional cough which was gradually getting better until the 25th of the same month when it became very severe and was accompanied with dyspnoea, the expectoration was of a tenaceous character and rusty in colour. A physical examination of the chest disclosed the following phenomena - Posteriorly percussion elicited a dull sound on the left side - on the right side less so than on the other - The respiration much obstructed in the right lung and nearly absent in the left from the infrascapular region. Anteriorly. In the right lung sonorous and subsonant rales were to be heard, and the vesicular murmur where audible was very rough particularly beneath the clavicle, the respiration in the left subclavicular region was also roughened - He was subject to diarrhoea with vomiting which tended to hasten his death - He died exhausted on the 4th May 1852 Tartar emetic Hydrargyrum cum creta and a tinct of Hyoscyamus was given in pills the left side was cupped and a large blister applied afterwards which was dressed with strong succorial ointment he was at the same time ordered wine. The bowel complaint was treated by the usual cathartics.

Signed J. G. Griffiths.

May 5 - 1852.

Section cadaveris XXXVI hours after death

- External appearances Cadaveric rigidity well marked in the lobes not at all in the upper extremities. Livid staining on the posterior surface of the body
- Head and Meninges. A moderate sized clot in the superior longitudinal sinus - About an ounce of transparent straw coloured fluid in the great cavity of the arachnoid - on the upper surface of the left hemisphere the arachnoid has a milky gelatiniform appearance - The pia mater separates easily from the convolutions which in one or two spots are flattened and the membranes present the gelatiniform appearance being thickened at these parts.
- Brain Each lateral ventricle contains about a drachm of semi-transparent fluid - Weight of brain two pounds twelve ounces and four drachms.
- Chest - heart Pericardium healthy containing about an ounce and a half of serous fluid - Heart healthy each ventricle containing a large firm clot of fibrine - Weight of heart ten ounces.
- Lungs The whole right lung adherent to the parietal of the chest by old connections at the base there is some recent lymph. Upper lobe of lung speckled of a mottled grey colour lower and middle lobes congested small portions from all parts of the lung sinking when placed in water without pressure. Left lung lower and back part congested the remaining part healthy Weight of lungs four pounds twelve ounces
- Kidneys Left kidney capsule separates readily section natural perhaps

a little congested weight nine ounces six drachms.
Right kidney healthy weight eight ounces six drachms.
Liver Liver capsule in separating tears away liver substance section & exceedingly granular substance very friable colour natural. Weight five pounds nine ounces.
Spleen Spleen substance soft. Weight twelve ounces
Stomach Stomach and intestines healthy
Excretories

(Entered by Edward Walker Mues)
Thomas George H. Mues
M.D.

N^o 6

No. 65.

Regiment	Name	Age	Disease	Admitted	Died	Duration of disease	Where contracted	Register Folio
96 th	Edw. Patrick Ward	19	Febrius Typhus	April 30 th 1852	May 8 th	Nine days	England & "Chatham"	346 127, 140, 141, 149

Abstract of Fatal Case of Patrick Ward 96 Regiment at 19 - Admitted into the General Hospital Fort Pitt April 30th 1852 labouring under an attack of Catarrhus Ventris, which he had contracted in Chatham Barracks a few days previously. - Died on the 8th day of May 1852 at 4 1/2 past 9 o'clock P.M. in Ward 14 Medical Division, of Febrius Typhus, Register 346 Folios 127. 140. 141. 149. -

An Irishman, by trade a Labourer previous to enlistment, three months ago. -

Very little information could be obtained from this patient concerning his previous Medical History. - He stated that he had never had venereal Disease of any form and that he had never taken mercury to Syphilism. - He was admitted into this Hospital with Catarrhus Ventris of the existence of which disease, some evidence was discovered on Physical examination, as subilant and sonorous Rhonchi were heard over the greater part of the chest, but on the 2^d of May and still more on the 3^d he complained so much of Cephalgia and such cerebral symptoms presented themselves as induced Dr. Whelford (whose Medical Care the patient at that time was) to take blood locally from the back of the neck on the former day, and generally, from the arm, on the latter. At the night visit on the evening of the 3^d instant the orderly Officer Dr. Payne saw the patient and prescribed a moderate dose of Tartarized Potassium to be taken every two hours and the head to be kept cool. - On the evening he had an attack of Epistaxis. On the morning of the 4th instant his state was as follows - Low muttering delirium with subsultus tendinum. - There is picking of the bed clothes but no Chorea Strophica. - Gurgling in Night Sleep Yorra when pressed in that region. A few rose coloured lenticular spots which disappear on pressure visible on surface of abdomen and back, but no sudamina. - The bowels easy

Much relaxed. - In auscultating the heart the first sound found weak and sharp being deficient in the "booming" character natural to that sound in a healthy state approaching in fact more to the character of the normal diastolic sound. - The symptoms together with the attack of epistaxis on the previous evening & the cerebral state were considered sufficient to justify the diagnosis of Typhoid Fever of the Parisian Type. - Wine was given and Quinine in doses of 10 grains each at intervals of two hours. - The symptoms continued of the same type, but increasing in intensity, except the diarrhoea which ceased on the evening of the 8th instant, at which time the skin was acting very freely and the subcutis very marked. - The Adynamia continued but at length became masked by the cerebral until 1/2 past 9 o'clock P.M. on the 8th day when he died in a prostrated comatose condition. - On the 7th of the month he was discharged to be readmitted with Febris Typhus. - The Treatment consisted of Stimulants as wine Brandy and Sulphuric Ether with full doses of Quinine at short intervals.

"signed"

Thos George Fitzgerald

Staff Assistant Surgeon

"Copied By" Lieut James William Griffith

Surgeon & Candidate

May 10th 1852

Section Cadaveris XIV et semine horas post mortem

"External Appearances" Cadaveric rigidity well marked in upper and lower extremities, body in good condition. - "Head" Small quantity of dark fluid blood in superior longitudinal sinus; Veins of Pica Mater on upper surface of Cerebral Hemispheres distended with dark coloured blood, Glandula Bacchiana well marked for the age of this body. - Encephalon weighs 3 lbs 2 p 8. The membranes firmly adherent over the entire brain. - Veins of substance injected. Both lateral ventricles filled with semitransparent fluid, substance of brain of very good consistence. - Cerebellum firm. - "Thorax" Muscles of parietes of abdomen and chest well marked, veins of neck distended with dark fluid blood. - "Pericardium" contains 4 drams of fluid. - "Heart" Muscular structure paler than natural, weight of Heart 14 ounces. Sigmoid Valves reticulated. No other diseased condition. - "Lungs" Left. About centre of lower margin of upper lobe immediately beneath the pleura is a well defined cavity size of walnut, filled with a dark coloured soft substance and crossed by a network of white bands no offensive smell from this, the entire lung congested but crepitating. - "Right" - Upper and middle lobes healthy, lower, congested and dark coloured; at various points are dark circumscribed spots of good consistence having much the

appearance of Pulmonary Apoplexy. - Larynx Trachea & Lungs weigh 3 lbs 13 oz. - "Pholomen" Liver. - Capsule slightly adherent, section healthy. Colours paler than natural, weights 3 lbs 3 oz. - "Gall Bladder" distended with very dark green bile. - "Spleen" - Paler than it usually is, weighs 9 oz. "Kidneys" Left healthy weighs 6 oz. Right, also healthy, weighs 8 1/2 ounces. "Stomach" Natural - "Intestines" Lower portion of small intestines and Caecum present patches of the agminated and solitary glands prominent and well marked. Large Intestines, Healthy. -

"Signed"

Thos. George Fitzgerald

Staff Assistant Surgeon

Copied by Lisle J. W. Griffith

Surgeon Candidate

May 10th 1852

N^o 7

No. 66.

Regiment	Name	Age	Disease	Admitted	Dis.	Duration of Disease	Where contracted	Regt. Dis.
84 th	Pvt. Thomas Walsh	34	Peritonitis	17 th April 1852	May 10 th 1852	10 days	In General Hospital	

Abstract of the case of Private Thomas Walsh 84th Regiment. aged 34 a Roman of two months standing was admitted into Hospital on the 17th April 1852 with a simple Bubo in the left groin for which the fracture of Soline and uniform pressure was applied & the Solide of Potassium administered internally but the Bubo advancing towards suppuration they were discontinued & Poultices were applied & on the 5th of May fluctuation being distinct the Abscess was opened giving exit to a small quantity of greenish matter. The wound was then stopp'd & gentle uniform pressure by means of a Bandage was applied. The wound not looking healthy it was gently stimulated on the 3rd day & the dressing continued. On the next day the patient being slightly feverish the wound discharging pus with the surrounding parts red but not painful. the dressing was discontinued & poultices applied. Soline opoints were at the same time administered. The fever left him, the discharge became very much less, the surrounding redness disappeared & the wound began to granulate when stopp'd was resumed. Since I took charge of the patient, which was on the 5th of May I always observed him quite turbulent unable to hold anything with steadiness, suspecting him of being led an intemperate life & in want of the accustomed Stimulants. I ordered a Pint of Porter with his diet on the 14th & on my seeing visit the patient complained of having been to stool often & evacuated very little at a time. he complained also of pain about the Umbilical & iliac regions. attended with a hot skin, dry & white tongue. A dose of Castor oil and Camomile was prescribed. when the bowels were freely moved towards morning & the pain diminished. The patient still nervous and turbulent. The pain again commenced to increase & on the following morning the 16th the pain extended over the general surface of the abdomen. The bowels were only opened once & the stool contained a few scybala. The constitutional symptoms much the same. Another dose of Castor Oil & Hot Pomentations were ordered. The bowels were then freely evacuated & the stools contained no more scybala. when in the evening the pain over the general surface of the abdomen increased, the patient lying with his legs drawn up. a small quick wiry pulse. a very dry white tongue with intense thirst. A dozen Leeches were applied to the right iliac region followed by Pomentations & warm poultices & Calomel & Opium

was administered every 2nd hour - Under the treatment, the general tenderness of the abdomen subsided, but the pain in the right iliac region continued. The pulse became softer & the tongue moister but tenderness returned on the 19th hiccup set in, the abdomen became tympanitic, the pain in the right iliac region became worse, the pulse again small & wiry, the bowels not moved, an Enema was administered, hot & Mentastin & Peppermint & smaller doses of Colonal & Opium continued with effervescent draughts - The pain diminished so much so that the patient could bear pressure, the Enema was evacuated without any fecal matter, the hiccup diminished, the tongue moister but deep and the pulse continued the same. The patient apparently under the influence of Opium, which was consequently discontinued. The next morning the 19th the patient in a partially comatose state but sensible when aroused & does not complain of pain except on pressure over the right iliac region, had one scanty watery stool, the skin moist, clammy, pulse small quick wiry, respiration hurried thoracic, tongue dry, deep red, rubbed castor oil & suppository Enema, to be followed by a drop of castor oil if no fecal matter followed the Enema. After the patient's transfer from the Surgical to the Medical Division, I was called to him and found him moribund. The pulse small and feeble, skin moist and cold, breathing and shallow respiration, the abdomen generally tender under pressure and tympanitic, slight vomiting set in towards the evening, considering that therapeutic treatment could be of no further use, I only ordered him some wine and to be kept warm and quiet, signed Thomas George Fitzgerald M.D. Medical Officer

Signed

Section Cadaveric, VII. after death

- External** Cadaveric rigidity well marked. On left inguinal region is a swelling the size of a pigeon's egg with a
Appearance sinus extending downwards and inwards towards the scrotum one inch and a half. General surface of body tawny deep yellow colour, sclerotic also
Head Weight of Brain 5 lb 5 oz 4 3/4, vessels of Pia Mater distended with blood, small quantity of fluid & slight lateral ventricle. Substance of Brain and Cerebellum healthy
Thorax Pericardium contained two ounces of turbid fluid. Weight of Heart 12 1/2 ounces. Structure healthy, Valves tight. The Pleural covering of the Lungs of both Lungs covered with recent lymph & thinning healthy. Weight of Lungs 2 pounds 5 oz ounces
Abdomen Liver, Capsule separates easily, surface mottled yellow colour, greaser the lung slightly. Weight five pounds 8 ounces. Gall Bladder, distended with a dark green viscid Bile
Spleen, healthy, Weight 2 ounces
Left Kidney, Weight 12 ounces, Capsule separates easily, lining membrane of Pelvis of a deep yellow colour. Right Kidney Weight 6 ounces similar to fellow
Intestines, lower portion of large intestine especially close to the caecum presents some maculiforme injection, rest of intestines healthy. On opening the Abdomen, the convolutions of the intestines found matted together by a yellow soft recent lymph. Cavity of Abdomen contains a moderate quantity of straw coloured serum. The interior of the Peritoneum covered with recent lymph of the same appearance as above. Cavity of Pelvis filled with serum and flaky lymph
Intestines generally tympanitic

Thomas George Fitzgerald
 M.D.
 M.D.

Benjamin Lane M.D. 1861
 Candidate

Regiment	Name	Age	Disease	Admitted	Died	Duration of Ill.	Where contracted	Regist.	Folio
3 ^d Dragoon	W ^m Will. White	26	Phtisis Pulmon.	April 25. 1852	May 26	4 Months	Birmingham	350	148. 151. 179.

Abstract of Fatal case of W^m William White at 26 of 3^d Dragoon Gds admitted into this Hospital on the 25th of April 1852. Disease commenced on the 15th of January 52 contracted at Birmingham, and died at a quarantine post 5 on the afternoon of the 26 of May 1852 in Medical division Ward 15 of Phtisis Pulmonalis number of Register 350 Folio 148. 151 and 179. An Englishman & laborer. Period of service 5 years and 3 1/4 days all at home Birmingham is the only place mentioned in the document. He caught cold in December 1851 on fatigue duty by exposure to wet he was then admitted to Hospital complaining of general debility; no pain in chest but slight cough. The Surgeon of the 3^d Dragoon Gds could not detect any disease of chest although he made many laryngoscopic examination till the 15th of Jan 52 when the respiratory murmur on left side of chest was inaudible. Has been losing ground up to the present period. On admission into this Hospital on April the 25th he was much emaciated but the appetite good. Bowels regular. Mucine loaded with tubercles cough considerable and attended with yellow glutinous sputa. Perspires a little in the evening. Pulse regular but weak. Physical signs the left half of chest (anteriorly) expands less on inspiration than right. Percussion not duller more assistant above upon & below left clavicle than right in this situation the respiration is mingled with touch submurmous and grunting Ronchi which may be heard near base of heart on each contraction independence of respiration vocal resonance Ronchophoria in left clavicular region. Right Lung Percussion duller than natural in infra clavicular region where Bronchial respiration is very perceptible without Ronchi. In left supra and infra scapular regions there is extensive dullness on percussion the respiration is Bronchial mingled with submurmous Ronchi. Line projects slightly below false ribs on the 2nd of May he complained of pain and oppression of chest general phlegmatic symptoms grunting Ronchi continue as long and as abundant as on first admission. Perspires freely in the evening emaciation increases on the 9th of May emaciation was increasing, Bronchi less distinct than on admission, the respiration is more hollow & cavernous than heretofore, and the cartilages in his chest are less active, on the 13th emaciation was increasing, on the 18th he was evidently worse. emaciation still going on, on the 22nd complained of pain & uneasiness in laryngeal region, for which a mustard plaster was applied with great relief. Physical signs continue about the same.

Probably excretion signs are more marked than hitherto, the sputum more cavernous, no diarrhoea, does not perspire so much. On the 24th cough was severe with profuse expectoration, and he again complained of pain and uneasiness about the Larynx, which was relieved by another mustard poultice, from this time he was evidently sinking fast, the cough and expectoration next day were profuse, and when seen on the morning of the 26 he was perspiring very much, was very thirsty, expectoration profuse, stained with blood, Pulse very weak, respiration very frequent, he died at a quarter past 5 on the afternoon of the 26th of May 1852.

Treatment consisted first of Cough mixture & Cool hair oil and when the perspiration came on Acetate of Lead Acetate of Morphine with a small portion of Confect Rosa given as a pill every night till the perspiration stopped he afterwards took the following Mixture

S. Ammonia sesquicarb. wat. ʒij Turp. Camphora Comp. ʒij Mst. Camphora ʒij Sumat ʒi quarta quinquiesima he had wine Eggs and Noris being this.

signed by *H. Payne* Staff Assistant Surgeon
Thursday morning May 27. 1852

Sectio Paclavina 19 hours after Death

Brain
Cerebrum rigidly slightly marked in upper extremities
Very little blood on the surface of Dura Mater above and
Juncus of Serum in Occipital Fossa Cerebral Vessels
distended with blood. Extremely small quantity of
Serum in lateral Ventricles Brain firm & healthy
(Weight of Brain 3 lbs 3 ounces)

An ounce and a half of steam colored fluid in Picric acid
Heart Right Ventricle distended with a gelatinous mass of Fibrine
is also right Ventricle right wall slightly attenuated
Left Ventricle wall thick in proportion to right
Valves of Heart generally healthy (Height of Heart 9 inches)

Left lung, and heart throughout the division between the lobes is lost in the upper lobe there is a large excavation capable of containing a Child's head. The cavity is crossed by Trachea. Contained an immense quantity of Pus whole lung in a state of Tuberculation no cavity in lower lobe which was full of grey Tubercles.

Right Lung
Superior part of upper lobe of right lung full of Tubercles and grey granulation Very slight Tubercular deposit at apex Middle lobe pretty free from disease Lower lobe full of Tubercles except at the margin where it is slightly Emphysematous

Larynx is vascular is not ulcerated neither is the Trachea but there are small white nodules beneath the mucous membrane about the size of pins heads Both main Bronchi exhibit great vascularity on anterior surface which continues from above down wards
(Weight of Trachea and Lungs 5 lb 8 ounces)

Lungs Liver a little paler than usual slightly greasy otherwise healthy Gall bladder empty of Bile contain 3 Gall stones of irregular shape like one the size of a large Hazel nut.

Intestines paler than natural otherwise healthy
(Right Kidney 6 oz Left Kidney 6 oz)

Spleen Spleen substance healthy Capsule thickened in some place cartilaginous

(Copied by Arthur Jackson Green)

Candidatus
May 31. 1852

Thomas George Fitzgerald Esq.

N^o 9

No. 65.

Regt.	Name	Age	Disease	Admitted	Died	Duration of Illness	Place of Birth	Register	Solid
48th	P ^{te} John Quirk	31	Epilepsia	20 April/52	24 May/52	ten months	Portsmouth	350	137 187

Abstract of fatal case of P^{te} John Quirk, a laborer, aged 31, of the 48th Regt. admitted into General Hospital, Fort Pitt on 20 April/52. Disease commenced on 15 July/51 while at Portsmouth and died at 2 A.M. on 24 May/52 in the Medical Division, Ward 15. Register 350. Solid 137 and 187. — An Irishman, a laborer, total period of service 13 1/2 years, two years of which he served at Gibraltar, the remainder at home. Had two attacks of Epilepsia for which he was treated in the 48th Hospital at Portsmouth, for the first attack of Epilepsia he was in hospital from 15 July to 21 July 1851. For second attack from 10 to 20 Feb/52. Dr. George Thompson of the 48th expresses his opinion (in the Medical Report sent with the Epileptic) that the most probable cause of the disease is hereditary predisposition, as his brother died of the same disease. On his admission here on 20 April 1852, he made no complaint at all, but about the 24 April he told me "he hoped he soon would have a fit of Epilepsy again, as they continually come of 24 hours duration at one time. Had some palpitation of the heart about the 8 May, and on the 13th he complained of pain in the left side of his head & also in the region of the heart. For the pain in the head he was cupped at the back of the neck, which relieved him much. For the pain in the region of the heart, he had sundry Belladonna plasters. On the 20th May he again complained of pain in his head and the palpitation was no better. Cold evaporating lotions soon stopped the pain in his head. On 22 May he also he also complained of pain in left side of head and the palpitation of his heart.

distressed him - induced copiousness, lotion to head, which soon relieved him & another belladonna plaster to apex of the heart, which relieved that. He always had some palpitation of the heart, his bowels were generally regular. On the 5th May, he also complained of pain in his head which was again relieved by copiousness lotion to his head, which he kept on all day & night & he had no appearance of an attack of Epilepsy. On 27 May, he had another belladonna plaster on his heart. Complained again of headache on morning of 28th, which was relieved by cold copiousness lotions. On the night of the 28th the Medical Officer of the Ward cannot say, soon about 1/2 past 10, saying that Dr. Patrick Quirk had Epilepsy. When I first saw him he had passed two or three convulsive paroxysms. I waited in the Ward some time & felt his pulse after the paroxysm was over it was, very frequent, small & compressible averaging from 125 to 135 beats in a minute during I suppose the palpitation of the heart. I did not wish to bleed him on that account. Later saw Quirk to me of his convulsive paroxysms. I could not feel a pulse & his face & neck were perfectly blue & cold, and, he could not get one atom of air into his chest sometimes for two minutes. Some cold water sprinkled on his face generally made the paroxysms pass away. Then his limbs became quite pliable. I had him moved to a room near the ground & much of the high paroxysms, which annoyed the other Patients. I had him carried, bed & all, into the Ward. I thought by getting, & making, in his bed & when each other & to watch & attend him, he would be much quieter in that room & perhaps go to sleep when the fit were over. I stayed with him till nearly two o'clock this morning. The day after I did not stay long at the Hospital (see Reg. 850, folio 13) but that Quirk himself said to me on the 6th April, he hoped he should never have an Epileptic fit, as they generally lasted in him for 24 hours. I expected to find him quite recovered in the morning, because I told the orderlies, to come & tell me if anything happened to him during the night - which they did not do.

(Signed) J. H. W. Daynes, Staff Assistant Surgeon
Saturday morning, 29 May 1852.

Section cadaveris 60 hours after death

external appearance - Cadaveric lividity, well marked, vivid staining on posterior surface of body, body well formed & muscular.

Head - In waxen - thinner than natural, a considerable quantity of blood escaped on removing it. Surface of brain covered with a dense network of blood vessels. About 20g of serum & blood in cavity of arachnoid. Vessels of Pia Mater are distended with blood. Arachnoid in one or two places presents a milky, opaque appearance. Weight of Cerebrum 3lb. 4oz. Vessels of Pia Mater of brain are also filled with blood, presenting dark crimson tints on section. A very small quantity of clear serum in each lateral ventricle, more in left than right - substance of brain firm, unbroken, also congested.

Thorax Heart. 10g of fluid in Pericardium. Weight of Heart 120g. Atrioventricular valves of both pulmonary artery, & aorta reticulated on their free margins. Tricuspid & Mitral valves healthy. Substance of heart flabby. Remains membranous of Trachea particularly the lower part, presents a dark congested appearance - otherwise healthy. Lungs - Right at posterior margin of lower lobe of right lung is a nodule the size of a small orange, very firm, on section presents several whitish dots - impregnated with blood, otherwise healthy. Base firmly adherent to Diaphragm. Left lung also congested & adherent to Diaphragm. Weight of Lungs, Larynx & Trachea 4 lbs. 10g.

Abdomen Liver - Capsule firmly adherent, lateral surface of pale mottled yellowish color. Section same color. Substance exceedingly firm. Gall bladder contains very small quantity of thin greenish-yellow bile - Weight of Liver 6 lbs. 80g.

Spleen - Paler than natural, soft, particularly at Centre. Weight 60g. Kidneys - Right Capsule Separately, readily, Surface presents remarkable nodulated appearance with dots of arborescent dark vegetation - Section of the Organ paler than natural - Cortical substance in very small quantity - pyramids ^{the cortical substance has} almost disappeared. Norminal base of the pyramids are numerous, white nodules, size of small peas. Weight is 60g 2 dr. Left presents similar appearance, in a more marked degree. Weight is 80g.

Stomach healthy, mucous membrane of good consistency

Pancreas - deeper color than natural, firm consistency, weight 40g.

Intestines - agminated glands well marked - Small intestines about 6 inches, above and extending to, Cecum. Present white points & patches of tuberculous matter. The caecum, of the Appendix Vermiformis presents a swelling the size of an almond, which is covered externally by dark arborescent vegetation. On section it proves to be a cyst, the walls of which are from 1 to 2 lines in thickness, containing very viscid yellowish-green matter.

Copied by, Thos. W. Dox, M.D. Candidate

On examination of the white patches in the intestine, & also the white points in the Right Lung, under the microscope with lens of 1/4 inch diameter, the following was found, among an immense quantity of granular matter were seen two kinds of corpuscles, the one of moderate size irregular in outline and granular on the surface. No nucleus visible. The other kind was large, striated at the margin and contained ~~some~~ a multiple nucleus, having all the appearance although not very well marked of the compound granule corpuscle. Besides these objects there were a few fatty granules. The viscid matter in the intumescence at the head of the appendix vermiformis appeared under the same microscopic power to be almost entirely fatty in nature. A small quantity of urine retained from the bladder after death & examined contained Thomas George Fitzgibbon - Esq. Abdomen in a considerable amount.

N^o 70

No. 69.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Regiment	Folio
3 ^d	P. Jacob Budd	28	Phthisis Pulmonalis	4 th May 1852	8 th June 1852	1 1/2 year	Malta	346	219. & 246

Abstract of fatal case of Private Jacob Budd 3rd Regiment, admitted into the General Hospital Fort Pitt, May 4th 1852 with Phthisis Pulmonalis, and died at 8 o'clock P.M. June 8th in ward 14 Medical Division.

Jacob Budd had a total service of 10 years, of this he served 2 1/2 years in India 1 year in Malta and the remainder at home. — He was a man of 5 ft 5 1/2 inches in height. Fresh complexion grey eyes, and dark brown hair. He was emaciated and sent from his Regt at Malta with Phthisis Pulmonalis, having had four attacks of Haemoptysis. Since April 1851. —

On admission into this Hospital, he was very much emaciated, his eyes sunk in the orbits, and the general appearance of a person with tuberculous disease. It was extremely difficult to make an accurate and minute physical examination of his thorax, inasmuch as the slightest percussion induced a fit of coughing. Under the clavicles the respiration was loud, harsh and tubular in some places, the vocal resonance also increased almost to Bronchophony in some parts. There was dulness on percussion in the right and left suprascapular fossae. His voice hoarse and sometimes not above a whisper. Expectoration, copious greenish yellow. He suffered from copious nocturnal perspirations, and a distressing cough. Had occasionally had difficulty in swallowing both solids and liquids.

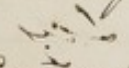
These symptoms gradually increased in intensity, until a few days previous to his death when anæmia appeared and this with the other symptoms continued till the 8th June when he died at 8 o'clock Post meridiem.

The treatment employed consisted of expectorants and Anodynes, Counter Irritation to the chest and Astringents with the Tincture of Bismuth for the bowel complaint. This Patient could not take the Cod Liver oil, otherwise it is probable his life might have been prolonged some time.

Signed) J. J. Fitzgerald
L.D.

Sectio Cadaveris. Horæ XVI Post Mortem

Weather Warm and moist. Rigor Mortis, not at all marked in upper extremities and very slightly so in the lower. Post mortem staining on posterior surface of the trunk.

Cranium  Spaces of Arachnoid adherent along the summit of both Hemispheres, about 12 oz of serum in the cavity of the Arachnoid. Weight of brain 3 1/2 lbs. Vessels of Pia Mater distended with dark blood, Membranes separate easily from substance of

of Brain. No fluid in the lateral ventricles. Substance of the brain of natural
consistence - Cerebellum healthy

Thorax

Lungs do not collapse upon opening the thorax. Right lung extends to the
subspace between 6th & 7th ribs. Left lung extends to the 7th rib. They touch each other
opposite the 4th rib. 30% of clear straw coloured fluid in the pericardium. Upper two
thirds of both lungs adherent by firm old adhesions, weight of Heart 12½. Substance
flabby, colour healthy. Posterior surface of epiglottis presents numerous small points
of ulceration, one large ulcer on the lower part of median line laying bare the yellow
fibrous tissue of epiglottis, at the posterior end of left chondra vocalis is an oval ulcer
with sharp margins. The mucous membrane of the trachea injected otherwise
healthy. The mucous membrane of the bronchial tubes presents dark injection. The tubes
are filled with frothy, mucopurulent fluid.

Right Lung

Upper lobe covered with a false membrane of tough consistence, varying in thickness from
a quarter of a line to a line. The apex of the lung presents several large cavities com-
municating freely with each other, these lined by a thin yellowish membrane and
nearly filled with purulent fluid, whole of the rest of the lung completely stuffed with crude
tubercles. Extreme base of the lung presents a few solitary tubercles. The whole of the
lung except a portion at the extreme base is non-capsulated and sinks in water.

Left Lung

The base covered with thick false membrane, the apex contains several smaller cavities
lined by thicker membrane than on the opposite side. Whole of the upper lobe filled
with tubercles, portions of this lung float in water. Lower lobe congested and
contains numerous crude tubercles. Weight 5 10

Abdomen

Liver Weight 3-7¹⁰ A small quantity of viscid bile in the gall bladder. Capsule
separates easily, substance a little paler than natural, not fatty.

Spleen 14 weight, healthy, a little darker in colour than natural

Right Kidney 5 in weight below the average size, capsule separates easily. Sections
paler than natural, cortical substance increased in amount, separation between this
and pyramidal substance in some parts scarcely perceptible.

Left Kidney Weight 16 similar to the fellow, not quite so pale, otherwise healthy

Stomach Healthy

Jejunum. Several small ulcers with irregular well defined margins, base ashy grey

Ileum Through the whole numerous circular and oval ulcers, varying in size
from that of a pea to a shilling. In the lower part of ileum one or two patches of
agminated glands present ulcers at both ends, most advanced at the end of
patch nearest the caecum. There are several points of tubercles in the subintestines. The
mesenteric glands slightly enlarged.

Pancreas weight 4 ½

Entered by W. J. A. Br.
Candidate

Thomas Geo. Fitzgould L.C.J.

44. The abstract of this fatal case was by mistake entered after the post-mortem appearance vide next page.

Sectio Cadaveris Hora 52 Post Mortem [Private John Laughlin]

Weather warm and moist. Rigor Mortis very little marked. Livid greenish stain in both Inguinal Regions. Post mortem staining on anterior surface of the Body.

Cranium. Weight of Brain 2 lb 13 oz 25. Arachnoid milky in one or two places. Very little fluid in either of the Lateral Ventricles. Consistence of Hemispheres firm. Cerebellum healthy. The cavity of the Arachnoid contained about 4 oz of fluid.

Thorax. Muscular parietes of chest very little developed, on cutting note the cavity of the left Pleura a quantity of gas escaped. There were 6 pints of clear straw coloured fluid in the cavity of the left pleura, and the heart was found displaced entirely to the right of the median line of the Sternum extending longitudinally from the 2nd to the 6th rib inclusive on the right side of the chest. There was 1 1/2 oz of fluid in the pericardium. The Pleura Costalis of the left side was lined throughout by a rough false membrane about 2 lines thick of a yellowish buff colour.

Left Lung. The Base of left lung is attached to the Diaphragm and the lateral and inferior part of the wall of the chest by tolerably firm elongated adhesions. The false membrane of the pleura costalis presents an injected appearance about the middle of left wall of the chest. The apex also of the left lung is also adherent to the chest walls.

Right Lung. Entirely adherent by firm and old adhesions. The lungs and air passages weigh 4 lb. 2 oz. 33.

There are some very small ulcerations on the back of the Epiglottis.

The Bronchial tubes are filled with purulent-mucus fluid.

The mucous membrane of the tubes is darkly injected, the staining deepening in tint as you approach the smaller Bronchi.

The left lung is entirely covered and bound down to the spine by false membrane of the same character as that in the Pleura Costalis. Very little blood could be squeezed from the lung.

The upper lobe of the right lung contains tubercles in all stages from the grey granulations to those that have undergone the caseous change. There are also one or two small cavities filled with softened tubercles.

Portions of the right lung float in water. The middle lobe of the left right lung contains in its centre 2 or 3 larger cavities than in the upper lobe lined by a yellowish membrane, this and the lower lobe present many grey granulations but very few crude tubercles.

The Pulmonary vessels are filled with dark coagula and fluid blood.

Portions of these lobes float in Water.

The upper lobe of the left lung is almost filled with large tuberculous cavities filled with softened tubercles, pulmonary tissue condensed and of a grey dark colour. The lower lobe contains few tubercles and grey granulations and on section is of a very dark grey colour. The upper and lower lobes are united by means of false membrane in such a manner as to give the appearance of a half circled cavity containing a glairy fluid. This lung contains very little blood and small portions of it sink in water.

Heart. Valves of the Pulmonary artery are reticulated at their free margins as also are the Aortic valves. The Tricuspid valves are healthy. The mitral valve is also reticulated, ^{and} its margins are thickened. The heart weighs 85.23. Its substance is flabby and its walls extremely thin.

Abdomen. The Liver weighs 8lb. 3oz. 33. The right lobe is firmly adherent to the Diaphragm. The capsule is firmly adherent to the organ and the texture of the organ is very friable, its section is smooth it is somewhat congested.

Gall Bladder. Contains a small quantity of greenish bile.

Right Kidney. Weighs 4oz. 33. Its capsule separates easily. Its section is natural.

Left Kidney. Weighs 4½ oz. Capsule more adherent than that of the right. Its section is natural. Some parts of the cortical substance present yellowish points.

Spleen. Weighs 8oz. 43. Its lobular texture is well marked. Paler than natural but of natural consistence.

Pancreas Weighs 3oz. 13. Its lobular texture is well marked.

Stomach. Healthy

Intestines. Healthy

Copied by W. S. Mayhew M.D.
Candidate

No 11

No. 70.

Regiment	Name	Age	Disease	Died	Admitted	Duration of disease	Where contracted	Register	Folio
8 th	John Langdon	38	Macromelasma Chronicus	June 10 th 1852	May 30 th 1852	19 Days	Malta	342	147

Abstract of the fatal case of Private John Loughlin of the 76 Regiment, admitted into General Hospital at Fort Pitt May 30th 1862 with Rheumatismus Chronicus, contracted at St. Mary's Barracks. He was discharged on the 17th June and died suddenly on the fore noon of the next day when on his way to Gravesend.

John Loughlin was an Irishman and previous to his entering the service was a Labourer. He served 17 years and 5 months, of which he was 8 years in the West India 10 months in America and 4 years and 5 months in the Mediterranean.

When at Malta he suffered from Catarrhus Chronicus and Dyspnoea which commenced about the middle of last February.

On admission into Hospital he complained of severe pains in his back, from between the shoulders down to the small of the back, he was quite unable to walk; he was also labouring under Dyspnoea which he said had troubled him since November last and which he attributed to his having caught a severe cold sometime since; he had also cough which was violent on his making any exertion and which appeared to be somewhat of a spasmodic character. Percussion and Auscultation of his chest were natural except over the inferior and lateral parts of the left lung, which gave a dull sound and no vesicular murmur. The action of the heart was tumultuous but no bruit was audible. He was ordered the cough mixture during the day and an anodyne draught at night, as for some time previously he had slept but little on account of the pain in his back.

On June 1st he was much better and was able to walk. Dyspnoea was much less. On the 4th June he was able to go to the Board at St. Mary's.

Up to the date of his discharge, the rheumatic pains gradually diminished and he only suffered from occasional attacks of urgent Dyspnoea on making any greater exertion than usual. His treatment consisted of the cough mixture with sweet spirits of nitre also Hoffmann's Anodyne and a sleeping draught at night.

W. Whylock M.D.

Candidatus June 14th 1862

[This fatal abstract was by mistake entered after the post mortem appearances, vide previous leaf]
Thomas Geo. Tiffnall M.D.

No. 12

No. 71.

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Register	Fol.
22 nd	P ^r Patrick Reach	39	Dysentery acuta	June 2 nd /62	June 13 th /62	5 Months	Bengal	345	75

Abstract of fatal case of P^r Patrick Reach, act 39, 22nd Regt. Admitted June 2nd with Dysentery acuta, which complaint began about 5 Months since in Bengal. Died about half past 6 yesterday evening (the 13th) in Ward 11. — Reg. 345. Fol. 75

An Irishman, labourer previous to Enlistment, 21 years Service, 16 of which in East & West India. When in India he suffered from Chronic Rheumatism for about 4 Months in the year 1844.

The present complaint began about 5 months previous to his admission here, when on Bengal he began as cause, his drinking what he called 'mineral' water when on a march.

When admitted on the 2nd he was much emaciated and his countenance and eye-balls were sunken. His bowels were moved about 5 times in the 24 hours, he suffered from Tenesmus. the discharge was brown & watery, on the 4th he was a little better but on the evening of the 6th he suddenly became weakened, lips bleached, extremities cold & seemed in a drowsy state from which he rallied a little on the administration of a stimulant, but the powers of life were evidently at a low ebb. On the 8th he became worse, with intermittent pulse & Hippocratic countenance & he lay in a drowsy state with eyes half open. From this date he gradually lost ground & on the morning of the 13th lay in a state of Stupor with mouth open & teeth & gums covered with dark borders, he was still able to swallow & his respiration was easy, his bowels were moved about 5 times during preceding 24 hours, about half past 5 o'clock yesterday evening his breathing became very short & continued so till he died about an hour after.

His Treatment consisted of Dover's powder, catechu, kino, opium, and ammoniac, wine, brandy, beef-tea &c.

Alexander Grier

Candidate June 16th 1852

Section Cadaveris. Horae 1 1/2 Post Mortem

- External Appearance** Body extremely emaciated. Riper morbis very well marked in all the extremities
- Cranium** Small quantity of dark fluid blood in Superior Longitudinal Sinus, about an ounce of clear serum in the posterior cavity of Arachnoid, Weight of Brain 2 lbs 14 oz. Arachnoid adherent in the situation of the pineal gland. External surface of brain generally paler than natural, Small quantity of clear serum in left lateral ventricle. None in the right. Substance of brain firm. Cerebellum healthy
- Thorax** On opening thorax Lungs found collapsed, Right Lung extends to 6th rib. Left Lung to 5th rib. The Lungs are about 1 inch apart from each other at 3rd 4th & 5th ribs inclusive. Firm old adhesions at base of left lung to the diaphragm. No adhesion on the right side of thorax. About two drachms of clear thin coloured fluid in the cavity of Pericardium.
- Heart** Semilunar valves of Pulmonary artery reticulated at their free margins. Right Atricle and Ventricle contain a tough fibrinous coagulum. Tricuspid valves healthy. Sigmoid valves of Aorta reticulated, and calcareous deposits at the angles of junction of the tongues of mitral valves. Substance of heart yellowish. Walls of left ventricle attenuated. Weight 7 oz 4 drs.
- Lungs & Air Passages** Weight of Lungs and Air Passages 3 lbs 3 oz 4 drs. Mucous membrane of Larynx and Trachea healthy. Bronchial tubes filled with mucopurulent fluid.
- Right Lung** Anterior part of external surface of Right Lung of a dark mottled gray colour. Posterior & Lower part of a deep purplish tint. Upper and Middle lobes healthy. Portions of these lobes float in water even after pressure, Lower lobe firm but friable, Sections same colour as external surface, portions sink in water
- Left Lung** External surface of left lung generally of same colour as Right, on the posterior

surface of lower lobe are numerous haemorrhagic spots. Anterior margin of upper lobe slightly emphysematous. Upper lobe otherwise healthy, portions float in water. Lower lobe presents same appearance on section as the right lung, but in a less degree, portions float in water. In this organ the lower ^{lobe} is evidently simply congested.

Liver

Weight of Liver 2 lbs 11 oz 2 ds, Gall Bladder distended with bright green viscid bile. Capsule adherent to the organ, substance friable. Section presents slightly a more yellow colour than usual.

Right Kidney

Weight 6 oz capsule separates readily, section paler than natural otherwise healthy.

Left Kidney

Weight 6 oz. Urter emerges from the Kidney about half an inch below the Hilus. Section of the organ paler than natural, otherwise healthy.

Spleen

Capsule much thicker & whiter than natural, presents an arborescent injection. Substance of the organ completely broken down. Weight could not be accurately ascertained in as much as it was so soft as to be completely broken in the removal - very much contracted particularly in the centre so as to assume somewhat the appearance of an hour-glass contraction.

Stomach

Intestines

Duodenum deeply stained with bile, valvulae conniventes well marked throughout small intestines, about the centre of Ileum a well marked patch of agminate glands about 2 1/2 inches long. Several of these well marked Peyer's patches were found. The caecal valve healthy, caecum of a dull dirty green colour, mucous membrane softened, no strips to be obtained, Muscular coat of large intestines firmly contracted. Mucous membrane thickened, No ulceration in any part of the intestines (mutilated) Weight 2 oz 1 dr excessively indurated, cuts to the knife like cartilage. Section retains the natural lobular appearance, colour dusky white.

Pancreas

Alexander Grier

Candidate June 16th 1852

No. 13.

No. 72.

Thomas George Fitzgerald Esq

Age	Name	Age	Disease	Admitted	Died	Duration of Complaint before Death	Place	Age	Sex
6th Regt.	Reg. Arthur	44	Cachexia	May 19/52	June 14/52	15 days	in London	141	249

Died in General Hospital, Port Pitt on 14th June at 8 1/2 AM. in Ward 12 Medical Division. Antecedent, other diseases, twice 25 yrs years, all of which was at home. Had syphilis once, about 25 years ago & was then treated. Had gonorrhoea three times. Has never had variola, states he has been vaccinated, but no mark of same can be discovered. This fatal disease commenced in 1848. In 1848 which terminated in London he had a cataleptic attack which he attributes to taking in the wet streets getting wet & drinking. He had then slight pains in the chest & since then he has gradually & continually been emaciating. He was occasionally confined to his room by these symptoms, & about three weeks since he was attacked with low-throat attended with pain in deglutition & regurgitation of food from the oesophagus up through the

posterior nares. His soft palate was greatly excavated, as an old & ridged but when
the making pressure on the Larynx he experienced considerable pain which
led me to suppose the Larynx participated in the laceration. There was a
bruise on the base of the heart & immediately, conspicuous of pain in the left side
Percussion & auscultation over the lungs usually accompanying pleurisy.
Diet consisted of most liberal Diet, Fraughts containing Quina, album
sagittalis & the iodide of Potassium in 5 grain doses, three times a day with occasi-
onal mild purgation, such as Pil. Klee comp & castor. oil.

Physic / W. W. Lock M.D.

Candidate

June 15th. 1851.

Sectio Cadaveris hora 27 post Mortem

External Body, extremely emaciated, Nigro sunt, pelle maculae in the latissimus

Appearance

Cranium Weight of Brain 3 lbs. 8 oz. Membranes separate easily from brain. Consistence
of Meninges, firm. Both lateral Ventricles, filled with clear serum. Brain
otherwise healthy. Cerebellum also healthy. 1/2 of clear serum in
ventricular fossae.

Thorax

Lungs collapsed - both lungs enlarged & both rib. They touch each other opposite
3rd rib. Old firm adhesions, at base of right lung, base of left lung also adherent
but less firmly. 3/4 bright straw-colored fluid in Pleurothorax.

Heart - weight 8 oz. 2 dr. Sigmoidal valve of Aorta tensionless, articulated
weight of lungs, &c. 5 lbs. 10 oz. Left side of Lungs presents extensive
ulceration. The necrosis of the ulceration, of a dirty, greenish color. On further
examination found large, bare the surfaces of posterior & upper part of ala
of Thyroid cartilage. There is adhesion of left margin of base of Epiglottis;
Epiglottis, Larynx tolerably healthy. Bronchial tubes, filled with dirty,
mucous-purulent fluid.

Right Lung - Open on pressure gives out large quantities of album serum -
no tubercles, discoloration. Upper lobe contains, one point of calcareous
deposit reddish & brown lobes congested & condensed.

Left Lung - Open on section presents dark green color on pressure large
quantity of clear fluid exudes. Upper lobe contains, no tubercles. Lower lobe
extensively studded with yellowish points (tubercles?) Clear fluid can also
be expressed from this lobe in small quantities.

Abdomen

Liver - weight 3 lbs. 2 1/2 oz. Capsule firmly adherent to surface of Liver, section shows
mottled purple. Consistence firm. Gall bladder distended with dark
bilious bile.

Gallbladder - weight 1 lb 10 oz, Capsule presents, posteriorly, about half the size of
palm of hand, of white color, Chronic thickening, section half a line
thick. rest of capsule natural.

Right Kidney - 6 oz, 3 dr. 1/2 weight, Capsule separate, easily, section healthy.

Left Kidney - weight 6 oz. Capsule separate, easily. On posterior surface near

enter margin is a part of old hemorrhage. Section of flat peritoneum, normal.
 Duodenum. Weight 3oz. 1 dr., healthy.
 Stomach. post mortem softening, of mucous membrane of fundus,
 healthy. - healthy.

Entered by Thos. W. Fox M.B.
 Candidate
 No. 79.

Thomas Geo. Fitzgibbon Esq.

No. 14.

Regt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Location	Regt.	Notes
37 th Regt.	James Fyke	28.	Phthisis Pulmonalis	June 15 th 1852.	June 19 th 1852	From June 1850 2 years	In Ceylon.	350	233.

Abstract of the fatal case of 37th James Fyke of the 37th Regiment of Foot. aged 28 - admitted into the General Hospital Fort Pitt on the 15th of June 1852 and died on 19th of that month.

Disease Phthisis Pulmonalis - The patient was an Irishman, a Labourer enlisted in April 1842 and is stated to have been always a healthy man, previous to enlistment, & until within the last 3 years - His total Service was 10 years & 2 months of which the first 5. were at home, the remainder in Ceylon. - He was first admitted into Hospital in June 1850 (then serving in Ceylon) suffering from a severe attack of Hemoptysis, immediately after which the tubercular state of the lungs became manifest, and he has been under treatment ever since. - Treatment consisted of good Liver Oil - Quinine - Tincture of Steel &c. He was admitted into Hospital here, on his arrival as an Invalid from Ceylon on the 15th inst. - He was then in the last stage of Phthisis, with a scarcely perceptible pulse, and suffering from the most distressing dyspnoea. The slight Stethoscopic examination made, gave unequivocal confirmation over both infra clavicular regions, with grunting rales. - The expectoration was copious and purulent. He was kept alive for the four days he was in Hospital, principally by Wine & Anodynes. - He died at 5 o'clock yesterday morning.

W. H. Fairbairn M.D.
 2 flap Staff Surgeon

Section Cadaveris - Nov. 31 post mortem.

External & cadaveric rigidity well marked - Post mortem discoloration (apparent) is apparent in lower part of the body - posteriorly.

Cranium Surface of Dura Mater anemic - A small quantity of Serum in the Occipital fossa. Weight of brain 3 lb 5 oz. There is faint opacity of the Arachnoid over the Convolution, & a small quantity of fluid in both lateral Ventricles. The

Brain is generally of tolerable consistency - Medulla Spinalis healthy.

Trunk. Emaciation of body moderate. - No subcutaneous fat.

Thorax. The Lungs do not collapse on the removal of the sternum - There is about 2oz of fluid in the Pericardium - The left lung is firmly affluinated to the parietes, as also is the right on its front aspect. The adhesions are so firmly established, that the substance of the lung is torn, in endeavouring to separate them.

Heart. Patches of lymph are found on the anterior surface of the right ventricle - The cavities are not distended (Weight 10oz & 2 drachms) The valves are healthy; - substance somewhat paler than natural.

Larynx & Trachea. These are healthy and weigh with the lungs 5lb 12 oz.

Left Lung. The division between the lobes is obliterated. The anterior part of upper lobe presents a cavity about the size of an egg filled with mucopurulent fluid and lined by a false membrane - The upper & middle lobes are infiltrated with crude tubercles, mingled with grey granulations. These portions of the lung sink in water -

Right Lung. In the upper & back part exists a cavity of about the size of a walnut. - The upper portion is studded with tubercles - The lower & anterior - emphysematous. The diseased portions sink in water - Numerous small cavities are found in the inferior lobe, filled with purulent matter.

Liver. Weight 5lb 14oz. Section shows it mottled, & greasy to the finger - The substance is friable - The gall bladder contains 2 drachms of bile.

Spleen. Weight 14 oz 1 drachm. Capsule firmly adherent, & tears off the substance, on separation being attempted - Section is of a dark purple colour, and the substance is friable.

Right Kidney. Weight 5oz 2 drachms - Capsule easily separable - Section shows a healthy condition.

Left Kidney. Weight 5oz 4 drachms. - Capsule easily separable - Quite healthy.

Pancreas. Weight 3oz 4 drachms. - Quite healthy. Presents a natural lobular appearance.

Stomach. Healthy.

Intestines. Several patches of ulceration in the caecum, about the size of a finger nail, & along the course of the large intestine.

Entered by - George P. T. Hill
Candidate.

Thomas Geo. Fitzgerald. Secy.

Pgt.	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Repts	Sold
98	Murphy, Madden		Morb. Cordis	30 th May 1852	June 19 th 1852	18 months	India	346	245

Abstract of fatal case of Private Michael Madden 98th Regt. admitted into General Hospital Fort Pitt on 30th May 1852. with Morbus Cordis contracted 18 months previously. Died in ward 14 Medical Division June 19th 1852.

This man was an Irishman by birth, a labourer previous to enlisting - Had been about 2 years in the Army, one of which he served in the East Indies - Previous to going out to join his regiment he was a considerable time in Hospital at Chatham under treatment for Thoracic disease. While in India he suffered ^{apparently} from disease of the heart and chronic catarrh attended with distressing dyspnoea and palpitations. He was unable to take any exercise and suffered from great debility.

On his arrival at this Hospital from India, his state was as follows. - He could not remain long in the recumbent position on account of the urgency of the dyspnoea. The lips, nose and pinnae of the ears were livid in colour. His countenance was extremely anxious and emaciated. Pulse was 114. Respiration 32 in a minute, being in nearly the normal ratio of 3:1. Circumference of chest round axilla, after a deep inspiration was 16 1/2 inches. after full expiration 16 inches. The heart action was tumultuous, the dulcings of praecordia very extensive upwards and across the sternum. In the 2nd 3rd 4th intercostal spaces, was an undulating pulsation distinctly visible to the eye. Synchronous with the systole of the heart. In this situation the second sound was marked by a loud but muffled bust. At the base of the heart there was a slight systolic murmur. and immediately after the diastolic sound, was a peculiar rubbing sound synchronous with the commencement of expiration. He did not suffer from either chest or difficulty in deglutition. From the time of his admission he varied much in local symptoms, one day being comparatively free from suffering. and another day quite unable to lie down on account of palpitations and dyspnoea.

On the evening of the 19th June the dyspnoea became more urgent. and the pulse gradually became weaker. and he died about 7-1/2 past 12 O'Clock P.M. having been in his usual state at the evening visit at 7 O'Clock.

The treatment adopted consisted of the moderate use of Anodynes. to allay the heart action mild aperients to prevent straining at stool, and general attention to prevent any exertion -

Signed Thomas P. Fitzgerald
S.A.S.

Sectio Cadaveris XXXV Homo Post Mortem

External Body somewhat emaciated, Rejo. Mortis fully well
Appearances Marked.

Cranium

Weight of brain 3^{lb}. Surface of Arachnoid adherent in situation of Pacchionian glands. Membranes separate easily from brain substance. Meninges healthy.

Thorax

On opening the chest the lungs do not collapse. Right lung extends to the upper margin of the 6th rib, left lung to 5th rib. The space between the base of right lung and diaphragm contains 15^{oz} of turbid fluid. The right lung firmly adherent to parietal of chest. 30^{oz} of clear fluid in the pericardium. Upper part of left lung adherent to parietal of chest. Anterior mediastinum contains a great quantity of gelatiniform cellular tissue. The heart stands about an inch to the right of the sternum. No roughness or adhesion of the pericardium. Sigmoidal valves of pulmonary artery healthy. Tricuspid valves thickened at free margins. Sigmoidal valves of aorta intumescit. Weight of heart 5^{lb}. Walls of heart quite flaccid.

Larynx and trachea healthy. Bronchial tubes contain a quantity of dirty mucopurulent fluid. Weight of lungs and air passages. 5^{lb} 13^{oz}.

Right Lung. Upper lobe filled with tubercles in all stages, most advanced towards the surface. Several small cavities immediately beneath the pleura. Lower lobe comparatively healthy containing a few gray granulations. Portions of the upper lobe float in water but sink after pressure. Portions of lower lobe float after pressure. Bronchial glands much enlarged, presenting somewhat the appearance of a cluster of grapes. Section, firm of a gray colour, spotted with black.

Left Lung. Upper lobe completely filled with tuberculous cavities varying in size and fully communicating. Lower lobe also contains tuberculous cavities, several being situated at the extreme base. The whole lung contains crude tubercles and gray granulations. Portions of the whole of this lung except at the superior margin, sink in water.

Abdomen

Liver. Weight 4^{lb} 13^{oz}. Gall bladder contains a small quantity of yellow bile. Capsule of liver firmly adherent. Substance of liver very firm. Section of a granular nutmeg appearance.

Spleen. Weight 1^{lb} 6^{oz}. External surface reddish slate colour. Section dark claret colour. Substance very soft.

Right Kidney. Weight 3^{lb} 4^{oz}. Capsule separates very easily, external surface presents dark ramiform injection, lower half presenting white spots. Section darker than natural, not granular.

Left Kidney. Weight 4^{lb} 2^{oz}. Capsule separates easily, presents the same appearance as the right but to a more marked degree, on the anterior and upper surface a cluster of hemorrhagic spots. Section slightly congested.

Pancreas. Weight 4^{lb} 5^{oz}. Very soft. Interlobular substance, excessively congested.

Stomach. Mucous membrane of fundus. Softened pylorus thickened. Small tubercles close to caecum present small tubercles.

Entered by W. J. A. On June 24th 1852.

Candidate

Thomas Geo. Hafford Esq.

114/16

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Register	Folio
88	William Supple	30	Phthisis Pulmonalis	1st June 1852	June 26 th 52	3 Months	Isle of Wight	342	153

Abstract of fatal case of Pth William Supple, aged 30, 88th Regiment. Admitted June 1st with Phthisis Pulmonalis for which he was first in Hospital 2 months previously in the Isle of Wight. Died at 20 minutes to 11 yesterday morning in Ward 10. Medical Division, Register 342, Folio 153. He was an Irishman, a labourer, his service was 12 years & 4 months of which 2 years were in West Indies, 3 years in Canada & 1 year in Halifax Nova Scotia, the rest at Home. Fatal disease was first observed on 1st of April of previous present year. When admitted into this Hospital he suffered from cough & Dyspnoea, which last became intense on the slightest exertion. His Pulse was above 90 & very feeble. Hectic perspiration was profuse. Expectoration was mucopurulent mixed with tubercular matter. Mucous rales in many places amounting to gurglement were distinctly audible & percussion was dull. His cough & dyspnoea slightly diminished up to the 22nd inst. & his pulse became stronger, but remained still frequent & the Hectic perspiration continued profuse. On the 22nd he became much worse & since then his strength has been fast failing & the Hectic increasing. On the 25th he was in a state of Stupor. Loud tracheal rales were audible & his was bathed in perspiration. His pulse was scarcely to be felt. He died the next morning at 20 minutes to 11. From the date of his admission the purpling sounds sometimes succeeded (on left side) by cavernous respiration, continued very loud and indicated extensive disorganization of the lungs. The tracheal rhonchus was also very distinct for some time.

The Treatment consisted of sulphuric acid, compound camphor tincture, carbonate of ammonia compound spirit of sulphuric ether, brandy, bay-tea &c &c

Signed, J. W. Fox

Candidate

Section Cadaveris 25 1/2 hours post mortem

- External Body considerably emaciated. Rigidity not well marked. There is a bed sore over sacrum.
- Appearance
- Cranium Weight of Brain 3 lbs, 2 oz. Membrane adherent near the superior longitudinal sinus, very little fluid in either lateral ventricles. Velum interpositum injected. Substance of brain firm & healthy. Cerebellum healthy substance firm.
- Thorax On opening the thorax, lungs do not collapse, about 2 drs of fluid in the cavity of Pericardium. Firm adhesion of upper portion of right lung to the parietes, very little adhesion on left side.
- Heart Large fibrinous clots at the commencement of aorta & pulmonary artery. The valves of pulmonary artery & aorta quite healthy, very large clots of blood in both ventricles, small cutaneous points in mitral valves, tricuspid valves healthy. Weight of Heart 9 oz

- Lungs and air passages Weight of lungs and air passages 6 lbs 2 oz. Numerous points of ulceration in both larynx & trachea, mucous membrane of trachea much injected.
- Right Lung Filled with tubercular cavities increasing in size towards the apex, most of which are filled with purulent fluid. One of these at the apex is about the size of an egg & lined with a false membrane. Lobes separate with difficulty portions from every part of this lung sink in water.
- Left Lung Externally & superficially it presents a mottled appearance, the upper & middle thirds of this lung are also filled with cavities, lower third contains crude tubercles & is much congested, cavities in this lung are not so large as in the right. Portions from upper part of this lung sink, from lower part float in water.
- Liver Weight of liver 3 lbs 7 oz. capsule separates easily, substance firm, feels rather greasy.
- Spleen Weight 9 oz. 2 lbs. capsule separates easily, substance healthy.
- Right Kidney Weight 5 oz. 2 lbs capsule separates easily, substance healthy.
- Left Kidney Weight 5 oz. presents a similar appearance to right.
- Pancreas Weight 3 oz. 1 lb. substance healthy.
- Stomach Mucous membrane much injected, otherwise healthy.
- Intestines Lower part of Ileum presents ulcerations of old ulcers. Several ulcers of considerable size on Cecum & Colon.

Continued by A. Grice, June 29th 1852
Candidate

No. 14.

No. 76.

Reg. ²	Name	Age	Disease	Admitted	Died	Duration of Disease	Contact	Register	Folio
24	John Delaney	26	Dementia	May 30 th 1852	June 27 th 52	26 days	India	347	162

Abstract of Total case of P^r John Delaney aged 24 Regiment admitted May 30th 1852. For History of case vide Folio 162-3 and 208. Register 347.

An Irishman. A labourer prior to enlistment. Total service 8 years and 28 days; of this period 10 months and 16 days have been spent at home. Four years, two months and a day in India. He has been in Hospital in India 3 times. First with Intermittent Fever (Quartian), from the 6th to the 12th of August 1850. Secondly with Ulcers from 28th August to the 6th of September 1850, and Thirdly for Dementia. On admission the patient's appearance indicated both mental and corporeal weakness - of a decided melancholic temperament, labouring under hallucinations and delusions which proved source of almost uninterrupted distress and restlessness. There was considerable emaciation accompanied by short dry cough without pain in the chest. The patient continued in the same low spirited and debilitated state from the date of his admission till the 17th of June when he was attacked with diarrhoea which immediately yielded to treatment. At this period Oedema of the lower extremities became first apparent. Diarrhoea returned at intervals till the 28th when it entirely ceased, but the debility continued notwithstanding the administration of

Stimulants. On the Morning of the 27th at an early hour the Orderly Officer was called upon to visit this patient. He found him almost in a state of Collapse. Stimulants were given which produced slight reaction for a time; but the cough becoming incessant accompanied by a very copious expectoration of mucopurulent matter. The debility continued greatly to increase till death ended his sufferings at 4 p.m.

Treatment—Astringents, Expectorants, Tonics, Diffusible Stimuli, Counter irritants, Wine and Demulcent Diet.

(Signed) Jas. J. J.
Staff Assistant Surgeon

Sectio Cadaveris hora 22½ Post Mortem.

External Appearance. Rigor mortis of upper extremities more marked than in the lower.

Cranium. There were about 403 of fluid in the cavity of the Arachnoid.

The Brain and membranes weighed about 3lb. 8oz. 35. The vessels of the membranes were congested and the membranes thickened.

On the upper surface of each hemisphere were several prominences. There is considerable extravasation in the membranes; but more so on the right than the left side. Substance of the Brain is healthy and a small quantity of fluid is found in the lateral ventricles. The cerebellum is softer than other parts of the brain, but otherwise healthy.

Thorax. There is a large quantity of serum in the right pleural cavity. The right lung is slightly adherent to the parietes of the chest.

Heart. The heart weighs 1203.53 and is larger than natural with considerable fatty deposit on its external surface, all the cavities are filled with coagula. The Aortic and Pulmonary valves are healthy.

Lungs. Lungs and air passages weigh 8lb. 103. There are numerous cavities in the apex of the right lung and portions of it sink in water. There are numerous large cavities at the base of the left lung. The whole of the lungs are filled with tubercles and grey granulations. Portions of base of left lung sink in water after pressure. The upper lobe of the left lung contains a large cavity surrounded by several smaller ones. This lung is less studded with tubercles than the right.

Liver. Weight 8lb. capsule adherent, substance healthy but of a lighter colour than natural.

Spleen. Weight 703 smaller than natural and of a chocolate colour.

Kidneys. The right weighs 403.73. the left 503.13. The distinction between the cortical

and medullary part is well marked in both and their external surfaces are paler than ordinary. Capsules firmly adherent.

Gonads. Healthy. weighs 303.73.

Stomach. Healthy

Intestines. There are numerous ulcers on the ileum, and the whole canal is deeply tinged with bile, otherwise healthy.

Entered by W. H. Locke M.D.
Candidate June 30th 1852.

No 18

No. 77.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Regt	File	
37.	John Brown.	26.	Phthisis	15 th June 1852	29 th June	18 months	in India	357.	13714.	

Abstract of fatal case of Private John Brown of the 37th Regt. admitted into the General Hospital Fort Pitt 15th June 1852 with Phthisis Pulmonalis, contracted in January 1850. in Ceylon - Died in ward 14, Medical Division June 29th at half past 10 P.M.

This man was an Irishman, a hair dresser by trade - total service 7 years of which he spent 5 in Ceylon - In the document transmitted with him from his Regiment it is stated that he had the hereditary predisposition to Phthisis - that he had Hemoptoe in December 1850, when on detachment at Trincomalee, since which time he had never been free from cough. - That at this time the existence of tubercles in the lungs was discovered by Stethoscopic examination especially in the left lung - Subsequently he had an acute febrile attack of the remittent type, during which the cough was considerably increased. On Physical examination after recovery from this attack effusion to a considerable amount was discovered in Left Pleura - On examination on June 15th his state was as follows. - Emaciation extreme, pain in the chest considerable Dyspnoea: Pales in the recumbent position, before the excitement of examination was 100, Small & feeble. Respiration 32 in a minute. On Physical examination, found the respiratory murmur, rough & harsh on the Right side of chest, very slight in the left. Vocal fremitus moderately well marked in right half of chest. very slightly if at all in left. The heart's impulse against the walls of the Chest, much diffused & most marked between the right border of Sternum & right mamilla. - Under the use of Expectorants & Anodynes with Cod Liver Oil & the external application of Compound Liniment of Sassafras, with generous diet, & a small amount of wine as a stimulant, he improved greatly for a time, but on the

Evening of the 28th he gradually got worse till the time of his death on the morning of the 29th.

(Signed). George F. Fyfe M.D.

St. George's Hospital

Sectio Cadaveris. P. M. hora. 14.

- External** Body much emaciated. Rigid mortis well marked in all the appearances. extremities
- Cranium.** The membranes were adherent in the situation of the glandula Pinealis. Weight of brain 3 lbs 4½ oz. - About 23 of fluid was found in each lateral ventricle - Substance of cerebrum healthy - Cerebellum also healthy.
- Thorax** Four Pints of a greenish yellow coloured fluid was taken from the Cavity of the left Pleura. - The surface of the Pleura was covered with a quantity of soft lymph. - The left lung was contracted. - The right firmly adherent to the Chest. Heart pushed to the right of the Median line.
- Heart.** Weight 5 lbs 63. Cavities filled with fibrous coagula. - The valves of Pulmonary artery & aorta were healthy. - Substance firm.
- Lungs.** Weight 5 lb 43 - Larynx healthy - Right lung - apex filled with tubercles and with several small cavities - Much congested. Portions from all parts float in water - Left Lung - much contracted, & covered with a false membrane. Every part of this lung is filled with tubercles in all stages - Several small cavities exist at apex. Portions from every part float in water.
- Liver.** Weight 2 lb 7½ oz. Gall bladder filled with dark, viscid bile. Capsule adherent. - substance firm
- Spleen.** Weight 5 oz 13. Capsule separates easily - substance healthy.
- Right Kidney** Weight 4 oz 23. Capsule separates easily - substance firm healthy.
- Left Do.** Weight 3 oz 23. Similar to right.
- Pancreas.** Weight 2 oz 33. Substance healthy.
- Stomach** Healthy.
- Intestines** Small - healthy. - Several ulcers were situated in the course of the caecum & a few in the Colon.

(Copied by George P. D. Hill)

A.B. V.C.D. Cand Date.

Wm. Fyfe M.D.

No. 19.

No. 78.

Reg.	Name	Age	Disease	admitted	Died	Duration of Disease	Contracted	Register	Folio
6 th	Bryan Bayin	24	Rheumatism Chronic	28 th June 1852	5 th July 1852	2½ years	Cape of Good Hope	351	33. 49. 52.

Abstract of Fatal Case of P.^t Bryan Benjin, H. M. 6th Regiment of Foot, aged 24, admitted into 119 General Hospital Fort Pitt 28th June, 1852 with Rheumatismus Chronicus, contracted about 2 1/2 years previously (January 1850) Died in Ward 14 Medical Division on July 5th 1852 at 1/2 to 9 o'clock P. M. —
Vide Register 351. Folios 33, 49, & 52.

This patient was an Irishman, Labourer, Total Service 4 years at the Cape of Good Hope. In the Document transmitted from his Regiment it is stated that previous to entering the Army, he had suffered from Acute Rheumatism and also that he was under treatment in the Regimental Hospital at Ferooy. At the Cape he suffered from Chronic Rheumatism & was sent home for it and Spinal deformity. During the later part of the voyage home, he became considerably worse, the Dyspnoea became urgent. On admission here his state was as follows: In the recumbent position Pulse 108. Respiration 24, heaving in character, almost entirely abdominal. Over the entire of front of chest, the respiratory sound was loud hoarse & rough, in some parts almost crackling in character. In the Left infra-clavicular region the respiration was excessively hoarse & loud, accompanied by both Rales & Sonorous rales, and at the end of inspiration a loud hoarse crackling noise which was also perceptible to the hand applied on the chest. Respiration well audible, left base posteriorly accompanied by a large expiratory Rhonchus. At the base of the heart, the cardiac sounds were masked almost completely by the harshness of the respiration but on holding his breath (which he could only do with great difficulty & only for a short time) the sounds appeared tolerably natural, the second sound having its natural sharpness. But at the Heart's apex the time of both cardiac sounds was occupied by a very loud blowing Systolic Murmur louder at the Mitral than the tricuspid region, also audible (but evidently transmitted from the apex) in a less degree at the middle of the cardiac region. The heart's impulse could not be distinguished in the natural situation. He was much troubled by a cough, the expectoration being mucous-purulent, viscid greenish yellow in tint, & occasionally tinged with blood, lower extremities oedematous. Urine very high coloured. Sp. Gr. 1030, contained no albumen, but a very large excess of Urea, becoming almost solid on the addition of an equal quantity of Nitric acid & keeping the Test tube cool. On the morning of the 5th July, he was very weak restless and evidently had not long to live. In addition to the Physical symptoms above detailed, he now presented a loud gurgling in the abdomen, synchronous with respiration. The Urine no longer contained excess of Urea. During the day he gradually became worse until the evening when he died at 1/2 to 9 o'clock, soon after taking some wine.

The treatment consisted in Sedatives & Belladonna plaster, moderate purgatives expectorants & Hemulcents.

Signed, J. G. Fitzgerald M.D.

Section Cadaveris 15 1/2 horae post Mortem.

Weather very warm and dry—

External appearances	Body not much emaciated. Riger Mortis well marked in all the extremities. There is no spinal deformity.
Cranium	About 35 of fluid in the cavity of cranium. Weight of Brain 5 lbs 5 oz. 5 lbs. Membranes adherent in the situation of the Pacchionian glands. About half a drachm of fluid in left lateral ventricle. Substance of brain of the natural consistency. Cerebellum healthy.
Thorax.	Seven ounces of dark straw coloured fluid in the cavity of the Pericardium. Lungs do not collapse on opening the thorax. One pint & a half of turbid orange coloured fluid in the left pleura. Right Lung firmly adherent in the upper two thirds by old cellular adhesions

Hospital with secondary symptoms, the nature of which however, are not stated in the detached report of his case. From the time until he was sent home, he was frequently in Hospital with secondary symptoms and Rheumatism. The treatment consisted in Mercurials. Anodynes. Diaphoretics. Iodide of Potash with Terebinthina. Lomies &c. On admission into Hospital he presented an emaciated and extremely exparagant appearance unable to move without support, and complaining of constant pain in his knee and ankles, there was rigidity of both knee joints inability to extend either leg without the aid of his hands. right leg quite immovable. The left could be extended but not flexed without aid. There was effusion about the left knee joint. some swelling of right ankle. Pain was increased at night, no rest without strong Anodynes. Mucous. Pale small brown mottled skin. Light Diarrhoea which had come on during the voyage home and had continued more or less since. Bones of the posterior were diseased - a fistulous opening into left lachrymal duct with purulent discharge. The hollow was great in the intercostal spaces. That no satisfactory lithoscopic examination could be made. The treatment whilst in hospital here was chiefly directed with a view to stop the Diarrhoea by chalk and to relieve pain by fomentations and Opium. He was supported by a liberal scale of diet with Wine, but he gradually became worse, and more feeble, and died at one o'clock yesterday morning, Viet Register 360 Feb 250. 50. 64

External appearance	Lies in bed 33 hours after death, in a warm and dry. Body extremely emaciated, great deformity of chest. right knee joint contracted at a right angle, the lower end of Femur much enlarged, right molar not at all wasted,
Cranium	Cranium slightly abnorm in situation of Pacchionian glands, about 3 of slightly turbid fluid in Occipital Fosse,
Brain	Weight of Brain 3 lbs 4 oz 2 drs, cranium presents spots of opacities on the superior surface of both hemispheres, texture of Brain exceedingly soft, small quantity of fluid in each lateral Ventricle, Cerebellum very soft.
Right Lung	Right Lung extends to the interspace between the 5 th and 6 th ribs,
Left do	Left to the 6 th rib, 4 oz of fluid in left Pleura, 3 oz in right pleura,
Parietal Pleura	about 2 oz of fluid in Parietal Pleura, Heart very small being firmly contracted, Ligament Nodules of heart articulated, free margin of Mitral Valve presents small cartilaginous points. Weight of Heart 6 oz 3 drs
Heart	Weight of Lung and its passages 4 lbs 3 drs, Trachea and Bronchus healthy

121.

Lungs

Bronchial glands enlarged. anterior margin of right lung Emphysematous, portion from all parts of lung float in water. Left lung at the apex beneath the Pleura as a nodule the size of a Wallnut; very hard and friable, section dull yellow mottled with red. on pressure a prominent looking fluid exudes. Anterior margin of upper lobe extremely Emphysematous. The whole of lower lobe with the exception of upper and posterior part densely hepatized, section dusky red on section a prominent fluid exudes. Portion of this lobe sink in water portion of upper lobe float.

Liver

Weight of Liver 2 lb 13 oz, Gall bladder moderately distended with Bile, external surface of a dull slate colour. posterior part of right lobe much congested, substance of Liver natural consistency, Capsule not adherent.

Spleen

Spleen Weight 5 oz 2 lb external surface much paler than natural, section very smooth and pale, Capsule separate readily,

Left kidney

Left Kidney 6 oz 4 lb Capsule firmly adherent, but does not firm away, texture very dense section much paler than natural, Corioid substance in much greater abundance than natural.

Right kidney

Right Kidney Weight 3 oz 7 lb Capsule separate more easily than yellow. substance less firm and less pale than in the other kidney.

Pancreas
Colon

Pancreas 2 oz 3 lb green crisp like Cartilage lobular texture well marked. Colon dense with numerous small superficial ulcers.

No. 21.

No. 80.

(Copied by Arthur J. Green)
Thomas (Jr.) Fitzgerald J.A.S.

Purchased

Regt.	Name	Age	Disease	admitted	Died	Duration of Disease	Contracted	Reg	Vol.
85.	Capt James Owens	31	Phthisis	June 1 st 1852.	July 11 th 1852.	7 months	Canterbury	350	201

Abstract of the fatal case of Capt James Owens 85th Regt. Lt. 31 admitted into the general Hospital June 1st 1852. Died in ward 15. July 11th 1852. Disease, Phthisis Pulmonalis.

Capt James Owens Lt 31 an Irishman a Labourer was admitted into this Hospital on the first of last month the detailed Medical report of his case states that he had 10 years eight months disease that he was admitted into Hospital at Canterbury on the 4th of Decemr. 1851 suffering from acute Catarrh accompanied with pain of Chest and pyrexial symptoms again in March 1852. with catarrh Chronic that he continued under treatment from that date until sent to Fort Pitt on the 1st of last month and that the treatment consisted in counter irritants to the Chest a variety of tonic expectorants Sedatives & — On his admission here he was found to be labouring under symptoms of marked tubercular disease

of the lungs there was dulness in both infra-clavicular regions on percussion and there was distinct mucous rales more audible on the right side than on the left. He had severe hacking cough, with much abundant expectoration the disease advanced rapidly the patient became subject to night sweats very profuse at times and the mucous rales became louder particularly at night time, on the 17th of the month he was seized with a severe attack of Hemoptysis this was checked during the day and for some days afterwards he rallied a good deal and felt relieved from the severe dyspnea on the 25th however he had still a more violent attack which left him very full. Pallid countenance Pulse then and cross-possible he again rallied a little and notwithstanding every persuasion he determined to go before the Invaliding board the day before yesterday as he said he determined to die amongst his relations and friends. He accordingly went but the exertion proved too much for him he returned to the Hospital completely exhausted passed a very restless night became delirious towards morning and died at a quarter past 11 am. yesterday During the Period he was in hospital the treatment pursued was continued consisting of the Chest Anodynes, and expectorants, Cod Liver Oil which however he rejected the Hemoptysis was checked by the exhibition of half of Cal. & Opium and throughout was supported by wine &c.

Register - 350
Vide Vol. 201 - 240 - 113.

(Signed) W. H. Sawbause M.D.
2nd Class. Staff Surgeon

Post mortem 25 hours and a half after death. weather warm and dry Rigor mortis well marked body not much emaciated

- Brain Brain weighs 3^{lb} 2^{oz}. Pia Mater somewhat congested substance of Brain and cerebellum of very soft consistence
- Chest Body not much emaciated small quantity of fluid in Pleural cavity both lungs extensively adherent to walls of Chest so much so that in removing these organs they were much injured
- Heart Round the attached margin of Auricular valves hard and cartilaginous weight of heart 12^{oz} 6 grains weight of lungs and air passages 4^{lb} 7^{oz}. mucous membrane of trachea and Larynx presents minute spots of Tubercle. mucous membrane of Trachea congested
- Lungs Right lung upper lobe presents Tubercular cavities varying from the size of a pigeon's egg to that of a pea containing soft and Tubercle several of the larger of these cavities are lined by false membrane middle lobe presents the same appearance in a less marked manner the lower slightly congested
- Left. Left lobe up in the removal upper portion presents Tubercular cavities lower lobe much congested. Both lungs filled with coarse Tubercle and a few gray granulations portions both float in water.

122.

Liver

Spleen

Kidney

Pancreas

Stomach

Intestines

Weight of Liver 3^{lb} 83 Capsule tears away substance of liver which is extremely dense

Spleen 63 in weight and healthy

Left Kidney weighs 63 5 ^{ounce} Capsule easily separated Section healthy

Right Kidney 63 in weight healthy.

Pancreas 43 2 ^{ounce} healthy

Stomach healthy

Intestines healthy.

No 22.

Thomas Geo. Fitzgerald L.R.C. (Entered by Henry C. Doate)

No. 81.

Candidate.

No.	Name	Age	Disease	Admitted	Died	Duration	Post-mortem	Weight
11 th	Wm. George Long	41	Catastrophic Thrombosis	21 st June 1852	July 14 th 1852	31 months		34 31.50.58

Abstract of fatal case of Wm. George Long 11th Regiment. Aged 41. Admitted into General Hospital Fort Pitt. 21st June 1852 with Catastrophic Thrombosis. Died 14th July. Medical Division July 11th 1852 at 24 past 5 o'clock P.M. Vide Register 351 Vol. 30. 50. 58.

This man was an Englishman by birth a seaman previous to entering the Army. Total Service of 31 years. 6 years in U.S. Navy. 24 years in North America. The rest at home. He had venereal disease in both forms. Had several times taken Mercury & Iodine. About 2 years and a half previous to his admission into Hospital, he had the first attack of Catarrhus Vesicae. Since which time he has suffered constantly more or less from Chronic Cough and gradually increasing Dyspnoea. Had previous to this enjoyed good health. On admission into Hospital his state was as follows. Extremely emaciated. Pulse 120 full & small. Respiration about 20 being a ratio of 2:1. This ratio was maintained during the whole time he lived. Cough was very troublesome. Expectoration extremely viscid yellowish green in colour. Skin very hot and dry. The respiration at the bases of both lungs posteriorly and laterally was rough and accompanied by a large expectant Rhonchus. Percussion in the same situation being duller than natural but still not absolutely dull. Higher up in the intercostal & scapular regions the respiration very harsh but more natural than lower down. In front in both subclavicular regions the respiration was harsh & harsh almost entirely devoid of the natural vesicular murmur. The cough and expectoration gradually became worse. The Dyspnoea more urgent and he expired at 5 o'clock on the 11th July 1852.

The treatment adopted consisted in bloodletting and slight diaphoretics with counter irritants to the chest and larynx the expectoration of time.

(Signed) Thos Geo Fitzgerald L.R.C.

External

Appearance

Brain

After Cadaver 43 hours after death Weather warm and dry

External Emaciation. Cadaveric rigidity well marked in the lower extremities but not marked in upper

Brain Rachnoid surfaces firmly attached in the situation of the Pons Varolii glands which are enlarged. Weight of Brain 2 pounds 14 1/2 ounces. The substance firm

Brain Pia Mater considerably congested. Arteries & Veins healthy. Small quantity of fluid in suboccipital fossa.
Lungs On opening the Lungs were prevented from collapsing by firm adhesions. Right lung extends to sixth rib. Left lung to seventh rib.
Heart About an ounce of fluid in the Pericardium. Valves of Heart healthy. Weight 8 ounces and 3 drachms.
Lungs Left vocal chord ulcerated. Left lung entirely disorganised by tubercular cavities and loose tubercle. Right lung. Upper lobe completely filled with loose tubercle and grey granulations. Lower lobe much congested with tubercle. Portions from right lung float. Portions from upper lobe of left lung sink in water. Weight of Lungs and air passages 4 pounds 5 ounces.
Liver Weight of Liver 3 pounds and a half. Capsule separate readily. Surface pale mottled with yellow. Gall Bladder moderately distended with a greenish yellow bile.
Spleen Spleen. Weight 3 ounces and 6 drachms very soft.
Kidneys Right Kidney. Weight 5 ounces and 1 drachm and healthy. Left Kidney weight 5 ounces 1 drachm and healthy.

Thomas J. H. (Copied by Benjamin Stone)
 Staff Assistant Surgeon Candidate

No 23

No. 82.

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Regt	Notes
10 th	Pt Timothy Connel	35	Cachectic Syphilis	May 30 th 1852	July 12 th 1852	14 months	in India	150	15-38-59 + 104.

Abstract of fatal case of Private Timothy Connel No 10th Regt. aged 35 years admitted to the General Hospital - Fort Pitt on May 30th 1852 having been ill for 18 months with Secondary Syphilis, which he contracted in India, and for which he was sent home; died in Ward 3 Surgical Division July 12th 1852. at half past 3 o'clock P.M. Register 150. Folio 15-38-54 + 104.

An Irishman - by occupation a labourer, has been for 11 years & five months in the army, with the exception of five months at home, all this time he has served in India. He first contracted Syphilis about nineteen months ago, when he was in Hospital, suffering from sore throat, Syphilitic purpura, & Eclatation, he does not give a distinct account of having had any primary affection - While in India he had several attacks of intermittent fever - The treatment consisted in the use of Iodine & mercury in various forms, but the latter was not used so as to cause Pharyngitis. On his admission here, he was much debilitated; in a state of extreme emaciation having a Cachectic broken down appearance - He had many cicatrices on the surface of the body, & several open unhealthy ulcers on the arms, apparently the result of purpura, he had also considerable cough with copious expectoration which consisted principally of mucus occasionally mixed with small quantities of yellow purulent matter. He had never spat blood nor saw any of his relatives Phthisical. On examination of the chest. Percussion elicited no marked dulness, & on using the stethoscope the respiratory murmur was heard over the whole chest, mixed particularly

under the clavicle, with moist bronchial rales, & rattling large moist crepitation was heard in these regions, but there was no broncophony. The heart's impulse & sounds were normal. He somewhat improved for a time of late stage, though no difference took place in his appearance. On the morning of the 10th he became much worse, the debility & cough increased and he died apparently from being unable to get rid of the expectoration on account of his weakness. - The treatment consisted of nourishing diet, wine & porter, cod liver oil & various expectorant remedies.

(Signed) Edw^d Walker M.D. M.B.
L.R.S.

Sectio cadaveris.. Nota necesse post mortem

- External Appearance.* Body very much emaciated - Ribs mortis very little marked. All extremities covered with Syphilitic discolorations.
- Cranium.* The anterior part of the frontal bone presents superficial ulceration corresponding to a spot of subcutaneous cellular tissue, infiltrated with lymph.
- Brain.* Weight 2 lb 14 oz. The Arachnoid covering the superior surfaces of both Hemispheres infiltrated with serum. Separates easily. The lateral ventricles contain very little fluid. Brain & Cerebellum are healthy.
- Lungs & air Passages.* The upper portions of both lungs, are attached by elongated and papile adhesions to the Parietes. One pint 10 oz of turbid fluid is found in the cavity of right Pleura - Pericardium was found almost entirely adherent to the heart. Larynx & Trachea healthy. The heart was healthy. Weight of lungs 3 lb 4 oz.
- Right Lung.* Upper lobe full of tubercular foci, & tubercles in various stages - Middle lower lobe immediately below the Pleura studded with minute tubercles - Portions from the whole of this lung sink in water.
- Left Lung.* Apex adenomatous - The whole of this lung presents a few tubercular points - Portions float in water.
- Liver.* Gall bladder distended with thin yellowish bile - Weight 3 lb 3 1/2 oz. Externally, it is slightly nodulated capsule adherent - Section extremely granular & cirrhotic -
- Spleen.* Weight 8 oz. 2 drs. Section pale than natural - Substance very firm.
- Right Kidney.* Weight 4 oz 1 dr. On the surface are a few cysts, containing

a clear fluid. Texture friable. Cortical substance in large quantity.

Left Kidney Presents the same character as its fellow. excepting the cysts. weighs 43 5 drs.

Pancreas. Weight 23 5 drs. Consistence natural. Lobular texture well marked.

Stomach Healthy

Intestines Beneath the mucous membrane of Jejunum, are small spots of tubercle several of these being deposited in clusters, in the Peyer's Glands. Close to the Cecum are numerous irregular ulcers with elevated margins. - Colon is studded with similar ulcers of large size.

Copied by. Geo. P. Hill. A.B. F.C.D.

Candidate. Thomas J. Fitzgerald
Staff Assistant Surgeon

N 24.

No. 83.

Ref.	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Register	Folio
53	John Davis	34	Hepatitis Chronic.	June 28/1852	July 14 th 1852			345	152.163.185.

Abstract of Total Case of P^r John Davis. 53^d Ref^d aged 34, admitted into this Hospital June 28th 1852. Died July 14 at 11 1/2 o'clock A.M. - Disease Chronic Hepatitis. Ref. 345. 72.152.163.185.

P^r John Davis. 53^d Ref^d by Birth a Welshman, Trade a Grocer, Service 8 years 3 months. During the latter part of 1850 this Soldier suffered from repeated attacks of Quotidian Fever, attended with great biliary disturbance, and much prostration of strength. He was also affected with Scorbuts. He was sent in January last to the London Depot with a view to the restoration of his health. During his stay there he suffered much from relapses of Intermittent Fever, both of the Quotidian & Tertian forms. While there his spleen was involved, & he had several attacks of Dysentery whereby he was much debilitated. The treatment during this time consisted in giving the Salty of Potash with vegetable diet & Absters for the Scorbuts affection, the usual treatment for the Fever was courses of Quinine.

When admitted here he was in a state of extreme debility, resulting from great hepatic derangement, in connexion with increased action of the alimentary canal. His general aspect indicated a circulation of Bile through the system, the action of his heart, was extremely feeble and irregular, Emaciation considerable & the whole powers of his body seemed exhausted. On his admission he was given extract of Opium with Hyoscyamus in pill for the Dysentery, Sedgwick's Carbonate of Ammonia for the great debility, as also Wine, the symptoms being still unchecked on July 1st he was given Extract of Hamamelon with Tincture of Opium but without the slightest effect, on the 3^d Dysenteric symptoms were greatly aggravated, Strychnia was tried, on the 8th he stated that he felt better & more comfortable, did not go to stool so often, & that his appetite was improved. He remained in this way till the 11th when he had another relapse, the former remedies were tried, but he seemed to be sinking fast. He was given Wine, arrow Root & all sorts of nourishing diet but without effect. On the 12th & 13th he lay in a semicomatose condition, Pulse extremely weak, Tongue foul & the teeth covered with sores.

he now passed. For us involuntarily, the whole surface of his body was of a deep yellow colour. On the 14th he seemed sinking rapidly. Pulse hardly perceptible, breathing quickly and in gasps a copious discharge from the bowels continued to the last, when he died at a quarter to 12 Noon on the 14th July 1852.

Signed, Arthur J. Green, Candidate

Ictio Gadavus 24 $\frac{3}{4}$ hours post mortem. Weather hot and dry.

External Rigor mortis well marked. Body moderately emaciated. External surface of body of a ashy brown colour. Sclerotic coats yellowish.

Cranium Arachnoid surfaces adherent in the situation of the Pacchionian glands. Serous lining of dura mater near the Falx Major presents numerous haemorrhagic points.

Brain Weight of Brain 3 lbs. 13 oz. 6 drs. Brain generally pale. Meninges covering the posterior lobes slightly congested. Small quantity of serum in left lateral ventricle, smaller quantity in right ventricle. Substance of Brain firm & healthy. Cerebellum healthy. Anterior & middle fossae of Cranium on the right side present several haemorrhagic spots.

Thorax Right Lung extends to upper border of 6th rib. Left Lung to the 5th rib. Lungs touch each other opposite the 3rd Rib. Left Lung semi-collapsed. Slight old adhesions at the apex of right lung. 3 $\frac{1}{2}$ of fluid in left Pleura. 3 $\frac{1}{2}$ in right. 3 $\frac{1}{2}$ of bright straw coloured fluid in the Pericardium.

Heart Weight 13 oz. 1 dr. attached margins of semilunar valves of aorta cartilaginous. Free margins of mitral valves & chordae tendinae thickened & cartilaginous.

Lungs & air Passages Weight 5 lbs. 6 oz. Lungs & trachea pale, air passages filled with frothy mucous purulent fluid.

Right Lung. Anterior margin presents slight vesicular emphysema, anterior portion of this Lung pale, but healthy. posterior portion denser than natural but floats in water except the margin of extreme base.

Left Lung. Anterior margin very slightly emphysematous, upper lobe paler than natural, base of lower lobe congested, margin of extreme base sinks in water. A quantity of clear serous fluid exudes on pressure from all parts of this Lung.

Liver Weight 4 lbs. 14 oz. capsule separates easily, external surface dull yellow. Section paler than natural, texture firm. Gall bladder distended with dark green viscid bile.

Spleen Weight 14 oz. 1 dr. adherent to surrounding parts, of a dark purple colour & very soft.

Right Kidney Weight 5 oz. 1 dr. capsule separates easily, external surface pale presenting an arborescent injection. Section paler than natural. Substance firm.

Left Kidney Weight 6 oz. presents the same appearance as its fellow, but more fatty about pelvis.

Pancreas Weight 5 oz 8 drs. healthy. Lobular texture well marked.

Stomach Filled with bile especially at the fundus.

Intestines Whole of ascending transverse & descending Colon, presents the thickening and mammillation of the mucous membrane increasing in degree as you approach the lower end. Several points of ulceration in the course of this intestine.

No 25.

Entered by Alexander Green

Candidate Thomas Geo. H. Herald
Staff Assistant Surgeon.

Reg ^t	Name	Age	Disease	Admitted	died	Duration of Disease	Contracted	Register	Folio
50 th	Daniel McDaniel	24	Phthisis Pulmonalis	June 3 rd 1852	July 15 th	12 Months	Stockford		

Abstract of the fatal case of P^r Daniel McDaniel 50th Reg^t aged 24 admitted into the general Hospital June 3/52 died in Ward 15 July 15/52 at 44 post 6 Disease Phthisis Pulmonalis.

P^r Daniel McDaniel aged 24. an Irishman a Soldier was admitted into this Hospital on the 3rd of last month in his detailed Medical report it is stated that he has had 3 years 3 months service. that he was admitted into Hospital at Stockford on the 10 July 1851 when his disease became first apparent. treatment not mentioned.

On admission into this Hospital he was very weak and emaciated and was found to be labouring under tubercular disease of the lungs the left side was chiefly affected, over which there was dulness on percussion accompanied with mucous rales and cavernous respiration. There was also dulness on the right side but not to the same extent his cough was very harassing attended with much frequent expectoration of a very fatal character. The disease advanced rapidly the patient became subject to night sweats and frequent attacks of diarrhoea and the mucous Roubili became more distinct over both sides of the chest on the 1st of July he is reported to have been in a very weak state the cough very troublesome expectoration copious. The lower extremities very much swollen and oedematous his voice scarcely audible lips livid his countenance anxious surface of body cold and clammy from the date the symptoms became daily more aggravated until his death on the 15th July in Ward 15 treatment benedictine twice Wine &

Lieut J^r Clarke Assistant Surgeon 25th Reg^t
Fort Pitt July 15 1852

Lectio Cadaveris 29 3/4 hours after death (Weather very hot)

External appearance Body extremely emaciated and covered with small cicatrices. Cadaveric rigidity only marked in left leg a large bed sore on the prominent part of Sacrum about 3/4 of fluid in Occipital Fosse Brain generally softer than natural Cerebellum somewhat congested Weight 3lb 6 oz
Greenish discoloration in first 2nd and 3rd intestinal spaces on the left side also to a less degree on the right. Right lung does not collapse extends to the 5th rib entirely adherent 3/4 of an ounce of fluid in Pleural cavity Heart Valves healthy heart substance of a peculiar dusky color Weight 7 oz 7 lb. Weight of lungs and air passages 3lb 3 1/4 7 lb. Both lungs & Vocal Chords extremely and very deeply ulcerated. Laying bare the Fibrous tissue beneath whole of Trachea presents marks of Ulceration destroying the cartilage beneath
Left lung entirely changed by Ulceration Tubercular degeneration so much so that it could not be removed from the body without tearing

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left side and upper part of right the respiratory mucous was very weak. especially on the lower part of left with cautious respiration beneath the clavicle the Heart's action was very violent but no bruit could be detected since his admission all the symptoms became daily more aggravated on the 15th he passed a very restless night perspired copiously his cough was very harassing, breaths humid and difficult pain in side very severe pulse 100 weak and irregular on the 16th he was much worse lying in a semi comatose state, countenance anxious, lips livid surface of body cold and clammy Pulse hardly perceptible died at a quarter to 9, P.M. in ward 15. Treatment Expectorants, Stimulants. Anodynes. *Wm. B.*

Signed) (Jno. Clarke)
Asst. Surgeon 25th Regt.
Fort Pitt
July 17th 1853.

Section Cadaveris: 15 hours and a quarter after death.

Weather moist and warm

Rigor mortis well marked in all estimated post mortem staining on posterior part of body and some emaciation

Cervix In situation of Parathyroid glands of left side very much thinned and transparent.

Cerebrum weight 2^{lb} 11^{oz} weight of Cerebellum, pons, and Medulla, 5^{lb} 4^{oz} meninges somewhat congested substance of brain healthy

Thorax. On opening Thorax lungs do not collapse right lung extends to 5th rib touch each other opposite the 2nd rib. Left lung entirely adherent by old cellular adhesions

Heart. On removing the Heart a quantity of semicoagulated black current jellylike blood escapes Right cavities of Heart filled with a firm fibrinous coagula, free margins of Sigmoidei valves articulated weight of Heart 9^{oz} 15^{grs} Left cavities of Heart empty, Semilunar valves of Aorta articulated in a more marked degree.

Lungs. Weight of lungs and air passages 3^{lb} 13^{oz} 3^{grs} External surface of upper three fourths of Right lung very pale and lower 1st fourth purple color, whole lung studded with small conical Tubercles, some

Trachea of the larger of these being in a cheesy condition. Back part of Epiglottis presents a small spot of ulceration quite superficial.

Left lung presents the same appearance as right but in a less marked degree in apex are two or three tubercular cavities the size of pea filled with softened Tubercle portions from all parts of both lungs float in water

Liver. 2^{lb} 12^{oz} weight of Liver. Gall Bladder filled with very dark bile Capsule very adherent and fragile external surface dark colored. Section smooth, and dark colored, substance firm and fragile.

Lysium. very small weighs 23.3^{grs} and very pale Section smooth on pressure a quantity of dull purple gelatinous matter exudes substance firm. Healthy. wet weight 23.3^{grs}

Right Kidney Capsule separates easily section natural weight 23.3^{grs}

Left. 53 in weight capsule separates easily and very much congested

Pancreas. weight 23.5^{grs} healthy.

Intestines Stomach healthy commencement of duodenum presents two small ulcers on the summit of valvula connivens all through the small intestines are numerous old ulcers cretized the cecum presents some large ones, one small one in Rectum Some part of Spleen studded with Tubercles. Peritoneal coat of Intestine in the situation of these ulcers presents clusters of small Tubercles. Pleura costalis studded with a few Tubercles.

Copied by. Henry O. Boate.

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Ms. 86.

Thomas Geo. Tottwald Candidate,
Staff Assistant Surgeon.

Regiment	Name	Age	Disease	Admitted	Died	Duration of Disease	Contracted	Height	Weight
50 th	Andrew Scanlon	35	Mania	3 rd June 1882	16 th July 1882	13 months	Potomouth	347	169

Abstract of fatal case of Corporal Andrew Scanlon at 35. 50th Reg^t of foot. Admitted 3rd June 1882 into Ward 6th L for Mania. Register 347. Height 347.

This Patient an Irishman of 17 1/2 years service. Served 5 years in the East Indies. The remainder at home. became first affected Aug^r 30th 1856. When stationed at Portsmouth. With the disease has been in hospital 3 separate periods for the same complaint coupled with a chronic inflammation of his eyes. The derangement of the intellectual faculties seems to be completely that of Mania. Violence is not accorded as a symptom of the history of his complaint. His conversation is incoherent and silly. Another seems to have been struck the same up the 3rd July 1 month after admission into hospital. When he managed during dinner time to get to the other side of the grounds before the orderly could intercept him. He immediately jumped into the fosse and it was found on examination afterwards that the Fibula was fractured between its middle & lower third while the Tibia became practically dislocated inwards nothing remarkable appears to have occurred in the history of his complaint beyond being at one time more loquacious than another. The fracture was uniting very favourably under proper surgical appliances until the last few hours of his life. During the day of his death I inquired how he felt and did not discover anything at all indicative of increased disorder. The Bowels had not been moved and a purgative was given in the morning so this had not acted a second dose of Irish Linctus was administered from 10 P.M. till 3 P.M. of the 16th July he seemed to be ill incontinently and suddenly became inarticulate. Dying at three o'clock apparently from exhaustion.

(Signed)

H. Browne Staff Assistant Surgeon

Letto Cadaver 33 hours after death. Weather warm and dry

External	Cadaveric rigidity well marked in upper extremities. badly marked in lower extremities
Appearance	a large superficial bed sore over the sacrum. Right leg 6 inches above the heel presents a sore the size of a crown piece laying bare the fascia beneath. Considerable lividity about left ankle joint. greenish staining in both iliac fossa
Cranium	Sapraia longitudinal sinuses filled with dark semicoagulated blood. Maceroid adherent in the situation of the Pachymenial glands. Weight of Cerebrum 3 pounds 16 ounces 8 drachms
Brain	Weight of Cerebellum 6 ounces 2 drachms. Sapraia surfaces of hemispheres thickly the paleoencephalon being most marked in situation of Meningeal artery. Pia Mater congested. Substantia of Brain very firm. Maceroid covering Cerebellum also thickly. Cerebellum firmer than natural
Lungs	On opening Thorax. Lungs collapse. Right lung extends to the fifth rib. Left lung to the upper border of eighth rib. They had each other opposite the second and third ribs. Slight old cellular adhesions on upper and back part of right lung. Large quantity of very black semicoagulated blood escaped from right jugular vein
Heart	Heart. sigmoid valves of Aorta slightly thickened at their feet and attached. Margins free edge of Mitral valve somewhat thickened. Weight of Heart 11 ounces. considerable post mortem staining of left side of Endocardium
Lungs	Weight of Lungs and air passages 3 pounds 8 ounces 3 drachms. Larynx and Trachea healthy. Anterior portion of right lung highly congested. slight emphysema of the anterior margin. Portion from lung part of this lung float in water. Left lung posterior half congested but in a less degree than right. In the upper part of lower lobe is a cluster of crude tubercle
Liver	Liver. Weight 2 pounds 13 ounces. right lobe enlarged in proportion to the left. Capsule adherent. External surface of right lobe slate color mottled near the round ligament with yellow. Section pale than natural and greases the knife. Substance flabby but firm Gall Bladder contains a moderate quantity of light green bile
Spleen	Weight of Spleen 4 ounces 1 drachm. Color pale looks down easily on pressure
Kidneys	Right Kidney. Weight 4 ounces 2 drachms. slightly congested. Capsule separates easily. Left Kidney. Weight 5 ounces 2 drachms. Capsule separates easily. Substance congested
Pancreas	Pancreas. Weight 3 ounces and congested. Dark coloured clot of blood in one end
Stomach	Stomach. Considerable hemorrhagic discoloration in the fundus. Pylorus also to a less degree
Intestines	Lower portion of Ileum presents subserous injections covered with earthy granules which are removed by slight rubbing the granules increase very much in quantity as they approach the caecum. Lower portion Ileum and Cecum much enlarged and distended with flatus. The ascending colon is also distended with flatus and the posterior wall of centre of ascending colon presents dark discoloration corresponding to a similar discoloration of the human muscles of the abdomen. the ascending colon filled with myriads of large size and great consistency. In examining the injured leg the following state was found. The muscles about the lower end of the bones of the leg ecchymosed. The tibia and fibula found in their entire length. There was a comminuted fracture of the astragalus the head of that bone being taken off at the neck, the small piece the articulated with the tibia also detached from the bone. In attempt at union of the fractured bone was visible. No hyaline or other material had been effused the cartilages of the ankle joint appeared to be pretty sound

(Signed by) Benjamin Stone
Thomas Geo. Hayward Acting Assistant Surgeon
Staff Assistant Surgeon.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio
82 ^d	Pt Joseph Gibson	25	Phthisis Pulmonalis	June 19 th 1852	July 31 st	6 Months	at Pembroke Dock	345	125.28.82 95.

Abstract of fatal case of Private Joseph Gibson 82^d Regiment. aged 25 Admitted into this Hospital June 19th 1852. Disease Phthisis Pulmonalis lasted about six months, contracted at Pembroke Dock. Died in Medical Division Ward 10 on the 31st July 1852 at 6^h O'clock A.M. Register 345. Folio. 125. 28. 82. 95.

An Englishman, a Miner before enlistment, Service 6 years and 2 Months. On the 4th of April 1852 he was admitted into Pembroke Dock Hospital, with a sore on the Penis, at the same time complaining of Cough and pain in the chest, he also appeared weak and flushed. It is not recorded in the abstract of the case whether he took Mercury, however he was discharged on the 21st of the Month, in consequence of the removal of the detachment, he was again readmitted on the 4th of May suffering from Night Sweats, Cough and great debility. Whilst there he was treated with Iron bitter infusions and all manner of Tonics. He was at last sent to this Hospital on the 14th of June, on admission he presented the following appearances, Face blanched with a flushed spot on each Malar Eminence, general weakness and emaciation, Cough with slight expectoration also Night Sweats. — Stethoscopic signs — great dullness on percussion over Left Subclavicular region, Sonorous râles over region of Sternum, Puerile respiration in Right lung. Pulse small and weak, bowels open. He was immediately put on small doses of Cod Liver oil to begin with, Dilut. Sulph. acid. with infusion of Gentian for Night Sweats. — On the 3rd of July he did not seem at all benefited by the treatment, the Night Sweats still continued, and in addition he was annoyed by flatulence, especially after meals. He complained of great pain in the abdomen on the 11th Inst which was relieved by a Mustard poultice, he had it frequently till the 24th Inst. when a fluctuating Tumour presented itself in the right Iliac region, which when pressed upon discharged a large quantity

of very fetid unhealthy pus, through a small opening at the umbilicus. Percussion on the spinous processes of either Dorsal or Lumbar Vertebrae caused no pain, at this time the emaciation was so great that no satisfactory stethoscopic evidence could be adduced - An opening was made on the 27th Inst. in the most depending part of the Tumour, and an immense quantity of fetid, unhealthy pus, together with dead cellular tissue escaped. On the 29th Inst he appeared in a very low state, extreme emaciation, discharge profuse, Tongue furred, pulse weak. No Appetite - On the 30th it was evident that he had not long to survive, his pulse was hardly perceptible, and he lay in a drowsy state, a most copious discharge still continuing. He died on the morning of the 31st July at 6½ A.M.

The treatment consisted in Wine and the most nourishing diet, Beef Tea, fowls &c. as also Tonics, Cod Liver oil and various Draughts, Charcoal poultices and also Chloride of Lime were used to lessen the great Fætor.

Signed Arthur J. Freer
J. A. S.

July 31st 1852.

Section Cadaveris 31½ hours Post Mortem - Cadaveric rigidity well marked in lower, not at all in upper extremities. In the Right Inguinal region there is a fistulous opening of the size of a sixpence from which an unhealthy purulent fluid escaped -

Cranium - Weight of Brain 2 lbs 3xiii 3iv. Arachnoid surfaces adherent in situation of Pachionian bodies. Pia Mater of Both Hemispheres somewhat injected - Both lateral Ventricles contain a very small quantity of fluid. Substance of Brain healthy - Cerebellum healthy.

Abdomen - On opening the abdominal parietes, the parietal Peritoneum appears considerably thickened, uniformly covered with a dirty greenish brown, grumous matter, which is easily removed by the scalpel - The opening in the groin communicates by a large opening with the lower part of the abdominal cavity - The convolutions of the intestines are firmly united by a thick semi-cartilaginous tissue - The whole of the intestines are glued together with matter similar in character with that covering the abdominal Peritoneum - The Omentum is in a state of Slough - The Pelvic Cavity is both the Female

is filled with broken down Omentum. upper surface of Liver is firmly adherent by old tough adhesions-

Thorax. - The entire of Right lung attached to Costal Pleura by old fragile cellular adhesions - 3ii of clear straw colored fluid in Pericardium - 3iii of dark turbid fluid

Heart. - in Left Pleural cavity - Weight of Heart 3viij healthy.

Weight of Lungs and air passages 6bi 3xiii 3iv. Larynx and trachea healthy - Bronchi filled with

Left Lung. - frothy mucopurulent fluid - Left Lung. upper lobe ~~filled~~ ^{on section} paler than natural, lower lobe congested

Right Lung. - portions of entire lung float. Right Lung. on section upper lobe at extreme apex several clusters of small white bodies. the lobes of this lung are firmly united to each other.

Liver. - The whole of Liver except a space at its posterior part about the size of the palm of the hand is covered by a thick false Membrane, of cartilaginous consistence about two lines in thickness, a similar layer covers the under surface of the Diaphragm united but not firmly to the layer on the right lobe of the liver. Weight of Liver 4lbs 3p, on removing the layer of false Membrane, the section is paler than natural, consisting of two parts, a uniform pale yellow, mottled by spots of pale purple - firm but fragile - very

Kidneys. - little blood exudes on pressure - Right Kidney somewhat congested - capsule separates easily - Weight 3iij Left Kidney 3r 3ii; characters same as Right.

Spleen. - Spleen mutilated very dark on section. At the

Intestine. - lower part of the Ileum there are two small perforations of that gut, the margins of both being elevated externally, well defined and regular of the size of an ordinary quill. No alterations of the mucous lining of the bowel above or below these openings - On separating the coils of intestines there were numerous lenticular shaped bodies varying in size from that of a Millet seed to that of a pea, yellowish grey in colour externally & on section consistence firm -

Entered by Samuel Gibson M.B.

Candidate.

Thomas Jo. Fitz Gerald Esq.

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No. 88

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Pyrexia	Phis	Ward
77 th	Patrick Burke	34	Phthisis Pulmonalis	9 th July 1852	15 th August	7 months	Plymouth	38.2		10. N. 2

Abstract of fatal case of Pth Patrick Burke 4th 77th Regt. - Disease Phthisis Pulmonalis -

An Irishman, a labourer aged 34 years, total service 15 years, 5 in Mediterranean - 3 in West Indies - 2 in North America - Suffered from Cough in December 1851, when at Plymouth - Was in Hospital 14 days, and again in 3 weeks time, and was invalided sent to Chatham on 6th July 1852 - having been under treatment up to that period - Admitted in General Hospital Fort Pitt July 9th - On admission he was found to be extremely emaciated, with much dyspnoea, profuse expectoration, loss of appetite and thirst, much dullness under the Clavicles, and in each infra-mammary region - Bronchial respiration in the same spots, & on the right side, a loud gruffling murmur heard during coughing - Sputa mucopurulent. The progress of this case may be said to be precisely similar to others of the same nature, except that the usual diarrhoea was absent, during the whole period, and that the nocturnal perspiration, ceased completely during the latter period of his disease. He became gradually weaker, the difficulty of respiration and expectoration increased, and he died August 15th - 37 days after admission - From his extreme weakness, no repeated stethoscopic examinations could take place, but it will be readily inferred, that both lungs, are almost entirely disorganised, whilst the ordinary appearances of tubercular matter in the trachea will probably be absent. - The treatment consisted of Cod Liver Oil, Dilute Sulphuric Acid - Condensed Expectorants, with such diet, as the man could take.

(Signed) William Browne
Asst. Staff Surgeon.

Section Cadaveris.

Pth No. 33. Body much emaciated, Weather warm & dry.

External Appearance	Rigor Mortis well marked in lower extremities, not at all in upper. - Surface of skin, yellow, especially at the Conjunction
Gastric	There is a pit the size of a small walnut, at the left part of the summit of the belvarium, - ^{at this place the cranium is much flattened & thickened} - Left and right ^{which are very slightly marked} Cilia for ovid in the situation of the Pacchianian glands. - (Dead matter forming the back part of the longitudinal Sinus much thickened & ^{corresponding to the degeneration of the Pulmonary})
Brain	Weight 3 lb 5 oz. - Substantia firm - Ventricles empty.
Lungs	The left lung extends to the upper border of sixth rib, left to the lower border of the corresponding rib. - They touch at 2 & 3 ribs.

- There is an ounce of clear fluid of a straw colour in the Pericardium - Apex of both lungs firmly adherent, more so on the left, than right side, so strongly in the former situation that the lung cannot be removed without tearing the apex.
- Heart. Weight 3^{iv} 3ⁱⁱⁱ - Sigmoid valves ^{of the aorta} reticulated at the free margin. Atrial valves slightly thickened at the free edges.
- Lungs & Air Passages } Weight 6 lb 9 ounces. Larynx & Trachea healthy.
- Right lung. Apex filled with tubercular cavities, varying in size from a walnut to a pea & freely communicating - few from false membrane. The remaining portion of upper lobe, middle & upper part of lower lobe stuffed with crude tubercle in all stages of development, & with few granulations. Portions of all these parts sink in water. Base of lower lobe is much congested, with few tubercles, floats in water.
- Left lung. The whole of this lung filled with tubercular cavities of large size freely communicating & more numerous ^{towards} at the apex, which is completely broken down. Immediately beneath the pleura, at the base of this lung is a cluster of crude tubercular matter varying in size from a pea to a hazel nut. - Portions from the whole of this lung except the most anterior part sink in water.
- Liver. Weight 5 lb 3 oz. Capsule tears away the liver substance, in a granular manner - External surface & section bright yellow - spotted with red. Grosser paper slightly - Gall bladder distended with viscid greenish bile. - Consistency of liver fragile.
- Spleen. Weight 9 oz 6 drs. Externally of a pale slate colour, section smooth. & of a pale maroon colour. - Breaks down easily.
- Kidney (right) Weight 5 oz 3 drs. Capsule separates readily. External surface paler than natural. & mottled in one or two places. Section healthy.
- Left - Weight 5 ounces. - Healthy.
- Pancreas. Weight 2 oz 2 drs. Lobular texture well marked.
- Stomach. Mucous membrane somewhat more opaque than natural. Well marked arborescent injection, strips of mucous membrane of good length.
- Intestines. Jejunum presents a few ulcers, with irregular sores defined margins, bases irregular - Intestine of ileum presents ulcers of a similar character ^{but} more advanced. Several small tubercular deposits in the ileum - Valves of caecum extensively ulcerated - Ascending & transverse Colon present ulcers of the same character & small in size.

God T Kill all led
Candidate Thomas F. Fitzgerald
Wm. Elliot Porter.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt.	Vol.	Ward
69 th	Mathew Bayley	22	Lassa	Aug 10/83	22 nd	3 years	West Indies	322	58.65	10 N.

Abstract of Total case of Pte Mathew Bayley 69 Regt. An English Planter aged 22 years. Total Service 4 yrs and 6 ^{months} in the Mediterranean and West Indies. He has been afflicted with tinea vomica for 2 years, but his health did not suffer till within the last 8 months, since which time he has become weaker has had Dyspnoea and slight edema of legs. On his admission here a few days ago his appearance was quite chlorotic his lips and even his tongue being quite blanched, his appetite was pretty good and his bowels regular. The last time he passed a worm was in Barbadoes about 3 months since. On the 30 Inst he complained of pain in the chest and back and violent action of the heart upon examination there was well marked Point de Löfflet over the Aortic valve, no impulse. On the 22nd about 10 P.M. he had an attack of very distressing Dyspnoea also pain in chest not unlike a Paroxysm of Angina Pectoris he was given wine which relieved him but he had several other attacks when he died at 7 P.M. on the evening of the 23rd instant.

Treatment Sarsaparilla, Digestives, then wine Nonnourishing Diet & S.

Signed Arthur J. Green

Lieut. Asst. Surgeon.

Section Cadaveris 17. hours after death weather warm and dry Rigor mortis well marked in all extremities considerable lividity of lips Body in good condition

Head Cranium left half of coronal suture thinner than natural Longitudinal Sinus contained small quantity of fluid no coagulum of any kind Meninges generally very pale Arachnoid surfaces extensively but not firmly adherent On removing ^{the Brain} a large quantity of clear pale fluid escaped from spinal Canal, weight of Encephalon 3^{lb} 4^{oz} 1^{lb} Brain generally extremely pale, Membranes separate easily from the convolutions, white substance of Brain very pale ^{and firm} Cerebellum paler and more firm than usual. Subcutaneous fat on abdomen and chest in good quantity Muscles of same part of good colour and well developed

Right Lung
Left

Extends to upper border of 5th rib
" to lower border of corresponding rib
Cellular tissue in anterior Mediastinum infiltrated with air.
2^{lb} of straw colored fluid in Pericardium 17^{oz} of fluid in left pleural cavity a good deal of fat deposited both external and internal to Pericardium Right Pleural surfaces agglutinated by old cellular adhesions these adhesions between base and Diaphragm infiltrated

- with a straw coloured fluid. Betwixt posterior surface of lung and angle of ribs about 7² of fluid. A large quantity of fat situated along the course of the coronary vessels. Semilunar valves thickened and indurated at their free margins mitral valves thickened at their free margins and on the left tongue were vegetations the size of a pea. Muscular substance pale, fragile and firm and in ^{especially in the left Ventricle, the walls of which were much thicker} first quantity, weight 15 6 ^{grs} weight of lungs and air passages 3⁴ 93 Mucous membrane of trachea and Larynx much paler than natural as also of Bronchial tubes, air passages filled with a frothy fluid upper lobe pale infiltrated with serum lower lobe paler than natural at the root of lung surrounding Bronchial Tubes and vessels is an abnormal quantity of fat.
- Left Lung much paler than natural and contains a large quantity of fat along the course of Pulmonary vessels. Gall Bladder contains a small quantity of a rich brown acid bile weight of Liver 2⁴ 14² 2⁰⁰ capsule tears away liver substance external surface of a mottled yellow appearance and very granular, section a uniform yellow brown spotted with red and slightly granular. Bile ducts papery texture very firm and resistant.
- Right Kidney weight 6³ 3⁰⁰ like all other organs extremely pale capsule separates easily external surface very smooth. Section so pale that it is with difficulty that the cortical substance can be distinguished from the Pyramidal. On close examination the cortical substance is in larger quantity than natural and is prolonged in between the pyramids. Fat in the Pelvis of kidney in greater quantity than natural.
- Left " weight 6³ 5⁰⁰ capsule tears away kidney substance section same as yellow but more pale. the fat in Pelvis of kidney is very great abundance.
- Spleen weight 5³ 1⁰⁰ external surface dark claret colour texture firm. Section same colour as external surface.
- Pancreas weight 3³ 1⁰⁰ Pale and firm.
- Stomach mucous membrane more opaque than natural and affords strips of considerable lengths some arborescent infestation at lesser curvature.
- Intestines greater portion of Small Intestines much paler than natural. The ascending and transverse colon slightly infested. No worms found in the Intestines.

Thomas Geo. Fitz Gerald Entered by Henry C. Poole L.R.C.P.S.
Candidate

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
25 th	Thos. Mitchell	34	Mania	6 th May	29 th August		India	247	133	1

Abstract of fatal Case of P^r Thos. Mitchell 25th Regt. aged 34

It appears that this man was sent home from the Presidency Hospital in India about January 1852 when he appears to have laboured under an imbecile state of mind and completely incapable of doing duty, has been 25 times in Hospital since his arrival in India for various causes - was admitted into this Hospital on the 6th of May 1852 - during the voyage home on the 15th of April he was seized with Paralysis which seemed to attack the lower Extremities and muscles of right side of the face and tongue - purgatives were employed and about 20 days afterwards slight improvement seemed to take place in the motor power of the lower members - On admission he was carried to bed from want of power in the lower limbs, there is considerable difficulty in articulation, subsequently he seems to have improved for a time and then to relapse, his habits are dirty as he soils the bed and casts the dejections from his Bowels which appear to require frequent doses of purgative medicine to keep them in order - On the 9th of June the Orderly observed that he passed a piece of tape Worm 2 inches in length - 9th July he is reported as being helpless and has lost the use of his limbs from Paralysis, on the 15th July I took charge of him but no positive improvement has happened, ^{after} on examining him large and sloughing Ulcers over the Sacrum which healed ^{about the 29th - 31st found him} ^{very} ^{much} ^{feverish} and debilitated, ^{on the} following report he appears to have recovered from this attack - 2nd August found a number of Tenia passed with a stool in the Bed "all alive", none have since passed although I gave him Turpentine & Oil - 13th found him furiously an Omnipot which I had long suspected - 17th August, the Bowels after repeated doses of Purgative had not been moved so I threw up about 2 Gallons of pure water and washed him clean out - 19th much debilitated and feels tender in the Bowels, this was relieved by 12 grains of Dover's Powder, I have reported in the Journal that I fully expected my apprehension of the fatal anticipation - 26th Bowels fully opened by a dose of Salts as they had been constipated ^{during the month of August} ^{gradually became} ^{more} ^{loose} ^{and} ^{sloughing} ^{threatening} ^{the} ^{perforation} ^{region}, on the 29th - 12 past 7th Died suddenly in a Fit on the 29th

Remarks - This poor man bears traces of extensive Syphilitic disease and it is to be remarked that Physically the Animal propensities were in rather excess - Phenologically & in habits both strongly exhibit themselves I am firmly of opinion that this individual has fallen a victim to the effects produced upon the nervous system in consequence of the overaction of the organs concerned - whether the Brain or Spine is the particular seat of the evil, will probably be

seen in the Investigation, and will tend greatly to throw some light on the source of this class of disease - a class which has undoubtedly frequent origin in undue excitement of the generative system of which the individual the subject of our present enquiry it is to be feared bears unfortunately too truly an evidence -

The Treatment consisted of Calomel, Opium, Turpentine, Cold applications, Stimulants in the shape of Wine - Ammonia - Glysters, Poultices to the Thighs with adhesive Plaster & leechings &c.

(Signed) J. Collins Brown S. A. S.

Secus Cadaveris 28 1/2 after Death - Weather warm and dry.

External Appearance. Rigor Mortis well marked in all the Extremities, numerous superficial ulcerations over the posterior surface of the Body and on the Scrotum, numerous Cicatrices of old Ulcers on surface of the Body, considerable livid staining on the posterior surface of the Body.

Spinal Chord. On opening the Spinal Canal a considerable quantity of clear Serum was found in the Cervical region, the Vents of the Spinal Chord and Canal generally moderately distended with Blood, considerably so in the Lumbar Region, the lower three inches of the Spinal Chord is much firmer to the feel than the rest of the Chord which being almost cartilaginous the latter appears about the natural Consistence - On section both longitudinally and transversely the whole substance of the lower portion of the Chord appears to be in eccep, the Spinal Chord contains a moderate quantity of Blood, its weight together with the Membranes being 2 Ounces, 1 Drachm.

Cerebrum. Weight 2 Pounds, 9 Ounces, 2 Drachms.

The Membranes distended with Blood separate easily from the Convolution, Brain substance contains more Blood than natural, white substance of the Hemispheres of good consistence -

" The Lateral Ventricles much dilated and lined by a thick blanded this marked special layer of white substance of considerable consistence - Both is preserved in the Corpora Striata present a cystic-like mass, the right ~~Lung~~ being occupied entirely by this cystic Tumour projecting into the corresponding Ventricle in the form of a loose bleb having the appearance of being filled with thin gelatinous matter or Serum, on close examination no distinct investment could be discovered and the interior was found to be occupied by a fibrous network infiltrated with a very small quantity of fluid - the Sulci between the Convolution of the Island of Reil at the base of the Brain corresponding to this intumescence in the Ventricle were much changed in character much more fragae and yellow in appearance - The whole substance of the Brain surrounding this cyst-like tumour was much indurated and more dull

Left Ventr.

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in aspect. The Left Corpus Striatum at its anterior half presented an appearance somewhat similar, but the surface of the Left Lateral Ventricle instead of being elevated into a Hb as on the other side is much flattened and the lining membrane of the Ventricle at this point is much less transparent than natural or on the other Ventricle - the anterior perforated space at the base of the Brain corresponding to this portion of the Left Lateral Ventricle was much thickened more opaque & yellow in appearance and the perforations for the Vessels much more distinct than in the natural condition - the surrounding white Brain Substance was of good consistence but less indurated than on the other side - The Portion and descending Cornua of the Ventricles much dilated and both Hippocampi & eminentia collateralis much fuller than natural, also the Septum Lucidum & Tonsils -

Cerebellum. Weight with the Pons Varoli and Medulla Oblongata 4 Ounces and one Drachm, the Pons being of good consistence presenting an unusual amount of gray matter - Cerebellum otherwise healthy, excepting being softer than usual, Medulla Oblongata, healthy -

Thorax. The Right Lung extends to the lower border of the fifth Rib, the left to the upper border of the corresponding one, the approach each other to within half an inch at the second intercostal space -

Lungs.

Heart. In the Pericardium there is about a Drachm of Fluid - The Anterior surface of the Heart presents two or three small white patches of the size of sixpence - The Sigmoid Valves of the Aorta are considerably thickened but not shortened, both Mitral Valves are thickened at the free edges, the left Atrium being much shorter than natural, there is considerable staining of Endocardium - Weight of Heart 10 Ounces & a half - Weight of Lungs & Air Passages 3 Pounds, 1 Ounce, 2 Drachms, Larynx and Trachea present their Mucous Membrane, slightly injected, the Bronchial Tubes being filled with frothy Mucous, slightly injected but not ulcerated.

Right Lung. The Apex of the Upper Lobe considerably congested, middle Lobe healthy - lower Lobe presents well marked Pulmonary Apoplexy of a diffused type, extending about an inch & a half inwards from the Pleural surface over the entire base of the Lung, small portions of this sink immediately in Water, but just external to this Apoplectic portion the Lung floats readily, the Root of this Lobe is more congested than natural.

Left Lung. Lower Lobe more congested than natural, but presents no

- appearance of Pulmonary Apoplexy, the Upper Lobe is healthy, portions of the whole of the Lung float in Water, there are no Tubercles.
- Liver. The Gall Bladder contains a small quantity of very thin Bile - Weight 3 Pounds; The Capsule tears away Liver substance, the Liver is very flabby and softer than in the normal state, fracture granular, colour external & internal pale than natural.
- Spleen. Weight 7 Ounces, 2 Drachms, the external surface darker than natural, section a pale slate colour, maculated with dark purple with defined spots, consistence firm but friable.
- Pancreas. Weight - 3 Ounces, 1 Drachm, natural.
- Right Kidney. Capsule separates easily, no Cysts to be discovered in this Kidney - Weight 5 Ounces, 6 Drachms, Cortical Substance in large quantity.
- Left Kidney. The Pyramids in this Organ are well marked externally and internally. The Capsule separates easily, the external surface of the Kidney studded with numerous Cysts varying in size from a pin's head to a pea situated in the margins of the Bases of the Pyramids, these Cysts are filled with a yellow semi-transparent jelly-like substance, on section the same cysts are found on the margins of the Pyramids - Weight 6 Ounces, 2 Drachms - Cortical Substance in very diminished quantity thus leading to the great distinctness of the Bases of the Pyramids visible on the surface of the Organ.
- Stomach and Intestines. The Posterior surface of the Stomach is a Dark Orange Red Color, maculated in several points in spots of ecchy-mosis - the anterior surface presents the same appearance but more limited to the natural course of the Vessels and Rugae of the Stomach, the Anterior surface near the Pylorus presents numerous well defined spots of ecchy-mosis about the size of sixpence to a Shilling - the Mucous Membrane of good consistence. The Large Intestines healthy, the solitary Glands of the Sigmoid Flexure, (which was much distended in the Abdomen) exceedingly well marked, no worms in the Intestinal Canal.
- Testicle R^t. Weight 1 Ounce 1 Drachm, the Tunica Vaginalis firmly adherent to the surface of the Testis.
- Testicle L^t. The Lower end of the Epididymis much congested in the left Testicle, its weight with Water of Hydrocele 4 Ounces, 2 Drachms, without the Water 2 Ounces, 3 Drachms, Tunica Vaginalis much thickened, Epididymis hardened.

John Meane M.R.C.S.L.
(Candidate)

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Physician	Folio	Ward
2 ^d Batt. R. B.	Joseph Barrett	23	Phthisis Pulmonalis	Aug. 3	28 th Sept	2 years	Canada			11

Abstract of fatal case of Pte Joseph Barrett 2^d Battalion Rifle Brigade, aged 23 yrs, admitted into the general Hospital Fort Pitt, August 3^d 1852 for Phthisis Pulmonalis, discharged Sept^r 1st readmitted for same disease Sept^r 22^d and died on the 28th Inst at 3¹/₂ o'clock P.M. in the Medical division W. 11. —

An Englishman, a Cooper prior to enlistment, total period of service year and 9 months all spent in Canada. While there he first had cough, and prostration of strength and was admitted into Hospital October 1851, he remained there till the following December and was soon after sent home (according to the abstract of his case) suffering from distressing dyspnoea and hepatization of right lung attributable to climate and constitutional delicacy. — When admitted into this hospital August 3^d he presented the following symptoms, viz, emaciation, complained of great weakness and total loss of appetite, the external appearance of the chest was quite abnormal, the right side being sunk & flat as also well marked dulness over same side and great absence of the respiratory murmur: the left was clear on percussion & the respiratory murmur rather puerile, his tongue was clean, bowels free, pulse normal; he remained in much the same state taking Cod Liver oil & various tonics till Sept^r 1st when he was discharged to St Mary to be invalided. — On the 22^d of same month he was readmitted suffering from bronchitis attended with very distressing dyspnoea, on the day after his admission an eruption was visible on the body apparently that of scarlatina, presenting a florid vascular hue slightly if at all elevated, not presenting the crescentic arrangement of measles and more abundant on the anterior part of the trunk than on the back and extremities but existing in both these situations. — He stated that 3 or 4 days previous to the appearance of the eruption he had an attack of shivering attended with headache & lassitude, pulse very quick, tongue white at the edges, brown in the centre & quite dry, he was very restless, and the abdomen was tympanitic. — On the 23^d Inst he complained of slight sore throat, the cough was very troublesome, sputa rather viscid, and he had slight diarrhoea. — On the 24th Inst the eruption was still apparent, throat not very sore, mucous crepitation, as also sonorous rales were heard in the left lung, but there was no dulness on percussion neither was the sputa rusty coloured, tongue still foul, pulse 108 very weak, he also wandered a good deal during the night, diarrhoea not so copious. — On the 25th Inst there was very little change, the eruption was beginning to fade and disorganize. — His tongue was covered with aphthae which caused great pain especially when taking wine or any stimulants.

Pulse still very quick & feeble, bowels too free. - He was much worse on the 26th his countenance was sunken & his features of a livid colour. The dyspnoea was very urgent & he often requested to be raised to the sitting posture, his decubitus was generally on the right side and he complained of acute pain in the left. The stethoscopic signs were these, percussion over the posterior inferior part of left lung yielded a dull sound, upon applying the ear a friction sound was detected with every inspiration, as also mucous rales all over same lung, Sputa mucous purulent, but not rusty coloured, tongue still apthous, pulse 132 very compressible. - On the 27th just he had passed a very restless night. A large blister which had been applied to the left side the preceding night afforded great relief. - The friction sound was not so well marked but there was still dulness on percussion & a minute crepitation at every inspiration, it could not be ascertained whether there was any vocal resonance as he could not speak above a whisper, Sputa neither viscid nor rusty coloured, tongue still furred pulse 133 very weak, decubitus still on the right side. - At the evening visit he was in a very low state, dyspnoea most urgent & there was now a crepitus heard at the posterior inferior part of right lung for which a blister was applied but he gradually sank & died on the morning of the 28th just. -

Signed

Arthur J Greer S. P. S. -

Section Cadaveric xxv p horas post mortem. Weather warm and moist. - The body not much emaciated; Cadaveric rigidity well marked: The upper part of the right side of the chest considerably contracted: The abdomen very tympanitic. -

Head. Dura Mater congested & adherent to the upper surface of the brain: Weight of encephalon 2 lbs 13 oz & 4 drms - Substance of brain firm & unusually congested.

Thorax On opening the thorax a very extensive effusion was found on the left side, this pleural cavity contained two pints of turbid straw coloured fluid mixed with flakes of lymph: Surfaces of right pleura agglutinated by old & very tough adhesions. - Heart slightly displaced to the right side.

Pericardium Pericardium contained two oz. of clear straw coloured fluid: weight of heart 10 oz & 3 drms structure healthy. -

Lungs Weight of lungs & air passages 3 lbs 5 1/2 oz. Larynx healthy, Trachea & bronchial tubes excessively congested, the mucous membrane of these latter being dark claret coloured and maculated at the lower portion with black spots. - Right Lung This organ was much smaller than natural, having been considerably compressed by an old empysema: the upper lobe oedematous, lower congested, the whole lung was

crepitant & floated in water: No tubercular deposit could be discovered. — Left Lung — Upper lobe consolidated not at all crepitant and sank in water: in the immediate neighbourhood of the root of this lung a cavity about the size of a walnut was found, lined with a dirty greenish coloured false membrane & containing purulent fluid: Lower lobe congested but floats in water. —

Abdomen Weight of liver 4 lbs 9 oz 8 3/4 drms. Upper surface firmly united to the diaphragm by old cellular adhesions: Capsule tears away the substance of the organ: section paler than natural & more granular. —

Spleen Weight of spleen 6 oz. much paler than usual both internally & externally

Kidneys Right kidney, weight 6 oz 9 1/2 drms. Capsule separates easily, section natural
Left — weight 6 oz 4 1/2 drms. partially lobulated on anterior surface, Capsule does not separate so easily as from the other organ. —

Intestines Intestines firmly adherent by an old thin & vascular layer of false membrane, peritoneal surface universally studded with small white bodies about the size of pin's heads, probably tubercles. — Large quantity of clear serum in cavity of peritoneum. —

Stomach The mucous membrane of stomach appears to be thicker & more opaque than natural and was macerated at the fundus by small ecchymoses — Intestines healthy. —

Lideon J. W. Griffith

No. 92.

K. R. S. —

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regist	Folio	Ward.
51 st Regt	William Brown.	25	Phthisis Pulmonalis	June 12 th	Oct 1 st	5 months	Home Service	354	89	14

Abstract of fatal case of P^r William Brown, aged 25, 51st Regiment. Admitted August 12th with Phthisis Pulmonalis of 5 months duration; was admitted into Garrison Hospital Chatham, for this complaint, in March last. Died yesterday morning October 1st, at 5 o'clock in Ward 14, Medical Division. Registed 354. Fol. 89.

He was an Irish labourer of 12 months service, all at home. In January last he caught cold and went into Hospital; he has never been well since.

Was admitted into Garrison Hospital in March last suffering from cough with dyspnoea and purulent expectoration mixed with blood. There was then dulness under both clavicles, and cavernous respiration under right; he lost flesh and symptoms increased. He was sent to this Hospital June 12th, & mucous-crepitating rales were then audible on left side. He gained strength a little, & cough became less troublesome, & he was discharged to St Marks, July 10th. He was readmitted August 12th with harassing cough, and much mucous-purulent expectoration; much dyspnoea & considerable pain & tenderness over Epigastric Region. There was dulness over entire of left side of chest with cavernous respiration extending from 2nd to 5th rib. On the right side there was also dulness but less, & loud mucous-crepitating rales were audible.

Pulse 96 weak; tongue white; bowels regular. He continued in this state with occasional night sweats. When I first saw him his expectoration was very copious & purulent; pulse 108; very feeble; bowels regular. Gargouillement was very distinct over nearly entire of chest at both sides — Emaciation & debility were extreme. He had constant thirst & gradually got worse. His appetite was very bad & almost failed about 10 days ago. On the 27th he became delirious; this lasted about 12 hours; he was then quiet & drowsy, but was quite sensible. On the 30th the pulse was intermittent and the extremities very cold. He died early next morning. Treatment included Codliver oil, Sarsaparilla, Sulphuric acid, Morphia, Ginger, Compound Camphor Linchire, & Ammonia — also Arrowroot & Batmeal, Wine, Gin, & Saline draughts. His Father died of the same complaint.

Signed

Thos W. Fox M.D.

S.A.S.

Actio Cadaveris. Thirty hours after death. Weather cold and moist

External appearance Body extremely emaciated: very slight cadaveric rigidity. About an ounce of clear serum in the occipital fossa: Weight of

Head Encephalon, 3 lbs: 2 oz: 2 drs. Half a drachm of clear fluid in each lateral ventricle. Substance of brain of good consistence. The Cerebellum, Pons Varolii & Medulla oblongata healthy.

Thorax Right lung extends to lower border of 5th rib; and left lung to the upper border of 6th; an inch apart at their nearest point of approximation. Both lungs firmly adherent to parietes of chest, more so on right than left side (3½ pints of straw colored fluid in cavity of peritoneum). One oz of fluid in the pericardium. Anterior surface of the right ventricle presents 2 or 3 white patches. All the cavities of the heart filled with dark coagula: semilunar valves of Aorta & Pulmonary artery are reticulated at their free margins: mitral & tricuspid valves healthy. Weight of heart 7 oz: 3 drs. Weight of Lungs & Respiratory passages 5 lbs: 3 drs. Back of Epiglottis & true vocal chords covered with tuberculous deposits and ulcers. Small ulcers in trachea & bronchial tubes. Right lung Upper lobe almost entirely broken down by tuberculous cavities; the largest of the cavities about the size of an orange, & freely communicating with the surrounding smaller cavities. The intervening substance of the lung consolidated and sinks in water. Middle lobe filled with crude tubercle; lower lobe congested and studded with crude tubercle, but floats when placed in water. Left lung. Upper lobe occupied by one large cavity, which was crossed by numerous trabeculae, filled with purulent fluid, & lined by false membrane of considerable thickness. Lower lobe contains numerous tuberculous cavities, varying in size from a walnut to a pea; the intervening substance being consolidated by tubercular deposit except the extreme inferior margin which floats in water —

Abdomen Liver, weight 3 lbs: 12 oz: 1 drs. Gall bladder moderately filled with bile of ordinary color. Capsule separates readily. Externally of a yellow granular appearance; substance firm but friable. Section fleshy color; very little blood exudes on pressure. Spleen. weight 1 lb: 10 oz: 1 drs. On section very slightly paler than usual; of natural consistency. Right Kidney. weight 5 oz: capsule separates with great facility. On section paler than natural (pyramids detached). Left Kidney weight 5 oz: 1 drs: capsule separates very readily. cortical substance in unusual quantity. Intestines studded with small tuberculous ulcers. Thomas Knox Birnie Candidate.

34 No. 90.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio.	Ward.
67 th	Pt Robert Freeman	26	Phthisis Pulmonalis	16 th August	Oct 3 rd	12 Months	at 1851.	354	90	14.

Pt Robert Freeman aged 26, 67th Regiment, admitted August 16th with Phthisis Pulmonalis, first apparent months ago in Barbadoes. Died October 3rd at 9.15 P.M. in Ward 14. Medical Division. Register 354. Fol 90.

An English Labourer, of 8 years and 11 months service, of which 3 1/2 years in the Mediterranean, and 7 months in the West Indies. Was in Hospital for Fever in 1843, for Rheumatism in 1847, for Fever again in 1848, for slight Ophthalmia in 1850. Was admitted Nov. 1851 with Cough, pain in chest and sore throat with thick expectoration streaked with blood - his lungs bled readily, no serious lesion of chest could be detected - Shortly after elevated purple spots, like secondary papular eruptions, in a scorbutic habit, appeared on his legs. Under tonic treatment he got better, but slight cough and expectoration remained - Some dulness was now found under both clavicles and feeble respiration under Right. When admitted into this Hospital, there was considerable emaciation with very troublesome cough and mucopurulent expectoration, and pain in Left side - over upper part of Right lung there was complete dulness, loud mucopurulent rales and some cavernous respiration - Same physical signs in less degree in Left side - Night sweats were copious, Bowels regular. On the 14th when I first saw him, gurgling sounds were very distinct over both sides of Chest, most so on Right side - Sputa were purulent and hammy, the gargollement increased in loudness and the hectic and consequent debility also progressed rapidly, Cough got worse, Appetite was always pretty good. On the first of October debility was extreme, pulse 105 full and

Compressible. He died last night at $\frac{1}{2}$ past 9 O'clock —
 Treatment has been Bark, Sulphuric Acid, Compound Tincture
 of Camphor, Morphine, Ammoniac, Porter Wine &c. —
 October 4th 1852. Signed

Thos To Fox M.D.
 S.A.S.

Sectio Cavaornis — 15 Hours after Death. Weather Cold and Moist.

External appearance Body Moderately Emaciated — Cadaveric Rigidity well Marked —
 Several Copper-coloured spots apparent on Lower extremities — The
 Cicatrix of an old Bubo exists in Left groin — The Marks of Counter-irritation
 are observed on Left side of Thorax.

Head Not Examined.

Thorax Right Lung extends to lower border of 4th Rib. Left to upper border
 of 6th — Separated about $\frac{1}{2}$ Inch at Nearest point. Both Lungs
 firmly agglutinated by old adhesions to Thoracic Parietes.

Pericardium Fi of fluid in Pericardium.

Heart Flabby. Semilunar Valves of Aorta and Pulmonary Aortae
 reticulated — Otherwise healthy. Weight 3xi 3ii.

Left Lung Weight lb 2 3x. 3i. — Its Apex presents a cavity about the size of
 an egg, lined by a distinct false Membrane about 1 line in thickness —
 The remainder of upper Lobe filled with smaller tuberculous cavities —
 Rest of Lung filled with Crude Tubercle and grey granulations —
 floats in water.

Right Lung and air passages. Weight lb 3 3iii.

Trachea Slight ulceration of both Vocal Chords — Trachea otherwise healthy.

Right Lung Upper Lobe occupied by two cavities — one about the size of a large Orange
 another smaller about the size of an Egg, bounded externally by a
 false Membrane 2 lines in thickness — The line of union between the
 upper and middle lobe is of cartilaginous consistence. — The remainder
 of this lung is occupied by other smaller cavities, the entire of the Lung
 being studded with Crude Tubercle and a few grey granulations.

Liver Weight lb 4 3xiv. gall bladder contains very little bile — Capsule
 separates easily. Liver's substance on section more mottled with yellow
 than natural — Consistence firm but fragile.

Spleen Weight 3xi. — Much paler than natural both externally and internally

Right Kidney. Weight 3xi — Capsule slightly adherent. external surface paler
 than natural — on section pyramidal more congested than natural —

Left Kidney. Weight 3xi 3ii. Capsule more firmly adherent than fellow — section
 same as fellow.

Pancreas Weight 3r. Healthy.

Stomach Healthy.

Intestines In the large intestine which is considerably contracted, there is 5

One spot of softened Tubercle communicating with the cavity of the substance, a little lower down a superficial ulcer is observed about the size of a Split pea.

Entered by.

Samuel Gibson A.B. M.B.

Candidate.

No. 94.

Pgt.	Name	Age	Disease	Admitted	Died	Duration	Contracted By	Vol.	Ward.
12	P. Thomas West.	21	Phtisis Pulmonalis	26 Aug 1852	10 th Oct. 1852	10 Months	Chatham	151	56 11.

Abstract of fatal case of P. Thomas West aged 21 of 18th June 1852, admitted into this Hospital 26 August 1852. Duration of disease 10 months. Contracted at Chatham. Died on the 10th of October at a 4th post-om 1 P.M. Ward 11. Disease Phtisis Pulmonalis - Pgt. 151 Vol 56 ad Pgt 352 Vol 59.

Private Thomas West, Englishman. Labourer. 10 Months disease all at home, was admitted into the Surgical Division of this Hospital August 26th suffering from Hemorrhoids, and an abscess on the anus. This abscess was opened, and about 20g of very faded pus was discharged - At this period well marked dulness on percussion was detected under both clavicles, and the stethoscopic indications of cavities, he was also affected with Scurraea, night sweats, and distressing cough. On the 31st of August the abscess was entirely healed, and on September 2nd he was transferred into the Medical Division. He was then in an extremely emaciated condition, with dulness on percussion under both clavicles, the rattling of cackles and cavernous respiration in the same situation - Scurraea, and night perspirations. His expectoration was sweet copious, and purulent. His symptoms gradually progressed, the cavities slowly becoming larger - Several remedies were used to check the Scurraea they all contained it for a time, but ultimately lost their effect. He died quite exhausted on the 10th Instant. Treatment - Tonics Astringents. Phosphoric, Mucilaginous syrups. Wine &c.

Signed Samuel Gibson M.B. October 11th 1852

Section Cadaveris 23 Hours after death.

External Appearance Major marks well marked in the lower extremities. The body considerably emaciated.

Cranium. Dura Mater and membranes of the Brain healthy. Weight of Encephalon 2 lbs 140g. 25m. Brain more congested than usual in substance of the brain. A small quantity of fluid in each lateral ventricle. The choroid plexus thickened in various situations but without tubercular deposit. Pinnal gland larger than usual.

Right lung extends to upper margin of 5th Rib. The left lung to the upper margin of the 4th. Separate from each other about an inch at narrow point. Pericardium contains about an ounce of clear fluid.

Heart. Weight 10 Oz 25th. Coronary veins dilated and full. Semilunar valves of both vessels, thicker than natural and when closed at their margins. Mitral valve also thickened, presenting on their annular aspect several vegetations. All the cavities contain fibrinous clots. Left ventricle filled with black blood.

Both lungs firmly agglutinated to the parietes of the thorax by old adhesions. Some straw colored fluid in the cavity of the right pleura. Weight of both lungs and air passages 5 lbs 5 Oz.

Thorax.

Left Lung. Pleura pulmonalis very much thickened and onto the cartilage tissue of lung almost completely solidified by deposition of tubercle in every stage of development. In upper lobe numerous cavities varying in size from that of a pea to a fist. Some filled with purulent fluid. In lower lobe numerous portions of this lung sink in water. Trachea. Epiglottis considerably thickened. Some slight ulceration in the situation of vocal chords. Otherwise healthy.

Right Lung. Portions float in water. It presents at the apex a cavity about the size of a large walnut. Remainder of lung thickly studded with tubercular deposit. Not so much solidified as opposite lung. Lower lobe much congested.

Liver. Weight 3 lbs 5 Oz. Capsule separates with facility. Substance firm. Contains more blood than usual otherwise healthy.

Spleen. Weight 5 Oz 25th. Structure healthy.

Right Kidney. Weight 5 Oz 35th. Capsule separates easily. Cortical structure more than usually developed. Section pale.

Left Kidney. Weight 5 Oz 55th. Capsule separates easily. Section same as the opposite.

Pancreas. Weight 5 Oz 25th. Structure healthy.

Abdomen

Stomach. The mucous membrane extremely pale and soft. The coats of the stomach very much thinned.

Intestines. Studded along their entire course with large singular patches of ulceration becoming more numerous lower down. At the junction of Ileum and caecum, there is very considerable ulceration. The caecal valve entirely destroyed. Mesenteric glands much enlarged and filled with tubercular matter, as are also the other lymphatic glands throughout the body.

Signed Samuel Dixon M.D.

Entered by

W. A. D. M. D. S. Oct. 11th 1852.

Reg ^t	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg ^t	Folio	Ward
93 ^d	Pte Alex ^r M ^r Kay	22	Leopthula	22 ^d Sept ^r	Oct 17	2 years		150	2102	W. 3

Abstract of fatal case of Pte Alexander M^r Kay at 22 years 93^d Regiment admitted into hospital 22^d of Sept^r 1852 Duration of disease 2 years Died Oct 17th at 1/2 past 2 o'clock P.M. in ward No 3 Tide Reg^t 150 Folio 2102c. A Scotchman Labourer 4 years & 3 months service all at home admitted into hospital 22^d of Sept^r 52 under the head of herophula from which disease he has been suffering for the last two years - In last April he underwent the excision of the left elbow joint the recovery from which was protracted by secondary haemorrhage and he did not but latterly he had improved. - When admitted here he is described in the Register as being unhealthy in his general appearance & thin. Suffering little pain about the joint which discharges pus from several openings in considerable quantity. No change took place in the condition of the patient until 5th of Oct^r when he complained of headache & nausea with some vomiting & pain at the epigastrium for these symptoms he was treated with some Calomel & Colocynthis which relieved the bowels but failed to allay the other symptoms, of which still continued unabated. On 7th Oct as there seemed to be great irritation of the stomach he was ordered effereasing draughts which were the only fluids he retained - On the 13th his former symptoms remained the same & his bowels were confined for which a purgative draught was given on the 14th being still unrelied a large dose of Colocynthis & Calomel upon the evening of 14th a catheter was passed in consequence of his being unable to pass water & a powerful purgative given to be soon followed by enemata if not successful - In the morning of the 15th (his bowels still being unmoved) the orderly Officer was who found him in a convulsive fit, pupils dilated pulse hardly perceptible, lower extremities cold, his feet were immediately placed in a warm bath & some wine given him after which he slightly rallied his pulse became stronger & more regular but he was quite insensible to any questions put to him his head was shaved & blister applied & ordered to be dropped with mercurial ointment & 20 drops of Croton oil placed on his tongue. - About 2 o'clock P.M. strong injections were thrown up containing Colocynthis & Turpentine but were not retained - A rectum bougie could not be passed for a greater distance than 5 or 6 inches. The insensible state continuing & occasionally a fit taking place he was placed in a warm bath of 103 & whilst in it cold water was dashed upon the abdomen & another dose of Calomel & Colocynthis given; at the evening visit he was in much the same state still insensible to what

was passing around him Pupils not so much dilated. Pulse 100 rather strong. Another blister was applied to the head. — Yesterday morning 10th Inst he was evidently sinking he had two strong fits before the visit at 10 P.M. The Pupils dilated eye balls fixed and staring. The urine as usual was drawn off & a tobacco enema 3i to the pint was thrown up of which he retained about 4 oz & Croton oil rubbed on abdomen & thigh. — He remained in the same state until 4th past 2 o'clock P.M. when he died very quietly about 10 minutes, previously having passed a large quantity of faeces. —

Signed W.D.K. per R.D.S. —

- Section Cadaveric 21 hours after death weather cold & dry. — Rigor mortis well marked, body much emaciated. —
- Head About an ounce of fluid in the posterior occipital fossa, weight of encephalon 3 lbs 2 oz & 2 drms. — Membranes much congested both lateral ventricles distended with slightly coloured milky fluid. Fornix & Septum lucidum much distended & broken down. Third ventricle also distended with the same kind of fluid. Considerable subarachnoid effusion at base of brain white of Cerebrum Medulla & Pons much harder than usual. Cerebellum natural. —
- Thorax Right lung extends to the lower border of 5th rib, Left to upper border of 5th rib they touch each other at the 2^d intercostal space. — Left lung firmly agglutinated to the thoracic parietes by old cellular adhesions. —
- Lungs Right very much congested whole lung studded with grey granulations mixed with a few crude tubercles. — Left lung, apex contains a tubercular cavity about the size of a walnut lined by thin false membrane entire lung studded with Hilary & Crude tubercles. —
- Heart Half an ounce of greenish straw coloured fluid in pericardium, right cavities filled with fibrinous coagula, Left with semifluid coagulated dark coloured blood. — Free margins of the sigmoid valves of aorta & Pulmonary arteries reticulated, mitral & tricuspid valves healthy. — Weight of heart 9 oz 5 drms. — Weight of lungs & air passages 2 lbs 6 oz 8 drms. —
- Liver & Gall bladder Gall bladder distended with dark green bile. — Weight of Liver 4 lbs 3 oz 2 drms Capsule does not tear away substance. —
- Intestines Cecum, ascending & descending Colon firmly contracted, their diameter being about 12 an inch. —
- Spleen Weight of spleen 9 oz section dark claret coloured consistence natural. — Pancreas 4 oz in weight tubular texture well marked. —
- Kidneys Weight of right kidney 6 oz Capsule tears away readily,

external surface pale dull red colour mottled with yellow white depressions, section, cortical substance much less in quantity than natural on section the cortical substance appears to be variegated with grayish white streaks passing in more or less straight direction from the whitish depressions on the external surface to the bases of the medullary portion of the organ, consistency very firm the organ contains very little blood. — Left Kidney weight 403 Characters same as other. — Both kidneys present very much the same characters as liver (except the yellow colour of the latter) as if lymph had been effused at some former period, into the texture of the organ & on contraction, as lymph in other parts when effused, had drawn the surface of the kidneys inwardly at certain parts. —

Stomach Healthy; several small ulcers in transverse & descending colon but not surrounded by an vascularity of the mucous membrane entered by

E. J. W. Griffiths M.D.S. —

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No. 96.

Regt	Name	Age	Disease	Admitted	Lied	Examination	Contracted	Reg	Fol	Ward
4th	Pt Peter Glen	27	Morbus cordis	Oct-2 ^d	Oct 19 th	6 months	May 1852	354	135	15

Abstract of fatal case of Private Peter Glen, aged 27. 4th Regt. Admitted Oct-2^d with Morbus Cordis, first apparent 10 months ago at Gibraltar. Died Oct-19th at 11 A.M. in Ward 15 Medical Division. Reg. 354. Fol 135.

A Scotoman, a shemaker. 9 1/2 years service of which 4 1/2 years in the Mediterranean, rest at home. Admitted into Hospital in May last with Peritonitis & Bronchitic complication. The acute disease was subdued but heart's action remained abnormally quickened, & a low loud bellows murmur was heard, accompanied by the symptoms of organic disease of heart. This has continued ever since. When admitted into this Hospital he had great dyspnoea, almost amounting to orthopnoea, severe cough, & rust colored sputa, but not viscid & covered with froth. Pulse was 110 full & jerking, legs oedematous. Dulness over inferior & back part of right lung, with large moist crepitation; no pain in chest & bruit heard over aortic valves. Heart's action very violent; has had hæmoptysis very often; also Epistaxis. There was bounding of the large arteries. Symptoms soon abated a little; sputa lost their rusty tint & became serous & spumous — moist rales however continued, pulse now became soft. On the 8th the rales became more universal, the expectoration again assumed the rusty appearance, & was now tenacious & viscid; dyspnoea increased: On the 11th he was better, mouth was sore: On the 13th he became much worse, there was complete orthopnoea, abdominal respiration, great anxiety, violent action of the heart,

Respirations 35 in a minute, expectoration rusty. He gradually became weaker pulse was now small & feeble, oedema of lower extremities increased, expectoration was now bloody. He soon was semicomatose & died yesterday at 11 o'clock.

Treatment. Blue pill, & squill & digitalis in pills: nitrate of potash & vinegar of squill in mixture; then calomel & opium in pills & tartar emetic combined with the diuretic mixture. Bleeters & mercurial ointment, dry cupping, plagues & once cupping were tried. Lactly Acetate of lead & gallic acid to stop the haemoptysis. He got worse from the time of his admission. He never had Rheumatism.

Signed

Thos W. Fox

S.S.S

Section cadaveris. Twenty five hours after death. Weather cold & dry.

- External Cadaveric rigidity very slightly marked. Lower extremities were oedematous.
- Appearance body moderately emaciated. A large quantity of clear serum escaped from spinal canal. Weight of Encephalon 3 lbs: 8 oz: 2 drs: parietal layer.
- Head. of arachnoid adhering to arachnoid covering the summit of the cerebral hemispheres: substance of Brain, Cerebellum & Pons healthy.
- Thorax Right lung extends to lower border of 10th: left to upper border of 4th rib. 1 1/2 inch apart opposite the 2^d & 3^d ribs: moderately firm old adhesions at the apex & posterior surface of the left lung: right lung free from adhesion.
- Heart Two ounces of straw colored fluid in pericardium. Heart very large & flabby: right cavities distended with dark fluid & semiconagulated blood. Tricuspid orifice larger than usual: admits 4 fingers: Semilunar valves of pulmonary artery healthy. Right auricle & ventricle dilated considerably. Sigmoid valves of aorta much thickened & incompetent: Mitral also thickened but not contracted. Endocardium of left ventricle presents white patches especially near the semilunar valves. Left side of heart greatly hypertrophied & dilated. Weight of heart 1 lb: 6 oz: 3 drs: Right lung 2 lb: 1 1/2 oz: 2 drs.
- Lungs Bronchial glands much enlarged & dark colored. Left lung & trachea 2 lbs: 10 oz: Whole of right lung ^{congested} especially lower lobe. This lung presents 2 patches of circumscribed pulmonary apoplexy of moderate size immediately beneath the pleura: one at the posterior surface of the upper lobe, the other in the acute angle at the base of the lower lobe. The whole of the lungs extensively congested, & very dark in color, the entire organ floating in water. Left Lung Whole lung studded with patches of circumscribed pulmonary apoplexy: whole lung also excessively congested, the lower lobe sinking in water.
- Liver Gallbladder moderately distended with greenish thick bile: Weight of liver 1 1/2 lbs. 1 oz. Capsule firmly adherent to the organ: hepatic veins very much enlarged, converted into sinuses: nutmeg appearance highly marked.

consistence very tough. Weight of Spleen 6 oz. 3 drs. Externally & Spleen
internally of a claret color

Right Kidney 7 ounces, capsule separates readily, consistence very hard Kidney
especially the cortical substance. Left Kidney same weight but
more bulky; same consistence as other. Pancreas. weight 5
oz. 1 dr. Consistence soft & congested. Whole of large

small intestines present highly marked arborescent vascularity. Intestines
Yellow ochreous deposit in the Aorta as far down as the
origin of the inferior mesenteric artery. About a pint of clear straw
colored serum in abdominal cavity.

Entered by Thomas Knox Brine M.R.C.S.
Candidate

Dec. 77.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Lot	Ward
54 th	6 th James Benwick	31	Enteritis	Nov 3 rd	Nov 8	6 days	Nov 3 rd	354	177	15

6th James Benwick aged 31 54th Regiment admitted Nov. 3rd with Colic
Nov. 5th with Enteritis - Duration of disease 6 days - Contracted at
St. Mung's - Died at 4 1/2 past 4 yesterday Morning Nov. 8th in ward 15
Medical Division. Register 354 Lot 177.

An Englishman, a Bricklayer, of 11 years service, of which 3 1/2 in
West Indies, 2 years in Mediterranean & 4 months in Canada - Was
sent home from Dublin for impaired vision. Disease commenced
on morning of 2nd Nov. with violent pain in abdomen, accompanied
by shivering - Came into Hospital same evening complaining of
deep seated pain in abdomen, which was much swollen and tender on
pressure - There was extreme prostration - pulse very feeble - bowels
constipated - He got hot brandy and water and warm fomentations,
and an Enema of Castor oil with a few drops of Sassafras in it,
and appeared considerably relieved. When I saw him he still
had some internal pain in every part of abdomen, which was
increased by even the slightest pressure. Abdomen was tense
distended and tympanitic - Tongue brown - Pulse very weak
and thrady - Skin and conjunctiva deeply jaundiced - Bowels
still constipated - Vomiting of greenish bitter matter frequent -
Thirst great - He lay on his back with his legs stretched. He was
ordered 24 Leeches to abdomen, Calomel and opium every second hour,
with Castor Emetic Mixture, also 2 pills of wine - In the evening
he was much relieved, abdomen less painful, but pulse still
thrady - a poultice was now put on abdomen over the Leech-bites.
Next morning all the symptoms were less, pulse less weak

The Antemortem was omitted, a large blister put on abdomen, Calomel and opium continued and he got an injection of warm water and camellianum - Bowels were now moderately acted on and at 1 o'clock, he was much better and pulse had lost its fulness, abdominal pain much less, at the 5th he was still better, tongue moist, pulse stronger, flatus touched, but bilious vomiting continued - Bowels quite free - the same treatment was continued except that opium was increased to $\frac{1}{2}$ grain in 3 hours - He got effervescing draughts, with 5 drops Tinct opii in each, and blister was dressed with mercurial ointment - On 6th Epigastric and hypochondriac regions alone painful, below vomiting constant - Pulse strong and frequent, decubitus dorsal, but he could lie on Right not on Left side - He was cupped over Liver, other treatment continued - On 7th no pain or tenderness whatever in Abdomen, pulse firm but Emesis troublesome - he felt and appeared much better and wanted to be allowed up - However about 7 P.M. he got worse - violent pain in upper part of Abdomen, which was swollen and tympanitic, returned, pulse very weak, Extremities cold - he got wine and a fatal Emesis. However he got still worse - he now lay in the semi-supine position with legs drawn up - he became pulseless in spite of the Administration of Brandy - he died at $\frac{1}{2}$ past 4 yesterday morning.

Signed Thos To Fox M.D.

Nov 9th 1852.

T. A. S.

Section Cadaveris 32 hours after death. Breaths cold and Moist.

External

Appearance

Head

Lungs

Abdomen

Body Muscular - Cadaveric rigidity well marked - Marked of Counters-irritation and local depletion all over abdomen.

Frontal Sinus' extremely well developed. Weight of Encephalon lb 3. 039. Meninges somewhat congested - Substance of Brain very firm, otherwise healthy.

Both Lungs quite healthy.

Intestines matted together and adherent to abdominal wall by dark greenish coloured Lymph - To the Right of the umbilicus and in Right Hypochondrium, there are numerous patches of Hemorrhagic staining - The inflammatory group has extended through the Diaphragm to its Thoracic aspect, which is coated with Lymph, similar in Character to that found in the Abdomen. That portion of the Diaphragm which corresponds to the base of the Pericardium is in a similar Condition.

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and in the Cavity of this sac there are traces of inflammatory action.

Entered by. Samuel Johnson A.B. M.D.

Candidate. Nov^r 10th 1852.

No. 98.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg.	Folio	Ward
Royal Newfoundland Land Company	Serjt. Claudius Colbourne	40	Amenia	2 ^d Sept 1852	Nov 10 th			353	57.	I

Ward I. Medical Division. Abstract of fatal case of Sergeant Claudius Colbourne Royal Newfoundland Company, admitted into the General Hospital Port Pitt 2^d Sept. 1852 with "Amenia". Regt. 353. Fol 57. 71. 79. & 90.

An Irishman, aged 40. During the last year which he served in his Regiment, he is stated to have suffered from acute dysentery, & his manner to have been strange. In April last he is reported to have had a fit in the following month (May) he was admitted into the Regimental Hospital, labouring under febrile symptoms. In a day or two it is stated that symptoms of inflammation of the arachnoid made their appearance; he became violent & broke loose from Hospital, was delirious, had one or two convulsive fits, no sleep & great fever. The treatment at this time was Purgatives. Cold, & subsequently blisters to the head, Mercury to Purgatives, with seclusion from light & noise. He recovered the use of all his faculties except his memory. He was readmitted into the Hospital at Halifax on the 24th July 1852 the following being a description of his condition by the Surgeon of the 9th Regt. "Unable to walk or assist himself in any way, had convulsive motions in the extremities of left side & refused to eat or drink, was unable to sleep & was partially paralysed." While in the Hospital of the 9th he improved greatly, which continued during the voyage home & on admission here he presented the following symptoms. "Somewhat emaciated, is unable to take care of himself & is quite childish in mind, almost perfect absence of memory." During the time he has been in Hospital his symptoms have varied considerably, at one time being very noisy at others perfectly silent. Has had several attacks of coma alternating with convulsive fits, constant "picking at his clothes; voluntary motion very imperfect on both sides of the body. Cutaneous sensibility appeared sometimes to be increased, at others diminished. No rigidity of the extremities. From constant lying in bed in his emaciated condition numerous bedsores appeared over the sacrum; he gradually became weakened, & died at 10 o'clock A.M. 10th Nov 1852. Since I have had the care of this man, I have only tried to sustain life by stimulants & nutritious diet.

Port Pitt Nov 11th 1852

Thos Geo FitzGerald J.A.S.

157 Section: Cadaveric. 26 hours after death. Weather cold & damp. Emaciation extreme. Cadaveric rigidity well marked in extremities; numerous bedsores over sacrum. Skin matted thickened & coriaceous in the neighbourhood of each middle meningeal artery. Considerable subarachnoid effusion. Weight of Encephalon 3 lbs. 13 oz. 1 dr. Arachnoid thickened & milky on summits of both hemispheres; pia mater much congested. Both lateral & 3^d ventricles contain a moderate amount of milky serum. Substance of brain rather harder than natural. Cerebellum healthy. Membrane same as in cerebrum. Both Lungs extend to 5th rib an inch apart. Heart Tricuspid valve & sigmoid of pulmonary artery healthy, but mitral & sigmoid of aorta thickened. Coats of aorta much corrugated and thickened by extensive yellow calcareous & atheromatous deposit - same appearances found in entire arch of aorta extending into subclavian & innominate arteries. Weight of Lungs & airpassages 4 lbs. 8 oz. 2 drs. Posterior aspect of epiglottis & surface of vocal chords thickened & granular. Right Lung Right lung entirely adhering to parietal of chest; the entire of upper & middle lobes occupied by one large cavity crossed by numerous trabeculae with dark greenish frothy matter adhering to sides of it. On removing this it is seen to be lined from place to place by a thick yellowish pale membrane. No crude or milium tubercles to be discovered. Left Lung Left lung mechanically congested posteriorly; otherwise healthy. Liver Weight of liver 3 lbs. 3 oz. Capsule firmly adherent; section smooth; Consistence firm. Weight of spleen 6 oz minus 2 drs. natural. Kidney Right Kidney: weight 5 oz. capsule separates easily, section slightly paler than natural, otherwise normal. Left Kidney weight 6 oz. 1 dr. less pale than other. Pancreas weight 2 oz; lobular structure well marked. Stomach natural; rumination well marked. Intestines healthy. Entered by The Knox Birnie M.R.C.S.E. Cause of death

No. 99.

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Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted Reg	Fol	Ward
23 ^d Regt.	Mr Joseph Ellis	37	Phthisis	31 st Oct 1852	11 th Nov	12 months	Liverpool	357	209 11

Abstract of fatal case of Mr Joseph Ellis. 23^d Regt, aged 37, admitted into Hospital 31st October for Phthisis; duration of disease 12 months. Died Nov 11th at one o'clock A.M. in Ward 11. Reg: 357. Fol 209. A Welsh labourer of 10¹/₂ years service of which 3¹/₂ in West Indies, 1¹/₂ in America, the rest at home. On his admission he stated that 12 months ago, he got a severe wetting when going from Chester to Liverpool, & that he then contracted pain in his chest & cough from which he had never recovered & that latterly he had become much worse. At the time of his admission he was

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Emaciated to an extreme degree, & quite unable to rise out of bed. He had profuse night sweats, but no diarrhoea. Both clavicles were dull on percussion & a large crepitus amounting to furcillament was heard in both subclavicular regions. He coughed almost incessantly but had no expectoration; his pulse was extremely feeble & rapid. He had a bed sore on the sacrum. His symptoms scarcely at all improved the purpling under the clavicles daily becoming more distinct. The cough was by far the most distressing symptom to relieve which he was continually asking for opiates. He appeared to improve somewhat a few days before his death, when he began to expectorate mucopurulent matter. The improvement however was but temporary & he died on the 11th Nov at 1 o'clock A.M. The treatment was altogether palliative consisting in mucilaginous mixtures with opium & the application of Linist Iodine to the Throat.

Samuel Gibson M.B.

Section cadaveric. 35 hours after death. extremely emaciated; small bedsores over sacrum. Rigor mortis well marked. Weather cold & damp.

Head | Cerebral body very large, semitransparent, jellylike. Each of the ventricles moderately distended with fluid. Substance of brain & cerebellum normal.

Thorax | Glandulae constrictatae in neck very large. Glands in Anterior mediastinum hardened. Both lungs extent to 6th rib. entire of left lung firmly agglutinated to sides of chest: upper half of right - also but less firmly. 30% clear straw colored fluid in pericardium - weight of heart - 10 oz. healthy. weight of right lung & air passages. 3 lbs; 12 oz; 5 drs; weight of left - 3 lbs 2 oz. Both lungs extensively disorganised by tuberculous cavities & crude tubercle; Larynx healthy.

Abdomen | Liver: 3 lbs; 11 oz; 1 dr. Capsule slightly adherent & very friable, substance tolerably healthy. Spleen weight 6 1/2 oz. section natural. Consistence do. Right Kidney weight 7 oz. capsule separate readily, section natural. Left Kidney weight 7 oz 5 drs healthy. Pancreas weight 2 oz; 5 drs. Mesenteric glands very much enlarged, varying in size from a large walnut to a pea. section yellowish white & cheesy.

Stomach seems to have been acted on in various places by the gastric juice. Lower part of ileum presents numerous superficial ulcers: caecum presents one very deep. size of a shilling.

Entered by

John Knox Birnie M.R.C.S.E.
Candidate

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg.	Bed	Ward
6 th Regiment	St James Burbury	18	Morbus cordis	Nov 12 th 1852	Nov 21 st	Four months	At Dover			11

Abstract of fatal case of St James Burbury, aged 18, 6th Regiment; admitted Nov 12th 1852, with Morbus cordis. Duration of disease 4 months. Contracted at Dover. Died November 21st at one o'clock A.M. in Ward 11. This man an English Brick maker, a recruit of 9 months service, stated that in June last, immediately after crossing from Cork to Dover, he was attacked with acute Rheumatism, & that during the progress of this disease he became affected with palpitation & pain in the cardiac region, from which he had never recovered & that he had been in Hospital ever since. At the period of his admission into this Hospital, he was in a state of great prostration & stated that he had been so for the previous 9 or 10 days. He complained of severe headache; his tongue was dry, furred, & brown in the centre; he had great thirst, some slight cough; his respiration was extremely hurried & short; his countenance was of a dark livid hue & expressive of great distress; the nares dilated. He complained of intense pain in the left side of the Thorax in the mammary region; there appeared to be complete dulness on percussion in this situation, but the slightest stroke of the finger gave such extreme pain that it was impossible to make a satisfactory examination. Large Expectoration was audible only on making a full inspiration or coughing, which he could scarcely be induced to do in consequence of the extreme pain; the vocal resonance also appeared to be increased - he had no expectoration. He was cupped in the situation of the pain & about 1 oz of blood were abstracted. He was ordered 2 grs of calomel, $\frac{1}{4}$ gr of opium, $\frac{1}{2}$ ant tart every 2^d hour, & a large blister to the side. For the next 3 days he remained in much the same condition & on the 16th November he was much easier; his pulse had been reduced, but he had been violently purged during the night. Consequently the calomel, & opio et Ant Tart were omitted & he got Ril Hydragr. gr iii, Pulv Doveri gr ii every 3^d hour. On the 17th he was much improved & had a copperish taste in his mouth and slight mercurial odour on his breath. On the 18th he had retrograded considerably. He had sweated all the night, & general bronchial inflammation indicated by sonorous, sibilant & crepitating rales throughout both sides of the Thorax had been let up. From this period he did not rally & a fatal issue seemed inevitable; the same treatment was pursued & he was ordered Ammon Carb Zi. decocti Senega Zi iij. Vin Ipecac Zi iij. Tinct Zs ter dia. On the evening of the 20th he was in a state of extreme exhaustion, pulse flickering, rapid & barely perceptible, extremities cold, dyspnoea urgent. He died at one o'clock A.M. 21st Nov. The treatment consisted in local depletion, blisters dressed with mercurial ointment, carbonate of ammonia in decoction of Senega, with a little wine & farinaceous diet.

Nov 22^d 1852. Samuel Gibson M.B. A.A.S.

160
 Section Cadaveris: Thirty five hours after death: weather cold wet: body
 in good condition, Subcutaneous fat being half an inch in depth: Ribs more well marked.

Head Arachnoid surfaces adherent in the situation of Pacch: glands: about an
 ounce of clear serum in occipital fossa: weight of Encephalon 2 lbs
 15 oz 3 drs. Arachnoid slightly opalescent at base of brain. Pia
 mater substance of brain rather more congested than natural.
 Choroid plexus & velum interpositum also congested: lateral & 3^d
 ventricles unusually dry: cerebellum natural.

Thorax Right lung extends to upper border of 5th rib: left to lower border
 of fourth rib, one inch apart. About 3 oz of transparent straw-colored
 fluid in pericardium. Right cavity of heart filled with soft black
 currant jelly like coagula: weight of heart 13 oz 2 drs: walls
 of all the cavities very flaccid: valves quite healthy. Weight
 of lungs & air passages 5 lbs 3 drs. Texture of right lung, equally
 stuffed with semitransparent grey granulations, size of a millet seed.
 Left lung also stuffed with milium tubercles. At root of this
 lung one or two small patches of cretaceous tubercles were found.
 No softened or crude tubercle in any part of the lung. Both lungs
 floated in water. No pleuritic adhesions. A large quantity of
 frothy serum exuded from every part of the lung on pressure.

Liver. Weight of Liver 2 lbs 4 oz, much paler than natural: capsule
 separate easily: consistence good. Spleen: weight 12 oz: section
 of a bluish claret color. Testes natural.

Kidneys 6 oz 1 dr: capsule separates readily: section natural: Left Kidney
 same weight as other: section natural. Pancreas weight 4 oz

Pancreas lobular structure well marked. Stomach healthy. Intestines healthy

Entered by

Thos Knox Birnie M R C S E.

Candidate.

No. 101.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Remarks
Local Comp.	Thos Chas White	34	Phthisis Pulmonalis	October	Nov 24	Four Months	August	11

Abstract of Fatal Case of Thos Chas White Local Comp. Lt 34.
 Englishman. Labourer. Pensioner from Royal Marines, in which he
 served 10 years, was invalided in 1846 owing to being subject
 to Epilepsy. In August 1852 he contracted a severe cold from
 exposure to damp & wet which became worse. At present
 Oct. 26. The cough is frequent and attended with viscid and
 frothy mucous expectoration - Complains of constriction across the

Chest & pain on inspiration in left infra-mammary region. In examination Percussion yielded a dull sound, especially over the Right Side - On applying the Stethoscope, Murmurs & Sibilant Rales were audible over the Right Mammary region & Sibilant Rales over Left Side of Chest. Body emaciated. Bowels relaxed. Moved 6 or 8 times in 24 hours. Stools thin & watery. P. 100 small & quick. Appetite bad.

(Signed) Andrew Ferguson M.D.

He was admitted for Catarrh. Sent. and ordered expectorants for the cough & Opium & Wine for the Diarrhoea. He continued these medicines with little alleviation of the Chest affection tho' the Bowels were kept frequently moved. On the 29th Oct. I took over charge of Ward No from Dr. Ferguson, ordered a more powerful astringent mixture, and, as he slept badly gave him a draught containing Ammonia & Tinct of Opium at bedtime. He now coughed more frequently & expectorated a good deal of frothy Mucous-purulent Matter. P. very weak. On the 17th he was discharged & readmitted for Pthisis Pulmonalis. Mucous & Sibilant Rales continued. There was dulness over the Right Mammary region & above the Clavich; his legs became oedematous and his features much sunk & emaciated. He was a spoon diet & had extras in the form of wine, Food, & Lattich, eggs. On the 21st Complained of pain beneath Right Mammary, relieved by application of Mustard & Calaplasma. Legs & Ancks bandaged with flannel rollers. Continued his draught at night. Sweats a good deal at night. Copious mucous-purulent expectoration mixed with Blood. On 22nd Disease appeared to have made Rapid Advances. Gargouillement distinctly heard on Right Side. Respiration on Left, Puerile. Right Lung seems to be one mass of disease, particularly in neighbourhood of Clavich. P. 120 and weak, very compressible. Expectoration the same. Bowels continue relaxed and he appears a dying man - I saw him about 8 p.m. on the 23rd & about 1 p.m. on the 24th (morning) was heard by the man next him to moan a good deal, woke up apparently out of a disturbed sleep, was in some pain for about 1/2 an hour when he turned over on his side & died quite exhausted (Signed).

Section Cadaveris -

Henry Farr Lucas.

35 Hours after death. Weather cold & damp. Staff. Asst. Surgeon.

External Appearance Body extremely emaciated. Cadaveric rigidity very fully marked.

Head Weight of encephalon 5 lb. 5 drachms. Milky opacity of Arachnoid covering Surface of Brain. Pia Mater. Cerebral Membranes separate easily from Convolution. 1/2 drachm of fluid in each ventricle. Cerebellum healthy.

Thorax Right Sterne claviculer articulation ^{distended} with Pus. thick & yellow. end of clavich bare & rough. Circumscribed cheesy deposit in

substance of 5th Rib, right side. Anteriorly - Pericardium contains
 4 oz serum. Weight of heart 7 oz 3 drachms - Valves healthy -
 R. Lung adherent to wall of chest by firm adhesions - No
 adhesions on left side. Weight of lungs & air passages 5 lbs.
 Bronchial glands much enlarged. Bronchial Tubes enlarged,
 Mucous Membrane deep red, tubes filled with foamy Mucous -
 Right Lung entirely disorganised by tubercular cavities varying
 in size from that of a pea to that of a walnut, freely com-
 municating with the Tubes. Left lung thickly studded with
 emuls, & a few Miliary Tubercles. Lower lobe much congested,
 thickly studded with Miliary Tubercles - Both lobes float in
 water.

Abdomen Liver weighs 3 lbs. 4 oz. after emptying gall bladder. Healthy -
 Spleen 8 oz. Natural. Left kidney 4 oz. 5 drachms - Close to its
 pelvis is a deposit of yellow emuls tubercles. Right kidney 4 oz
 2 drachms. Healthy. Pancreas Natural. Stomach contracted
 Mucous membrane healthy. Peyer's glands much enlarged -
 Membranes thickly studded with old ulcerations with thick well
 defined margins. Iliac-coecal valve nearly destroyed by the same.
 A.P. Bartley. Candidate -

40 No. 102.

Regiment.	Name.	Age.	Disease.	Admitted.	Dis.	Duration.	Cause.	Age.	Dis.
69th Highland	John McKee	31	Altho.	Nov. 11th	Dec. 11th	3 years.	Malta		

Abstract of fatal case of Jth Patrick McKee 69th Highlanders. At
 31 years of age he died in Malta on Nov. 11th at 12 O'clock A.M.

Service Jth Patrick McKee at 31 in Wickham a Captain. Has served 14
 years in America, 4 in Malta, 7 years in India. Has been salivated
 for venereal diseases more than once, and has Rheumatic and syphilitic
 Ulcers on the joints. First complained of his chest in Malta, when he
 was under treatment in the Hospital for 32 days in 1849, and has
 No. 11th had a weak chest ever since. Has suffered from the present attack 4
 months. - Impaired loss of appetite, but no fever, pain in the chest,
 expectoration abundant mucous, constant, white. Sweats at night, and
 sleeps badly. Pulse 80 and weak. Tongue a little coated. Stools very
 scanty, loose, and attended with pain. Has had more or less hemorrhage for the
 last 3 months. Countenance pallid, with a circumscissed hectic
 flush in the cheeks. Has great appearance of general debility.
Remarks On perusal of this is found to be identical with the above mentioned

from many degrees of night vision, but not much distinctly.
 On applying the Microscope, the respiratory Mammæ can be seen
 distinctly distinctly in the left side, but has rather a bluish character.
 There is also noticed a large vein below the left clavicle. As the
 Marrow was the most recent specimen, he was a house as they are,
 Chalk and Skin, but they did not seem to have much effect. His
 cough was not very distressing, but he expectorated a good deal, and
 had some dyspnea. As the day continued I gave him Sulphate
 of Copper and Opium in 2 grain doses, but this only answered for
 a time, and was changed for Nitrate of Silver. As the disease too stood
 in the night of the 24th in bed. I ordered him an Elixir consisting
 of a small quantity of Storax and Opium, but it was not retained
 long. His appetite was very capricious, and he was every day asking for
 something fresh, was on a poor diet, and he had Blood Spitting,
 pure blood and phlegm, and eggs with a gill of wine. On the morning
 of the 24th at 5 P.M. the Medical Officer F. Gibson was sent for to him,
 and gave him a Mixture containing Decoct of Lead and Opium, Cataplasma
 and Mixture of Potash, which quieted him for a few hours. On my
 seeing him at Hospital at 10 A.M. 24th he was apparently much
 exhausted, and lay moraine as if in pain for two hours, and on going
 to him again at 12 A.M. he was apparently worse. He died soon
 after this without any effort, and a specimen quite worn out, from the
 length and obstinacy of the Marrow I have no doubt there is some
 alteration of the Intestines.

Nov 25th 1852

(By) Henry Can. Lucas.
 Staff M^d Surgeon.

Notes Cadaver 36 hours after death. Weather cold and wet.

External Body much emaciated. Last Mortal Rigidity very slightly marked.

Appearance Surface of body pale.

Head Weight of Brain 15 oz. Substance of Brain healthy. A small
 quantity of fluid in the lateral ventricles.

Thorax Pleural Cavity contains about as much of clear serum. Heart weighs
 10 oz. Valves healthy.

Lungs firmly adherent to the Cavities of the Chest, rather more so
 on the right side than on the left. Weight of lungs each was 4 oz. 1/2. Right lung is tenaciously adhered to by deposition of Pus
 thick, and tubercular matter.

Left lung much larger than natural infiltrated throughout with milky
 tubercles. Slight emphysema along its anterior border. It is
 very red throughout, and floats in water.

Abdomen Liver weighs 14 oz. 6 oz. Gall bladder firmly adherent. Substance

of Liver pale, otherwise healthy. Stomach weighs 12 oz. Stomach & Colon
 their natural. Substance of Spleen firm, and healthy. Kidneys &
 weight of each 5 1/2 oz. Both Capsules separate easily. They are
 somewhat paler than natural, otherwise healthy. Prostate weighs
 3 1/2. Substance healthy. Stomach healthy. Small Intestines
 healthy. Per-Caecal valve, Cecum, and Colon present a thick ca-
 gous appearance produced by ulceration. The base of the ulcers of
 a dark slaty color. Surface greyish. Glands in the Prostate considerably
 enlarged, containing white, cheesy-like matter in
 their interior.

James Samart R. A. M.C.S.E.
 Candidate.

No. 103.

Regiment	Name	Age	Disease	Admitted	Discharged	Duration	Contracted	Reg	Vol	Ward
88 th	Joseph Morgan	23	Phthisis Pulmon.	Oct 15 th / 52	25 Nov th / 52	11 months	Isle of Wight	35 1/2	180	15

History The deceased was an Irishman, a Labourer, of 5 1/2 years service of which
 3 1/2 years at Gibraltar; rest at home. At one period labored under
 Syphilis. Was admitted into the Regiment at Harpfort on 7th August 1852
 suffering from Chronic Catarrh & general debility; also an attack of
 hæmoptysis, which was however soon checked by treatment with acetate
 of Lead with Acetum Opii in small doses. The cough & continued unallevi-
 ated.

Oct 15th On admission was much emaciated, breathing short &
 quick; pulse hurried, small, & weak. Cough very troublesome with
 viscid purulent expectoration & night-sweats. On examining the
 chest, marked dulness was elicited on percussion over right-clavicular
 & subclavicular regions, together with mucous crepitation & Bronchophony.

Oct 18th in consultation. A pectoral mixture was given him, on the
 18th Oct was attacked with severe hoarseness. Treated with Rhubarb
 & Astringent & cathartic mixture. Symptoms of Phthisis Laryngea became
 developed. Strength & appetite gradually decreased; was allowed a pint

Nov 3rd of Porter daily - Suffered from Pyrosis & nausea. On Nov 3rd loud
 gargaillement was heard in right subclavicular region, symptoms increasing

Nov 6th in severity. On the 6th the pulse was quick & stronger; he expectorated a
 good deal of serum together with the mucous purulent sputa. Cough very

Nov 15th hard; also copious night-sweats. On the 15th was attacked with
 diarrhoea, stopped on the 19th by astringent mixtures. Was now

Nov 22nd allowed a Gile of Wine daily. On the 22nd an abscess had formed
 on angle of lower jaw, which on following day burst & discharged a

Nov 24th moderate quantity of thin seropulans matter. On the 24th he was still
 able to walk about the ward; all the symptoms had become aggravated

He became extremely anxious to return home, on the following day; the 25th he expired at 1/2 past 7 A.M.

Nov 26th 1852

A P Barry

Section Cadaveris - 29 hours after death: weather cold & damp. Cadaveric rigidity well marked. Weight of Encephalon 3 lbs; a small quantity of serum in the lateral ventricles; substance of brain & cerebellum healthy.

Thorax Lungs semicollapsed; cellular tissue in anterior mediastinum infiltrated with serum; 2 1/2 oz. of pale straw colored fluid in pericardium. Right lung entirely & firmly agglutinated by old adhesions to parietes of chest. Heart no adhesions in left lung. Heart considerably smaller than natural. Valves healthy except mitral which is thickened & presents a few vegetations on its auricular aspect. Weight of heart 8 oz. 2 drs.

Lungs Weight of lungs & air passages 6 lbs. 13 oz. 2 drs. Some superficial ulcerations of vocal chords. Left lung considerably enlarged, & presents a few tubercular cavities & some patches of crude tubercle. Right lung completely diseased by tuberculous cavities; one at apex size of an orange; the rest completely riddled by smaller cavities.

Abdomen Weight of liver 3 lbs 9 1/2 oz. Capsule separates easily, substance healthy. Spleen 6 oz. 4 drs. Section paler than natural. Right Kidney 6 oz. 2 drs; section healthy. Left Kidney 7 oz. 2 drs. Capsule more firmly adherent than natural; section pale. Pancreas weight 4 oz. Stomach contracted firmly. Healthy. Intestines healthy.

Entered by Thomas Knox Burns
A. A. S.

No. 104.

Regt.	Name.	Age.	Disease.	Admitted.	Died.	Duration.	Contracted.	Reg.	Fol.	Ward
13 th	Patrick McDonnell	33	Phthisis Pulmon.	Oct ^r 15. 52	Nov 26. 52	8 Months	Gibraltar	351	65	11.

Abstract of Fatal Case of Pht. Patrick McDonnell Et 33. 13th Regt. Admitted Oct 15th 1852. for Phthisis Pulmonalis.

History An Irish labourer of 12 1/2 years service of which 4 1/2 in W. Indies, 1 1/2 in Mediterranean, remainder at home. This man stated that in March 1852 when stationed at Gibraltar he caught cold & became affected with hæmoptoeis & afterwards with dyspnoea & sense of oppression in chest, & gradually with night sweats. Since that period he had never recovered, but had become much worse.

Admission On the day of his admission here, he had an attack of profuse hæmoptoeis, which rendered it unsafe to make a physical examination of his chest at that time. After a few days when the hæmoptoeis had disappeared from the sputa & an examination was made comparative dulness of right (paric) & right side generally was discovered, & loud gurgling rales were audible over right

subclavicular region. The respiration in lower part of this lung was full, expectoration copious & mucopurulent. The right side was most profuse & debilitating. In diarrhoea. Whilst in hospital he had several attacks of hæmoptysis. After a short time the physical evidence of disease in left lung also became developed. For several days before his death he was reduced to such a state of extreme exhaustion as to be barely alive. He was continually having got hiccup & retention of urine, for which the catheter was used twice daily. He finally expired on the morning of the 25th Nov^r at $\frac{1}{2}$ past 6 o'clock. A.M. The treatment consisted in the administration of a mixture of acet. Plumbi & Zinci. Digitalis to check the hæmoptysis, and in mucilaginous mixtures with Morphia, wine & nutritive diet.

Treatment

Signed, Samuel Gibson. M.B.
S. A. S.

Nov. 29. 1852

Section Cadaveric

St. Hours after Death. Weather Cold & damp.

Inter.

Appear. Cadaveric rigidity well marked. Body emaciated.

Head

Mixt of meninges 3 lbs. 2 oz. Both lateral & 3rd ventricles filled with serum. Arachnoid covering Brain & cerebellum slightly opalescent.

Thorax

2 oz. of clear straw coloured serum in Pericardium. Right Cavities of heart, distended with yellow Fibrinous coagula. Walls of ventricles firmly contracted. Foramen oval perfectly patent. Weight of heart 11 oz. Apex and Base of left lung firmly adherent, the former to walls of thorax, the latter to the Diaphragm. Weight of lungs & air passages 4 lb. 11 oz. 1 lb. Left lung. In summit of upper lobe, a piece of tubercle the size of a large pea, consistence of dried cheese. Rest of lung thinly studded with Milky Tubercle. Weight 2 lb. 3 oz. 5 lb. Right Lung Upper lobe perforated with numerous tubercular cavities, fully communicating varying from size of pea to that of walnut. Many of them lined with Membrane. Upper lobe sinks in water. Middle lobe thickly studded with yellow crude tubercle and a few Tuberculous cavities. Floats in water. Lower lobe solidified with Tuberculous deposit. A few cavities scattered throughout the lobe; sinks in water.

Abdomen

2 Pints of fluid in Peritoneal cavity. Liver. 3 lb. 9 oz. 5 lb. Flabby. Consistence fragile. Foramina granular. One or two spots of yellow Fibrinous deposit, apparently round the Vessels. Paler than natural. Spleen 11 oz. 1 lb. Externally pale slate colour. Section dull claret. Right Kidney 6 oz. 5 lb. Capsule

167. Separates easily - Very pale externally and on section - Left Abdomen
 Kidney 7 oz. Capsule more adherent. One or two small cysts at
 junction of cortical & Pyramidal substance. Pancreas & D.
 healthy. Stomach contracted. Mucous Membrane healthy -
 Scars of old ulcer in Cecum, of irregular darkened edges, &
 $\frac{3}{4}$ inch long diameter.

A. P. Bartholomew L. R. C. S. I.
 Candidate.

No. 105.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
1 st Bn Royals	James Milne	19	Phthisis Pulmonalis	Oct. 22 nd 52	Dec 18 th 1852	4 months	Portsmouth	352	123	11

Abstract of fatal case of Private James Milne 1st Bn Royals
 Class 19 admitted 22nd October 1852 - Duration of disease about
 4 months contracted at Portsmouth - Died 18th December 1852
 at a quarter to 11 P. M. in ward 11 of Phthisis Pulmonalis
 Register 352 Folio 123

History - A Scotch labourer of delicate frame and scrupulous habits, of 14
 months service - He appears to have first commenced to succumb to
 the disease last September, at which time he was admitted into the
 Regt Hospital - He had once before been in Hospital for some
 affection not specified - On admission there he was found to
 labour under the usual signs and symptoms of rather advanced
 Phthisis, namely, emaciation, capacious appetite, & hectic perspiring.
 On percussion the chest is stated to have been duller than natural
 over both sides and Vesicular crepitation & Rhonchi were heard over both
 mammary regions, especially the left -

Present On admission - The left clavicle and sub clavicular region was
 Symptoms Found duller than natural, loud Vesicular crepitation over
 Oct 24/52 both anterior and superior portions of the chest -
 The cough was severe, with incessant expectoration, night
 sweats, quick pulse, emaciation and debility -

Nov - 2nd Nothing particular is noted till the 2nd November when
 he appears to have had a slight pleuritic attack, accompanied
 by dyspnea with severe pain in right side and lower sternum.
 For this he got a sinapium which appears to have afforded relief
 as the symptoms remained, with this exception, unaltered, up
 November 26th to the 26 November when he was discharged to proceed home -
 Readmitted the next day being unable to travel - Up to Dec.
 Dec 8th the 8th he appeared rather improving, than otherwise -
 The sweating ceased, and was not superseded by diarrhoea

Dec 8th The Pulse became rather stronger, his appetite improved — The physical signs, however, were at this period of a well marked character indicating extensive disorganization of both lungs particularly in the right, its upper portion — In this situation loud garglement, and extreme vocal resonance were heard — At this time the Cod liver oil which hitherto doubtless had kept him up, disagreed so much with his stomach that I was obliged to stop it — On the 9th he became much changed for the worse, but struggled on till the 18th when he died without pain at a quarter to 11 P.M. at night, having remained up during the day till the 17th.

The treatment was entirely palliative, consisting of cod liver oil tonic and nourishing diet, with expectorants and calumatives, as creosote & Hydrocyanic acid, which gave great temporary relief.

Signed

A. S. Bartley

Candidate

Section Cadaveris

13 hours after death — Weather cold and damp —

Body moderately emaciated — Rigor mortis very slightly marked —

Head Arachnoid surfaces adherent in the neighbourhood of the Pacchionian Glands — Serous covering of the summit of the hemispheres

milky and opalescent — White substance of Brain firm —

Septum Lucidum and Fornix softer than natural —

Choroid Plexus pale; very little fluid in the ventricles

Cerebellum, Pons and Medulla healthy

Thorax In cutting into the right pleura a quantity of fat escaped; right lung much compressed, extends to upper border of 6th rib and attached by old cellular elongated adhesions to the costal of 5th & 6th ribs; left lung free from adhesions, extends to upper border of 7th rib, cellular tissue of anterior mediastinum infiltrated with serum; 4 ounces of turbid greenish yellow fluid in right pleural cavity 6 ounces of

Heart greenish yellow fluid in the Pericardium — Weight of heart 8½ ounces: weight of lungs and air passages 5 lbs 6 oz 2 drachms: vocal chords and mucous membrane of trachea

Lungs covered extensively with superficial ulcerations; right lung no perforation to be discovered, apex one large cavity the size of an orange, rest of the lung infiltrated with tubercle and contain numerous small tuberculous cavities; every part of the lung sinks in water: left lung, lateral portion of upper lobe extensively infiltrated with coarse yellow tubercle

169
Lungs in water, lower lobe much congested floats in water
Liver weight 3 lbs one ounce 2 drachms, capsule sepa-
rated very easily, section natural,

Spleen reddish slate color, external consistence
good, section paler than natural, weight 4 1/2 2 3/4

Kidneys, Left Kidney 7 ounces considerably congested -

Right Kidney capsule separated readily much paler
than fellow - Pancreas, tubular structure well marked

Stomach, Plicae well marked, Mucous membrane rather pale -
Intestines, Lower portion of ileum presents considerable abnormal
vasculosity, no ulceration, Mesenteric glands enlarged
and indurated

John J. Scott L.R.C.S.I.
Candidate

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg.	Vol	Trans
92 nd	James Robertson	20	Phthisis Pulmonalis	30. Nov. 1852	25 Dec. 1852	6 Months	Cough	352	188	11

Abstract of Fatal Case of the James Robertson 92nd Regt.

History. A Scotchman. Formerly a labourer & gen. 1 month service of
which 1 year 4 months in Mediterranean. Rest at home -

Of delicate anemic appearance & scrupulous diathesis - Does
not appear to have previously laboured under any other par-
ticular affection but was 64 days in the Regt. Hospital for
the present malady - Had an attack of haemoptysis 2 years
ago lasting 2 days, which he did not report.

Present Symptoms. Three are, cough, copious mucopurulent expectoration, rapidly
increasing debility. P. 110. - extremely weak. Anasarca of lower
Dec. 1. extremities - Urine scanty, containing a great quantity of albumen
loaded with albumen & of sp. grav. 1.032. Suffered much from
thirst. Appetite good - On examination of chest the right
clavicular gave a better sound on percussion than the other. There
was also considerable dullness over the right infrascapular
region. On applying the stethoscope, intensely marked mucoc-
crpitant rales were heard over every part of chest but particularly
in Right subclavicular region over acromion & ridge of scapula.
I could not detect any other sound mixed with it. Abdominal

Dec. 5. cavity was also distended with fluid. On the 5th he got an
attack of diarrhoea which subsided spontaneously next
day - The general anasarca at this time was much lessened.

All the other symptoms unchanged - Passed about a pint
Dec. 17. of water in the 12 hours. Edema appearing in face and
upper extremities - Eyelids puffy. Complexion cadaverous.
Complete anorexia. Urine very scanty. Frequent and exhausting

Dec: 18. attack of diarrhoea - P. 110. extremely weak. On the 18th he¹⁷⁰
was suddenly attacked with extreme pain in Right side
& such dyspnoea as to prevent his lying down. Passed the
night in a state of orthopnea - A blister was applied and
he got a few draughts of ether & ammonia - On next day was

Dec: 19. rather better - much relieved by the blister - Slept a little being
enabled to lie on his left side a little. He never rallied and
gradually sunk until his death which took place on the

Dec 23. 25th at 2 o'clock A.M. The treatment consisted of diuretic
treatment. Both in mixture and pill counterirritants, sedatives and
laxative stimulants - A. F. Baring - Candidate -

Electus Cadaveris -

3 1/2 hours P. M. weather cold & damp -

Post: App: Cadaveric rigidity absent - Emaciation moderate. All the ex-
tremities adematous.

Head - Arachnoid surfaces adherent - Weight of encephalon Lt. 15 3/4.
3 Dr. R. M. Matter deeply congested. Very little fluid in ventricles
consistence of Brain natural. Cerebellum healthy -

Thorns. Lungs not collapsed - Right extends to upper border of 5th - Left
to lower border of 5th ribs - Right cavity of heart contains large
Fibrous congeries - Fibrin interlaced in Columna carnea. A
quantity of black coagulum in left cavity - Valves healthy -
Weight 6 3/4 oz - Right Pleural cavity contains 3 1/2 pints of
pale yellow turbid fluid - Inter right pleural surface
covered with thin layer of recent lymph - Left pleura extending
attached by old cellular adhesions - Weight of lungs & air passages
Lt. 11. oz. 3 Dr. Rt. Lung condensed. Apex extensively infiltrated
with Tuberc. In or 12 small cavities - Root of lung studded
with a number of Hilary tubercles of large size. Floats in water.
Center of posterior part of the lung there is a tubercular cavity
size of walnut - On pleural surface corresponding to this is
thick pale membrane of old standing - Left lung. at extreme
apex well defined tubercular cavity lined with pale membrane.
Root of lung thickly studded with Hilary Tuberc. Lower lobe
deeply congested. Whole of this lung floats in water.

Abdomen Weight of liver 3 lb. 7. oz. 1 dr. Spleen firmly adherent. Texture
dense. Section smooth. Spleen 7 oz 3/4. Section very smooth substance
dense - Pancreas 3 oz. slightly congested. Stomach. Rugae well
marked. Mucous membrane opaque - Right Kidney Weight 8 1/4 oz.
Capsule separates easily - External surface a dull buff colour
Section. Pyramidal substance very deficient being replaced by the
yellow cortical substance - and presenting a well marked instance
of Bright's disease - Left kidney 8 oz. Appearances same as fellow -

17/
Abdomen. Intestines - Peyer patches well marked & of a dull green colour.
 Cecum ulcerated & ragged. At junction of ascending and
 transverse colon there was a small perforation. In for 2
 point of ulceration passing thro' walls of large intestine -
 Peritoneum covered with a quantity of recent lymph - 3 1/2 lbs.
 of fluid in Abdominal cavity -

A. P. Bastley - L. R. C. S. D.
 Candidate -

Dec: 24th 1852 -

No. 109.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg	Vol	Ward
12 th	Bernard Lee	32	Scrophula	27 th Aug: 1852	29 th Dec: 52	14 Months	Chatham	150	175	No 7

Abstract of Fatal Case of P^{le} Bernard Lee 12th Regiment of Foot.

Admitted into Fort Pitt General Hospital on the 27th of August 1852
 having suffered from Scrophula of the glands of the neck and phthisical symptoms
 consequent upon an attack of Influenza 20 months ago at Chatham.
 Died at 10 1/2 P.M. 29th Dec: 1852 in Ward 7 -

History

An Irishman a Labourer - 14 years service - Had enjoyed good
 health until 20 months ago when he had an attack of Influenza - after
 which the glands under right lower jaw began to swell. he was affected
 with pain in the chest and copious haemoptysis - The swollen glands
 plugged the expectoration became mucous purulent - and on admission
 into this Hospital on the 27 August 1852. there was a large open ulcer on
 right side of neck and extensive burrowing of matter among the muscles
 there was dyspnoea and Coagly resonance of voice, under right clavicle
 a loud gurgling rales throughout the right lung he was much reduced
 in flesh and strength and the subject of Sticth with occasional diarrhoea.
 From this time the cough dyspnoea and all the symptoms with slight
 intermissions increased - the expectoration and all the sounds in the
 lungs continued to indicate the advancing state of the disease - while the
 sinuses in the neck barrowed deeper and deeper - until he died on the
 29th Inst.

Treatment

Cod Liver Oil seems to have been the remedy principally used
 but without effect. Sedatives at bed time, and Stimulants when
 required with whatever diet the patients state would admit of.

Signed

E. Macpherson

Staff Surgeon 2nd Class

Section Cadaveris - Fourteen hours after death -

External Appearance

Body externally emaciated. rigor mortis well marked in all the
 extremities. extensive and deep ulceration upon, and above right clavicle

Head Alura Mater firmly adherent to the Calvarium near the Anterior fontanelle. Weight of Brain 5 lbs 5 oz 4 drs. Pia Mater congested, consistence of hemispheres natural. Moderate quantity of clear serum in each lateral, and also in third ventricle; choroid plexus pale. Cerebellum, Pons, and Medulla, healthy.

Thorax Lungs collapsed - Right lung extends to upper border of 7th Rib - Left to the 6th lower border - one inch apart all through Anterior Mediastinum.

Heart Two ounces of clear greenish yellow fluid in the Pericardium. Right cavity half filled with semi fibrinous Coagula. Walls of left ventricle contracted and tough. Valves with Atheromatous deposits. Weight of Heart 7 oz.

Lungs Weight of the Lungs and air passages 3 lb 3 oz. Posterior cornu of both vocal Chords extensively ulcerated - the Cartilages being laid bare.

Right Superior lobe somewhat condensed contains several tuberculous cavities of moderate size, also filled with crude tubercles also milicing.

Left Middle and lower lobe studded with tuberculous deposits. Apex contains a tuberculous cavity about the size of a large orange, crossed by numerous bridges, which on section are found to contain blood vessels, rest of upper lobe thickly studded with smaller tuberculous deposits and tuberculous cavities in all stages of development - Lower also thickly studded with tubercles - portions from every part of the Lungs float in water.

Abdomen }
Liver } Weight 5 lb 2 oz Gall bladder distended with very dark green viscid bile - Capsule fragile and firmly adherent to the viscus, section slightly nut meg in appearance. Texture dense.

Spleen Weight 6 oz 3 drs. - Section paler than natural and mottled.

Left Kidney Weight 4 oz Capsule separates easily - on section considerable quantity of dark blood exudes from margins of pyramids - texture dense few small deposits of tuberculous matter.

Right Kidney Weight 4 oz 2 drs - Capsule separates easily tuberculous deposits varying in size from a pea to a hazel nut.

Pancreas Weight 2 oz dull buff colour.

Stomach Contracted. Mucous Membrane opaque.

Intestines Whole of small intestine presents old ulcerations with irregular and thick margins increasing in size and number towards Cecum - Ileo Cecal valve almost destroyed by old ulceration.

Large - It presents several cicatrices of old ulceration.

Wm Smith
Candidate

Dec 31st 1852 -

Ref.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
86	Thomas Guinan	27	Syphilis	May 1 st 52	Jan 3/53	25 months	Deera Bombay	141	236	12

Abstract of the fatal case of Private Thomas Guinan 86 fort
Private Thomas Guinan. Aged 27 86th fort. Admitted into Fort
Pitt General Hospital 1 May 1852. Contracted Syphilis at Deera
in Bombay in November 1850. Died 3 January 1853. Disease
Syphilis Consecutive

Register 141. folio 236. Ward 12

An Irishman, a labourer, 9 years service 7 in India, of deli-
cate constitution, but generally healthy, until November 1850,
when he suffered from a severe attack of remittent fever in
India, during which primary sores broke out on the prepuce.
The fever and primary sores yielded to the usual remedies;
but a copper-coloured eruption over the face and extremities,
and ulcerated tonsils, quickly followed these first affections,
for which he had taken mercury. The tonsils healed under
the use of Hydriodate of Potash and local applications, but
the eruption on the extremities degenerated into large sy-
philitic patches, which discharged thin matter forming
scabs on their surfaces. While under treatment for these
secondary, an attack of Diarrhea nearly proved fatal; and
from this time he seems never to have rallied.

On admission into this Hospital, he is represented as having
been cachectic in the extreme, weak and emaciated,
having been in Hospital during the voyage from India.
Iodide of Potassium, Bichloride of Mercury, and Sarsaparilla
were exhibited at different times. The constitution gra-
dually sunk without any other complication of symp-
toms; for weeks past brandy has been the only diluent
that could be borne on the stomach. He sunk exhausted
at 2 P.M. yesterday, having been in a raving state for 20 hours
preceding death.

Signed E. Macpherson
Staff Surgeon 2^d Class.

Fort Pitt General Hospital
January 4th 1853.

Section Cadaveris

Twenty-two hours after death

External Appearance Surface of body yellow in tint, emaciation extreme, rigor mortis well marked, extremities and trunk covered with patches of Erysipela and superficial ulcerations

Head Surfaces of arachnoid firmly adherent in the neighbourhood of Pachionian glands. Weight of Encephalon 3 lb 6 oz 1/2. Pia mater congested somewhat, convolutions pale.

Slight serous effusion at base of brain. Choroid plexus pale and slightly yellow in tint. Brain substance firm, Cerebellum, Pons, and Medulla natural

Thorax Lungs collapsed. Each lung extends to the upper border of the sixth rib. No adhesion. Half an ounce of bright citron coloured serum in the Pericardium. Peri and Endocardium stained yellow. Mitral and Aortic valves thickened at free margins, but not shortened. Weight of heart 8 1/2 oz. Weight of lungs and air passages 2 lb 10 oz 2 dr. Right lung, lower lobe congested, a quantity of purulent matter emerges from Bronchial tube on pressure. Natubercles

Abdomen In cutting through the abdominal parietes, the liver was found extending across the cavity, and several inches below the false ribs on both sides. The Hepatic notch entirely on the left of the Median line; Gall Bladder moderately distended with thick green bile. Glisson's Capsule firmly adherent. Section of viscera smooth and dense. Fracture extremely rough and granular. Substance breaks down readily. Weight 8 lb 12 oz. On (microscopical examination, found extensive interstitial deposits consisting of compound granular cells and fat granules, the latter in greater abundance, external to them inside the Hepatic secreting cells, which appeared to be much affected by compression and were loaded with biliary secretions. Spleen weight 8 oz. External surface and section paler than natural, natural in texture. Right Kidney 7 oz. Capsule separates easily. Distinction between pyramidal and cortical substance, in some places wanting, in all only slightly marked. Left Kidney, weight 7 oz 2 dr. Same appearances as fellow. Pancreas 2 3/4 oz. Natural. Stomach contracted moderately, mucous membrane opaque stained yellow; Mucous membrane of intestine, stained with bile no ulceration.

January 14th 1853

Wm Brown. M. D.
Candidate.

Regt	Name	Age	Disease	Admitted	Died	Months	Contracted	Register	Folio	Ward
42	Gavin Shuthers	30	Phthisis Pulmon	Nov. 24 th 1852	Jan. 21 st 1853	58 days	Fort Pitt	38	98.	6

Abstract of the fatal case of Corporal Gavin Shuthers. 42nd Regiment. Corporal Gavin Shuthers Aged 30. 42nd Regiment admitted into Fort Pitt General Hospital 24th November 1852. Contracted Phthisis Pulmonalis at Fort Pitt Chatham, November 24th 1852. Died at Fort Pitt Chatham, January 21st 1853. at 1/2 past 6 o'clock a.m. in ward No. 6, Register Vol 38. Folio 98.

History

History. A Scotchman, heavier, total service 11 years and 7 months, of which 6 1/2 years in the Mediterranean, 4 1/2 years in Bermuda, the rest at home. Was first attacked with Ophthalmia in August 1850, since which time, he has been twice in hospital with the same complaint, the last time from the 11th of May, to the 15th November 1852. On admission into this hospital, complained of cough, accompanied by mucus purulent expectoration. On Decr 10th 1852 the cough was much more frequent and severe, complains of pain in right mammary region, on percussion chest sounds pretty clear, and mucus rales are audible over both sides of chest. On the 12th Decr. he was somewhat better, but on 13th he was again seized, with a severe pain in right supra mammary region. From the 13th Decr. to January 8th 1853 there was slight improvement, on the 9th he was much troubled with the severity of cough, sputa mucus purulent and copious, pectoriloquy less distinct, in interscapular region. From this date to 19th January, cough frequent, sputa copious and tubercular looking, patient sweats a great deal, cheeks have a hectic flush, on 20th Jan was transferred to Medical Division, but on account of the catarrhal discharge from eyes was not removed from the Ophthalmic Ward.

Treatment. The treatment for Ophthalmia consisted in blistering, fomentations, colliria of every kind, purgatives, and attention to the system generally, and for the chest affection, cough mixtures, blisters, and Mustard poultices to chest, occasional doses of castor oil to relieve the bowels, and for the last few nights, a draught containing solution of the Muriate of Naphtha and Camphor mixtures.

Sectio Cadaverica

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External appearance Twenty nine hours and a half after death, weather cold and damp, body emaciated: cadaveric rigidity moderately marked in all the extremities: on the upper part of each cornea is an ulcer about the size of a small split pea, apparently penetrating to the lining membrane of anterior chamber of the eyeball.

Head Weight of encephalon two lbs thirteen oz: considerable sub-arachnoid effusion: arachnoid surfaces adherent at tops of Hemispheres: arachnoid opalescent and somewhat thickened: Each lateral ventricle contains a moderate quantity of serum. Third ventricle natural the soft commissure being firm: Cerebral substance healthy.

Thorax Right lung extends to lower border of fifth rib, left lung to upper border of sixth rib.

Heart Moderate quantity of straw coloured fluid in the pericardium: tricuspid and pulmonary valves healthy. Aortic valves extensively reticulated at the free margins: Left ventricle contains a fibrinous coagulum firmly interlaced with the columnae carneae. The larger tongue of Mitral valve greatly thickened at its free margin. Weight of heart eleven oz. two drachms.

Lungs Upper and posterior surfaces of both lungs, firmly agglutinated to walls of chest by old cellular adhesions: Weight of lungs and air passages six lbs eight oz and two drachms: posterior ends of both vocal chords extensively ulcerated, the yellow submucous tissue being exposed.

Right Lung Upper and Middle lobes firmly adherent to each other Apex of lung riddled by tuberculous cavities varying in size from a hazel nut to a ball nut. Lower lobe congested and condensed but floats in water: studded with numerous deposits of yellow crude tubercle.

Left Lung Section greenish slate colour: upper lobe riddled by tuberculous cavities: upper portion of lower lobe containing a few cavities, remainder of lung studded with crude tubercles.

Abdomen Gall bladder contains a small quantity of dark orange coloured bile: weight of liver three lbs eight oz. & 4 drachms capsule separates easily; upper surface of the right lobe presents streaks of dull yellow colour corresponding to the ribs of that side: texture of the organ firm: fracture granular: colour dull yellow.

Spleen Weight of spleen six oz. section and colour natural.

Right Kidney Weight of right kidney five oz and a half capsule separated

in removal from the body.

Left Kidney Weight of left Kidney six oz and a half: capsule separates easily, sections natural.

Pancreas Weight of Pancreas five oz. lobular texture well marked.

Stomach Surface pale opaque: mucous membrane at fundus thinner than natural apparently from the action of the gastric secretion: Mucous membrane generally softer than natural.

Intestines Ileum contains a few small superficial ulcerations: Mesenteric glands enlarged and indurated: Ilio caecal valve and caecum also large intestine extensively ulcerated; the ulcers increasing in size and number from above downwards, terminating about the middle of transverse colon.

W^m M^r MacKinnon L. R. C. S. Edin^g
Candidate

January 23rd 1853.

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Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
34	Leonard Mateo	24	Phthisis Pulmonalis	Nov 20 th 1852	29 th Jan 1853	6 Months	Aberdeen	348	137	15

Abstract of the fatal case of Privet, Leonard Mateo, 34th Regiment - Admitted 20th November 1852 - Duration of disease six Months - Contracted at Aberdeen - Died in Ward 15, at 1/2 past 2 a.m. 29th January 1853, of Phthisis Pulmonalis -

History. An Irish labourer, 9 months service at home, having for a short time previously been a glassblower; it appears from the history of this man's case that shortly after his enlistment he shewed signs of a weakly Phthisical constitution, was subject to occasional fits of mental excitement; and was also addicted to spirituous liquors -

Present State. Complaints of cough, attended with copious expectoration of greenish, mucopurulent matter; he has lost much flesh during the last two months, and is now considerably emaciated - On sounding the Chest, both sub-clavicular regions were dull on percussion; the right the most so: the vocal resonance was much increased, and most audible in the right sub-clavicular region: these symptoms were accompanied with much general debility - Pulse 100, Appetite good -

December 17th. Little or no change took place until the 25th Inst, when a mucopurulent rale became perceptible mostly under the right clavicle; and the cough was not relieved; on the 9th December, Oedematous swelling of the left leg took place, complicated with Phlebitis, which yielded shortly to fomentations, and disappeared altogether on the 17th; during this time however, the disease was making rapid strides, the cough, and expectoration were increased; and he became, from day to day, sicker, and more emaciated; hectic towards evening, with occasional profuse perspirations in the morning. It is unnecessary to specify further details of the complaint; suffice it to say, that the symptoms continued with little or no alteration (except that the debility gradually increased); until he sank slowly, and died at the above-mentioned hour.

Treatment. The treatment in this case, appears, not to have differed much from that usually followed in like instances; and consisted, in the use of "at first," Cod-liver oil, with Counter-irritation; and subsequently, of the various expectorants; sedatives at night, together with Milk, and nourishing diet -

(Signed) Tho^d. Cowan Staff-Surgeon 2nd Class

Fort Pitt
30th February, 1853.

Copied by Charles B. Nope
Candidate

Sectio Cadaveris.

Thirty three and an half hours after death; weather cold, and dry.

External Body emaciated, rigor mortis well-marked.

Appearance

Head Arachnoid surfaces adherent, weight of Encephalon three pounds, four ounces. Convolutionis of anterior lobes generally smaller than natural, sulci also shallow. Substance of hemisphere unusually firm, ventricles, and cerebellum natural.

Thorax Right lung extends to lower border of sixth rib, left lung to border of seventh.

Heart Weight, ten ounces, and three quarters of an ounce, three ounces of fluid in Pericardium, valves healthy.

Lungs firmly agglutinated to walls of chest; weight of lungs, and air-passages six pounds. Mucous membrane of Trachea thickly studded with milky tubercles. Almost entire of right lung riddled by tuberculous cavities; intervening pulmonary substance quite solid, sinking in water; except, the extreme lower margin. Upper lobe of left lung in same condition as lung of opposite side; lower lobe much congested, contains a few tuberculous cavities, and depositions of crude tubercle.

Liver Weight, three pounds, nine ounces; capsule tears away substance of organ on being separated; external surface granular, much paler than natural.

Spleen Weight, eight ounces, and three quarters of an ounce; appearance is natural.

Left Kidney Weight, six ounces, and three quarters of an ounce, capsule separates easily, section natural.

Right Kidney Weight, six ounces, and an half; appearance natural.

Pancreas Weight, three ounces, and three quarters of an ounce, lobular texture well-marked.

Stomach Healthy.

Intestines Entire of small intestines studded with small, superficial ulcerations, particularly in the seat of the glandular Agminate.

Charles B. Mose
Candidate

Fort Pitt

3rd February, 1853.

No. III.

Regt	Name	Age	Disease	Admitted	Discharged	Contracted	Regt	Folio	Ward
38 th	John Rivers	23	Typhoid Concurrent	Nov 15/52	Feb 2/53		352	219	15

Abstract of Fatal case of John Rivers private in the 38th Regt admitted into Fort Pitt General Hospital on November 15th 1852 for "Typhoid Concurrent" in the Surgical division. from which he was discharged February 6th 1853 to the medical division to be treated for "chest and liver" affections. where he continued until the 26th of same month, and was treated for "chronic Hepatitis". He died in tent 15 on February on 26 February 1853 at the hour of one.

History. Was an Englishman formerly a labourer aged 33 years 180
 had been in the service 5 years and 6 months, all of which were served
 at home. The greater part of which was in Hospitals. About im-
 munity. Immediately after enlistment, he was taken under treatment
 for a "Catarrhal affection" from which he dates all his ailments.
 afterwards he had "Tetanus", "Morbus Cordis", "Erysipelas", "Asites".
 He had "Syphilis" a year after enlistment, for which he was
 submitted. Eighteen months after was admitted with same
 disease, and was again submitted. When he was admitted
 for asites, it was discovered he had "Syphilis" again, a few
 weeks after his admission an eruption broke out on his face
 and the throat became sore. The date he was admitted into Fort
 Pitt Hospital, Surgical Division, is then stated, "Mucous discharges
 and presenting a cachectic appearance. The abdomen is swollen, in-
 ducing an effusion, the limbs emaciated, there is a kind of paper-
 like eruption on his face. his throat causes much pain in swallowing
 and is quite loose. The pelvis is not perfectly and there is ulceration
 of left testis. He cannot obtain at rest at night, and his health is quite
 broken down. On this report from the Assistant Surgeon of 30th Regt States
 "P. John Rivers aged 33 years 11 months, total service 4 years 3 months
 all at home, born out, a man of unhealthy scrophulous constitution, was
 has admitted under "Asites" 7th Oct 1852. being found labouring under
 "Syphilis Peritonaei" was readmitted under that disease, the disease first
 appeared 7th Oct. 52. He was being then stationed at Dover Castle, first admitted
 under "Tetanus" 28th December 1848. Discharged March 5th 1849, admitted again
 for "Catarrhus, Acutis" 10th June same year. Discharged April 6th same year
 under "Gumma Testiculari" Dec 4th 1849. Discharged 22nd same month under "Tetanus"
 3rd May 1850. Discharged 5 July same year under "Scrophulus" 12 July 1850
 discharged 26 August same year under same disease 24th December 1850
 discharged 4th Jan 1851 under "Morbus Cordis" 24th Oct 1851. Discharged 14 Jan
 1852 under same disease 11th May. Discharged 26th June same year
 readmitted under present disease 30th Sep 1852. unfit for military
 duty from a debilitated and broken constitution.

Insult } has admitted into bond 15 July 6. 1853 when Dr. Cowan then in
Statement } reported on him as follows. he complains of pain in the region of liver
 as well as in the left hypochondrium. The pain is increased on
 pressure and there appears considerable enlargement of the organ
 itself. He bears the results of treatment which he underwent about
 ten years ago in his regimental Hospital, at which time he states
 that he had an attack of jaundice, and from which time he has never
 been well. Countenance yellow and sallow. Apoptotic head. pulse 92
 small

Treatment On admission took brand 15. five grains of mercury bright and strong.

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 External, for the first five days. and an ammoniac. "Emment" plaster
 over liver also a mixture of Turpentine Liniment. which seems to
 have benefited him. The nursing was stopped on the 13th Feb. as the
 gums were low. Some days after he complained of pains extending
 across the "Epygastria Region" on the left side. appetite good. bowels
 quite regular. 17 Feb. pain better appetite good urine of a deep
 yellow. colour 33rd going on well on the 25 a sudden vomiting of
 bilious matter came on mixed with blood. full very weak. tongue
 foul. pulse 116. Late month. complaint of coldness. State he has had
 a bleeding from the gums about a week since. he got during the day
 the following mixture. just dyspepsia. bowels were regular.

℞ Symplic. Ammoniac. Acetatis 3j

Lintens. Symplicum 3ij

Aqua Rosacea 3℥ss. In fact Similem

Cupit. Colicium Myrum secundis Loris -

He also received a Mydriatic draught. and Simplicum was
 applied over the Epygastria on the 26th the vomiting returned. spoken
 breath, skin cold, stimulents were then administered, and the
 following draught, ℞ Symplic. Ammoniac. Acetatis 3j

Lintens. Complanis

Aqua Rosacea 3℥ss. In fact Similem

Lintens. Symplicum secundis Loris

When first admitted into bed 15 he was put on. Spoon diet
 and Symplic. which were similar to the 14th potatoes to 12. Symplic. Symplic.
 Ammoniac. on the 7 February appetite so far improved that he
 was placed on half diet. on the 26th February at noon the death
 rattle took place in his throat. at half past one he vomited
 some bilious matter mixed with mucus and blood. shortly after
 expired.

Section. Cadaveris.

External Appearance } Twenty three hours after death, weather, cold and damp. Cadaveric
 rigidity moderately marked in the extremities. body rather full
 marks of blistering and cupping on right side over the region of liver
 also of cupping under left breast. a cutaneous on each groin. a
 small superficial ulcer on right tibia. remarkable fulness about
 the throat.

Brain } On opening the brain there was great congestion of blood vessels
 a quantity of serum at the base of brain. the bright 3rd 10th 3rd durs
 was of a firm consistence, about 2 inches of fluid in each lateral ventricle
 - such

Lungs. Inflammation of mucous membrane, but no ulceration.
There was an effusion of serum in the cellular tissue
surrounding the gland. adhesions very strong of both lungs
and an effusion of ser. purulent matter in posterior part of cavity
of pleura. exudation of lymph on pleura-pulmonalis & costalis
weight of lungs 5 lbs 11 oz. greatly congested. frothy. sunk
when placed on water. lower portion of right lung hepatized
Recent weighed 15 g. in cutting into right ventricle as mass of
fibrin was found. also a smaller in left, formed by profuse
and deposition of fat
Liver } Liver weighed four pounds five ounces. capsule easily separated
pale, buff colour, fatty. left lobe hard, and nodulated
Gall bladder } Gall bladder its contents of a dark green colour
Spleen } Spleen weighed 1 lb 14 oz. very firm and hard
Kidneys } Kidney right weighed 9 g. splenic appearance much paler than
natural, capsule adherent,
Kidney left 7 g. 5 dms. Same appearance as left but is longer
Pancreas } Pancreas, weighed 3 g. 3 dms. large very hard and cartilaginous, pale
Stomach } Stomach was healthy -
Intestines } Small intestines were healthy and also large took description of
of Neston, which was thickened. There was slight congestion of
mucous membrane occupying a number of a Shilling's size
Omentum } Omentum very fat -

Copied Robert Ferguson

Fort Pitt

Ameliasburg

March 8th 1853

No. 112-

Regt	Name	age	Disease	Admitted	dis	Duration	Contracted	Regt	Vol	Ward
23 rd	Nicholas Murphy	18	Pecrosis	Oct. 24 th 1852	March 7 th 1853	270 days	Castleton Isle of Man.	132 nd 154 th	71	No 2

Abstract of fatal case of private Nicholas Murphy aged 18 of the 23rd Regt
Admitted into hospital 24th Oct. 1852. Died at Fort Pitt General Hospital
March 7th 1853. Was an Irishman had been a labourer previous to his
enlistment, and was in the service 23 months all of which he served at
home; he was brought from Castleton on the 28th May 1852 and was
from that time up to his admission here in Military Hospital Chester
a large abscess formed beneath his right tibia which was opened. Pecrosis
was shortly after discovered, he had at the time the peculiar 'Rickett's'
tongue and of passion of countenance, he then complained of pain
in his right side, and a swelling was observed which was diagnosed as

Hepatic Abscess. This was found pointing externally, however it was not thought a fit case for operating on, his Constitutional symptoms not permitting it, he was treated with apparent good effect by a combination of Iodine and Mercury, and frictions of Iodide of Lead and Tricloride of Iodine; he was then on half diet, wine & porter. Until lately the nature of the Abscess was returnable into the Hepatic Cavity. There never was any Hepatic Abscess. On admission here he stated that he never had Gonorrhoea or Syphilis, that he never was salivated, he never was vaccinated, but bore the marks of small pox pustules; he complained of sharp pain in his right side in the region of Liver for which blisters had been applied. The pain was situated parallel with the 10th rib. His entire body thick and extremities were oedematous. There was great oedema in Scrotum; and also testis. He complained of pain in region of heart. Nothing was detected but that the second sound was not as audible as it should be. His Chest was quite clear on Percussion. Never had Homoptysis or palpitation. The Urine at this time was not discharging much. The Necrosis appeared gradually enlarging. He was ordered the Decoction of Scaparium. 5pts of Nitric Ether and Ant. of Squill. These seemed to have afforded him some slight benefit; the swelling of legs diminished. He also got small doses of the Blue pill the Anus sore having gone. Some lymphatics in the groin were observed to have become inflamed and swelling appeared to have some connection with the sore on Tibia, which has now looking very healthy and granulating. Tinct. of Iodine was applied daily to the gland, he complained also of short Cough. Auscultation detected a Sibilant Pileus, Percussion elicited no difference, A pectoral Mixture was given him which seemed to give him relief. The swelling in groin still continued enlarging. The sore on Tibia also discharging much. He expressed himself as not feeling better but was greatly comforted. His symptoms continued for some time with very little variation. On the 15th Nov. he complained of Nausea and dull pain in Epigastric region extending to Hypochondrium and of very great debility. Linapisms were applied and powders composed of Calomel and Carbonate of Soda were ordered which seemed to have given him some ease. 27th Nov. attacked with dysentery, he had five motions from the bowels during the morning, there was no tenderness on pressure on the abdomen, Rhd. sub. mur. & Pulv. Ipecac. were administered in small doses. Dec. 1st More than three ounces of Pus came away from the femoral gland this morning. This continued daily discharging more & more. Another small abscess in same region was opened by Dr. Meigs and 2 Ozs. of Pus came away. He was then taking Decoction of Sarsaparilla and Tincture of Opium. Very little variation now in his symptoms, complaining of pain in back and weakness he was ordered Iodide of Potash and Tincture of Iodine.

26th Dec. Diarrhoea again set in, bowels being moved most frequently and continuing so for some days but eventually was checked by astringent Medicines; he complained of constant and severe pain in Epigastrium. The ulcer could be traversed in several directions with a probe and base could be felt quite detached. He was then very weak, pulse exceedingly high and fluttering, from this time the ulcer appeared rather more healthy than before and he also appeared to have rallied slightly. The symptoms continued the same until Feby. 2nd when he was again attacked with diarrhoea, his bowels being frequently moved during the day, the Constitution sympathizing. He was treated with astringent Medicines, and had every night an Anodyne Anaglyph Enema, together with a Mixture of Decoctum Cinchona and Carbonate of Ammonia. His diet consisted of three Gills wine one Gill Brandy. He was daily getting weaker, the abscess discharging much, and the sore on Tibia enlarging and presenting a very unhealthy aspect. On the evening of 7th March 1853 at a quarter past nine o'clock he expired seemingly without any pain.

Lectio Cathartica

Twenty-two hours after death on the body of Nicholas Murphy 23rd Feby

- External** } Body very much emaciated, lower extremities very oedematous a large ulcer
Appearance } of right knee with extensive necrosis of head of Tibia, the ulcer did not
implicate the joint. There was another abscess in the right groin about two
inches below Psoas ligament discharging a thin Pseudopurulent fluid.
- Brain.** On removing scalp which was found very adherent to anterior superior angle of
left parietal bone the outer table of skull was found carious about the
center. Rather to right side of Midial line there were two circular spots of the
size of a shilling, quite disphorous, on opening skull were underneath &
corresponding to them two tumours which contained fluid, between the Dura Mater
and substance of brain. The membranes of brain were healthy except at those
two spots, where the Dura Mater was absorbed. Weight of brain 2 lbs 13 ozs.
Of firm consistency. Very little fluid in lateral ventricles. The Choroid plexus
unusually vascular, Cerebellum also healthy.
- Thorax.** On removing integuments of right side of Chest about the space between
the 7th & 8th ribs a quantity of thick yellow pus escaped. On opening
into thorax extensive adhesions were noticed between Pleura Costalis &
Pulmonalis of right side, the lung was very adherent to pericardium
and took great force to detach it from it. In the left side of Chest was
effused about four pints of straw-colored fluid, the lung was very much
collapsed at that side.
- Heart.** Weight 13 ozs. 4 drs. including pericardium which was very adherent to it
throughout. The Semilunar valves natural also those of right ventricle & the
walls of latter cavity much thickened. The Tricuspid valves also natural.

but the ventricle in a hypertrophied state

Lungs. Weight with Trachea 2 lbs. 2 Ozs. The substance of right lung much condensed throughout and emphysematous, the outline of lobes being perfectly obliterated. The structure of left was also somewhat condensed but crispant.

Trachea. The mucous surface throughout healthy, no ulceration.

Abdomen. Contained four pints of straw coloured fluid. There was a extensive number abscess of right side. And Cysts of last dorsal and first lumbar vertebrae, which appeared to communicate with the opening in the groin before mentioned; it contained about four ounces of thin seropurulent fluid.

Liver. Weight with Gall Bladder 4 lbs. 1 Oz. 5 lbs. Had a pale nutmeg colour externally and towards lower border of right lobe there was a pale coloured cicatrix, which on being cut into a quantity of light oily looking fluid escaped and the cavity of abscess was lined with a membrane. On making a section the substance of the organ was found condensed and friable.

Gall. Contained a quantity of greenish looking fluid with which it was distended.

Bladder. No Gall stones.

Kidneys. Weight of right 7 Ozs. 4 lbs. The appearance of organ of a pale buff colour, the capsule readily separated from substance. Wt of left 7 Ozs. 2 lbs. Same appearance as right.

Spleen. Wt 6 Ozs. Natural in appearance but rather condensed in substance.

Pancreas. Healthy, but rather firm and condensed.

Stomach. Healthy, with the exception of a slight arborescent appearance at the cardiac extremity.

Intestines. The small intestines were very attenuated but the Rectum was much thickened. There was an abrasion of the Caput Oculi but no ulceration anywhere apparent.

Fort Pitt
March 10th 1853

Walter H. Harris
Cautledge

No. 113.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Vol.	Hard
55 th	Private, George Adington.	35	Phthisis Pulmonalis	22 nd Feb 1853	17 th March 1853	5 Months	London	348	185	No 15.

Abstract of the fatal case of Private George Adington, 55th Regiment, aged 35 years, admitted into the General Hospital Fort Pitt, February 22nd 1853: his disease existed four months previously, which he contracted in London.

Disease, Phthisis Pulmonalis - Register 348. Vol. 185.

A Scotchman, formerly a labourer, 14 years' 4 months' service.

Fatal disease commenced five months ago, he had formerly labored under Pleuritis for which he had been salivated. On admission the symptoms

were dulness on percussion under the left clavicle, & crepitus on auscultation, Sputa tubercular, troubled with night sweats. He gradually grew worse losing strength, & critical fever set in. He was treated chiefly by the exhibition of expectorant mixtures & Cod Liver oil, with sedative draughts at night. Died 17th March 1853.

(Signed) Wm Bruce Armstrong
Candidate.

Sectio Cadaveris, 26 Hours after death.

Weather cold & dry.

Body much emaciated, rigor mortis well marked, more so in the lower than upper extremities.

Head. Dura Mater thickened, & adherent in the situation of the longitudinal sinus. & a small amount of serous effusion at the occipital fossa. Weight of brain 3 lbs. 3oz. Several points of effusion at the summits of both hemispheres; the arachnoid opalescent & separated from the convolutions by serous effusion. Pia Mater generally congested. Cerebral hemispheres congested & hard. Ventricles normal; Pons, Cerebellum & Medulla Oblongata natural.

Thorax. Weight of heart 9oz. The pericardium contained five ounces of clear serum of a straw colour; Pulmonary & Tricuspid Valves healthy.

Heart. Mitral thickened at the free margin; Aortic Valves thickened at their attached margins.

Lungs. Right lung extends to the lower border of fifth rib, firmly adherent to the thoracic walls by the agglutination of old adhesions, & weighs two pounds 10oz. Upper lobe is studded with numerous

Right Lung. small tuberculous cavities, & intervening pulmonary substance is infiltrated with tubercle & sinks in water. The upper portion of the lower lobe is free from tubercle, & floats in water; the lower portion sinks in water & is slightly infiltrated with crude tubercle.

The middle lobe is sparsely studded with tubercle & floats in water.

Left Lung. The left lung extends to the lower border of the sixth rib & weighs two pounds four drachms. The upper lobe contains numerous cavities of a large size, communicating freely with each other, & in parts lined by false membrane. The intervening substance is infiltrated with tuberculous matter & sinks in water. The lower half of the lower lobe is infiltrated with tubercle & floats in water. The upper half is healthy, as also the middle lobe. The bronchial glands are generally enlarged.

Abdomen. The Gall-bladder is moderately distended with thin orange colored bile. The Liver weighs three pounds 13oz. 3 drachms, the capsule

Liver is easily separable. The section is granular & paler than in the natural condition of the organ. Hepatic substance very firm.

Spleen The Spleen is healthy, weight 9 ounces 14 drachms.

Pancreas The Pancreas is healthy.

Right Kidney The right kidney is healthy, & weighs four & three quarter ounces.

Left Kidney The left kidney weighs seven ounces, one drachm: the Capsule separates easily. The Section is somewhat congested, with extensive deposit of fat in the pelvis.

Stomach The Stomach & Duodenum are healthy. The Jejunum is stained with bile. The transverse & descending Colon are contracted.

Aorta The Aorta contains black coloured Coagula

(Signed)

Copied by William Fall.

James A. Bell

Candidate

Candidate

No. 1.

No. 114.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt.	Folio	Ward
56 th	Private Isaac Beasley	24	Ascites	30 th March 1853.	7 th April 1853.	9 days	Bermuda	352	253	15

Abstract of the fatal case of Private Isaac Beasley, aged 24, 56th Regt. Admitted into this Hospital 30th March 1853. Duration of Disease 9 days Contracted at Bermuda. Died in Ward 15 Medical Division, at 11 O'clock A.M. on the 7th April 1853. Disease "Ascites." Register 352. Folio 253.

Private Isaac Beasley, 56th Regt. An Englishman, formerly a Labourer, total service 4 years of which four years were spent in the Mediterranean, one year & seven months at Bermuda. He left at home. At the date of his admission into Hospital on the 30th of March last, he appeared to be in a very weak & exhausted condition and suffering from malignant disease of the Lymphatic Glands of the neck and Abdomen. Contracted, he stated about 18 months ago, at Bermuda.

It appears from the history of his case that four months since his right testicle was extirpated for disease of a scirrhus description and that about a week after the operation small tumors formed in the course of the spermatic cord on the affected side. The Abdomen likewise began to get swollen and enlarged.

During the nine days he was under treatment in this Hospital he suffered much from tumescence of the Abdomen and Retic Fever and two days previous to his death, he was seized with a stoppage of his Urine, which had to be drawn off by Catheter.

He gradually began to sink after his admission and died on the 7th of April at 11 O'clock A.M. The treatment consisted in the internal exhibition of the Iodide of Potassium along with the Decoction of Pareparella and supporting his strength by Limes,

A generous diet. and an allowance of Wine and Brandy &c.
Signed/ Andrew Ferguson M. D.
Staff Surgeon. 2nd Class.

Section Cadaveris 25 hours after death.

- External** - Body Emaciated. Ligor mortis well marked. Patches of discoloration
Appearance - on the lower extremities, Inguinal & Cervical Glands enlarged, especially
the latter on the left side -
- Head.** Arachnoid surfaces adherent in the situation of the Preshiannae Glands
moderate effusion into the occipital fossa, weight of Encephalon
2 lbs. 15 $\frac{1}{2}$ - & 3 $\frac{1}{2}$ D^{rs}. Pia Mater somewhat congested, Ventricles healthy,
moderate sub-Arachnoid effusion at the base of the brain -
Cerebral Substance natural -
- Thorax** Right lung extends to upper border of 5th rib. the left to
lower border of 6th rib -
- Heart.** About one drachm of fluid in the Pericardium. Right cavity
of the heart filled with pale fibrinous Coagulum. tricuspid and
pulmonary Valves healthy, wall of left Ventricle thicker than
natural; Mitral Valve slightly thickened at free margin and the
Aorta at their attached margins. Weight of heart 11 $\frac{1}{2}$.
- Lungs.** Weight of Lungs and Air passages lbs 3. 3 $\frac{1}{2}$ $\frac{1}{2}$. Left lung
firmly agglutinated to the walls of the Chest. Upper lobe
healthy; Lower lobe congested but floats in water. Right lung
somewhat congested posteriorly, floats in water. Trachea and
Bronchi healthy - no tubercular deposit -
- Abdomen.** Liver. The Gall bladder contains a small quantity of very
dark coloured viscid bile. Weight of Liver 4 lbs. Somewhat
paler than natural, and very friable, the fracture being granular.
- Spleen.** Very small. of a dark slate colour externally. Section. Rich
mulberry colour. Weight 4 $\frac{1}{2}$ -
- Kidneys.** Weight of Right Kidney 5 $\frac{1}{2}$ $\frac{1}{2}$. Uterus enlarged & distended with
Urine. Capsule separates easily; pelvis enormously enlarged; renal
Substance much diminished and very tough. Left Kidney
weighs 12 $\frac{1}{2}$ $\frac{1}{2}$ before & after section. renal substance greatly
increased in quantity. pelvis enlarged - On cutting through the
abdominal wall, the small Intestines pressed forward; the
Mesentery being greatly enlarged. Weight of Pancreas 3 $\frac{1}{2}$ $\frac{1}{2}$ -
The Spleen situated between the layers of the Mesentery.
weighed 3 lbs 4 $\frac{1}{2}$. The external surface very rough and irregular.
Section distinctly fibrous with numerous large vessels containing
a dark greenish fluid -

Charles A. Shill. Candidate.

No. 2.

No. 115.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt.	Folio	Ward
98 th	James Shaughnessy	20	Phthisis Pulmonalis	8 th Feb 1853	20 th April 1853	71 days	Chatham	352	214	No 15

Abstract of the fatal case of Private James Shaughnessy, 98th Regiment, aged 20 years, admitted into Hospital 8th February 1853; duration of disease 71 Days, Contracted at Chatham; Died at 1/2 past 3 a.m. 20th April 1853, in Ward No 15. Disease Phthisis Pulmonalis. Register 352. Folio 214.

Private James Shaughnessy, an Irishman, Labourer, one years' service at home; was admitted into this Hospital on the 8th February last, in an advanced stage of Phthisis Pulmonalis. He had previously been under treatment for Pulmonic Disease in the Garrison Hospital since the 26th Dec^r 1852. On admission he was found to be greatly emaciated, & reduced in strength and harassed by frequent cough, accompanied by a copious purulent expectoration. About the middle of February, mucous & cavernous rhonchi were audible over the apex of left lung, and the hectic symptoms had become much more severe & aggravated. During the month of March he rapidly got worse, suffering from profuse night sweats & colligative diarrhoea. At the beginning of April he was so exhausted, as to be unable to move himself in bed without assistance. From this date he rapidly sank & died at 1/2 past 3 a.m. of the 20th April 1853.

The treatment consisted in the use of Expectorants, Tonics, Cod liver oil & astringents: and allowing him a generous diet, Wine &c.
(Signed) Adm^r Ferguson. M.D.

Staff Surgeon 3rd Class.

Sectio Cadaveris, 33 hours after death.

Weather. Cold & damp.

External Appearance. Rigor mortis well marked, but easily overcome: body, extremely emaciated.

Head. Arachnoid surfaces firmly adherent to each other in the neighbourhood of the Pacchionian glands; Arachnoid covering of hemispheres slightly opalescent; Venis of Pia Mater congested. Weight of Encephalon 3 lbs.; cerebral substance firm: a good deal of clear serum in occipital fossa; about half a drachm of fluid in each lateral ventricle. Cerebellum, Pons, & Medulla Oblongata healthy.

Thorax. Right lung extends to upper border of sixth rib; left to lower border of corresponding rib.

- Heart** Right Auricle filled with black currantlike coagulum, corresponding Ventricle with fibrinous coagulum; Valves healthy; walls of left Ventricle thinner than natural. Weight of heart 9^{oz} 2 drachms.
- Right Lung** Right lung adherent to lateral & posterior walls of chest by old cellular adhesions. Upper lobe studded with clusters of crude tubercle, with a few grey granulations. Middle lobe same as upper, but the grey granulations in greater abundance. Lower lobe posteriorly much congested, but floats in water; anterior margin slightly emphysematous; upper portion thinly studded with crude tubercle. Weight of right lung 1 lb. 11 oz.
- Trachea** Posterior ends of vocal cord present two superficial ulcers; trachea presents a few superficial ulcerations on anterior part.
- Left Lung** Left lung completely adherent to walls of thorax. Upper lobe converted into a large cavity crossed in every direction by trabeculae, which on section are found to be obliterated bloodvessels; rest of lung completely riddled by numerous cavities of various sizes; intervening pulmonary substance being consolidated & sinks in water. Weight of left lung & air passages 2 lbs. 14 oz. 2 drachms.
- Liver** Liver healthy. Gall bladder contains a small quantity of thick viscid amber colored bile. A "Pons Hepaticus" connects lobulus quadratus to left lobe. Capsule separates easily. Weight of Liver 3 lbs.
- Right Kidney** External surface & section of right kidney paler than natural; Capsule separates easily. Weight of right kidney 14 oz. 2 drachms.
- Left Kidney** Capsule of left kidney tears away renal substance; external surface mottled; section paler than natural.
- Spleen** Spleen of a pale slate color externally; section rich mulberry color, substance rather softened.
- Stomach** healthy. A few tubercular deposits beneath the mucous membrane of small intestines. Three or four small ulcers on
- Intestines** ileo-caecal valve; none on any other part of small intestines; a few spots of ulceration in large intestine. Aggregate glands well marked.

William Hall Candidate.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
94	Henry Wallace.		Aneurisma	29 Apr. 1853	3 May 1853	1 year	Cannanoni	355	6	10

Abstract of the fatal Case of Private Henry Wallace, 94 Regiment, admitted into the General Hospital Fort Pitt, 29th April 1853; duration of disease 1 year. When contracted Cannanoni. Died on the evening of the 3rd May at $\frac{3}{4}$ past 9 of lock P.M. in the General Hospital Fort Pitt in No. 10 Ward. Name of Disease; Aneurisma - Register 355. Folio 6.

History of Soldier. An Englishman, Lancashire. 11 years 8 months service - of which 11 years in India. Medical History - Was sent home from India labouring under Aneurism which he contracted five years ago, whilst in aid of the civil power. On admission his breathing was much hurried. Inability to lie on the left side or back - suffers from an irritable, Cough and difficult expectoration. Smallness action of the heart all over the chest, particularly under the left clavicle. Slight pulsation of the abdominal aorta. Body much emaciated - great debility. All these symptoms gradually increased in severity the day before his death. He suffered from cold - inability to swallow with ease. Breathing laboured which continued until his death.

Wm L Mackey
Staff Surgeon 2nd Class

4 May 1853

Section Cadaveris fifteen hours after death, weather being cold wet.

External Appearance. Cadaveric rigidity well marked generally, but more so in the lower than in the upper extremities. Body slightly emaciated; Considerable excoriations on the external organs of generation. Left side of chest much flattened & depressed.

Head. Weight of Cerebrum 2 lbs 13 oz 2 drs. Arachnoid generally translucent & slightly adherent at the summits of the cerebral Hemispheres. Cerebral substance firm, perhaps slightly more congested than natural. Ventricles moderately distended with a rather turbid fluid. Pons, cerebellum & medulla healthy.

Thorax. On opening Thorax, Right lung not collapsed, left very much so. Right lung extends to the upper border of the 8th rib & across the median line, the anterior margin corresponding to the left border of the sternum. Left lung collapsed against the Spinal Column, extends to the lower border of the 5th rib. About a pint of fluid in the cavity of left pleura. No adhesions on either side of chest.

Pericardium & Heart. About half an ounce of fluid in the Cavity of the Pericardium. The heart externally quite healthy; right cavities both auricle & ventricle but especially the latter & also the inferior vena cava distended with dark venous blood. The other cavities & the valves not examined, as the heart was retained to make a preparation for the museum. Weight of Heart, great vessels & trachea 1 lb 4 oz 2 drs.

Lungs. Right lung weighed 15 oz 5 drs, much greater bulk than natural, but pale on the surface.

Crepitating under pressure. The bronchial tubes even to the smaller divisions, filled with dark, black-currant-jelly like coagula. Left Lung. The bronchus near the division of the trachea presented a large attenuated opening about the size of a shilling, communicating with an aneurismal cavity of the arch of the aorta; this opening was closed by attenuated cartilaginous rings of the bronchus. Below this opening the canal of the bronchus was completely occupied by a large dark semi-coagulum which projected into it from the aneurism. The bronchial tubes filled with a dark viscid mucus. Left lung collapsed & non-crepitant weighed 13oz 4 drs. Dark slate colour sinking in water but not consolidated.

On examining the large arteries near the heart the arch of the aorta presented an aneurismal enlargement at its back part. The aneurism, about the size of an orange, communicated with the canal of the aorta by a large but well defined opening and was filled with firm coagula, the latter forming the only separation between the cavity & canal of the left bronchus. The pressure of the aneurism against the dorsal vertebrae had produced absorption of the bodies of these bones to a considerable extent. The aorta presented extensive atheromatous disease.

Liver - Weight 2lb 13oz 2 drs. External surface of a dark slate colour. Capable to some extent of removing the substance of the liver. Texture firm but at all friable.

Spleen Weighed 7oz 3 drs healthy

Kidneys. Left kidney weighed 5oz 1 dr. right do. weighed 4oz 2 drs. both kidneys rather dense, otherwise healthy.

Pancreas (Mutilated) weighed 1 1/2 oz. healthy.

Left Testicle, Presented at its lower end a hard white nodule, spherical in form, about the size of a small walnut; mammillated on the surface; surrounded with a membrane of delicate shining fibrous structure; Consistence firmer than that of brain substance; distinctly formed of concentric laminae - these laminae being easily separable from each other - no blood vessels could be detected in this mass.

24th May
1853

Wm. Wilson
Assistant

Regt.	Name	Age	Disease	Adm. D.	Disch. D.	Duration	Country	Regt.	Folio	Wound
10 th Hussars	Charles Street	26	Epilepsia	April 24 th	May 14 th	Nine months	India	357	45	15

Abstract of the fatal case of Mr Charles Street, aged 26 years, 10 Hussars, admitted into this Hospital, 24th April 1853 - Duration of disease, nine months. Died at 3/4 past 7 o'clock a.m. 14th May 1853 - Disease Epilepsia - Reg. 357. Fol. 45.

An Englishman. Labourer. Total service eight years of which seven years were in India, the rest at home. Whilst serving in India he suffered from repeated attacks of Intermittent & Continued Fever, during all of which headache formed the most persistent symptom.

On the 23rd August, 1852, he was first admitted into Hospital with Epilepsy but his comrades were aware of his having been subject to Epileptic fits previous to that time.

Since then he has continued to suffer from these attacks, often having repeated seizures in one day.

On his admission into this Hospital he was found to be affected with occasional spasmodic twitchings of the muscles of the mouth and face, producing partial impairment of his voice & articulation. He exhibited no other tendency to Epileptic seizure until 11 o'clock on the morning of the 13th inst. when he was attacked with strong Convulsive fits which lasted from two to three minutes and recurred almost every quarter of an hour. These fits continued undiminished in frequency and violence, & in one of those convulsive paroxysms he expired at 3/4 past seven o'clock the following morning. During the intervals between the attacks he appeared perfectly insensible & could not be aroused from his comatose condition. As his health seemed pretty good, with the exception of the spasmodic affection of the muscles of the face he underwent no medical treatment until the morning of the 13th inst. When the convulsive fits commenced.

During the intervals of which recourse was had to cold applications to the head. Sponging the temples & forehead occasionally with Sulphuric Ether, and acting freely on the bowels by means of the Turpentine enemata.

(signed) Andrew Ferguson M.D.
Staff Surgeon 2nd Regt.

Section Cadaveris.

194.

24 hours after death. Weather cold and dry.

General Cadaveric rigidity moderately marked. Body stout
Appearance stout and in good condition. Surface pale & pasty in
appearance.

Head. Weight of encephalon 3 lbs. 9 oz. 4 dms. Arachnoid sur-
-faces firmly adherent to each other, as well as to the cere-
-bral substance at the upper surface of the anterior lobe
of the right hemisphere. On removing the membranes the
convolutions found to be flattened, and compressed against
each other, the sulci normal in depth. The summits of
many of these convolutions presented a brownish yellow
appearance, with a radiated depression of still darker color.
On removing the brain from the head, a portion of the in-
-terior of the Sphenoid bone found bare and destroyed;
corresponding to this point and situated between the
Sina mater and the under surface of the right middle lobe
of the brain, were two collections of thickened pus about the consis-
-tence of cheese, and at these points the Arachnoid and pia mater some-
-pletely destroyed. The anterior portion of the right hemisphere much softer
than the rest of brain. The ventricles natural. Pons, medulla, & cerebellum

Thorax. natural. Right lung extends to the lower border of fifth rib. Left to the
upper border of sixth. Nearest point of approximation of the two lungs, opposite
the second ribs, where they are about an inch and a quarter separate.

Heart. Right ventricle contains a small fibrinous clot. Weight of heart
6 oz. 5 dms. Valves healthy. Large venous trunks of body distended with blood. Aorta

Lungs. Healthy. Weight of lungs & air passages 8 lb. Lungs free from adhesions.
Larynx & trachea. Healthy. Bronchial tubes filled with frothy fluid.

Right Lung. - Lent fluid. Posterior two thirds of the upper and lower lobes densely
congested. Middle lobe healthy. Extreme base of lower lobe congested. Middle

Left Lung. lobe healthy. Every part floats in water. Upper lobe of left lung healthy.
Extreme base of lower lobe congested. Floats in water. No tubercles or other deposit.

Abdomen. Gall bladder filled with thin bright colored bile. Weight of Liver 4 lbs. 2 oz.
2 dms. Hepatic sinuses distended with blood. Capsule tears away the
liver substance. External surface mottled, more darkly colored at the margins
of right & left lobes. The white portions of the mottling, seen on surface, are prolonged
into the substance of the organ. Section pale than natural. Fracture granular substance fine

Right Kidney. not friable. Weight 5 oz. 3 dms. Capsule separates easily. Section natural.

Left Kidney. Weight 6 oz. 3 dms. Healthy; rather more adipose matter in pelvis than in

Uterus. Other organ. Kidneys generally somewhat congested. Weight of Spleen 7 oz. 1 dm. Healthy.

Pancreas. Weight 3 oz. 3 dms. Healthy. Fundus of stomach presents well marked dark colored

Intestine. punctiform injection. Lower portion presents numerous small ulcers, increasing in number
near the rectum. Muscular tissue of the body in good condition & dark colored, on
exposure for some time becoming fluid. John Biddle Candidate.

Regt	Name	Age	Disease	Adm ^d	Died	Duration	Contracted	Register	Folio	Ward
28 th	Private Michael Brennan	24	Morbus Cordis	May 21 st	May 24 th	8 Months	Newcastle upon Tyne	356	148, 149	11

Abstract of the fatal case of Private Michael Brennan, 28th Regiment aged 24, admitted into General Hospital, Fort Pitt on the 24th inst. Duration of Disease 8 months, Contracted at Newcastle upon Tyne, Died at 4 A.M. on the 24th May, "Disease Morbus Cordis". Register 356. Folio 148, 149.

An Irishman, prior to enlistment had followed the occupation of shoemaker length of Service, 5 years & 6 months. Spent at Home. Arrived at this Hospital from his Regiment stationed at Newcastle upon Tyne on the evening of the 20th inst in a very weak & exhausted state from the effects of the passage by sea by which route he had been sent hither. He presented a most wretched appearance, Countenance pale, anxious & cadaveric with livid lips, respiration short & hurried, & surface cold & death like, had no desire for food & sleep from a sense of weight & pain in the Cardiac region could only be obtained by opiates in large doses. On Examination, precordial dulness was found to be markedly extensive & loud blowing murmur was audible over the Cardiac region, especially between the 3rd & 4th Costal Cartilages, completely obscuring the systolic sound of heart. He was never capable of any exertion since admission & continued to get gradually weaker till he expired at 4 A.M. on the 24th May.

Treatment consisted in the exhibition of opiates to relieve distressing symptoms & procure rest. He was supported by wine & other Stimulants.
(Signed) William Powell L.D.S.

Section Cadaveris May 25th 1853

Elapsed 32 hours after death: weather warm & dry, Body in good condition, Cadaveric Appearance slightly moderately well marked. Surface of body extremely pale.

Arachnoid surfaces slightly adherent at the summit of the Hemispheres, Arachnoid Head, generally opalescent, Pons Varolii glands well marked, weight of Encephalon 3lbs 14oz. Cerebral substance rather softer than natural.

Thorax, Right lung extends to the lower border of 5th rib, the left lung to centre of 5th rib. Space, weight of lungs & air passages 2lbs 11/4 oz, Larynx & Trachea healthy, right lung firmly adherent to the chest, costal pleura posteriorly, to this extent infiltrated with serum. Left lung free from adhesion. Both lungs healthy.

Heart, The heart extends half an inch to the right of the Sternum separating the lungs two ounces of brownish straw coloured turbid fluid found in pericardium. Heart excessively large, weight 19 3/4 ounces, whole of the Cardiac Veins much distended with dark blood, on the front of the heart was the junction of the upper of the right & left Ventricle, was not rough fibrous deposit: the deposit is

is continued in an interrupted line upwards along the course of the left coronary artery, which is excessively large, the right coronary being very small, a white patch on the point of the ventricle near its base, both auricular ventricular orifices dilated, the left more so than the right, Tricuspid & Pulmonary valves healthy; Mitral valves liberally healthy; aortic Semilunar valves excessively thickened, shortened & incompetent. On the left & anterior part of the commencement of the aorta is a cavity sized of an orange filled with dark jelly like coagula & lined by a thin membranous of serous aspect, the posterior boundary of this cavity is crossed by a large coronary artery the left & anterior boundary is formed of the pulmonary artery, the cavity communicated with the anterior part of the cavity of the left ventricle as well as with that of the aorta, by a single orifice about the size of a grape, with rounded margins, & situated in the angle of junction of the right & left Semilunar valves of the aorta, Both ventricles filled with yellow fibrous coagula the cavity of the right ventricle much dilated, the cavity of the left enormously dilated, capable of containing a large orange, the ventricular wall hyperbrophied especially those of left side

Liver Weight 2 lbs 12 ounces, externally & on section highly marked with nutmeg appearance; right lobe rounded; left lobe very small, being scarcely perceptible from the upper surface, Capsule firmly adherent to the upper surface of the tissue of the organ, texture dense & firm.

Spleen. Weight 9 1/2 oz substance much denser than natural

Kidneys The left kidney, weight 6 3/4 ounces, cortical substance in large quantity, and healthy, externally slightly lobulated
The right kidney weight 6 1/2 ounces, same as fellow

Pancreas. Weight 3 1/4 ounces, healthy,

Stomach Natural,

Small intestine very much congested.

Joshua. Hunt, Porter Circulator

Sent Pitt May 30th 1853.

Regt.	Name	Age	Disease	Admitted	Sex	Duration	Contracted	Register	Folio	Ward
88	Henry Sullivan	24	Phthisis Pulmonalis	May 18 th 1853	Male	1 1/2 months	Leopoldine	358	4-11	14

Abstract of fatal case of Phthisis Pulmonalis, aged 24 years - 88th Regt. Admitted into this Hospital (May 18th 1853). Has been ill since February last, which attended at Leopoldine House, died May 29th in No 14 Ward, at the hour of 1/2 past nine p. m. Disease - Phthisis Pulmonalis. Register 358. Folios 4 & 11.

An Irishman, former employment a labourer; was in the service eight years, one year of which he spent in N. America, & the rest at home. tall, delicate appearance, very much emaciated. brass marks of vaccination on the right arm. has had variola. has suffered from Syphilis in the form of a sore and also Gonorrhoea. never took any mercury. States that in February last he was attacked with Diarrhoea and Fever for which he was admitted into Hospital & that while under treatment he was affected with cough & expectoration - which symptoms have increased ever since.

(Signed) J. H. Porter. Candidate.

Section Cadaveris, 15 hours after death. Weather warm & moist.

External Appearance Body is extremely emaciated. Muscular rigidity most marked in the lower than the upper extremities.

Head Surfaces of arachnoid slightly adherent opposite Pacchionian glands, which are rather large. Weight of encephalon 3 1/2 lbs. Pia Mater congested, more especially at the posterior part of right hemisphere. Membranes separate easily from the convolutions. Cerebral substance natural. Ventricles contain a very small quantity of fluid. Cerebellum, pons, and medulla healthy.

Trunk Muscles of chest & abdomen flabby & pale.

Thorax Right lung extends to the lower border of 5th rib - the left to upper border of sixth: nearest point of approximation of the two lungs, the first intercostal space.

Heart Heart weighs 11 1/2 oz. Healthy.

Lungs The Lungs & air passages weigh 5 lbs 10 oz. Bronchial glands enlarged. Larynx and trachea healthy. Mucous membrane of bronchial tubes congested. Tubes filled with purulent fluid. Right Lung - No adhesions. Entire lung studded with crude & milium tubercles. No cavities. Left Lung - Apex contains one cavity, the size of an egg, surrounded by numerous smaller cavities lined by pale membranes. The rest of the upper lobe sinks in water & is consolidated by tubercular deposit; the lower lobe floats in water & is studded with tubercular deposit. No distinct cavity.

Abdomen The liver weighs 3 lbs 13 oz. Gall. bladder contains a small quantity of dark viscid bile. Capsule tears away the substance. Surface smooth.

Spleen The Spleen weighs 5 1/2 oz. Externally & on section it is much paler than usual - texture firm.

Kidneys The right kidney weighs 6 1/2 oz. Capsule separates easily. Cortical substance in unusual proportion. The left weighs 8 1/2 oz. Capsule separates easily. On section it

is more congested than the right.

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Pancreas. The pancreas weighs 3 to 4. Healthy.

Stomach. The stomach is healthy.

Intestines. The lower part of ileum & caecum is studded with a few ulcers.

Port Pitt. May 31st 1853.

Henry Polson, Candidate.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Mark.
94	P. John Shandler	38	Lupatus / Vertebrae	5 th June 1853	6 th June	22 Hrs	St. Mary's / Zwick	151		12

Abstract of the fatal case of P^{te} Bro Shandler, 94th Regt. Art. 38., who died at 4.0th of the Ward 12, yesterday, 22 hours after admission. Vide Regt 151, Vol. Disease Lupatus / Vertebrae / 7th June 1853.

An invalid, lately returned from India, he stated, on account of having been subject to fits; on the day before yesterday in the afternoon, while drunk, fell into the branches at St. Mary's, & was admitted into this Hospital, about 6 P.M. presenting the following symptoms. Total paralysis of upper & lower extremities; involuntary evacuation of feces; retention of urine; & priapism; loss of sensation downwards below the navel; feeble pulse; & coldness of the surface. Under the use of stimulants the pulse rose & warmth returned to the surface; but the paralysis continued, gradually involved the respiratory muscles, asphyxia supervened, and the patient expired, conscious almost to the last, at 4.0th of the Ward, yesterday, 22 hrs. after admission.

7th June 1853.

Sy. / E. Macpherson, S.S. 2nd Cl.

Section Cadaveris.

20 hours after death. Weather hot & dry. Body stout & muscular. Cadaveric rigidity well marked.

Brain Superior longitudinal sinus distended with dark fluid blood. Beneath the Dura Mater that covered the left Central Hemisphere & closely adherent to the under surface of that membrane / but not so firmly adherent, but that the this altered blood two admix of separation / with a fibrous layer, of considerable thickness. At the summit of the Hemisphere & gradually becoming placed in the direction towards the periphery; the latter & thinner portion assuming the of quality, lost the characters of a thin, brownish, or rusty-colored membrane, spreading like. Appear. Cut. out on the cranial vault, reached the base, & terminates in a thin gauze-like both below, at the base, & above at the falx. This fibrous layer at its thickest portion is smooth & rusty colored on both the external / attached / & internal / free / surface. On section it is found to consist of two laminae of semi-opaque appearance & firm consistence, enclosing a flattened space, filled with gelatiniform matter. Each lamina about half a line in thickness. The Dura Mater on both sides perfectly healthy & glistening in appearance. Weight of Encephalon 2 lbs. 15 oz. Pia Mater congested. Arachnoid slightly opalescent. Each lateral ventricle contains a moderate quantity of fluid. Walls of lateral ventricles distended with blood.

Thorax.

Right lung extends to the center of 4th intercostal space
Left to upper border of 5th rib.

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Heart.

Anterior surface of apex of left ventricle presents a white patch of the size of a signum. Attached margins of sigmoid valves of aorta thickened. Remaining valves healthy. Cavities of the heart filled with dark fluid blood. Weight of the heart $9\frac{1}{2}$ oz.

Trachea.

Mucous membrane of Trachea considerably congested.

Lungs.

Right lung presents on its surface a white patch giving much the idea of a cicatrix. On section this is found not to be prolonged into the substance of the lung. Apex of the lung contains several tubercular deposits - the size of hazel nuts, of firm cheesy consistence. These are surrounded by several smaller crude, & numerous miliaary tubercles. No cavities, & no softened tubercles. Lower lobe congested. Middle lobe healthy. No tubercles in either of these lobes.

Left Lung. Posterior part excessively congested. No tubercles.

Every part of both lungs floats in water.

Weight of lungs & air passages 3 lbs. $1\frac{1}{2}$ oz.

Liver.

Diaphragm adherent to posterior part of right lobe of the liver. Gall bladder distended with dark green viscid bile. Weight of liver 3 lbs. $5\frac{1}{4}$ oz. Capsule tears away the visceral substance. Tissue of the organ fragile & flabby. Upper surface of right lobe presents a white patch, the size of a signum, radiating to surrounding membrane. On section this is found to consist of numerous yellowish white deposits.

Spleen.

$5\frac{1}{2}$ oz. Section dark. Trabecular structure unusually developed.

Right Kidney.

$5\frac{1}{4}$ oz. Structure congested.

Left do.

Ureter much dilated - enlarged near the kidney in a pyriform manner. The apex lying about 2 inches from the kidney. A small cyst on the convex border of the kidney containing a clear fluid. Weight $6\frac{1}{4}$ oz.

Pancreas.

$2\frac{1}{2}$ oz. Healthy.

Stomach

verruiform appendages excessively dilated. Cecum contains numerous superficial ulcerations. These ulcers continue through the large intestine. About the junction of the ascending & transverse colon is a yellowish colored patch, a line in thickness. Mesenteric glands enlarged & indurated.

Intestines

Neck.

Intervertebral substance between the 6th & 7th vertebrae lacerated, a small portion of body of 7th vertebra being torn away. Effusion of blood between the bodies of the cervical vertebrae & theca vertebralis, & likewise between the superficial & deep layers of cervical muscles & into the tissue around the front of the upper part of the spine, between that & the oesophagus.

For. Pitt 6th June 1853.

A. C. Pop. M.D.
Candidate.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
88 th	Martin Philan	28	Catarrhus acutus	5 June 1853	12 June	5 months	Weymouth	No. 355	101	10

Abstract of the fatal case of P^t Martin Philan, 88th Regiment, who died at 2 past 11 o'clock p.m. Ward 10, on the 12th June 1853, 7 days after admission - Vide Register 355, folio 101 -

Disease, 'Catarrhus Chronicus'

An Irish labourer; of nearly 7 years service, - upwards of 3 years of which were spent at Gibraltar. In March he had acute Catarrh, which soon changed into Bronchitis. Sputa copious & frothy. Respiration embarrassed. Throat sore & cough troublesome. The acute symptoms soon gave way; but the respiration continued embarrassed, and there was dullness in the right subclavian region.

On his admission here, the left side appeared more prominent than the right. The right infraclavicular region was flattened. The respiratory sounds were found on auscultation to be greatly exaggerated. - Over a coughing the sternum a creaking sound was heard. The signs of laryngitic obstruction, and emphysema of the lower lobes of the lungs were well marked. Cough very troublesome; expectoration slight; sputa frothy. Since his admission he has had several attacks of apnoea; the leading characteristics of which were, that the chest became suddenly flattened, & rigid; - and the upper part of the body, especially the face & chest, quite livid. - The fit continued for about a quarter of an hour, and left him comparatively easy. - On the night of Friday the 10th inst, he was seized with a severe paroxysm, which lasted so long, that tracheotomy was deemed advisable, & accordingly performed, but was not followed by such marked relief, as should have resulted in a case of simple laryngitis.

The subsequent attacks were however greatly mitigated in severity, and shortened in duration. - Yesterday he became moribund, gradually sank, & died at 2 past 11 o'clock last night.

The treatment consisted in calmatives, expectorants, alteratives, antispasmodics & emetics; - with counter irritation, & the inhalation of the vapour of Iodine.

13th June. 1853

(signed) A. C. Ross M.D. Candidate -

Sectio Cadaveris.

12 Hours after death. - Weather cool & damp.

Cadaveric rigidity well marked, - more in the lower extremities, than in the upper. Lividity considerable on the posterior parts of the Trunk. Body not emaciated.

Head. Sinuses of the Dura Mater distended with dark fluid blood. The arachnoid surfaces are found adherent in the region of the glandulae Pouchione -

Sin mater somewhat congested. Each lateral ventricle contains a small quantity of fluid. Cerebral substance firm. Cerebellum, pons & medulla healthy -

Weight of brain No. 2. of 14½.

Thorax. The left lung extends to the upper margin of the 6th rib; & the right lung to the right lung to the upper border of the 5th rib. The anterior border of the right lung corresponds to the junction of the ribs & costal cartilages of its own side; that of the left to the right margin of the sternum at the first intercostal space; from this point sloping to the left corresponds with the junction of the left 5th rib & costal cartilage -

Heart. The heart is almost entirely uncovered by lung - Anterior surface of right ventricle presents a white patch, about the size of a ^{small} piece. A similar patch of smaller dimensions on the right auricle - Right cavities of the heart contain small firm fibrous coagula. The left contain fluid blood. The commencement of the aorta corrugated by atheroma - All the valves healthy.

On the left of the aorta, $\frac{3}{4}$ of an inch from the semilunar valves, between the aorta & pulmonary artery is an oval cavity, capable of containing a large chestnut, communicating with the aorta by an oval well defined orifice, with rounded margins. At posterior part of the transverse arch is a second & larger aneurism, capable of containing a large sized orange, its walls extremely thin ^{and irregular} & half filled with coagula.

Lungs. Right lung firmly agglutinated to the walls of the chest, & diaphragm, by old tough adhesions. The left attached posteriorly by cellular adhesions - Weight of lungs & air-passages No. 4, of 1½. Bronchial tubes filled with frothy mucopurulent fluid - Larynx, & trachea healthy - Right lung very small, somewhat congested, & floats in water - Left lung, - upper lobe healthy, - lower lobe somewhat congested; & on the posterior part of its base immediately beneath the pleura is a cavity capable of containing an egg, crossed by numerous bridges, & filled by dirty coloured purulent fluid - The lower wall of this cavity is crossed by a large pulmonary vessel filled with dark coagula - The odour from this cavity tho' sour, is not fetid - No other traces of disease in the lungs.

Abdomen. Liver. L. No. 5. 4oz. Upper surface firmly adherent to the diaphragm.

Liver. Pons hepatis well developed - Capsule slightly adherent. External surface and section more mottled with buff yellow than natural -

Spleen. Spleen, weight 7oz. The section is of a deep claret colour; rather soft -

Kidneys. Right kidney; weight of 5¼. Capsule separates easily. Section natural -

Pancreas. Left kidney, weight 5½g, natural - Pancreas, weight 2½g, natural -

Intestines. The solitary glands at the lower part of the ileum exceedingly large -

There is a slight roughening extending down the aorta to the origin of the renal arteries, composed of clusters of distinct white granules -

Fort Pitt. 12th June 1853. 3

John Ogilvy M.D. Candidate -

No. 122

Regiment.	Name	Age.	Disease.	Admitted.	Died.	Duration	Contracted.	Register.	Folios.	Ward.
88 th	Patrick Rodgers.	31.	Phthisis Pulmonalis.	16 th May 1853.	14 th June 53.	Date of commencement of just prior not known	Isle of Wight -	No 338.	I. VIII. XIII.	14.

Abstract of the fatal case of P^{te} Patrick Rodgers 31st Age 31. Admitted into General Hospital Fort Pitt May 16th 1853. Had suffered from the disease since 1852 (month unknown) - Contracted it at Isle of Wight - Died at 12 P.M. 14th June 1853. in Ward 14. Recd. Division. Disease Phthisis Pulmonalis. Register 338. Folios I. VIII. XIII.

An Irishman. Former employment laborer. Thirteen years and ten months service of which Island of Malta six years - With India four months North America one year. The rest at home.

Has been vaccinated. Has had Varicella & Rubella. Also primary Syphilis. Date of commencement of fatal disease not known.

Symptoms on admission were. Troublesome Cough with Expectoration. Dyspnea. General Debility and Bad Appetite. Physical signs. Dumbness under right clavicle and on posterior part of both sides of chest - and on the inferior part of left side anteriorly. Respiration under left clavicle rough and jerky: on right at corresponding part not so much. Posteriorly on both sides very distinct mucous-crepitating rales. Some also on right side anteriorly and inferiorly. He is losing flesh fast and appears very weak.

Generally had not a good night's rest - Some nights slept well but found cough very troublesome the next morning. Suffered a great deal at night. Suddenly got weaker. On 11th felt himself much weaker than he had ever been. On 11th had a hivering fit which was repeated once or twice other days. Gradual dyspepsia bowels never loose. Died very peacefully last night at 12 P.M. evidently from Asthenia. Has been treated with Blistering. Expectorants. Tonics. Anodynes and Stimulants, also Cod Liver oil. Which he could not retain on his stomach latterly.

His diet all along was "Spoon" with Extras of Chicken, arrowroot &c. - and wine, latterly to the extent of three pills a day. Atthamer Candidate. June 15th 1853.

Sectio Cadaveris.

12 hours after death.

Weather warm and moist.

External Appearance Post-mortem rigidity very distinct. Lower half of body very hairy. Great maceration over all parts. Bed sore/pintle superficial of extent of Crown piece over the left trochanter major. Cadaveric lividity on posterior surface of body.

Head About an ounce of serum in Cavity of arachnoid. Weight of brain 5 lb. 6 oz. About a drachm of serum in each lateral ventricle. Substance natural.

Thorax. Left lung extends to lower border of 6th rib and crosses the median line of the Sternum to second intercostal space of right side. Right lung extends to

middle of 4th rib: anterior border extends half an inch in front of the junction of Costal Cartilage with rib.

Pericardium Contains seven ounces of clear yellow serum.

Heart Healthy. Coagula firmly interlaced with Columnar cornea of right cavity. Weight 11 lbs.

Lungs No Pleural fluid. Left lung adherent posteriorly - Right throughout. Parietal reflexion of right pleura much thickened. Having a cartilaginous consistence and appearance. Weight of lungs and air passages 7 lbs 7/4 oz.

Ulceration of Vocal Cords near arytenoid Cartilage on both sides.

Right lung filled with tubercle - Numerous cornices at the apex.

Left lung throughout studded with tubercle - the upper lobe chiefly.

Substance of both lungs floats in water. Bronchial glands enlarged & indurated.

Abdomen. Liver 3 lbs 3 oz. in weight. Natural in appearance.

Spleen weighs 9 1/4 oz. Normal.

Kidney - Right - weight 6 3/4 oz.

Left - weight 7 1/2 oz. } healthy. Capsule easily separates.

A small cyst at lower end of left one.

Pancreas Weight 2 1/2 oz healthy.

Intestinal glands enlarged.

Stomach - Healthy.

Larynx in the tongue. has several small ulcers in different parts of it.

N. S. Turner. Candidate.

Fort Pitt 20th June - 1853.

No 10

No 123

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Word
93 ^d	William Keith	36	Mania	17 June 1853	18 June 1853	2 months	Portsmouth	333	152	15

Abstract of the fatal case of P^{te} William Keith 93^d Regiment, who was admitted into this Hospital 17 June 1853, & died at 7 o'clock A.M. on the 18 June, 1853. Register 333. Folio 152.

Disease, 'Mania' -

a Scotchman, living servant. Total service 13 years, of which 6 years were in North America, the rest at home. His disease first became apparent on the 28th April last, at Portsmouth, when he was admitted into Hospital, complaining of pain in the back of his neck. From the history of the case, it appears that a short time before admission, he received intimation that he was to be made a servant to one of the Officers of the Regiment, & this excited him so much that ever since, he could converse on no other topic. On his admission into this Hospital, he had a wild, restless look, & answered questions in an abrupt, incoherent manner. Being asked how long he had been a servant, he said, 'A hundred years,' & when questioned about how long he had been stationed at Portsmouth, he replied, '18 years.' He conducted himself quietly, but his speech, and manner displayed considerable mental aberration. On the evening of the same day, he was suddenly seized with a convulsive Paroxysm about 9 o'clock, shortly after which, he fell into a comatose state & gradually sank, & died at 7 A.M. on the 18 June 1853. Farther than supporting his strength by stimulents, & wine, he received no medical treatment, during the ten hours, which intervened, between his admission and death.

(Signed) And^{rs} Ferguson. M.D.

Gen^l Hospital, Fort Pitt

Staff Surgeon. 2^d class -

18 June 1853 -

Sec^{ti}o Cadaveris.

29 hours after death. Weather cold & wet - Cadaveric rigidity well-marked.

Body in good condition -

Head. Weight of brain 3lb. 1oz. Arachnoid surfaces slightly adherent on the summit of the hemispheres. On the Arachnoid, near the central part of the right side of the falx cerebri is a small spiculum of bone. Substance of brain firm & healthy.

Thorax. The right lung extends to the lower border of the 5th rib; the left to the upper border of the 6th. They meet anteriorly at the second rib.

Heart. Weight of heart 10 1/2 oz. The cavities contain a small quantity of fluid blood. Pulmonary, aortic & tricuspid valves healthy. Mitral valves thickened at their free margin. Commencement of aorta studded with numerous white elevated spots.

Bronchial tubes filled with frothy mucopurulent fluid -

Lungs - Right lung: Apex congested. A considerable quantity of fluid exudes on pressure, apparently from texture of lung (oedema of apex). Middle lobe healthy, crepitates freely. Lower lobe, generally very dark coloured; one or two small spots of Pulmonary apoplexy, of the circumscribed type, chiefly beneath the pleura. Left lung: both lobes congested; the lower studded with apoplectic spots of smaller size than in the other lung. All these spots float in water.

Weight of lungs & air passages, 2 lb. 11½ oz.

Abdomen - Weight of Liver 3 lb. 7½ oz. The gall bladder contains a moderate quantity

Liver - of dark bile. The capsule on removal tears away the liver substance. External surface of a buff colour. Section paler than natural, densely studded with buff coloured granules. Substance denser & tougher than natural.

Spleen - Of a rich claret colour on section. Trabecular structure well marked. Weight 4 oz.

Kidneys - Right kidney: weight 5½ oz. Capsule separated. Externally & on section generally dark, particularly at the base of the pyramids.

Left one: weight 6½ oz. much more congested than its fellow.

Pancreas - weight 6½ oz. Very much congested.

Stomach - The fundus affords a well marked specimen of hemorrhagic vascularization, especially along the greater curvature.

Intestines - The colon presents a well marked dark coloured arborescent injection, appearing in one or two places to be hemorrhagic.

Fort Pitt 21st June 1853.

John Ogilvy. Candidate M.D.

No 11

No. 124.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regulation	Folio	Ward
61 st	Charles Loder	31. m. m. m.		19 June	19 June	3 years	India	355-	122	10-

Abstract of the fatal case of Charles Loder 61st Regiment, who was admitted on the 19th June 1853, & died the same day at ¼ to 4 o'clock p.m. Regulation 355 Folio 122.

Disease 'Morbus cordis' -

A Labeurer. 7 years in India. Appears to have had pneumonia frequently, having had 7 consecutive attacks. He also had ague, Bronchitis & Syphilis. When seen on Saturday evening, he was unable to walk. He suffered from dyspnoea. He had no opiate. It was impossible to arrive at a satisfactory account of his case, as he could not bear to be moved. The leading symptoms were: A semi-comatose condition, with occasional attacks of general spasm. Variable pupils. Breathing occasionally stertorous, with puffing out of the cheeks. Crepitant rhonchus on auscultation at the upper part of the lung (left). Heart sounds confused. A blowing sound heard, & a peculiar noise as if the heart's succussion against some fluid. Expectoration puriform. Digital extremities clubbed. Feet cedematous.

Pulse imperceptible at the wrist. Wine was cautiously administered, & warmth applied to his feet, but he gradually sank & died at 4 p.m.
 Fort Pitt 20th June 1853 (signed) A. C. Ross M.D. Candidate -

Section Cadaveris -

Twenty hours after death - Weather cold & damp - Cadaveric rigidity moderately marked. Body in good condition. Considerable oedema of lower extremities.

Head - Weight of encephalon 3 lb. 4 oz. Arachnoid surface firmly adherent at the summit of the cerebral hemispheres. Substance of the brain natural. Slight quantity of fluid in each lateral ventricle. All parts of brain healthy.

Thorax - Right lung extends to the upper border of the 6th rib; the left to that of 4th, & to the lower border of the 6th rib, at the junction of the lateral & anterior regions of the chest. 2 dr. of turbid straw coloured fluid in the pericardium. Pleural surfaces on both sides firmly adherent, more strongly so on the left than the right side, & especially at the posterior part of the former. So strong was it, that the left apex was extensively lacerated, & left adherent, in the

Heart removal from the body - Heart weighs 10 1/2 oz. Slight thickening of the free margins of both tongues of the Mitral valve. Other valves healthy. Vena cava, & right cavities of heart filled with dark fluid blood.

Lungs & Thyroid body much enlarged - Weight of lungs & air passages 4 lb. 14 oz. Larynx & trachea healthy - Bronchial tubes filled with filthy mucopurulent fluid - Left lung: whole is infiltrated with crude & miliary tubercles, densest at the apex - no cavities. The whole floats in water. Right lung: upper lobe moderately filled with miliary & crude tubercles. Lower & middle lobes highly congested & without tubercles. no cavities - The whole floats in water.

Abdomen - The cavity of the peritoneum contains 10 1/2 oz of fluid -

Liver - The liver weighs 4 lb. 1 1/2 oz. Extends 2 1/2 in. to left of median plane - Gall bladder contains a moderate quantity of dark viscid bile.

Capsule firmly adherent - Substance slightly granular. Consistence firm.

Spleen - Weight of spleen 14 1/2 oz. Section of a dark Port wine colour - Texture dense. Breaks down easily -

Pancreas - weight 4 oz. Healthy.

Kidneys - Left kidney: weight 7 1/2 oz - Capsule adherent. External surface pale, & studded with numerous depressions - Section paler than natural. Cortical substance in unnatural proportion - Right kidney, weight 7 oz. External surface pale, mottled with capilliform injection. Capsule tears away the renal substance in the neighbourhood of the pelvis -

Stomach - Rugae well marked -

Intestines -

Regiment.	Name.	Age.	Disease.	Admitted.	Died.	Duration.	Contracted.	Regt.	Vol.	Ward.
6 th Dragoon.	Anthony Carrabin	23	Phthisis Pul.	June 20 th	June 27 th	9 months	York.	358.	94.100/4	Med.

Abstract of the fatal case of Private Anthony Carrabin, who was admitted June 20th & died June 27th 1853.
Disease. Phthisis Pulmonalis. Reg 358. Vol. 94.100.

An Irishman, Clerk. One year ten months service at home - been vaccinated - had syphilis - was affected with Phthisis Pulmonalis nine months ago. On admission he had moist rales at apex of the left lung, with pectoral dry and dulness of percussion, cough was not at all troublesome, hardly any expectoration, situated a good deal at night - He complained of pain in the abdomen as if over the bladder, in the lumbar region, & also some tenderness, had not had a motion for four days; the urine was scanty, the catheter drew off a few ounces of urine. His tongue was white and dry, pulse quick; his appetite was not good; he had some Castor Oil & Morphia administered, which operated. - The symptoms seemed to indicate an affection of the Kidney - the pulse got so low as 48 on the 1st day after admission, when he vomited what he took into his stomach. - He became incoherent, could not be made to understand what was said to him, took no food but milk, pulse rose latterly to 50, was full & soft - hard - his urine was latterly abundant, only on two occasions highly colored (as if from blood) & albuminous. - The pain in the abdomen, loins & head were left - the pulmonary symptoms were unchanged since his admission. - He died this morning at six o'clock, having for some hours been quite insensible than seized with convulsions and stupor, which ended in death. - He was treated with Diaphoretics, Lavations, Purgatives laxatives, Calomel, Opium & Stimulants. Also blisters to nape of neck &omentations to abdomen.

(Fort Pitt 28th June 1853.)

(Signed) A. J. Larue: Candidate.

Section Cadaveris.

Six hours after death, weather moist & warm.

External Appearances. Rigor Mortis well marked in the lower extremities, not so well marked in the upper, body emaciated, considerable lividity of the extremities of the fingers which are slightly clubbed.

Head. - Arachnoid surface firmly adherent on each side of the folia - the meninges & surfaces of the dura Mater contain a large quantity of dark fluid blood. Weight of Brain 3 lbs 4 1/4 oz. - Arachnoid covering the cerebral hemispheres extremely opaque & milky. More so on the right than left. - Small quantity of serum effused between pia Mater and surfaces of brain - Cerebral substance firm more congested than natural - Choroid Plexus of a milky appearance, arachnoid at the base of brain & cerebellum opaque.

Thorax. Right lung extends to the lower border of the tenth rib, the left to the lower border of the fifth, - one ounce of straw colored fluid in the pericardium, large & pleural generally attached together by old cellular adhesions - anterior surface of apex.

- of left ventricle a white patch the size of a sixpence is visible - translucent valves healthy, pulmonary, reticulated, at their free margins, white valves also reticulated at the margins - The Cardiac Cavities contain a small quantity of dark fluid blood. - Weight of Heart $10\frac{1}{2}$ oz. - Weight of lungs & air pass. ages 4 lbs $1\frac{1}{4}$ oz. - Posterior surface of Esophagus lengthened, white granules visible, no ulceration - Slight superficial ulceration of right sacral chord
- Left Lung - Posterior part of extreme apex. a large cavity the size of a hen's egg is seen the rest of upper lobe, & upper part of lower lobe studded with tubercular cavities of smaller size. - Clusters of crude tubercles & grey granulations cover the whole of the rest of the lung.
- Right Lung. Upper and middle lobes very thickly studded with clusters of grey granulations. - Few crude tubercles. - At the upper part of the lower lobe are scattered clusters of grey granulations most numerous at the upper part. Lower part of this lobe studded also with spots of congestion.
- Abdomen. Liver The Gall bladder contains a marked quantity of dark green bile. - Weight 2 lbs $4\frac{1}{2}$ oz. - The capsule tears away the substance, external surface pale and granular.
- Spleen. Weight $4\frac{1}{4}$ oz. - Small in size. lower end for $1\frac{1}{2}$ inches dark & dense sep. at first. from the upper portion by a well defined line.
- Right Kidney. 5 oz. Capsule separates easily, at the lower part of the outer margin yellowish white are seen prolonged inwards, - Part of cortical substance studded with numerous yellowish white spots of the size of small seeds.
- Left Kidney. $5\frac{3}{4}$ oz. - At the lower end in the immediate neighbourhood of the pelvis is a white spot the size of a hazel nut, the lower portion occupied by a cavity containing frothy matter.
- Pancreas. $2\frac{1}{2}$ oz. -
- Stomach. Healthy.
- Intestines. Jejunum, Ileum & Caecum. Studded with ulcers with extremely indurated margins those at the upper part being constantly the most recent.

Fort Pitt - June 27th 1853

Peter Blair Jan M.D. Candidate

No. 13

B

No. 126

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regiment	Folio	Ward
Tenth	Francis Finnigan	23	Hepatitis Chron.	June 18 th 1853	June 28 th 1853	18 mos.	India	38	86-99	Medical

Abstract of the Fatal case of Private Francis Finnigan. Aged 23
10th Reg^t. - Admitted June 18th 1853. - Disease 18 months duration
Contracted in India - Died at a quarter past nine A.M. 28th June.
Ward 14 Medical Division General Hospital. Fort Pitt.
Disease Hepatitis chronicus. Reg^t 358 Fol. 86-99.

An Irishman Labourer, eleven years six months service of which at home six months in India the rest. - Stated that he had never had Mercury to Salivation, has had Gonorrhoea and been vaccinated. - Was under treatment in India for Acute and Chronic Hepatitis for a year. - Just before embarking for home four and a half months ago he was attacked with looseness of the bowels which reduced him much. - On admission he was very weak and emaciated, no appetite, tongue foul, Blood moved frequently, Stools thin pale and slimy, Pain over the Liver and in course of the colon. - Abdomen distended with Gas and fluid. - Made water freely. -

He was treated with Opium and Calabar but without effect. - then acetate of lead and opium were used without avail. - Dover powder was administered at night.

There was pain all over the Abdomen latterly which was not relieved byunctions of Soap and opium liniment. -

His diet was Milk with Chicken & Wine. - Being of an almost broken up Constitution the indications were to build up his strength and this was attempted by nourishing diet, stimulants and astringents but without a favourable result. -

(Signed) A. F. Turner, Candidate June 29th 1853.

Section Cadaveris

Twenty seven hours after death; weather moist and warm; Rigor Mortis absent, Body much emaciated. -

Head. Weight of encephalon 3 lbs 14 1/2 ounces. - Arachnoid slightly milky Pia Mater pale, substance of the Brain soft, cerebellum also soft.

Thorax. Lungs collapsed. -

Right Lung extends to lower border of 5th rib.

Left Lung to lower border of 5th rib.

Upper part of right lung limited to thoracic walls by elongated cellular divisions. -

Heart. Pericardium contains a small quantity of fluid. - Weight of heart 7 3/4 ounces. Cavities contain small quantity of dark fluid blood. Aortic and Pulmonary valves healthy. Mitral and Aortic valves thickened at free margins, especially the latter.

Lungs. & Air passages weigh 2 lbs 7 1/4 ounces. Larynx and Trachea healthy. Bronchial tubes filled with thick purulent fluid. Apex right lung thinly studded with Cude & Miliary tubercles, several spots very tough & Cretaceous. - Middle lobe a few scattered tubercles. - Lower lobe congested floats in water. -

Left Lung lower lobe slightly congested all lung floats in water. No tubercles. - Bronchial glands dark and enlarged.

(over)

- Abdomen.** contained seven quarts clear straw coloured fluid
- Liver** weighs 5 lbs 13 1/4 ounces whole upper surface adherent to the Diaphragm by elongated adhesions. Liver extends up as far as lower margin of 4th rib and downwards beyond cartilage of 8th rib. one inch, and beyond mesial line 3 inches. entire surface very irregular; capsule very firmly adherent. Section of the right lobe smooth and fleshy, mottled with irregular patches of buff yellow colour, in centre of many of these patches are circumscribed well defined and irregular spots of a dull white colour of softer consistence. Consistence of liver generally firm but friable. Fracture excessively granular. Left lobe darker and paler than natural but not mottled. Spigelian & Quadrate lobes same as Right lobe.
- Gall Bladder** filled with pale thin bile.
- Spleen** weighs 5 1/4 ounces paler than natural. Trabecular structure well marked.
- Kidney.** Right weighs 4 1/2 ounces, external surface pale and very irregular. Capsule separates easily. Cortical substance in unusual proportion to the pyramidal. Section pale, structure dense. Left kidney capsule separates easily, same appearance as its fellow.
- Pancreas** weighs 5 1/2 ounces excessively indurated, lobular structure well marked.
- Intestines** Ascending and Transverse Colon studded with numerous superficial ulcerations the bases of which are vascular.

Fort Pitt 29th June 1853

James Strickland, Candidate.

114 14 No. 127.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Fol.	Ward
94 th	Nicholas Brennen	31	Catarhus (Chronic) 1833	June 6 th 1853	June 28 th 1853	27 months on Cannanore.		355	42	16. Medical.

Abstract of the Case of Corporal Nicholas Brennen. 94th Regiment - Admitted May 6th 1853 - Duration of Disease 27 months. Contracted in Cannanore. Died 28th June 1853 - at 11 1/2 A.M. in ward 8 Medical Division, under the heading Catarhus Chronicus. Register 355. Fol. 42.

An Irish laborer 12 3/4 years service of 10 1/2 in India has been previously to commencement of his present illness - a healthy man. In February 1851 he suffered from

congestion and subacute inflammation of liver followed by enlargement & induration. The chief symptoms at this time were tendency to anasarca and pain in the right side & shoulder with hurried respiration. Every variety of treatment is stated to have been tried without benefit & he was invalided for change of climate.

On admission here he was suffering from a chronic cough, the anasarca & the tendency to anasarca had disappeared. But hurried respiration continued. The chief symptoms present were cough with profuse mucopurulent expectoration, & much dyspnea aggravated in paroxysms. Debility, occasional pain in the right hypochondrium and right side of the chest, loss of appetite & occasional profuse cold sweats, increased pulsation in all the arteries of the left side from the temporal downwards especially observed in the left carotid & left radial. Pulse in the right wrist indistinct & labored. A purring thrill heard in the right subclavian & loud blowing sound heard there with the stethoscope. The right side of the chest under the clavicle more prominent than the left, with bulging of the intercostal space & fluctuation.

The symptoms continued and the dyspnea gradually became more urgent, but with occasional slight alleviations, and he died of heart disease. The treatment was chiefly palliative, viz. by expectorants, opiate & stimulants, & antispasmodics, with attention to the state of the bowels & counterirritation to the seat of pain.

(Signed) Thos. Matthew

Staff Surg. com. 2^d Co in charge of board 80.

June 24th 1858.

Post mortem appearances of Corp. Michael Brennan, 31st 94th Regiment.
Twenty four hours after death. Weather moist & warm.

Ext. Appearance. Rigor mortis moderately marked in all the extremities. Body slightly emaciated - pale (on the surface (?)). Over the left tibia situated below the knee is an oblong dark discoloration (old ulceration). On inner side & below the knee is an old cicatrix immediately in the neighbourhood of varicose veins.

Head. Arachnoid surface firmly adherent in the neighbourhood of Pockhinson's glands, & much enlarged. Arachnoid covering the upper surface of the cerebral hemispheres - milky. Pia Mater Pale. Weight of Encephalon 3 lbs 5 oz. Cerebral substance natural - Each lateral ventricle contains a small quantity of clear fluid. Choroid Plexus Pale. Ventricle interposition opaque. Cerebellum Pons and Medulla - healthy.

Thorax. Right lung extends to lower border of 6th rib. Coopers mesial line just extends to lower border of 4th. Weight of left lung & air 20 oz 25. (Ab.) 10 1/2 oz. Whole of apex of left lung considerably congested, the congestion extending three inches downwards into upper lobe. The anterior margin

Sept. 213. of the whole lung for about the breadth of an inch and a half ap-
parently separated (sinks in water) red color and friable. On the
posterior surface of lower lobe there is a layer of pale membrane
between the Pleural laminae. In the substance of the pale
membrane both on the Costal and Pulmonary Pleura are numerous thin
extravations of blood of dark color. Easily removed by scraping with
the handle of a scalpel - leaving the Pleural covering beneath perfectly
sound. Pleura Costal & Pulmonary covered by tough cartilaginous pale
membrane - along in the lungs - The layer covering the lung is
to a left extent that covering the rib white honey combed. The
Cavity between these layers contains fluid. The upper portion being
transparent & greenish yellow colored. The lower being thick & turbid.
The lung is very compressed, but floats in water. Weight 10oz.

Abdomen. Liver 3 lbs 9oz. Gall bladder contains a small quantity of
rich brownish (gall color) bile. Capsule adhering - External surface
& section mottled with irregular whitish granular very numerous - Friable.
Spleen Weight 6 1/2 oz. - External surface & section of a liver of purple color very friable.
Kidney. Right Weight 5 1/2 oz. Capsule separates easily - Section healthy.
Left Weight 5 1/2 oz. Capsule separates easily - Section less congested than the other.

Pancreas Weight 4oz. Normal.

Stomach. Fundus Congested & dotted with dark hemorrhagic spots.

Intestine - The whole of the intestine of pinkish bell marked & vascular. Shredded with dark clotted hemorrhagic spots.

Port Pitt. General Hospital.

A. Turner Pauper & Co.

The aorta presented, on the anterior part of the ascending portion of the arch,
several sacculi communicating with the canal of the artery by
narrowly well defined margins; these sacculi contained dark colored
coagula (in laminae). From the posterior surface of the transverse
part of the arch of the aorta, and involving the commencement of the
innominate artery, arose a good sized aneurism, pressing on the
bifurcation of the Trachea, this also contained a few laminae
of dark coagula. The exterior of the Heart was covered by a
thick layer of adipose substance. The great arterial trunks, as far
down as the origin of the internal Thoracic arteries, were thickly studded
on their inner surface, with opaque, white & irregular patches.

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Reg ^t	Name	Age	Disease	Admitted	Died	Duration	Contracted	Reg ^t No	Folio	Ward.
34 th	William Hackett	30	Hepatitis Chronic	1853 June 18	1853 June 30	Months 19	Colombo	358	85-73-102	14.

Abstract of fatal case of Private Williams Hackett. -
 An Irishman former occupation a Butcher 13½ years service of which
 in America 9 months In India 4 years the rest in England & Ireland.
 Has had variola, Syphilis primis, been mercurialized for
 Ophthalmia and Hepatitis. Has suffered from Ague and enlarged
 Spleen in Dec^r 1851. previously having been generally healthy. -
 According to his own account 18 mos. ago he felt the Liver enlarging
 every day and was treated for it and enlarged Spleen in Hospital
 in India. - His Kidneys here at same time affected he had almost
 complete suppression of urine with anasarca. he was subjected
 to every variety of treatment for these complaints without benefit. -
 Except that the actions of the Kidneys were established, the urine
 however being of a dark red colour. - About 12 mos. ago he became
 feebly acutic. On his admission he appeared very weak
 with most of the above symptoms. - Cough with tough expectoration
 moist rale on right side of chest. Bonds loose and generally
 dark as if from blood. Appetite at first pretty good. -
 Urine scanty thick coloured not evap. by heat & nitric acid.
 Pain in both hypochondria. he was treated with diuretics
 Pures, Alteratives, Stimulants and Anodynes. - he gradually
 got worse; his breathing which was hurried at first in addition
 to the cough became laboured. His face became oedematous
 he was very restless, his urine exceedingly scanty and he died
 at 9.30 last night.

(Sg^t) A. F. Turner, Candidate

General Hospital, Fort Pitt July 1st 1853.

Section Cadaveris

Post mortem appearance of Private William Hackett
 34th Reg^t Ward 14 Medical Division. - 11½ hours after death

External Appearance { weather damp & raining. - Rigidity not well marked in upper
 Trunk, proximal parts extremities and face of a bright yellow
 colour, most intensely so at base of the neck and axilla
 Purple coloured ecchy-mosis on lower extremities and base
 of neck. -

Head. Calvarium slightly tinged yellow also Dura Mater but
 principally across meningeal sinuses. -
 Arachnoid covering hemispheres with numerous spots of

discoloration chiefly in the situation of the sulci.

Dura Mater at base of cranium also tinged yellow.

Encephalon weighs $2 \frac{1}{2}$ lbs. Cerebral substance of good consistence each lateral ventricle contains a small quantity of yellow fluid. Choroid Plexus on each side at base of descending Cornu presents an oval shaped body size of a Bean deeply tinged yellow on two sides.

Cerebellum, Pons & Medulla healthy; substance not tinged yellow.

Thorax. Cellular substance beneath Sternum emphysematous and of a yellow colour.

Lungs. Right Lung extends to lower border 4th rib.

Left Lung — to 3rd intercostal space.
two inches separate at the 2^d rib.

$\frac{1}{4}$ ounce deep yellow coloured fluid in Pleurandium.

Heart. Anterior surface of right Ventricle presents an irregular white patch size of a half crown. A similar patch of smaller dimensions on posterior surface of left Ventricle. On anterior surface of right Ventricle covered with a thick layer of fat thickest over the Auriculo Ventricular Valve.

Cavities contain a moderate quantity of dark fluid blood. Endocardium irregularly stained red.

Internals stained yellow. Valves healthy except the Aortic which are articulated at their free margins.

Weight $10 \frac{3}{4}$ ounces.

Lungs and Air passages weigh 3 lbs 6 ounces. Mucous Membrane of Epiglottis and bronchial tubes has livid stains.

Bronchial tubes filled with purulent fluid.

Right Lung. Upper lobe thinly studded with crude & crustaceous tubercles of small size.

Upper part of Middle lobe contains a crustaceous tubercular deposit the size of a hazel nut situated beneath the Pleura which is thickened & plicated.

Lower lobe congested but floats in water, no tubercle.

Left Lung posterior part of Apex immediately beneath the Pleura which is thickened and plicated is a deposit size of a chestnut of thick putty like matter, bluish white in colour on removing this found to be surrounded by a tough false membrane $\frac{1}{2}$ line thick.

Rest of upper lobe presents numerous semicrustaceous deposit.

Lower lobe covered with a thick fibrous layer of false membrane which on being removed from the Lung is found to be $\frac{1}{2}$ a line in thickness.

Abdomen containing fifteen joints of dark yellow fluid. bile 216

Liver weighs $4 \cdot 9 \frac{1}{2}$

Gall Bladder moderately distended with light coloured thin bile.
External surface liver extremely granular and yellow.
Section extremely mottled dull greenish yellow
Consistency dense and tough. -

Spleen weighs $2 \cdot 13 \frac{1}{2}$ natural in colour soft consistency
Pancreas weighs $5 \frac{1}{4}$ ounces Interlobular cellular tissue
yellow, substance itself natural. -

Kidneys Right weighs $4 \frac{3}{4}$ ounces; capsule separate, easily.
External surface presents reniform bodies chiefly
at cortical substance tinged yellow. - Pelvis remarkably
yellow.

Left weighs 5 ounces same appearance as its fellow
but less yellow in tint.

Intestines Whole of small intestines both surfaces stained deeply
yellow. - Large intestines - Peritoneal surface stained
deeply yellow.

Mucous Membrane much congested of a dark
green colour. - Sigmoid flexure spotted with
dark coloured Maculae. -

All Abdominal surfaces of viscera covered
with old adhesions.

1st July 1853. James Nicolson, Candidate.

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
37.	William Mahony	37.	Phthisis Pulmonalis	June 10 th	July 1 st	21 days	Colombo	357	140-145	15

Abstract of the fatal case of Private William Mahony 37th Regt. age 37, admitted into Hospital 10th of June 1863. Died at 8½ A.M. 1st day of July 1863. Disease Phthisis pulmonalis. Ward 15. Register 357. - Folio 140-145.

An Irish Labourer, - of 13 years service; 5 of which he spent in Ceylon, and 2½ in America; is of very delicate appearance and has suffered frequently from chronic cough and hæmoptysis. On his admission into the Hospital was in the last stage of debility and emaciation; suffered much from continued and severe cough, accompanied with purulent expectoration; - also considerable Dyspnoea and oppression at the chest. On examination gurgling and cavernous roushi were audible under both clavicles. Pulse 30, - small and feeble. Breasts regular.

Treatment: - Counter irritation; Expectorants, Purgatives and other tonics, and the copious administration of wine. (Signed) W. H. Ballis.

Section Labours, 27½ hours after death (weather cold and damp): -

External appearances: - Cadaveric rigidity slightly marked. Body slightly emaciated; Right lower extremity oedematous. Surface of body pale.

Head: - Weight of Encephalon = 2 lbs. 7½ ozs. Dura mater surfaces firmly adherent in the situation of the Pacchionian glands which are very large. Pia Mater pale; substance of Brain healthy; ventricles healthy.

Thorax: - Right lung descends to lower border of fifth rib; left to upper border of same rib. Pericardium contains ounces of straw-colored fluid. Bronchial glands enlarged and indurated. Surface of heart presents three oval white spots which on separation leave the pericardium entire. Anterior surface of right auricle covered with fat. Right cavity of heart contains small and loose fibrinous coagula. Endocardium of right auricle opaque. Mitral valve thickened at free margin. At the base of aortic tongue two small white spots. Weight of heart 11½ ozs. Arch of aorta studded with several thick white patches; one spot calcareous.

Lungs: - (Right lung) Weight of lungs and air passages 5 lbs. 2¾ ozs. Extensive ulceration at base of epiglottis, and right vocal chords. Mucous membrane of bronchial tubes congested; the smaller ramifications filled with mucopurulent fluid. Upper third of both lungs firmly adherent. Upper lobe of right lung contains numerous tubercular cavities, varying in size from a small orange to a pea, - fully communicating with each other. Intervening pulmonary substance consolidated, and sinks in water. Middle lobe thickly studded with crude tubercle; floats in water, except at lower margin. Lower lobe generally congested; upper posterior part thickly studded with crude tubercle & a few cavities.

Lt Lung (superior part): - posterior part of apex contains three cavities the size of an egg; a water-cist, and heart cist, respectively; filled with yellowish-white fluid. Remains of upper lobe of right at extreme margin floats in water. Lower lobe contains a considerable number of tubercular deposits, more numerous towards the lower and back parts. Posterior margin comparatively healthy.

Liver: - Gall Bladder contains a small quantity of highly inspissated bile (amber colored). Weight of liver 2 lbs. 13 ozs. A small cyst, (size of a marble) exists on the upper surface of right lobe. On section it is healthy throughout.

Spleen: - Weight 5 ozs. Internal structure healthy.

Kidneys: - On the posterior border of left kidney a considerable prominence exists. The capsule separates easily from the surface. The substance of the kidney is paler than natural and of a yellowish color apparently from the deposition of fat; weight of right kidney 5 ozs; the appearance on section simulate to its fellow; capsule separates easily.

Pancreas: - Weight 4 ozs, of healthy appearance; granular structure well marked.

Stomach & Intestines: - Generally healthy; mucous membrane slightly congested (pylorum); several ulcers are seen of a bird greenish appearance, on this part of the canal, with hard edges; mucous membrane surrounding them congested. There is one or two on the "ileum" also, at its upper part. At its lower extremity numerous ulcers about the size of a pea exist. At the upper part of the "caecum" a considerable patch of ulceration exists, the muscular structure, at this part, is entirely ulcerated - the serous membrane alone remaining. The rest of the intestines are healthy. Mesenteric glands are enlarged.

William Purvis, M.D., Candidate.

Forb. Pitt., July 2^d 1853.

No. 180.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
75 th	James Donny	36			July		India	337	170	15

Abstract of the fatal case of Pte James Donny. 75th Regt - Ward 15. Register 337. Folio 170.

An Irish laborer, 34 years of age, 16 years eight months service, the past last years of which have been in India. - Caught cold six months after his arrival in India, which induced dyspnoea & affection of the chest, accompanied by a frothy seropurulent expectoration. Had been confined in his regimental Hospital previous to his being invalided from India.

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principally for Rheumatic pains And Chronic Catarrh which induced
great emaciation and debility. - Has latterly suffered principally from debility
and Dyspnoea increased by cold night seasons. His cough & Dyspnoea increased at
first slight aggravation from an expectorant mixture during the day, And an
Anodyne draught at night, but during the last three days, nothing has afforded
any relief to the urgent Dyspnoea & he died yesterday at 11, 45 A.M.

(Signed) J.M. Webster and C.L.

for Mr. Mallie Staff Assistant Surgeon
Post Mortem appearances in the case of P^r James Senny. 70 Regt.

13 hours after death; weather moist & warm.

External Appearances. Cadaver is rigidly well marked, body greatly emaciated, considerable
flattening on the right side of the chest -

Head. - Arachnoid surfaces moderately firm and adherent. Intracranial pressure.
A moderate quantity of thin Serum. Weight of Encephalon 2 lbs 7/8 ounces.
Arachnoid slightly opalescent both on Cerebrum and Cerebellum. Soft
Commissure within lateral ventricles unusually large. Cerebral substance
healthy - Pons, Medulla & Cerebellum healthy.

Thorax - Right lung extends to the upper border of the sixth rib; the left to the centre
of the fifth intercostal space, 1 1/2 inches separate at the first & second intercostal
spaces - One ounce of fluid in the pericardium.

Heart. - There are numerous irregular and angular fibrinous coagula firmly inter-
laced with the Muscular pretriate of the right Ventricle, passing into
dark coagula which are quite distinct from the coagula of the blood. -
The left Ventricle contains a flat fibrinous coagulum which is easily
removed. Aortic tongue of Mitral Valve thickened at its free margin.
Aortic Valve thickened at their attached margin - Weight of heart 9 1/2 oz.
The thorax studded with numerous white.

Lungs. The pleural Cavities contain a pound of fluid - Right pleural surface
firmly agglutinated at both apices, the surface of the lung rising and separating
them - Weight of Lungs and air passages is 2 lbs 10 1/2 ounces. Oesophagus
and Azygos healthy - Bronchial tubes filled with an extremely viscid
Mucopurulent secretion.

Right Lung. Upper lobe filled with tuberculous cavities freely
communicating with one another. Lined with false membrane, Middle
lobe thickly studded with a few Crater tubercles. And grey granular
Lower lobe at its upper part studded with Crater tubercles; rest of
lobe slightly congested; floats in water. The larger branches of the
pulmonary Arteries are filled with dark colored coagula, the moderately
sized branches & the small branches with fibrinous coagula.

Left Lung. Upper lobe with large sized tuberculous cavities, free-
ly communicating with each other; and lined with distinct false
membrane. Lower lobe presents numerous groups of Crater tubercles.

And grey granules. - Branchial tubes enlarged and dark colored.
Both lungs float in water.

Liver - Weight 3 lbs 4 ounces. At the anterior part of the upper surface of the right lobe is a white patch, thin and radiating at the margins; thick in the centre. At the anterior margin of this patch are numerous vessels branched, the terminal branches presenting hemorrhagic spots. These spots are immediately beneath the peritoneal coat - the branched vessels themselves appear to be in the substance of the lymph of the white patch.

Capsule separates easily, section pale & yellow consistence, substance soft and fragile.

Spleen - Weight 5 1/2 ounces. pale externally, and on section.

Kidneys - Right. Weight 5 ounces. Capsule separates easily, section healthy.
Left. Weight 5 1/4 ounces, Capsule tears away small substance.
Section healthy.

Pancreas - Weight 3 ounces. Lobulated texture well marked.

Stomach - Healthy.

Intestines - At the lower part of the small intestine, between small circular or spheroidal bodies of a greyish white appearance, situated between the peritoneal and muscular coats. Immediately above the ileocecal valve are numerous patches with superficial ulcerations on their surface. A tape worm of moderate length was found in the intestines. Mesenteric glands enlarged and indurated.

Port Pitt. July 6th 1853.

Peter Davidson M.D.
Candidate.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Ref.	Photo	Ward
88 th	Patrik Maloney	24	Phthisis Pulmonalis	1853 May 18	1853 July 5	5 months	Potomac	358	5 12 16 17	14.

An Irishman former occupation a laborer 5 1/2 years service. Has had Varicella, Rubella and Scarlatina was attacked with symptoms of Phthisis in February last. Has been in Hospital since. He has been treated with cod Liver oil, expectorants, Anodynes, &c. but gradually got worse, the respiratory sound which were first merely fine crepitation in upper part of both lungs became gurgling and crepitation was heard all over the chest latterly. His humors were for the last three days of his life very loose; during the same time his mind seemed to be wandering and he was very capricious as to his food. He expired very freely for some weeks before death. His diet was generous. - ¹⁸⁵³ Augustus Frederic Farmer, candidate.

Post Mortem

Appearance of Private Patrick Maloney 36 hours after death. - Weather dry and windy. - Rigor Mortis absent.

Body emaciated; Abdomen distended and tympanitic.

Head. Arachnoid surfaces adherent, small quantity of serous effusion in occipital fissure. Weight of an cephalon 3.5 1/2. Arachnoid slightly milky in neighbourhood of larger vessels and Pia Mater.

Ventricles normal, Cerebellum Pons & Medulla healthy.

Thorax. Right lung collapsed extends to lower border 5th rib.

Left to upper border 4th rib. reaches medium line

at 2^d rib. - 1 1/2 ounces of yellow coloured fluid in Pleuridium.

Right Pleura contains 6 ounces of yellow fluid.

Heart. All cavities of heart contain loose black coagula of fluid blood.

Aortic valves articulated at free margin all the rest healthy.

Weight of heart 9 1/2 ounces.

Lungs and Air passages weigh 5 lbs 9 1/4 ounces. Bronchial tubes at bifurcation of Trachea much enlarged and pale in colour. Mucous Membrane of Trachea studded with small superficial ulcers, these are chiefly situated on the anterior wall.

Left Lung upper lobe completely riddled by tubercular cavities of moderate size lined by false membrane except the anterior and lower part. Intervening substance thickly studded with case tubercle.

Lower lobe upper third thickly studded with case

thickly studded with case tubercle and a few cavities. Lower lobe separated from upper by a well marked line of congestion. This lung is adherent at the apex to the ribs and also at the Pericardium. Diaphragm.

Right lung posterior surface adherent to Thoracic wall. This third of Anterior surface covered by recent yellow lymph. About 2 inches from the Apex and 3 inches from the margin is a fistulous opening the size of a Pin. This opening communicating with a cavity at the upper margin upper lobe. - On inflating the lung air escapes from this opening.

Upper lobe contains numerous large cavities freely communicating with each other and contain blood vessels which on section allow dark colored blood to escape. - The larger of these cavities at extreme apex lined with false membrane. Middle lobe completely riddled by tubercular cavities intervening substance consolidated with case tubercular matter.

Lower lobe except at extreme Anterior and posterior margin riddled with large sized cavities and filled with case tubercle. - Posterior and superior margin for half an inch deeply congested sinks in water. Posterior part of this lobe for three inches above the congested part floats in water. - These cavities are most numerous immediately beneath Pleura. -

Abdomen.

Liver. weighs ^{by} 3 ^{or} 11 ³/₄.

Gall Bladder contains a small quantity of deep orange colored bile. - Liver flabby. Capsule separates easily of pale colour.

Spleen weighs 7 ounces external and on section redder than normal.

Kidneys. Right weighs 7 ¹/₂ ounces. Capsule separates easily. Cortical substance and Medulla pyramidal extremely coarse and congested. - Left weighs 5 ounces, capsule separates easily; substance flabby much less congested than its fellow.

Pancreas weighs 4 ¹/₂ ounces. - Three inches of smaller part congested. Lobular substance well marked.

Intestines. studded with tubercular deposits. Mesenteric glands enlarged and indurated filled with softened tubercle.

July 6th 1853

James Sinclair

— candidate.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
86 th	John Cullen	18	Catarrhus Chronicus	22 nd March 1853	14 July 1853	Three months twenty four days	Chatham Barracks	356	13, 32, 78 87, 223	11

Abstract of fatal case of Private John Cullen, Aged 18 years, 86th Regiment admitted into General Hospital Fort Pitt on 22nd March 1853 duration of disease 3 months twenty four days Contracted at Chatham Barracks, Died 14 July 1853 at half past eleven A.M. in ward 11 Medical Division Disease Catarrhus Chronicus
Register 356. Folios 13, 32, 78, 87, 223.

An Irishman former occupation a labourer. 8 months home service has had variola never had Syphilis nor had he ever taken Mercury. The fatal Disease commenced on 12th March 1853 and on admission extensive Bronchitis existed in both lungs with mucous rales over the whole chest on the 10th of April being readmitted under head of Catarrhus Chronicus no dulness was elicited on percussion, but mucous rales and sibilous were audible over the posterior surface of both lungs accompanied by distressing cough and expectoration of frothy sometimes mucopurulent sputa. Since this time he has become daily worse and about a fortnight ago had frequent attacks of urgent dyspnoea after paroxysms of coughing. These attacks have been very frequent since. Throughout there has been considerable oedema of the lower extremities. Towards the close of the disease crepitating and mucous rales were heard over the entire chest both anteriorly & posteriorly, particularly distinct beneath the clavicles. Treatment consisted of the administration of Tartarized Antimony, Squills, Calomel & Opium & Carbonate of Ammonia internally but with no alleviation of the symptoms also Emplastum hyal and oleum Crotonis externally to the chest.

James Sinclair Candidate

Section Cadaveris. Private John Cullen 86th Regiment. Weather cold and wet twenty four hours after death, lower extremities oedematous, body emaciated. Rigo Mortis moderately marked in all the extremities, Calvarium very firmly attached to dura mater, weight of Cerebrum 2 lbs 14 ozs, Arachnoid surface firmly adherent opposite Pacchionian bodies which are very large. Arachnoid generally opalescent especially at base substance of Cerebrum moderately firm, Cerebellum, Pons and Medulla healthy. Right lung extends to border of the sixth rib, left much compressed extends to lower border of fourth rib. Pericardium contains 4 ozs of a straw coloured fluid. Right Pleura contains 1 pt of a turbid fluid Left 2 pts of a sanguinous fluid Both basal Cords present small ulcerations, The mucous membrane of Trachea and Bronchial tubes deeply stained the discoloration becoming darker in the smaller tubes. Both Bronchi studded with tubercles the Right more than left. Right Lung posteriorly firmly adherent to upper part of middle lobe of same lung covered with thick false

Membrane. Apex at its anterior part contains a cavity about the size of a walnut filled with softened tubercle and lined with a distinct false membrane, the remaining portion of Apex contains several small grey nodules thickly studded with tubercles; At junction of upper and middle lobes a dense nodulated deposit size of an egg. grey in colour, cartilaginous in sections sinks in water and thickly studded with large tubercular deposit. Middle lobe consolidated of a grey colour tinged with red breaks down readily under the finger and is thickly studded with crude and softened tubercle & grey granulations. Lower lobe at its upper and posterior part Moderately healthy the base being studded with tubercles and sinking in water. Between the Pleura at base and the false membrane which united this to the diaphragm is a quantity of dark fluid blood, the lateral part of the lower border of this lobe presents a few small cavities crossed by tubercula and surrounded with dark coloured purulent substance - Left lung Anterior part covered by layers of old lymph easily removed from Pleura, Posterior part of Pleura covered with irregular & numerous patches of lymph. Apex studded with clusters of tubercles one of these situated at lateral and immediately beneath the Pleura is spherical in form size of an egg sinks in water, Lower lobe generally compressed at its base, to the extent of $\frac{3}{4}$ of an inch above Pleura it is dark in colour and sinks in water free from tubercles and tolerably healthy the remaining portions thickly studded with tubercles weight 5 lbs 4 $\frac{3}{4}$ ozs - Heart external surface studded with several small white spots. Right Cavities containing small coagula of fibrine weight 9 $\frac{5}{8}$ - The cavity of Abdomen contains a large quantity of fluid; Gall Bladder contains a moderate quantity of a rich viscid. orange coloured bile - Liver weighs 4 lbs 6 $\frac{1}{2}$ ozs Capsule separates easily substance mottled with a yellow tinge - Texture dense but friable - Spleen weighs 80 grs lower end posterior surface studded with nodules of a yellowish white appearance about size of a millet seed. Section natural, Right Kidney 50 grs Capsule separates easily - external surface dark in colour - Left 50 grs - In both on one a section being made the cortical & medullary structure, Pyramids distorted, texture dense, Pancreas 2 $\frac{1}{2}$ in weight tail congested, at its large end tubular structure obscure. Stomach healthy - About a yard and a half from the Ileo-caecal valve is a Cecal appendage two inches in length one in diameter - The Mesenteric glands are enlarged and filled with a softened tubercular deposit. At lower part of the Ileum immediately above Caecum numerous irregular superficial ulcerations. Large intestine healthy -

Francis Lewis Fitzgerald
Candidate

Regiment.	Name.	Age.	Disease.	Admitted.	Died.	Duration.	Location.	Ref.	File.	Med.
78 th .	John Carr.	31.	Ulcer	May 20 th 1853.	July 15 th 1853.	56 days		157 ³ / ₈	156 ⁸ / ₈	7.

An Englishman, Carpenter. 7 years Service, in India. Has always enjoyed good health. Was in Hospital in 1847 with General Lows, followed by Duto. Never had Pusary. In 1849. had a boil on the chin, which was opened & discharged a considerable quantity of matter. it never healed, but continued open till death, assuming the character of a foul & intractable ulcer. In October, 51. had a sore by the side of the anus, with formation of Fistula in Ano, for which he was operated on. The sore however never healed, but continued & extended considerably. On admission, the whole perineum from the lower extremity of the Sacrum, & as far forwards as the Scrotum, was involved in Ulceration. Around the Anus, & on each side of the Raphe, were numerous sinuses, which discharged a considerable quantity of not unhealthy pus. His general health is good, & he sleeps well. Since admission no decided improvement was visible in the Ulcer, it continued gradually extending, & the contents of the bowels were discharged involuntarily through the sinuses, it being discovered that the natural passage was closed by a constriction about an inch and a half from the lower extremity of the rectum. The Sloughing continued extending rapidly, & the fetor became daily more offensive, rendering his removal from the Ward necessary. Till three days ago. He continued in this condition, when debility still more rapidly increased, his language became partially incoherent, & through the night he became delirious. He continued sinking & died at 7 P.M. July 15th 1853. Treatment chiefly consisted in the Application of the Black Wash & Solution of Chloride of Lime to the Ulcer. Attention to the condition of the bowels, occasional doses of Mercury, Wine & Tonic. Treatment generally.

(Signed,) Peter Davidson. M.D. Candidate -
 Robt. Morten

Appearance of Mr John Carr. 4 hours after death. Weather damp & windy. Body exceedingly emaciated; Right Mortis well marked in Lower Extremities, not so much in Upper. Right Foot adematous. Considerable Ulcers over both Scapulae.

Head.

On the Upper surface of the Cerebrum, the Membranes thickened and adherent. The Small Vessels are considerably enlarged. Weight of Brain, 2 - 1/2 lbs. The lateral ventricles contain a very small quantity of fluid; Cerebrum generally healthy. Pons Medulla and Cerebellum healthy.

Thorax. The Left Lung extends to the lower border of the 5th Rib. The Right to upper border of the same rib. The Lower Lobe of the Left lung is partially adherent to the walls of the Thorax. The Pericardium contains a small quantity of clear fluid.

Heart. Weight, nine ounces. The Left ventricle contains a considerable quantity of dark coagulated blood. The Living Membrane & Valves are healthy.

Lungs and Air Passages. Weight ^{4 1/2 ounces} 9. Larynx & Trachea healthy.

Right Lung. Healthy & Resilient. Slightly emphysematous at the anterior margin.

Left Lung. Near the lower border of the upper lobe, there is a mass of Tubercular matter, in the centre of which is a cavity, the size of a pigeon's egg, containing Tubercular matter. Along the upper margin of the lower lobe, Tubercular matter is visible; in the centre of this are 2 Cavities of the same size as that in the upper lobe, containing matter. Numerous deposits likewise exist in the lower border of this lobe. The Anterior margin of the whole lung is also emphysematous.

Abdomen.

Liver. Weight 4 1/2 lbs. The Gall Bladder is distended with dark inspissated bile. The Liver externally is mottled & granular. The Right lobe is more convex than natural. The Capsule tears away the substance of the Liver. The Right lobe in its interior is very light in color, of a mottled & granular appearance; very friable. The Left lobe presents the same peculiarity, & is exceedingly pale.

Spleen. Weight 8 ounces. Generally healthy.

Kidneys. The Left: Weight 5 ounces. Capsule separates easily from the surface, slightly adherent towards the Hilum. On section, the whole structure seems very pale. The Malpighian Tufts are well marked.

Right. Weight 4 3/4 ounces. Capsule tears away easily. The Cortical substance is very much diminished.

Pancreas. Weight, 2 1/4 ounces. Lobular structure well marked.

Stomach. Generally healthy.

Intestines. At the lower extremity of the Sigmoid, the Mucous membrane is very much congested; spots, as if of extravasated blood. The Intestines are otherwise healthy.

Rectum; The whole of the Mucous Membrane and Tissue surrounding the lower orifice of the gut is involved in a foul Ulcer; above the Ulcer, the Mucous membrane is very much thickened, indurated & contracted forming a stricture that would hardly admit a forefinger. The whole of the tissues in the Sigmoidal fossa are very much thickened & cartilaginous, surrounding the Ulcer in that region. A large sinus also extends from this Ulcer to the Bowel, opening above the stricture.

Fort. Pitt. July 14th 1853.

William Sinclair. Candidate.

Regt.	Name.	Age.	Disease.	Admitted?	Died.	Duration.	Contracted	Register	Folio	Where.
81.	John Stacy.	32.	Erysipelas.	1853, 5 th July	1853, 16 July	11 days.	St Mary's	356.	216-22-30	16 m. S.

An Englishman; by occupation, a laborer; 12 years service, of which 8 years were in India the remaining five at home. Never had variola; had syphilis; never took Mercury. He arrived in this country from Bengal in the "Monsta" one week before admission and was sent to St. Mary's; on landing he was in good health; but a few days after caught a slight cold and he attributed the Erysipelas to this. On admission his whole face was much swollen and distended with effusion which was rapidly extending to the head, but was checked by the application of a ring of nitrate of silver, around the forehead. On the 11th July, the erysipelas seized the right leg, first at a point where he had received a blow on getting out of bed and extended upwards to near the knee. The next day the superficial veins in the thigh were red swollen & painful to the touch. At this time the face got much better; but unhealthy vesicles existed on eyelids of both eyes; - He took little or no food; but was supported with large quantities of wine & brandy. From the commencement his pulse has been small and weak, seldom rallying for any time; the bowels very difficult to move and the dejections black and very fœtid. During the last few days, he has been in a state of low muttering delirium, with furred tongue and great depression of all the powers of life. The Treatment, at first consisted in the administration of Ructura Ferri Muricatis M. xx. Aqua Mentha hore, purgations in the morning & poultices & fomentations to relieve the tension. Afterwards leeches & mercurial ointment to the thigh with fomentations to the leg and Calomel & opium internally; - And lastly of Quinine in large doses (Sd) James Sinclair, Candidate.

Autopsy, - of

Corporal John Stacy, 61st Regt., 22 hours after death, - weather cold & damp.

External appearance: - Body muscular and well formed. Erysipelas well marked right leg extensively discolored from the instep to two inches below knee joint. Cuticle vesicated to the extent of three inches about middle of tibia. Face of a purple color and tumid.

Head: - Dura mater firmly adherent at superior surface of brain, opposite the situation of the Pons Varolii glands which are enlarged. Pia mater very much congested. Cerebral substance moderately firm & rather vascular.

Neck: - Choroid plexus congested, Ventricle healthy. Cerebellum firm & medulla healthy. Aracnoid membrane of larynx slightly congested; contains a quantity of frothy sputum mixed with blood.

Thorax: - Right lung extends to lower margin of 10th rib; left to centre of fifth intercostal space. No adhesions present. Lungs and air passages weigh 3 lbs. 2 ozs. Right lung: - Upper lobe much congested, crepitant & floats in water;

Middle lobe also much congested. Lower lobe much congested. No tubercles.

- Left Lung:- Superior lobe congested & emphysematous towards its outer & inferior margin crepi-
tant and floats in water. Inferior lobe also congested, but not so much as right
lung; is emphysematous along its inferior border.
- Heart:- Pericardium contains half an ounce of clear straw-colored fluid; cavities
empty; weight 11 oz; muscular substance healthy & well developed. Valves
healthy. Fibrinous coagula in left ventricle.
- Liver:- Liver weighs 4 lbs. 6 oz. Gall bladder contains a quantity of dark green
inspissated bile; capsule of liver separates easily.
- Kidneys:- Right weighs 6 1/2 oz. very much congested; dark in color externally.
Capsule separates easily. In other respects normal. Left weighs 7 oz.
in the same condition as its fellow.
- Spleen:- Weighs 10 1/2 oz. Substance rather soft and paler in color than normal;
breaks down under the fingers easily.
- Pancreas:- Weighs 5 1/2 oz. Lobular structure very well marked. Healthy.
- Stomach & } Stomach seems at cardiac extremity slightly congested; otherwise
Intestines:- } healthy. Intestines healthy throughout.

Foot Path.
20th July, 1853.

William Stewart, M.D.,
Candidate.

Age	Name	Age	Disease	Admitted	Died	Duration	Contracted	Rep.	Folio	Ward
22	Henry Lawrence	18	^{Yellow Fever} 5 mos. 6 days Amputation	29 th June 1853	14 th July 1853	5 mos 6 days	Glasgow	355	137	10.

An Englishman by trade a laborer. Served 11 months at home
was previously admitted into Hospital under the head of Febrile
C. C. when he suffered much from gastric affection & diarrhoea
and apparently from disease of the Mesenteric glands. Dulness at the
right side of the chest on percussion. Abdominal tenderness on
pressure. Tongue furred; Anorexia and feeble pulse were the
symptoms. Treatment consisted of Blister, Purgative, emetic treatment
Pommes, cod Liver oil and generous diet.

The Fatal Disease appeared for the first time on 11th Feb. 1853
attributed to constitutional causes and not aggravated by
vice or misconduct.

On admission into this Hospital complained of pain in the
left side in region of left Scapula; cough with little expectoration
Anorexia; Colliquative sweating & diarrhoea. To these were added
furred tongue in whitish streaks, - Pulse small feeble & frequent.

great emaciation and tendency to clubbed fingers. Inspection of the Thorax disclosed the upper part of the left side of the chest altered in shape, flattened anteriorly and bulged towards the axilla. - Percussion dull on both sides of chest all over, most marked under left clavicle. - Auscultation discloses a large mucous rale at the upper third and left side of the Sternum. - In every other part of the chest bronchial breathing is audible. During the disease his appetite was very capricious. The night sweats and Diarrhoea reduced him gradually. He did not complain of pain but was very weak and much emaciated. - On the 13th Inst. he complained of coldness of his feet & legs which was relieved by the application of hot water in the apparatus for that purpose. - He continued much in the same state until the 15th Inst. when he seemed much better. - his eyes which before were dull became bright his countenance cheerful & hope seemed to animate him. On the 16th there was a change for the worse, he slept a good deal & complained of his right hip which was sore and inflamed from his constantly lying on it. He died on the 17th Inst. at 6 3/4 A.M. -

Treatment consisted in the administration of expectorants combined with Anodynes to relieve the cough and Pleurisy Decem Aceti with the occasional administration of Antispasmodics to keep the Diarrhoea in check. - Restricting diet and the copious administration of wine completed the medical measures.

(Sg) William Stewart M.D.
Candidate.

Fat Pitt July 17th 1853.

Setio Cadaveris.

Thirty hours after death; weather damp & cool

External appearance. } Body extremely emaciated; Ribs most slightly marked

Head. - Arachnoid substance firmly adherent at Pacchionian bodies. Arachnoid milky. Pia Mater congested. Cerebral substance congested. substance firm, each lateral ventricle distended with fluid. - Septum Lucidum soft. - Arachnoid at base of Brain also milky. - Pons and Medulla soft.

Thorax. - Arachnoid of Cerebellum opaque. - Weight of lungs about 3 lbs. 2 oz. Right Lung extends to center of 4th intercostal space. Left to lower border 6th rib. Both Lungs adherent at apex. Left more so than right. -

Heart. Two and a half ounces clear straw coloured fluid in the Pericardium. - Right Cavities contain loose fibrinous coagula. - Tricuspid and Pulmonary valves healthy height of heart 6 ounces. - Left Cavities contain a moderate quantity of dark fluid blood. - Heart generally small and dark coloured. Valves healthy.

Air passages. Weight of Lungs & Air passages. - 3 lbs 13 ounces.

Lung

Beneath mucous Membrane of Esophagus in situation of Bifurcation of Trachea is a quantity of softened tubercle. The whole mass floats in water: slight superficial ulceration at posterior end of right vocal end. Mucous Membrane of Larynx & Bronchial tubes pale & contains mucopululent fluid.

Right Lung. - Apex contains a tubercular cavity size of a small orange filled with softened tubercle. At its posterior part lined with false Membrane easily removed. - This cavity communicates with 2 or 3 smaller ones. - rest of upper lobe consolidated of a dusky red colour. Breaks down under the finger, sinks in water. - studded with numerous large tubercular deposits. Anterior part of this lung is fluid floats in water.

Middle lobe is pale studded with clusters of tubercle. Lower lobe posteriorly congested Anterior part of base of a bright florid colour. - whole lung floats in water thickly studded with small tubercles.

Left Lung. - Apex contains a very large cavity size of a large orange covered by numerous Traheculae partly filled with pululent fluid; walls lined by patches of false Membrane; this cavity occupies nearly the whole of upper lobe.

Lower lobe upper third Consolidated with tubercular deposit and studded with a few small tubercular points. Lower third thickly studded with crude tubercle. Most numerous near the root of lung where the substance sinks in water. - The extreme posterior margin of this lung is of a deep florid red colour; crepitant floats in water studded with milky tubercle.

Abdomen.

Omentum and parietal peritoneum also Intestines studded thickly with irregular rounded yellowish white bodies soft & cheesy consistence. - Visceral Peritoneum thickly studded with larger bodies some 2 lines. - Convolution of Intestines matted together. -

- 232.
- Liver.** firmly adherent to under surface of Diaphragm. Gall Bladder contains a moderate quantity of thin rich reddish bile. - Weight of Liver 2 lbs 11 $\frac{3}{4}$. Surface of Liver both upper and lower studded with small yellowish white deposits immediately beneath the capsule. - The same bodies are found in the cellular tissue surrounding the Gall Bladder. - Section darker than normal. - Consistence dense and firm. - Blood in hepatic veins extremely fluid. -
- Spleen** weighs 3 $\frac{1}{2}$ ounces. convex surface thickly studded with irregular nodules superficial to capsule. - section normal. one very small tubercular deposit beneath capsule. -
- Kidney** Right weighs 3 $\frac{1}{4}$ ounces. Capsule separates easily. Section of external surface pale. lenticular substance in greater proportion than pyramidal. Left weighs 3 $\frac{1}{4}$ ounces same appearance as its fellow.
- Pancreas** weight 2 $\frac{1}{4}$ ounces. lobular structure well marked small end darker than head.

18th July 1853.

James Prichard
Cambridge.

No 23

No. 136.

Post Mortem Appearances of P^{te} John Lyall. 97th Regt. 22 hours after death. Weather Warm & Damp.

Body in moderate condition. Rigor Mortis well marked in lower extremities, not so well in upper.

Head. Mucous surfaces firmly adherent. Pericranial bones well marked. Mucous on superior surface of hemispheres slightly opaque & separated from the convolutions by fluid. - Cerebral substance very firm, somewhat injected.

Cerebellum & brain & medulla also very hard.

Thorax. Right Lung extends to upper border of 5th Rib. Left to lower border of 14th. Pleural surfaces completely adherent. Pericardium contains 2 oz of straw-colored fluid. -

Heart. Weight 10 ounces. All the Cavities filled with hard, fibrous coagula. All the valves are healthy.

Lungs. Weight of Lungs & air passages 5 $\frac{1}{2}$ - 11 $\frac{3}{4}$. Bronchial glands enlarged, indurated, & of a dark color. Bronchial tubes filled with foamy mucus.

Right Lung - Upper Lobe completely studded with Tubercles in all stages. Lower Lobe of a dull red color - exceedingly friable, sinks in Water.

Left Lung - entirely filled with Tubercles. Apex studded with large-sized cavities.

Abdomen -

Liver - Weight 3^{lb} 14^{oz}. Substance, pale, flabby & friable.

Kidneys - Right - Weight 5^{lb} 14^{oz} - Capsule separates easily - generally healthy.

Left - Weight 5^{lb} 14^{oz} - also healthy.

Spleen - Weight 8^{lb} 14^{oz} - very pale & soft.

Pancreas - Weight 3^{lb} 14^{oz} - generally healthy.

Stomach - Healthy.

Intestines - Mesenteric glands enlarged & indurated.

In the Spleen, immediately above the lesser curve are numerous small superficial ulcers; the Cecum & large Intestines studded with large old ulcers.

Foot Pitt.

August 3rd 1853.

William Litcher.

Candidate.

No 24

No 137.

Reg ⁿ	Rank and Name	Age	Occupation	Admitted	Died	Duration	Contracted Reg ⁿ	Fol.	Ward.
47	Private Andrew Young	30	Catania, Chm	25 th June 1853	25 July 53	31 days	England 356	196	11.

Abstract of Fatal case of Private Andrew Young 47 Regⁿ aged 30. An Irishman: a labourer. 10 yrs & 9 mos service; of which 5 years in the Mediterranean. He never had Syphilis but had been salivated for an ophthalmic disease (at Gt. St. Asaph in 1844). The fatal disease commenced in March last as a severe cold from which he never recovered.

On admission symptoms were as follows: - Dry cough most troublesome in the morning; expectoration very trifling; no pain in any part of the body. A loud murmur was audible with the heart sounds. Dulness in the precordial region increased. He continued in this condition till the 7th of July when he was discharged to be invalided. On July 11th he was readmitted from St. Mary's, suffering from oedema of the lower extremities; the cough much the same and expectoration white and frothy: Bowels regular. Urine natural: general dulness on percussion over the Right side of the chest and on both sides sonorous rales were audible. On the 12th oedema was diminished; on the 13th the patient was much worse and expectorated a quantity frothy sputa mixed with blood.

Continued to get worse till the 20th when he first became jaundiced and expectorated blood in larger quantity. The anasarca also increased. The urine became high colored but did not contain albumen. He began to

wander slightly at night. The pain in the left side and the dyspnoea became now so urgent that could rest only in the sitting posture with his body inclined forwards. The symptoms gradually increased in severity, and he died on the 20th July at 5 P.M.

Treatment consisted of Digitalis with antispasmodics and diuretics. Cupping, from time to time, and afterwards counter irritation to the region of the heart.

Signed William Stewart M.D. Candidate.

Actio Cadaveris.

Twelve hours after death, weather cold and damp.

Internal Appearance. Body in good condition: rigor mortis slightly marked in the upper extremities and moderate in the lower extremities. Nipples and left axillations discolored yellow.

Head. Dura mater deep yellow colour, the tint being deepest at the vertex and lateral parts, especially so along the course of the middle meningeal vessel. Arachnoid layers opaque and firmly adherent in the vicinity of the "Glandula Pacchioni" which are enlarged and very numerous. Weight of Encephalon 3lbs 3/4^{oz}. Pia mater generally pale and slightly yellow in tint. Cerebral substance firm and normal in colour. Each lateral ventricle contains a small quantity of slightly yellow colored fluid: Choroid Plexus infiltrated with yellowish fluid. Cerebellum, Pons and Medulla healthy.

Abdominal Cavity. The lower margin of the liver corresponds to the level of the umbilicus, the posterior rounded border to the free margins of the ribs, the Diaphragm being pushed down and almost flat.

Thorax. Right Pleural cavity contains a gallon of turbid orange brown coloured fluid, left pleura contains one pint of yellowish orange coloured fluid. The right lung compressed, the left extends to the lower border of the 3rd rib. Surfaces (both parietal and visceral) of the Right Pleura covered with loose yellow lymph, easily removed by scraping. Pericardium contains 5^{oz} of slightly turbid saffron colored fluid.

Heart. On the anterior surface of the Right Ventricle an oblong irregular "white patch". Heart very large in size, the transverse measurement being 5 inches, the vertical diagonal 6 3/4 inches. The cavities of the heart distended with dark jelly-like coagula. Right auriculo-ventricular orifice dilated admits 4 fingers and a thumb. Tricuspid valve healthy but incompetent. Pulmonary valves healthy. The Endocardium of the Right side of heart deeply stained with yellow. Left cavities of the heart contain loose black coagula.

Left auriculo-ventricular orifice admits the points of 4 fingers. Mitral valve healthy. Semilunar valves of aorta thickened and greatly deformed. The Semilunar valve at the Right side of aorta, ~~between the vessel and~~ being split longitudinally, the fragments being much elongated and loose in the cavity of the Ventricle. One fragment measuring an inch, the other 3/4 of an inch in length.

The cavity of the left ventricle greatly dilated, the walls at their thickest part being about an inch. Endocardium of this side of the heart much more deeply stained than on the Right side. Weight of heart (after removal of the coagula) 1 lb. 7³/₄.

Arch of aorta studded with yellowish gelatiniform patches (atheroma).

Lungs. Weight of lungs and air passages 14 lbs 6³/₄. Larynx and Trachea healthy. Mucous membrane of bronchial tubes of a dark coffee colour; the tubes filled with frothy dark coloured fluid.

Right lung - Upper and middle lobes united by a thick layer of soft yellow coloured lymph. Upper lobe thickly studded with dark coloured spots, varying in size from a hazelnut to a walnut; more or less spherical in form but irregular in outline: these spots of tissue readily break down under pressure. The section made with a scalpel is granular. In many of these patches, the central dark coloured friable portion is distinctly separated from the surrounding pulmonary tissue by a layer (well defined) of firm, whitish coloured membrane, covered on the surface nearest the central dark part by a layer of purulent fluids. In some places the central dark part can be removed leaving an irregular cavity lined by the above described membrane. Several of these potential cavities are crossed by white trabeculae which a section are found to contain pulmonary blood vessels. These patches are pretty equally discriminated thro' the upper lobe. Middle and lower lobes denser, tough and pale coloured. At the posterior part of the lower lobe are several patches similar in character to those above described in the upper lobe. Pulmonary arteries of the entire lung filled with dark coloured blood, generally coagulated.

Left lung. Upper lobe studded with a few patches similar to those in the upper lobe of the other lung but apparently less advanced, as none are surrounded by a well defined membrane. Whole lungs float in water except these patches. No tubercles in the lungs.

Liver. Gall bladder filled with a dark glairy bile. Weight of liver 3 lbs 9³/₄. Capsule firmly adherent to the organ. External surface mottled. Texture dense and tough.

Spleen. Weight 6³/₄. Texture dense: natural in color.

Left kidney. Weight 6³/₄. Pyramids dark coloured & congested. Cortical substance large in proportion to the medulla.

Right kidney. Weight 5³/₄. Same as fellow.

Pancreas. Weight 3³/₄.

Stomach and Intestines healthy.

J. Fitzjames. Caudate

Regiment Name and Rank	Age	Discharge	Admitted	Died	Curation	Contracted	Spinal	Filic	Ward
24th Private William Sillars	34		14th June 1852	1st August 53			159	62	71.86.95

An Englishman, formerly a Shoemaker, of depressed expression of countenance, spare habit of body, and broken down constitution, has had small pox, had venereal disease, but was never salivated - Total service 13 years of which he served in the East Indies 9 years two months and the remainder at sea and at home, while in India he had gonorrhoea, common continued fever, intermittent fever, stricture of urethra, for which last complaint he was invalided and recommended by the Sanitary Board to be sent home to Europe for change of climate; Physical Signs on admission, About two inches in front of the anus there exists a fistulous opening in nasal line of Perineum communicating with urethra, around this opening the tissues are indurated and enlarged in the form of a small hamour embracing the urethra. The urine constantly oozes from the fistulous opening and none is passed by the natural passage, but he makes his water in a stream by the fistula when nature calls on him to do so, On introducing an instrument into the urethra one stricture is found about an inch and half from orifice admitting passage of a small bougie and another at the site of the fistula which does not admit the smallest catheter or bougie to be passed. The prostate gland is not found to be much enlarged on introducing the finger into the Rectum. The urine exhibits a strong alkaline reaction to test paper, has a copious deposit of phosphates & mucopurulent matter gives no indication of the presence of albumen either by the application of heat or by the addition of nitric acid. Tongue foul appetite impaired and bowels inclined to be constipated; History, The account which he himself gives of his case is very vague and unsatisfactory, It appears from the detailed report of date 18th September 1852 that he has had stricture for upwards of 10 years and that in February of the same year he was admitted into Hospital in India suffering from difficulty of micturition when all attempts to pass a catheter failed, On the 15th of March extrusion of urine had taken place into scrotum and an incision was made into Perineum, which gave relief to the urgent symptoms, since then he has had the fistulous opening, has no pain whatever and merely complains of great debility. Subsequently to his admission into Hospital very little improvement took place. He was kept constantly bathed with ammoniacal wine which had a most deleterious effect on his constitution notwithstanding strict attention being

to his personal cleanliness and comfort; Bougies were from time to time introduced into urethra but with little benefit. on the contrary a severe rigor which lasted for several hours being frequently experienced after their use. They were accordingly given up. On the 19th July he had a severe attack of hicough, which was however kept in check by repeated doses of Brandy and tincture of Opium. On the 22nd he had a slight attack of cough which continued more or less until his death. No pain in his chest. Respiratory movement over apex of right lung indistinct & accompanied with mucous rales. Chest rather prominent on either side of sternum, but sounds dull on percussion anteriorly. No expectoration he has strength to bring up is brownish & albuminous. On 24th he complained of pain in region of right costal space. On 30th a painful swelling appeared in front of the ear. A poultice was applied on 31st an incision was made on fluctuation being perceptible at this depth seated but no pus was evacuated. The further application of poultices encouraged the discharge of pus through the incision he gradually sank and died on 1st of August at 11.30 am. His diet was of a brownish description.

Signed Henry Peters

Section Cadaver. Six hours after death the weather was - & moist. Major Morbis Moderately marked. Posterior part of trunk covered with livid discolorations. Weight of lungs 3.15^{oz}. Slight adhesions of the mechanism along bronchial tubes over cerebellum. Mechanism is healthy but in other situations it is normal. Lungs of L. lobe slightly congested. Cerebral substance firm, labial ventricles filled with serous fluid. Choroid plexus slight of congested. Third fourth ventricles filled with fluid. Medulla. etc healthy. Right costal space infiltrated with pus. Suppurations confined entirely to substance of gland. Right lung from clavicle to margin of diaphragm. Left to lower margin of 4th rib - nearest point of approximation second intercostal space. Slight adhesions between apex & base of right lung and walls of chest. Pericardium contains a small quantity of serous fluid. Heart healthy. Weight 12^{oz}. Lungs & air passages weigh 2.9 - 3.0 - 3.1. Quantity of foetid. Serous purulent fluid in bronchial tubes. Bronchial membrane congested. Liver weighs 3.8^{oz}. Gall bladder contains a quantity of dark bile. Section healthy. Capsule separates easily. The left & adjacent part of right lobe present on the surface. Numerous irregular yellowish spots extending into hepatic substance. Splenic weighs 5.7^{oz}. Section pale. Left kidney weighs 5.4^{oz}. Capsule tears away portion of substance. External surface rough & nodulated. Very little of tubular or cortical substance remaining. What does remain is pale & mottled. Pelvis much enlarged & mucous membrane thickened & greyish. Right kidney weighs 4.0^{oz}. External surface of this kidney is not rough or pale. Capsule tears away portion of substance. This kidney presents similar appearance to opposite - few of the pyramids remain within pelvis and surrounded by much enlarged. Pancreas 2.2 - healthy. Stomach turned 90 degrees of a greenish brown in other parts of a slate colour. Vessels injected from pylorus. Smaller large intestines healthy. Bladder contracted & contains a small quantity of thick brownish fluid. In opening the bladder the bladder attached to bladder & entire part of bladder on structure is found about the urethra. Urethra from ureters appears dark in extent another exists in front of bulb. A small opening like of Crow quill leads from membranous portion of urethra immediately in front of prostatic portion in an oblique direction forwards to opening in perineum. Walls of bladder much thickened, Mucous membrane corrugated & covered with dark purplish spots. Prostate healthy.

H. F. General

Candidate

Sex.	Name.	Age.	Disease.	Admitted.	Died.	Duration.	Entered.	By.	Final.	Find.
Male	P. Lincoln	32.	Septicæmia Chromia.	14 th June 53.	5 th Aug.	3 weeks	at La. 355.	11 th .	11.	

An English Laborer of 13th years service, of which 5 years were in China, and about 7 in India. Of dyspeptic appearance & extreme emaciation of body. Has been vaccinated & mercurialized. Chest naturally resonant. Heart's sounds loud & blunted. Action quickened. Pulse quick & full. Tongue red & dry. Bowels loose with slight tenesmus, occasionally passing blood & shiny matter. Appetite much impaired. He has occasional Rheumatic pains in the lower limbs. He was attacked with Septicæmia on his homeward passage. The above were the symptoms under which he labored on his admission on the 14th June 1853. Of his previous history nothing appears, except that he became subject to Rheumatism in 1849. The fatal disease commenced 5 months & 3 weeks ago.

He remained in this state, passing seven or eight times in the 24 hours, till the 4th of August 1853, when in addition to the looser stools & pains of gut & ankles, his feet became swollen. On the 5th, he complained of slight cough with mucous expectoration. Percussion note was clear all over the Chest, except that dulness over the Liver extended slightly higher than natural. Respiratory sounds normal, except under the right clavicle, where the expiration is roughened & prolonged. His nose was bleeding. A few small clots of blood were mixed up with the Sputa.

He continued much in this state, sometimes better, sometimes ~~less~~ worse till the 22nd July, when according to report, the tongue, in addition to the fiery redness, became marked with transverse furrows, some brown spots intermingling. No pain on palpation of Abdomen except a little tenderness under the right hypochondriac region. Abdomen dull on percussion. Splashing of fluid is sometimes heard, but as there is no distension of Abdominal walls, it is owing to the presence of thin feculent matter in the intestines. The surface of Abdomen is hot to the touch. Complaints of thirst, hot drinks giving him most relief. He got weaker & weaker, the same symptoms prevailing to the last, & persevering against all manner of Treatment & Regimen. He died quietly on the 2nd August 1853. at 7th A.M.

Treatment consisted in the administration, in the first instance of Mercurials combined with Cal. Sp. Comp. And in the intervals, Antiseptics of all kinds were tried in vain. The diet was principally Farina ceous, & the patient required Wine & C.

administered freely & supports life -

Signed William Stewart, S. A. S.

Setti's Cadaveris -

24 hours after death. Weather warm & dry. (Chambers).
 External } Body extremely emaciated. Rigor mortis but
 Appearances. } slightly marked.

Head. Calvarium extremely thin at summit on both sides.
 Pacchionian Glands much enlarged, appearing like a
 cluster of millet seeds projecting into the longitudinal sinus.
 Arachnoid surfaces firmly adherent & thickened in the
 situation of these nodules. Vessels of Pia Mater distended with
 dark blood at summit of cerebral hemispheres.

Weight of Encephalon, 2^{lbs} 15^{3/4}. Cerebral substance
 soft & compressed. Corpus Callosum soft. Pons, Medulla and
 Cerebellum generally healthy.

Thorax. Right Lung extends to lower border of 5th rib. Left to the
 same. They touch each other between the 1st & 2nd inter-
 costal spaces. Half an ounce of very pale fluid in the
 Pericardium.

Heart. Extremely small. Pulmonary valves cicatrized at
 their free margin. Left & right of Aortic valve slightly
 thickened at its centre. Arch of Aorta thickly studded
 with indurated patches. Cardiac Cavities contain a small
 quantity of dark semi-coagulated blood. Weight 6^{3/4} ounces.

Lungs & Air-passages. Weight 2^{lbs} 14^{3/4}. Mucous membrane of Larynx &
 Trachea pale. Bronchial tubes filled with reddish colored
 opaque frothy fluid.

Right Lung. Posterior part of upper & lower lobes compressed; floats in
 water. Base of lower lobe edematous.

Left Lung. Base compressed. No tubercles.

Abdomen.

Liver. Weight 3^{lbs} 12^{3/4}. Gall. Bladder distended with thin.
 light colored bile. Capsule tears away the substance of the
 liver. External surface on section of 17th Jan. of a pale dull
 color. Very friable - In microscopic examination found loaded with fat.

Spleen. Weight 7^{3/4} oz. External surface of a pale color. Texture
 natural.

Kidneys. Right. Weight 4^{3/4} ounces. Capsule separates easily. Healthy.
 Left. Weight 5^{1/4} ounces. Capsule separates with difficulty.
 does not tear away the substance. Section natural.

Pancreas. Right Spl. Arteries. Lobular structure well marked.
Stomach. Healthy.

Intestines. Small. The mucous membrane much congested in several places. Peyer's patches well marked in lower part of Ileum.

Larynx. Cæcum & whole of large intestines thickly studded with superficial ulcerations which increase in size as the rectum is approached.

William Sinclair.

Ft. 6th, August 4th 1853.

Candidate.

26 1854 No. 140.

Regt	Name	Age	Disease	Admitted	Died	Duration	Continued	Ref.	Folio	Ward
98 th	Monroe McDermott	22	Phthisis Pulmonalis	1853 Home 5 th	1853 August 4 th	14 mos.	Chatham	556	191	11

Abstract of the fatal case

An Irishman, a labourer previous to enlistment, of 2 years service one of which was spent in India has been vaccinated had Syphilis 2 years ago for which he was salivated. In India he suffered from Rheumatism which much impaired his health so that he was sent home, on the passage he improved but about the end of November 1852 showed signs of chest affection.

The signs afforded by percussion and Auscultation left no doubt of the Patient's disease together with the symptoms under which he labored. The sound elicited on percussion of the left side of the chest was dull over the entire surface. The respiratory murmur was found feeble and indistinct especially over the lower part. The tongue was furred the hands loose and the pulse soft. Soon after the diarrhoea became worse the Sputa tinged with blood. Canorous respiration and gurgillement could now be detected under the left clavicle with distinct dullness under the left clavicle. The Sputa was now mucopurulent.

The diarrhoea and night sweats increased and the Patient was blanched and emaciated. In this state he continued without any of the symptoms being abated till he died.

The right lung now also becoming affected a few hours before his death he was delirious for some hours. This left him and he died quietly on the morning of the 14th Aug. 1853. at 1.30.

241. Treatment, the administration of Cod Liver oil and nourishing diet; and Medicines to check the Diarrhoea which was inordinate.

Williams Stewart M.D. L.L.S.
August 4th 1853.

Sectio Cadaveris

Private Thomas McAlvanie 90th Regiment
34 hours after death; weather warm and dry

External Appearance { Body greatly emaciated. Feet and hands edematous.
Rigor Mortis absent.

Head { Arachnoid opaque and surfaces adherent; small quantity of fluid in occipital fossa. Weight of Encephalon 3.1 $\frac{3}{4}$. - Pia Mater slightly congested cerebral substance firm. Each of the ventricles contains a small quantity of fluid. - Pons Medulla and Cerebellum normal.

Thorax
Lungs.

Right Lung extends to upper border of 6th rib; Anterior Margin corresponds to left border of Sternum
Left Lung extends to lower border of 3rd rib - Anterior Margin corresponds to junction of costal cartilages of 3 upper ribs. - Upper $\frac{2}{3}$ rd of right lung adherent to wall of chest by elongated cellular divisions. - Lower part of left Pleural cavity corresponding to 4th, 5th, 6th, 7th ribs covered with a thick layer of Lymph contains 20 ounces of greenish purulent fluid. - Lungs and Airpassages weigh 3 lbs 11 ounces. - Bronchial tubes filled with thin slightly frothy purulent fluid. - Right lung upper ^{border} studded with innumerable irregular tubercular cavities small size One near the Apex contains cheesy material and is lined by a pleural membrane. - Middle lobe contains a few incipient tubercles. - Lower lobe congested at its posterior part floats in water; thinly studded with grey granulations. - Left lung compressed; whole lung riddled with tuberculous cavities. - Intermixing pulmonary substance thickly studded with tubercles, sinks in water. - Lower inch of Lung firmly ^{compressed} adherent, tolerably free from

Heart. extremely small: Anterior surface of right side about situation of bicuspid valves is a small white patch size of a sixpence. - Mitral valve thickened and beaded at its free margin. - Aortic valve thickened and slightly opaque. - Endocardium of left side of heart generally milky. - Right cavities contain a small quantity of dark fluid blood. - Left ventricle contains small fibrinous coagula. Weight of heart 5 ounces $\frac{3}{4}$. -

Liver weighs 14 lbs. 1 oz. - Gall Bladder contains a quantity of thick dark bile. - Capsule separates with moderate ease. - substance extremely dense. Right lobe pale, cheesy on section.

Spleen weighs $8\frac{1}{4}$ ounces. External surface covered with old lymph. Substance redder than natural extremely soft. -

Kidneys. Right weighs $14\frac{1}{4}$ ounces. Capsule separates easily. Cortical substance very pale. Pyramidal darkened. - Left weighs $5\frac{1}{2}$ ounces same appearance as its fellow.

Pancreas weighs $2\frac{1}{4}$ ounces. Interlobular cellular tissue extremely milky. -

Stomach healthy.

Intestines Beneath mucous membrane of Stomach a few spots of tubercle. Lower down several superficial ulcerations. - Numerous ulcers above Ileo-caecal valve. - The whole of Large Intestine corrugated by old ulcerations. -

James Sinclair
Candidate.

1853 August 5th 1 P.M.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt	Fol	Ward
43	Corpl Thomas Henry	26	Phthisis Pulm	1 st August 1853	27 th August 1853	13 Months	Cape of Good Hope	317	241	15

Abstract of the fatal case of Corpl Thomas Henry, 43 Regiment age 26 years; Admitted into this Hospital 1st August 1853, Duration of disease, 13 Months Contracted at the Cape of Good Hope. died the 27th August 1853 at 1/2 past 11 o'clock P.M. Register 317 Folio 241.

See Englishman, Laborer, Total Service six years and four months of which he spent one year and a half, at the Cape of Good Hope, the remainder at home.

Disease Phthisis Pulmonalis, all the most prominent symptoms of the above disease, were well marked, frequent cough, with mucous purulent expectoration, loss of appetite, Night sweats &c; On examination, the Physical Signs were, as follows, great dulness on percussion, under both scapulae, crepitating rales also heard in the same region, with Bronchophony, of late had lost flesh, and for a few days previous to death entire prostration of strength. Treatment consisted in the administration of Puccilagium, and anodyne expectorants, Counter irritants, Cod liver oil, &c at the same time supporting his strength with wine and a generous diet.

(Signed) W. R. Wallis Rpt Staff Surgeon

Sectio Cadaveris

13 hours after death, Weather Cool and damp.

External Body emaciated, Cadaveric rigidity moderately marked in upper and lower extremities; marks of blisters on the front of the chest.

Head The arachnoid membrane firmly and extensively adherent, on each side of the longitudinal sinus; the arachnoid over the upper surface of the Cerebral Hemispheres, milky with slight serous effusion into the sulci; Weight of Encephalon 3 lbs 4 oz; Cerebral substance slightly congested and firm; each lateral Ventricle containing a small quantity of slightly opaque fluid; Velum interpositum, Pons Varoli, Cerebello oblongata, and Cerebellum healthy.

Thorax Right lung extending to the upper border of the fifth rib; the left to the upper border of the sixth rib. The two lungs, nearly two inches apart, at their nearest point of approximation. Right lung firmly adherent to the walls of the chest, left lung united at the upper half, by old cellular adhesions.

Heart Pericardium containing, about two ounces of clear, citron colored fluid; the right auricle distended with black jelly like coagula, the corresponding Ventricle,

filled with dark fibrinous coagula, the coagula being prolonged into the pulmonary arteries. The left Cavities contain a small quantity of coagula, similar in character to those in the right; the Valves healthy; aorta studded with small spots, elevated above the surface, but smooth.

Weight of the Heart, $10\frac{1}{4}$ oz.

Weight of the lungs and air passages, 4 lbs $12\frac{3}{4}$ oz; Posterior end of right Vocal Cord presents small points of yellow colored ulcerations.

Bronchial tubes filled with frothy mucopurulent fluid.

Right Lung The upper third of the pulmonary pleura, covered with thick cartilaginous layers of pale membranes; at the apex situated immediately below firmly united to each other, the whole lung extensively, and uniformly, studded with tubercles, and tubercular Cavities of small size.

Left Lung Lobes united by old pale membranes; at the apex situated immediately beneath the pleura, but separated from that membrane, by a thin layer of pulmonary tissue, is a cavity the size of a hen's egg, occupied by numerous tubercles which contain blood vessels; the rest of the upper lobe contains several large tubercular Cavities, the intervening pulmonary tissue consolidated, and thickly studded, with crude tubercles, and sinks in water; the lower lobe thickly studded with deposits of crude tubercles, floats in water.

Liver Weight 4 lbs $4\frac{1}{4}$ oz; gall bladder contains a small quantity of rich orange brown colored bile; the Capsule slightly tears away the substance of the liver; external surface, mottled with yellow deposits; substance friable and flabby.

Spleen Weight eleven ounces; thinly studded with yellowish white opaque bodies, surrounded with distinct cysts.

Right Kidney Weight $5\frac{1}{4}$ oz; Capsule firmly adherent to the substance of the Kidney, which is exceedingly dense.

Left Kidney Weight $5\frac{1}{4}$ oz; mutilated, structure natural.

Pancreas Weight $2\frac{1}{4}$ oz; Structure natural.

Stomach Natural.

Intestines The flagellata apiculate, and solitary enlarged; Mesenteric glands somewhat enlarged and indurated.

James A. Kaubier, M.D.
Candidate

Ref.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regist	Folio	Book
86	Lamar, James Private	31	Phthisis Pulmonalis	Aug. 30 th 1853	30 th Sept. 1853	3 weeks	India	356	144	11.

Abstract of the fatal case of James Lamar - aged 31. 86th Regt. admitted into Hospital 30th Augt. 1853. Duration of Disease, 3 weeks. Contracted in India. Died on the 30th Sept. at 2 A.M. in Ward 11. Disease Phthisis Pulmonalis. As this patient died 8 hours after he came to hospital his case was taken down. But on referring to the admission Book it appears that he was admitted on the 18th May last with Catarrhus Ventris into Ward 11.

From the register attached to this ward the following History is extracted. Vol. Reg 356. Folio 144. 89.

The Dischman formerly a laborer. total service 11 years. 3 months of which 9 years. 3 months in India. Had been vaccinated. had small pox never had. Syphilis never took Mercury for 3 years past has had pain in chest & on one occasion had Hemoptoe, expectoration, mucus purulent. there is dulness on percussion over left lung & also over the right but in a less degree. Crepitation heard over apices of both lungs & very much increased & unable to make any exertion from weakness. he was discharged to duty much improved in general health on the 19th 1853.

He was sent here from St. Mary's on the 25th Instant at 6 P.M. for admission into Hospital in a state of extreme exhaustion & labouring under great dyspnoea was obliged to be carried up stairs to the Medical Ward by 2 orderlies. He was put to bed & ordered warm niggers and hot applications to his feet. a loud hushing noise was heard to accomp any his breathing on standing by his bed side. At the evening visit he had not sputtered much. What expectoration he had strength to bring up was frothy & mucus purulent. on applying the stethoscope large crepitations as well as gurgling was very audible over the apices of the lungs especially the right. He was ordered an anodyne draught but he gradually sank & died next morning at 2 o'clock. he retained full possession of his mental powers until he died.

Signed Henry Rolton

Staff Surgeon.

Lechia Cadaveris

24 hours after death. weather cool & damp.

External Body in good condition, rigor mortis well marked. livid stains on appearance. posterior part of trunk. Eruption superficial excoriation of Scrotum. Head, Surface of cranium firmly adherent at the summit of the hemispheres. Weight of encephalon 2⁵/₁₂. Arachnoid covering hemispheres slightly opalescent. Cerebral substance firm & slightly congested.

Thorax

246
Right Lung extends to the upper border of 6th rib. Left to lower part of 6th. the lungs touch each other across the second intercostal space. $\frac{1}{2}$ of fluid in the pericardium. Lungs firmly united at the upper & posterior parts to the thoracic parietes by old adhesions.

Heart

On the anterior surface near the Septum ventriculorum several large white patches. Cardiac Cavities contain a small quantity of black coagula. Walls of heart shine. Aorta studded with small white patches. Weight of Heart $12\frac{3}{4}$. Valves healthy.

Right Lung

Weight of Lung $3\frac{1}{2}$ $\frac{53}{100}$ not collapsed. Lobes firmly united by old adhesions. Upper & middle. Middle contains numerous large sized cavities. Intervening pulmonary substance consolidated thickly studded with tubercles. Sinks in water. Upper lobe studded with tubercles, sinks in water. Lower lobe at the posterior part congested generally but thinly studded with clusters of crude tubercles.

Left Lung

Weight of Lung $3\frac{1}{2}$. posterior part of Pleura covered with a thin layer of false membrane upper $\frac{3}{4}$ of lung thickly studded with crude tubercles and tubercular cavities, the latter of small size. Sinks in water. Lower $\frac{1}{4}$ congested floats in water thinly studded with tubercles. Weight of Larynx & Trachea $3\frac{1}{4}$. Left vocal cord ulcerated on the right side. Lower part of Trachea corresponding to the right end of the Tracheal Cartilage, is an irregular ulcer of considerable size.

Abdomen

Weight of Liver $4\frac{1}{2}$ $\frac{53}{100}$. Gall. Bladder contains a small quantity of orange colored bile. Capsule separates easily with upper surface of right lobe. two whitish yellow opaque well defined deposits at which point the capsule is firmly adherent & is puckered. External surface pale & buffish in color. Substance dense.

Liver

Spleen

Weight of Spleen $15\frac{3}{4}$. lower & anterior part dark. Plate color. Section natural.

Left Kidney

Weight $3\frac{3}{4}$. Capsule separates easily.

Right Kidney

Weight $6\frac{3}{4}$.

Pancreas

Pancreas Weight of $3\frac{3}{4}$.

Stomach

Healthy

Intestines

Lower part of large & small Intestines presents numerous old large ulcers.

Robert F. Andrews.
Candidate

Regt	Name	Age	Disease	Admit.	Died	Duration	Contracted	Register	John Ward
J Hussars	James Day Private	29	Morbus Cordis	Aug. 30th 1853	14 Sept 1853	Five Months	Hamilton Barracks	246	14

Abstract of the case of Mr James Day, Jth Hussars Aged 29 years. Admitted into General Hospital Fort Pitt August 30th 1853 Disease Morbus Cordis. Quarters at Hamilton Barracks when first attacked. Died at the General Hospital Fort Pitt 14th September 1853 at noon. Ward 14 Register Folio 246. An Englishman, Coach maker 12 years service all at home. Was first attacked with morbus cordis on the 20th of April last. Symptoms on admission. A man of most intemperate habits has always enjoyed good health since enlistment till within the last 12 months, during which time he has lost flesh and has been laid up with palpitation of the heart which he attributes to having to ride a rough horse. On examination, when admitted into General Hospital 30th Aug^r 1853 there was visible pulsation of the Carotids some pulsation at the epigastrium the heart apex beating in a line two inches directly below the Mamma between the 6th and 7th ribs. There was considerably increased precordial dulness. Percussion sounds of the chest natural. Respiratory murmur pleuritic and accompanied by occasional subsonant rales. Accompanying the first sounds of the heart there was a bellows murmur loudest over the heart apex, and a little to the right side. Very loud and distinct the click of the Aortic valves in the second sound inaudible and in its place a confused somewhat rasping murmur was heard with the Diastole loudest over the base of the organ. He suffered from Dyspnoea and violent palpitation on exertion. Sleep not much disturbed but he occasionally awoke with a feeling of impending suffocation, or from alarming dreams. Death came on rather suddenly whilst on his back. When well raised in bed Pulse full & B. Breathing easy. He complained of pain in the region of the heart extending back to the spine and down the left arm. These symptoms continued without any change, until the 9th of the present month when the heart's action became much increased, and he was troubled with violent dyspnoea. The stomach was irritable with frequent attempts to vomit after taking food. The conjunctiva and the whole body coloured with a yellow tinge the liver somewhat enlarged and painful on pressure in the right hypochondriac region Pulse full & B. Tongue dry & coated with a yellow fur. On the 12th & 13th he was considerably worse. Pulse very small 100 Heart's action

not violent, the Circulation very languid & slight oedema of the extremities, breathing more oppressed attended by some hoarseness of the Countenance. During the Morning of the 14th was very restless and delirious there was great prostration of strength and dyspnoea the extremities scarcely kept warm by the application of hot bottles he continued in this state up to the time of dissolution which occurred at 12 o'clock Noon on the 14th Inst. The treatment consisted chiefly, when first admitted, in regulating the bowels by mild purgatives. When derangement of the functions of the liver appeared alterative doses of Mercury and saline purgatives, the application of cupping glasses and leeches to the region of the liver, and finally, Stimulants and Wine, Counter Irritation to the epigastric region, diffusible Stimulants and warm to the surface.

No Post-Mortem Examination was permitted, being a married man the heart alone was examined. Fifty hours after death.

Heart.

Small quantity of fluid in the Pericardium. Weight of heart 1 lb. 4 1/2 oz. Surface covered with irregular silvery white patches, particularly on the posterior surface of the right auricle. Muscular tissue beneath the pericardium stained with patches of a reddish purple hue especially observable on the inner surface of the right auricle. Considerable dilatation of both Cavities. Thickness of the walls on the right side five lines of left, nine lines. Tricuspid and pulmonary valves free from disease.

Mitral Valves thickened and stained in situated patches of a reddish hue, the free margins being studded with an extensive bead-like deposit, resembling Atheroma.

Left aortic Valve ruptured and absorbed to two thirds of its extent. Remaining two valves thickened with extensive ossific deposit in their free margins. From the point of attachment of the central Valve, on either side extensive atheromatous deposits extending up the course of the Aorta. The inner surface of which vessel was thickly studded with irregular patches of the same deposit.

(Copied) William Alar. White M.D.
Candidate.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regist.	Total	Ward
43 rd	Charles Murray	31	Dysentery Chr	19 th August 1853	15 th Sept 1853	Eighteen months	Cape Good Hope	357	243	

Abstract of the fatal case of Private Charles Murray, aged 31, 43 Regiment. Admitted into Hospital 19th August 1853. Duration of Disease 18 months, Contracted in the Cape Good Hope. Died on the 15th September at 5 A.M. in Ward 15. Disease Dysentery Chronica.

An Irishman, Seaman, period of service twelve years. Stations of service and time at each, one year and three months at the Cape, the remainder at home.

Has enjoyed good health up to the beginning of February 1852 at which time after severe field duty at the Cape of Good Hope, he had an attack of Dysentery for which affection he remained under treatment in the Hospital at King William's Town until Invalided to England.

Since his admission into Hospital here no improvement has even taken place: stools have been almost constantly purulent and have for the last fortnight been passed involuntarily. There has been little tenderness of the abdomen, which was before a prominent symptom, especially over the descending portion of the Colon. Bad sores have formed on several places, and he has at length sunk from complete exhaustion having become much emaciated. The treatment has consisted of Opium with various astringents, as Kino, Catechu, Plumbe acetat, Cupri sulphas de

(Signed) William Alex^r White M.D. - Candidate

Section Cadaverica

21 hours after death: - weather warm and damp.

External Body extremely emaciated; rigor mortis slightly marked in lower extremities, Appearances not at all in upper; Abdominal walls collapsed and greenish in tint.

Head Dura mater slightly adherent at the summits of the cerebral hemispheres; Arachnoid slightly opalescent; pia mater pale; Cerebral substance natural in consistence; each lateral ventricle contains a small quantity of fluid; Choroid plexuses pale.

Thorax Lungs collapsed; right lung extends to lower border of 5th rib, left to lower border of 6th; the latter firmly attached at apex and at the diaphragm, small quantity of fluid in pericardium.

Heart Weight 7 1/2 ounces.

Right Cavities contain a large quantity of loose black coagula; tricuspid and pulmonary valves healthy; left Cavities contain a small quantity of loose black coagula; mitral valve slightly thickened at free margin, the aortic valve articulated at its free margin; aorta studded with irregular opaque white patches; Cardiac walls thin and flaccid.

Lungs Weight of right lung 1 lb, 12 1/4 ounces.

250

Bronchial tubes filled with frothy mucopurulent fluid; pleura thickly studded with dark coloured deposits; upper lobe thickly studded with small tuberculous cavities; ~~containing~~ pulmonary substance thickly studded with tubercles and milky granulations but floats in water. Bronchial tubes filled with softened tubercle and large: Middle lobe studded with tubercle and tuberculous cavities: Anterior edge consolidated and grey in colour, sinks in water; lower lobe posterior part congested; substance studded with clusters of tubercles in all stages sinks in water in these parts.

Weight of left lung 1 lb, 3 1/4 ounces.

Pulmonary pleura on anterior part covered with a thick layer of old lymph; pleura generally studded with black deposits: Most abundant in the interlobular spaces.

Upper and lower lobes firmly united, apex thickly studded with crude and soft tubercles; floats in water; lower lobe moderately healthy presents a few clusters of tubercles.

Larynx Weight 4 ounces: Vocal Cords and Mucous Membrane of trachea, thickly studded with superficial ulcerations of doubtful age.

Liver Weight 2 lbs, 14 ounces; gall bladder contains a moderate quantity of thin rich coloured bile; Capsule of Glisson firmly adherent to the substance of the liver, right lobe dense in texture and firm, left lobe rather pale texture firm.

Spleen Weight 7 ounces; colour externally and on section a rich claret, texture extremely firm.

Kidneys Weight of right kidney 4 ounces; Capsule separates readily, Cortical substance pale and in large proportion extremely dense.

Weight of left kidney 4 1/4 ounces; same characters as its fellow, Cortical substance being in great excess.

Stomach Stomach healthy.

Intestines Small and large intestines presents numerous large sized irregular large oval ulcers; their long diameter being across the gut, these ulcers increase in size as they approach the Rectum.

Archd Campbell.

Candidate

Regt.	Name.	Age.	Disease.	admitted	Died.	duration	Contracted	Regt.	Total
52 nd	James Boyes	20	Phthisis	17 Aug th 1853	15 Sept ^{br} 1853	4 Months	England	358	221

Abstract of the fatal case of Private James Boyes aged 20 Regiment 52 admitted into the General Hospital Fort Pitt August 17th 1853 Disease Phthisis Pulmonalis duration of disease 4 months, contracted during service in England. Took his Regiment leave at the General Hospital Fort Pitt on the 15th September 1853. 8 October. A.M. Board. 14 Registers 258 Total 221

An Irishman ~~1 1/2~~ years service all at home a delicate young soldier of sympathetic temperament temperate habits with a long clinical progression to Phthisis. His mother and sister having died of the disease was first attacked with Phthisis Pulmonalis last May which he attributes to getting lost in January before then he had always the best of health but after it he got a pain in his side and was admitted into hospital but was discharged after a day or two. This occurred on three or four occasions he getting fresh cold after each period of being and being obliged to seek relief in hospital till at last he was laid up so that he states that he has never expectorated any blood.

Symptoms on Admission.

Emaciation and debility for admission. Chest walls flattened. Can feel in beneath the clavicles rather very limited especially on the left side in the upper part. Percussion on this situation causes a slight degree of pain. And elicits a dry dull sound over the whole extent of the upper lobe over the remainder of the chest with the exception of the right subclavicular region in which there is a slight dulness generally. Natural on applying the ear very extensive gurgling was heard beneath the left Clavicle large crepitation over the base of the upper lobe and in the suprascapular fossa. Pectoral pulse in this situation well marked very little respiration over the upper lobe. And from the large quantity of fluid present present in the cavity or cavities. No trace marked laboured breathing. Breathing under left Clavicle noisy and tubular. In other parts of the chest feeble respiration. Diarrhoea of the bowels. During 4 or 5 evacuations being passed during the 24 hours Pulse 100 Respiration 22 he suffered from night sweats and cough by day and at night and in the morning. These symptoms without any change excepting the diarrhoea which with alterations of aggravation or remission was permanent. Continued until the fourth of the present month when the cough became very much increased during the night so much as to cause vomiting he continued the same troubled more or less with vomiting and diarrhoea until the 10th present when great prostration of strength ensued from loss of rest at night from the violent vomiting and diarrhoea which continued until he expired.

Treatment Palliative.

Robert Anderson M.D. (London etc.)

See the Cadaver's.

Post mortem appearance of James Boyes 52 years of age the weather warm and damp body extremely emaciated. Major Morbidity slightly marked in the hands. Arachnoid surfaces slightly adherent at the base of the longitudinal sinuses. Weight of Encephalon 2 lbs 13 1/2 ozs. Arachnoid covering the anterior surface of each Hemisphere. Midbrain fine matter slightly congested. Especially posteriorly. Cerebral substance firm. Ventricles and Choroid Plexus healthy.

Throat Lungs were collapsed. Right lung extending to the upper border of fifth rib. Left to the upper border of the fourth rib.

Heart Pericardium containing a small quantity of hyaline fluid. The right Cavities contain a quantity of loose dark coagula. Tricuspid and pulmonary Valves healthy. The left Cavities of the heart contain a small quantity of firm fibrinous coagula. Mitral and aortic Valves healthy. Weight of heart 7 1/2 ozs.

Right Lung Weight 1 lb 6 ozs. Anterior margin emphysematous the anterior margin of the base of the lower lobe presenting a bulge beneath the Pleura oval in shape and about the size of a small nut. The whole lung studded with tubercles of various sizes but floats very readily in water even after the firmest pressure.

Left Lung Weight 3 lbs. Upper lobe reddish with small tubercular cavities. Lower lobe containing much of tubercular deposition and small cavities. The lower lobe studded with numerous tubercular cavities increasing in size towards the base. Interspersed pulmonary substance except at the base thickly studded with white and yellow tubercles floats in water.

Liver 4 lbs 5 ozs. Gall bladder contracted contains a small quantity of viscid. and brownish bile. Yellow the capsule adherent of any separation from the surface of the organ. Substance of Liver pale and friable in texture.

Spleen Weight 6 ozs. Substance very firm and of a claret colour.

Kidney Right Weight 3 1/4 ozs. Capsule being removed. Testes Natural.

Kidney Left Weight 6 ozs. Structure Natural.

Pancreas Weight 3 ozs. Structure healthy.

Stomach Natural.

Intestines Both large and small present numerous points of ulceration.

Wynne Peyton Trayer
Candidate

Post mortem appearances of the body of private Michael Ryan of the 6th Royal Regiment of foot, taken 12 hours after death. Weather Warm and dry.

External appearances. Body extremely emaciated, rigor mortis moderately marked in upper extremities though in lower.

Head. Surface of cranium firmly adherent to one ounce of clear Serum in occipital fossae. Weight of Encephalon 3 pounds $1\frac{1}{2}$ ounces. Cerebral Substance somewhat congested but natural in consistence. Coats of the Ventricles contain a large quantity of clear Serum.

The Pons, Medulla and Cerebellum are healthy.

Right lung extends to the lower border of the 5th rib the left to the 3rd intercostal space.

The right pleural surface extensively adherent; the left pleural surface only adherent at the posterior and inferior parts.

The Pericardium contains half an ounce of clear Serum.

Heart. Large about the centre of the anterior surface of the right Ventricle is an oval opaque white patch its longer diameter is 1 inch its shorter half an inch.

The right Ventricle contains a large quantity of coagulated blood mixed with fibrinous coagula. The right auricular Ventricle opening is very much dilated admitting four fingers and the thumb. The Tricuspid and Pulmonary valves are healthy.

Left Ventricle contains a moderate quantity of fluid blood. The left auricular Ventricle opening admits the points of four fingers.

On the Aortic surface of the Aortic tongue of the Aortic valve there is extensive deposit of granular lymph. The Aortic Valves are much shortened and thickened one being perfectly incompetent.

The walls of the left Ventricle are firm and thickened being one rib at their thickest part. Weight of Heart 1 pound 3 ounces.

Lungs. The bronchial tubes are filled with mucus; the mucous membrane is pale. Right Lung Lobes united by old lymph. Whole Lung weighs about and the posterior part somewhat congested. No tubercles. Weight 1 pound $1\frac{1}{2}$ ounces.

Left Lung. Weight 1 pound $3\frac{1}{2}$ ounces. Upper lobe contains a deposit of caseous tubercle about the size of a small hazel nut, no other tubercles are found. The whole lung is somewhat congested but floats in water. Weight of Larynx and Trachea 3 ounces. Mucous membrane pale.

Mucous membrane of Esophagus extensively ulcerated, increasing in extent from above downwards nearly quite gone near cordis extremely odorous very acid.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regiment	Who Died
6th	Michael Ryan	26	Intermittent	Aug. 19th	Sept. 18th	2 years 1 month	Cape	358	227.

Abstract of the case of No 2657 Pte Michael Ryan 6th Regt of Foot. Admitted into the general hospital Fort Pitt August the 19th 1853. Duration of disease 2 years and one month contracted on service in the field at the Cape of Good Hope in August 1851. Died in Ward no 4 Medical division Sept. 18th 1853 at 11 1/2 p.m. Disease Intermit. Corded. Regimen no 358 Fch 227.

History. An Irish labourer age 25. Enlisted in 1846. Period of service 1 1/2 years of which 6 1/2 years at the Cape of Good Hope.

Medical History. It is reported to have been frequently in hospital during his service at the Cape for Putrid Complaints, and prolepses etc. In August 1851 first admitted for palpitation dyspnoea and cough a bellows and rasping sound being distinctly heard with the first sound of the heart.

History of fatal disease. The own history of himself on admission into the Hospital was that he had never suffered from articular Rheumatism and had always enjoyed good health from his enlistment and subsequently up to the year 1847 when during the last war at the Cape he was on coast duty in charge of Provisions and the convey being attacked a mignon laden with bags of Coffee and Sugar on which he was riding was upset and he very much injured by the heavy bags falling on his chest. From this time up to the year 1851 he suffered from weakness of the chest shortness of breath and palpitation and being then on patrol was one day seized with a fit apparently from his description Syncope was admitted into Hospital and when discharged was employed at light fatigue duties but from that time had never done any regular duty.

On admission into Hospital there was considerable emaciation and debility. Intensive knocking of all the large arterial trunks the subclavian action accompanied with a strong impulse and visible pulsation at the Jugularium the apex beating 2 1/2 inches below the mamma between the 7th and 8th ribs. Precordial dulness very much increased. Chest sounds natural. On applying the ear a loud diastolic rasping and almost musical murmur was heard over the base of the heart increasing in intensity along the course of the Aorta over the first bone of the Sternum. He has lost ground during the voyage home and has been confined to his bed for three weeks. He complained of nausea and vomiting accompanied with a burning heat at the Jugularium and pain in the precordial region the pain extending back between the shoulders. There was an abnormal distribution of the Precordial

254. Artery no vessel existing on the right side. The pulse was regular in its beat and of moderate frequency but peculiar and characteristic of the disease. The pulse of the aneurysm soft, open and bounding but having no impulsion on the finger. Seculitus - on the back when flat in bed. The most urgent symptom was the constant vomiting with the ejection of blood of a dark color from the action of the acid secretion of the stomach. This was relieved by the administration of Solutives and had ceased to be bothersome for some short time before death. The treatment throughout was palliative.

Francis Smith.

Assistant Staff Surgeon.

Liver. Weight 3 pounds 14 ounces. The gall bladder contains a small quantity of pale bile. The substance of the liver fleshy, dark and congested.

Spleen. Weight 23 ounces of a deep claret colour and moderately firm. Right Kidney Weight 7 ounces. Capsule separates easily. Cortical substance in great mass, pale and granular and of soft consistence. Pyramid Small and distorted.

Left Kidney Weight 7 1/2 ounces. External surface covered with dark spots. Cortical substance in greater mass generally pale but congested at the periphery. Pyramids Small and distorted.

Stomach. Pyloric end collected admitting the point of index finger. Coils indurated and much thickened and covered with tenacious viscid mucus. The inner thickened portion presents irregular patches of vascularis. The mucous membrane of the stomach is spotted with punctiform injection.

Intestines Healthy.

Pancreas. Weight 3 ounces. Healthy.

John Richard Lister
Candidate.

33 10.34 Dec. 14.7

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
21	Lumiah Regan	22	Leprosy Lumbare	23 May 53	22 Sep 53	10 months		15-9	13.167	2

Abstract of the fatal case of of Private Lumiah Regan aged 22. 21st Regt. admitted into ward two, Surgical Division 23rd May 1853 with Leprosy - Lumbare. Died in ward 2. on the 22nd September 1853 of Effortum Lumbare. Duration of fatal disease. 10 months. Reg. 15-9. Folios 13. 167. Irishman formerly labourer, of lymphatic Temperament and strenuous Diathesis. Total service 5 years 6 months, all passed at home. Has been vaccinated. Never had venereal disease, and never took Mercu-ry. States that he enjoyed good health until last November, when he received an injury in his left groin, when stationed at Hule. Shortly after this two swellings successively appeared, in the upper part of left thigh, and above Pouparts Ligament. And trusses were ap-plied over these swellings, in the belief that they were of the na-ture of Hernia. - Two months before his admission into Hospital here, these two swellings had resolved themselves into two abscesses which discharged very profusely. - On admission into this Hospital one abscess of a burrowing character existed above Pouparts Liga-ment, on the left side and another immediately below it. - from each of which there was a copious discharge of healthy looking pus. - The abdominal and Thoracic viscera were

236 healthy and he had no pain in small of back. A few days after admission he complained of excessive pain, more especially at night, extending from the right iliac fossa, along the outer aspect of the right thigh, and on the 18th August, a swelling appeared immediately below Poupert's ligament, which burst on the 22nd August and discharged an enormous quantity of Pus. He had now two abscesses one in each groin, discharging very profusely. Contemporaneously with the appearance of the abscess in his right groin, his lower extremities, became oedematous, more especially his right leg, the upper part of right thigh and the scrotum also. During his residence in Hospital he had frequent attacks of Diarrhoea which alternated with colliquative sweating. He had also slight cough, with little or no expectoration, but without any apparent lesion of the Thoracic Viscera. His urine was frequently examined and frequently contained deposits of Phosphate of Lime, and Phosphate of Magnesia + Ammonia, with an alkaline reaction. And sometimes Urate of Ammonia with an acid reaction, but never gave the slightest indication of Albumen, with heat or nitric Acid. He benefited very little from the treatment employed, consisting chiefly of the Administration of tonics, generous diet with an allowance of wine, and cod-liver oil internally, and of the Application of Linseed meal poultices simple dressing, injections of weak solutions of Iodine, of Sulphate of Lime, and of Brandy and Water, over the Interostitis locally. He became gradually more and more emaciated - bed sores formed over the Sacrum and trochanters. Irritative fever, occasioned by the morbose drain upon the system, set in, and death terminated his existence on the 22nd September, at 5 o'clock p.m. A few days before he died the discharge from the groins, became much diminished. He retained his consciousness till he died.

(Signed)

Henry Polson

Staff Assist. Surgeon

John Pitt

23rd September 1833

Actio Cadaveris

Post Mortem appearances of Private Jeremiah Ryan 21st Regiment - 19 Hours after death weather cool and damp. Body, extremely emaciated. Rigor mortis entirely absent, extensive ulceration over the Sacrum, a deep ulcerated opening in each groin. Head - Arachnoid surfaces extensively adherent. An ounce clear fluid in the occipital fossa, weight of meninges below 3 lbs. Central substance natural, a small quantity of fluid in each lateral Ventricle. Choroid Plexus Pale. Cerebellum, Pons and Medulla, healthy.

Thorax - Right pleural surfaces completely adherent, by 25%
old cellular adhesions - Left free from adhesions - not
collapsed - Right lung extends to centre of 5th intercostal space Left
to upper body of 6th Rib - Two ounces of clear straw coloured
serum in the Pericardium.

Heart - Very small - Right Cavities contain a small quantity
of fluid blood - Pulmonary and Tricuspid valves
healthy - walls of left ventricle contracted. Mitral and Aortic
valves healthy, weight $6\frac{3}{4}$ ounces - Left lung weighs 2 lb six
ounces and a quarter - Bronchial tubes filled with frothy fluid -
upper lobe oedematous at its posterior part. Lower lobe extremely
congested: a large quantity of aqueous fluid exudes on pressure -
Texture excessively fragile - Colour dull grey - mottled with red
spots, every part of lobe sinks in water - Weight of Right
lung $15\frac{1}{4}$ oz - Pulmonary Pleura covered with a layer of old
fibrous membrane. Section pale, mottled, with one or two
places with dull red spots - floats in water - a large quantity
of frothy fluid exudes on pressure - Bronchial glands
contain a semi-citraceous opaque white material - Weight of
Trachea and Larynx 5 oz -

Abdomen - Liver gall bladder contains a small quantity
of viscid rich bile of a brown colour - Weight
of liver, 2 lb $6\frac{3}{4}$ oz - Capsule separates easily - healthy -

Spleen - weight 8 oz. Colour rich claret - substance dense

Kidneys - weight of left kidney $5\frac{3}{4}$ oz. Capsule separates
readily - Weight of right $3\frac{1}{2}$ oz - Cortical substance in
great excess, congested - texture dense -

Pancreas - weight $1\frac{1}{4}$ oz - healthy -

Presenteric Glands filled with putaceous tubercles - The
sack of the abscess, on the right side from the groin to the
Diaphragm - There is considerable curvature of the spinal
column - The Concavity, being to the right side -

The lower right margin of the last dorsal vertebra carries a bare -
the right half of intervertebral substance between this and the
first lumbar vertebra diseased - The bodies of the 1st and 2nd
lumbar extensively diseased - the latter more so than the
former - The abscess on the left side, of the spine occupies,
the entire iliac fossa; that on the right side, extends from
the groin to the under surface of the diaphragm -

Stomach and Intestines - healthy -

There exists a communication between the cavity of the
Right Hip joint, and the opening in the groin - The capsular
ligament is of a dark green colour - easily ruptured, and

13th Completely disorganised. The cavity of the joint contains about 10 of thick greenish fluid - the cartilage is removed from the whole of the upper part of the Head of the Femur, which is considerably roughened - The whole of the cartilage in the Glenoid cavity is removed, and the bone rough - The cotyloid ligament is also absorbed for about $\frac{2}{3}$ of its extent leaving the bone bare.

D. A. Campbell Esq. M.D.
Candidate -

Regist.	Name	Age	Sex	Admitted	Height	Duration	Contract	Register	Volunt	Ward
33 rd	Thos. McPherson	43	M	1853	5' 6"	3 years	Macallen	354	71. 74. 88.	11.

Abstract of the total case of Private Thomas McPherson, admitted into this Hospital as above.

History

An Irishman, a shoemaker, total service 23 years (6 under age) of which three years in America the remainder at home -

Medical History

About 11 years ago, while in New Brunswick, he was attacked with Intermitte-
nt Fever, of the Typhoid type, which lasted for about a fortnight, he has been
subject to it ever since, & for three days before his admission into this Hospital
he had one fit each day -

He has also been in Hospital at different periods, with chronic Catarrh.

History of Total Disease

On admission his symptoms were great emaciation; pain across the chest
immediately below the nipples, slight dyspnoea, wet cough, greenish color-
ed frothy expectoration, Percussion elicited a dull sound under the right
clavicle than the Left - The inspiratory murmur was rough & harsh, The
expiratory very indistinct, Vocal Resonance considerably increased - On
the 18th a few streaks of blood were observed in his sputa, He continued in much
the same state up to the 29th when he became much worse, his breathing became
much hurried & labored, the pain in the chest more severe & his cough very
harrassing, on this day the Physical signs were - decided dulness over the upper
lobe of right lung - Stertorous respiration & Pectoriloquy in the same situation
On the left side the Respiration was prae-cordial, On the fourth of October he perspi-
red a great deal & this continued for a couple of days when it was checked by
dilute Sulphuric acid, He got weaker every day & died quite exhausted last night
at a quarter to 12. Retaining his consciousness to the last - His speech did not
return till the 10th - it continued up to the time of his death - The treatment condis-
-tuted in the administration of Dr. Squire's, God liver oil, dilute Sulphuric
acid to check the perspirations, astringents & generous diet -

William Sinclair
Staffapt. Surgeon

Private Thomas M. Parlin 33rd Regiment
Weather cold & wet, 12 hours after death.

External

Appearance Body in good condition, rigor mortis well marked, a small superficial bed sore over the sacrum, extensive dark discolorations over lower part of front of right leg; result of old ulceration.

Head

Arachnoid surface slightly adherent, Weight of encephalon 3 lb 2 1/4 oz. Cerebral substance firm but slightly congested, Choroid plexuses pale, and Reilm interspersum milky, each ventricle contains a small quantity of fluid, Cerebellum, Pons, and Medulla oblongata healthy.

Thorax

Right lung extends to the centre of the fifth intercostal space, Left lung to upper border of fourth rib. Both lungs are firmly adherent to the walls of the Thorax. Half an ounce of fluid in the pericardium turbid yellowish orange colored. Heart flabby & large sized. Right cavities containing large firm fibrous coagula. Tricuspid valve healthy. Pulmonary valves reticulated. at their free margin, left cavities contain a moderate quantity of loose dark jelly-like coagulum. The tricuspid valve thickened at its free margin & deeply stained. Aortic valves reticulated at their free margins. Cardiac walls flabby. Weight of heart 11 3/4 ounces. Right lung weighs 1 lb 14 1/4 oz. External surface extensively discolored with black deposits - most numerous in the interlobular spaces, whole lung extremely dark in color & somewhat fetid in odor, breaks down readily under the pressure of the finger. Studded with moderate sized cavities filled with yellow creamy fluid & a central irregular dark mass, intervening Pulmonary substance containing one or two tubercles in the cretaceous stage, every part of this lung floats in water - no crude or milium tubercles. Left lung weighs 1 lb 13 1/4 oz. Bronchial tubes filled with dark slightly frothy fluid. Mucous membrane deeply stained. Pulmonary artery filled with black dense coagula, whole lung extensively dark in color, studded with a few spots of circumscribed pulmonary apoplexy. Lung substance floats in water excepting the spots of apoplexy, no tubercles or cavities.

Abdomen

Weight of liver 4 lbs 3 1/4 oz. Gall bladder moderately distended with dark viscid greenish bile. Capsule tears away. Substance of liver, surface on section pale and somewhat more buff than usual. Consistence of the organ very fragile. Weight of spleen 9 1/4 oz. Color paler than natural, Consistence about natural.

Kidney

Right - weighs 5 1/4 ounces Capsule separates readily, External surface, lower end presents a puckered spot about the size of a four penny piece, Section natural. Left - weighs 5 1/4 ounces, External surface & the Section healthy. Weight of Larynx & Trachea 5 1/4 ounces - Healthy. Over

Pomeroy weighs 3 1/2 ounces - healthy; Stomach internal surface presents extensive capiliform injection, maculated at the fundus with dark hemorrhagic spots; Small intestines presents extensive arborescent vascularity; Bladder enormously distended (reaching to the umbilicus) filled with dark colored turbid urine, vesical walls extremely thin bands of muscular fibres project inwards forming rugae; Uterus montanum much enlarged, all the large venous trunks of the extremities distended with dark firm coagulated blood.

Humphry, J. J. L. M. A. M. D.
Candidate.

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
95 th	George McConnell	23	Phtisis Pulmonalis	7 th August	13 th October	9 months		359	6.14.56.95 =	11

Abstract of the fatal case of P^r George McConnell aged 23. 95th Regiment. Admitted into this Hospital on the 7 August 1855. Duration of disease 9 months. Contracted.

Died on the 13th October at a quarter past eight A.M. in Ward 11 Medical Division - Disease Phtisis Pulmonalis. Register 359 - Folio 6.14.56.95

The Irishman: a laborer: Total since 4th years, all at home. His symptoms on admission were, cough, expectoration of yellow sputa, pain in left side of chest, great heat of skin, pulse 120. The percussion note was clear on both sides. Large mucous râles existed over the left side of the chest, on the right side puerile breathing was heard - He had no sweating or diarrhoea.

For some time after his admission he improved considerably, most of the symptoms being relaxed, but about the beginning of September he again got worse; Oedema began to show itself in the legs and ankles, and vomiting set in, which latter was checked by dilute sulphuric acid - On the 3rd October he became very weak and complained of severe pain in the chest - On examination there was found to be decided dullness in the left infra-clavicular region - In this situation grunting was heard & also pectoriloquy, In the corresponding region on the right side the respiration was puerile and large crepitation also existed - On the 7th diarrhoea came on he grew weaker every day and sank quite exhausted yesterday morning at a quarter past eight.

The treatment consisted in the administration of expectorants.

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Cod liver oil, Anodynes & Astringents, in counterirritation by means of
blesters & Tartar Emetic ointment. Along with nonvisiting diet.

(Signed) William Sinclair

Staff assistant Surgeon

Actio Cadaveris

Post Mortem appearances of ^{Pte} George McConnell 95 Regiment - 28 hours
after death - Weather cold & wet.

External
appearances Body emaciated - Rigor Mortis slightly marked in upper, much
so in lower extremities.

Head Surface of meningeal membrane extensively adherent. Weight
of brain 3 1/2 lbs minus 1/2 lb. Central substance moderately firm and
somewhat congested. Each Ventricle contains a moderate quantity
of fluid. Pons Varolii Medulla oblongata and Cerebellum healthy.

Thorax Right lung firmly adherent at lower, left lung at upper part.
The right extends to the lower margin of fifth rib, the left to that of the
sixth. Cellular tissue in Anterior Mediastinum infiltrated with yellow
serum.

Pericardium One ounce yellow serum in Pericardium. Anterior surface
and of right ventricle presents several small irregular white patches. Right
Heart Cavities filled with dark loose coagula. Tricuspid valves and Pulmonary
valves healthy. Left cavities contain a small quantity of fluid blood.
Endocardium of left Atricle and Mitral valves white and pearly.
Aortic valves healthy. Weight of heart 7 lb.

Right
Lung Right Lung weighs 1 lb 14 3/4. Bronchial glands, enlarged indurated and
of a black colour. Bronchial tubes filled with a frothy purulent fluid.
Lobes agglutinated with old adhesions. Upper lobe near its center presents
an irregular tubercular cavity surrounded with clusters of tubercles. Another
smaller cavity exists at apex. The lower and anterior angle is consolidated
with tubercles for about two inches and sinks in water. Middle lobe
presents a few scattered tubercles. Lower lobe for an inch at its upper
part thickly studded with crude tubercles, and floats in water. The rest of
this lobe is somewhat congested but otherwise healthy.

Left
Lung Left Lung weighs 3 lb 11 3/4. The Pleura covered with a thick layer
of old lymph. Upper lower lobes firmly adherent. Apex contains
an irregular cavity the size of a small orange, tolerably empty and
crossed by numerous trabeculae. The rest of upper lobe studded with
tubercular cavities. The intervening pulmonary substance infiltrated
and sinks in water. Lower lobe (except an inch at lower margin)
presents exactly the same characters as the upper. The extreme lower
margin is thickly studded with tubercles and gray granulations, it
floats in water. The cavities in this lung are lined by a thick false
membrane.

Larynx & Trachea The Larynx and Trachea weigh 6 3/4 lb. Mucous membrane generally
brightly

Trachea Brightly vascular. The lower two thirds thickly studded with superficial ulcerations, each about the size of a pin's head.

Liver Gall bladder on its peritoneal surface is extremely white, contains a small quantity of bright yellow bile. Weight of Liver 4 lb 3 3/4. Upper surface presents two very irregular patches of a white colour, half the size of the palm of the hand. These are easily removed, leaving the capsule of Glisson beneath them opaque. The capsule firmly adherent to the organ. Substance of Liver extremely dense, more yellow than natural. Left lobe more fatty than right.

Spleen Weight of Spleen 13 3/4. External surface presents appearance similar to those seen on surface of liver. Section rich dull chestnut colour, extremely granular. Consistence about natural.

Left Kidney Weighs 5 3/4 lb, its capsule separates easily. texture extremely pale. Cortical substance in great abundance.

Right Kidney Presents the same characters, and weighs 5 3/4 lb.

Pancreas Weighs 2 1/4 lb and is healthy.

Stomach Mucous membrane of stomach pale and opaque.

Small Intestine The solitary and aggregate glands in small intestines are much enlarged and of an opaque white colour, a few are ulcerated.

Large Intestine The Caecum and ascending colon have a few scattered irregular old ulcers.

There were eight points of char staid coloured fluid in abdominal cavity.

John E Gony M.D.
Candidate

334 76 No. 150

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
51 st	Thos Fildes	40	Rheumatism - Chronic	13 th October	14 th October	10 days	Night	359	107	11

I have to report the fatal case of Mr Thomas Fildes aged 40. 51st Reg. Admitted into this Hospital on the 13th October 1853. Duration of his disease was 10 days. Contracted in the Isle of Wight.

Died on the 14th of October at 1/4 past 12 o'clock P.M. in Ward 11 Medical Division - Disease Rheumatism Chronic Register 359 Folio 107

An Englishman. A laborer by trade. Total service 21 years of which in the East Indies 5 years 9 months. New South Wales 8 years and the remainder at home.

He contracted Rheumatism in 1852 in India and attributed his disease to the effects of climate. He has also suffered from Hepatitis and was under treatment for this affection in his Regimental Hospital from the 12th

of February to the 30th of March 1852 when he was transferred to his depot. On admission here his symptoms were great prostration of strength, very flushed countenance, suffused face, pulse 120 full and soft. Skin exceedingly dry and hot. Complained of head ache and pains in various parts of the body, especially about the abdominal region. His tongue was dry and furred along the centre. He had Diarrhoea. On the evening of his admission he showed slight symptoms of delirium and some hesitation of speech. On the next morning the 14th the Diarrhoea was somewhat checked, but the delirium was somewhat on the increase. His pulse was more full having passed a sleepless night and seemed evidently sinking fast becoming quite unconscious and died totally exhausted at 12 1/2 P.M. on the same day. Treatment consisted in administering on the night of his admission Astringents combined with an opiate. To allay his feverish symptoms Diaphoretics were given. On the next morning diffusible Stimulants (Carbonate of Ammonia and Brandy) were exhibited. His head was shaved and cloths wrung out of cold water applied to it. It was ascertained that he had been drinking spirits to excess for the 4 previous days.

(Signed) Fred^t Wm. Morris
Candidate

Actio Cadaveris

Post Mortem appearances of P^r Thomas Fildes A.M. 51st Regt.

24 Hours after death. Weather cold and dry.

External
appearances

Body muscular. Cadaveric rigidity well marked in all the extremities. Extensive livid staining in posterior part of trunk.

Head

Macchroid over the summit of cerebral surfaces extensively and firmly adherent. Macchroid generally opalescent, most marked over anterior lobes. Separated from convolutions of upper surface of brain by considerable serous effusion. Pia mater congested. Whole weight of Encephalon lbs 2. 13 of 1/2 Cerebral substance firm and congested. Fimbria and Septum Lucidum firm. Each lateral ventricle contains a small quantity of turbid fluid. Fimbria on external wall of lateral ventricle extended with dark blood. Pia mater covering cerebellum congested. Pons, Medulla, Cerebellum, healthy.

Thorax

Right Lung extends to lower border of 6th rib left to lower border of 5th

Pericardium
and Heart

Pericardium contains one ounce of straw coloured fluid. Cavity of heart filled with dark fibrous coagulum. Tricuspid valve deeply stained. Pulmonary valve likewise. On the posterior surface of the Right ventricle is a small irregular white patch. Left cavity contains small coagula thickened at free margin sigmoid at attached margin. Weight of heart 12 oz

Right Lung

Right Lung entire pleural surface except upper and anterior margin firmly agglutinated by recent lymph. No fluid in pleural cavity. The pleural surfaces both costal and pulmonary extremely vascular. Weight of Right Lung lbs 4 Bronchial tubes filled with foamy mucus purple

serous fluid. Mucous membrane extremely vascular. Pulmonary
veins distended with loose dark coagula. Apex somewhat con-
gested. Considerable quantity of frothy fluid exudes on pressure.
Lower margin ashy grey in colour. Lower margin breaks down
under the finger and sinks in water. Middle lobe congested and
matous floats in water. Lower lobe ashy grey in colour, the ashy
tint increasing from above downwards, breaks down under the finger
sinks in water. Copious fluid exudes on pressure.

- Left Lung** Left Lung. Pleural substance free from adhesion. Weight of Lung
lb. 9 oz $\frac{3}{4}$. Upper lobe very fluid in colour crepitates freely, floats in
water. Lower lobe darkly congested, pulmonary vessels filled with
dark blood, frothy purulent fluid exudes on pressure floats in
water. The clear fluid appears to come chiefly from the texture of the
lung. Liver weight lb. 4. 2 oz $\frac{1}{2}$. Gall bladder contains a small quan-
tity of dark orange coloured bile. Capsule of Gall bladder which is extremely
thin separates easily. Colour uniformly pale. Texture very
dense and resisting.
- Spleen** Small. Weight 4 oz $\frac{3}{4}$. Colour externally pale, on section, mottled
dark with paler spots.
- Right Kidney** Weight 7 oz $\frac{1}{4}$. Capsule separates easily. Substance somewhat con-
gested especially the cortical.
- Left Kidney** Weight 7 oz $\frac{3}{4}$. Presents the same appearance as its fellow
of opposite side.
- Pancreas** Weighs 4 oz $\frac{1}{4}$ extremely congested. Consistence soft. Colour very dark.
- Stomach** Mucous membrane fundus and smaller curvature extensively
discoloured with hemorrhagic spots.
- Intestines** Valvula Conniventes of duodenum deeply stained with bile. Mem-
brane through its entire extent presents immense patches of arborescent
vascularity. Solitary and aggregated glands very indistinct.
Whole of large intestines very vascular.
- Larynx** The Larynx weighs 8 oz. Mucous membrane of trachea
Trachea extremely vascular.

Wm W Moore
(Candidate)

1833 151

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt	Folio	Ward
23 ^d	Manuel Mantell	33	Melan. Cancer	13 Oct 1853	16 Oct 1853	2 years	Canada	157	144	7

Abstract of the case of Pte. Manuel Mantell aged 33 years. Received 13th Battalion
23^d Fusiliers. Admitted 13th October 1853. Duration of Disease 2 years.
The Disease was contracted in Canada. Died at the General Hospital
at Fort Pitt at 10 past 4 P.M. of the 16th of October 1853. Ward No. 7.

Siccam Morbus Coxarum Register 157 Folio 144. The subject of this case An Englishman, A Stone Mason. Total service 10 years and 2 months 10 years of which were spent in Canada. He has been under treatment for Secondary Syphilis since 1848 the Disease of which he did first appear in 1851. It was accompanied with Spontaneous dislocation on the Dorsum of the Ilium of the left Femur. The different stages of the Disease have been well marked, There are several Fistulous openings around the Trochanter Major which communicate with the Hip Joint and from which there has constantly been a considerable discharge. There is also a sinus at the outer border of of the left Rectus Abdominis Muscle. On entering the General Hospital Fort Pitt He was suffering from a violent Diarrhea which with the other affection had reduced his strength considerably. The Respiratory, Circulatory & Genito-urinary systems seemed normal. He had no impediment in either sight or vision.

The general treatment was at first local depletion with counter-irritation at the joint and the administration internally of small attenuated doses subsequently of tonics & nutritious diet. Since entering Hospital he has been treated with Stimulants & tonics as also by the exhibition of Astringents to counteract the Diarrhea.

(Signed) J. Campbell Fragon M.D. Candidate

Scitis Cadaveris 8 hours after death

External Appearances Body, Extremely emaciated, Extensive ulceration over the left Trochanter Hip joint immovable, Fistulous opening in the Median line two inches above the pubis

Head Two ounces of turbid fluid contained in the occipital fossa The Arachnoid nearly & opaque weight of Encephalon 2 pounds thirteen ounces. Small quantity of turbid fluid contained in the lateral ventricles Choroid plexus & velum Interpositum pale

Thorax Right lung extends to the lower margin of 5th ribs left to lower margin of 6th both collapsed An ounce & half of straw colored fluid contained in the Pericardium

Heart Right Ventricle contains a yellow fibrinous coagulum mixed with dark blood. Right ventricle small flabby & pale. Corpora arantia badly developed in both the Pulmonary & Aortic valves Weight of Heart 7 ounces & a quarter

Lungs Right lung weighs 10 ounces & a quarter pleural surface presents old adhesions lower lobe congested Left lung 8 ounces and a half in weight presents at its apex immediately beneath the Pleura a hard Chamy spot about the size of a large pea enveloped in a cyst of dark color surrounded by several smaller of the same description

Larynx & Trachea Mucous membrane of the Trachea is paler than usual weighs

(26) Two ounces Thyroid Gland vascular & enlarged weighs one ounce and a quarter

Liver Weighs 6 pounds 3 ounces and 3 quarters Capsule of Glisson very adherent to the viscus which is firm in consistency and of an uniform healthy color Gall bladder contains a moderate quantity of dark purish bile

Spleen weighs eleven ounces large & healthy

Right Kidney weighs 5 ounces external appearance is pale, on being cut into presents a natural healthy appearance

Left Kidney weighs 5 ounces presents the same appearance as the Right

Pancreas. also healthy

Stomach Mucous membrane unusually pale otherwise healthy

Intestines Lower part of Ileum presents an arborescent vascularity the Glands of which are large and injected, its coats are somewhat thickened

Thomas R. Whitty M.D. Candidate

First Pitt October 20th 1853

1239 78 No. 152 ✓

Pgt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regimen	Sex	Prod
88 th	Thomas Graham	25	Phthisis Pulmonalis	27 th Oct 1853	29 th Oct 1853	5 Months	Potomouth	360	73	15

Abstract of the fatal case of Puerile Thomas Graham, aged 25, 88th Regiment. Admitted into General Hospital Fort Pitt 27th Oct 1853, Duration of Disease 5 months Contracted at Potomouth.

Died on the morning of the 29th Oct 1853 at one o'clock P.M. Cause Phthisis Pulmonalis, Regimen 360 Fols 72.

An Irishman, by trade a labourer, of six years service, of which 18 months were in the West Indies, 18 months in Canada and the rest at home. During the last five months he has suffered from frequent attacks of Catarrhus vesicae, for which he got Barytinae, antimonial, opipectorants internally and blisters externally. He was sent here suffering from constant cough & expectoration of mixed matter with typhoid on the slightest exertion. On admission two days ago he complained of pain in the right side of the chest, and of excessive debility, and as he was unable so rapidly it was found impossible to a full examination of the physical state of the chest as he was unable to bear the slightest percussion. There was considerable bulging of the right costal space on the right side of the chest, the expectoration abundant and mucous-purulent. Pulse gentle and full. Treatment: 6 blisters to the seat of pain twice & a rough massage internally.

Section Cadaveris XXXIX hours post mortem fourteen cold and hot

External appearance: Body much emaciated major muscles slightly marked

Head: Cranium surface slightly ^{natural} ~~enlarged~~; about half a dozen of clear serum in the occipital. Base: Weight of Encephalon 2 lb 14 oz, Pons brain pale; Cerebral substance (pale) firm & healthy; Pons cerebellum and medulla healthy

Heart: Pericardium containing 4 oz of bright straw coloured fluid, Right Ventricle containing

Large yellow Coagula. Left Coarctus contains a small quantity of loose black Coagula. Incised and Pulmonary valves healthy. Free margins of Aortic valve suberulated. Endocardium of both sides of the heart, deeply stained. Weight of Heart 8oz.

Lungs Right lung extends to lower border of 4th Rib. Left lung extends to lower border of 6th Rib. Left lung weighs 1lb 9 1/2 oz. Bronchial tubes filled with frothy mucous-purulent fluid. Membrane somewhat stained, copy of lungs studded with tuberculous Coarctus of various sizes freely communicating, the intervening substance thickly studded with yellow tubercles. Apical lobe sinks in under 2 exudes a large quantity of bloody fluid. Lower lobe generally congested floats in water. The upper margin of this lobe filled with tubercles. Right lung weighs 1lb 12 1/2 oz. Bronchial glands enlarged and crowded, and blackened in their centres, tubes filled with frothy fluid, lining Membrane vascular. Plural surface extensively and firmly united. Pneumonia presenting white punched spots. Substance of whole lungs studded with tuberculous Coarctus.

Liver & Spleen, Weight 5 1/2 oz. Healthy

Liver Salt Coloured containing a large quantity of thick acid turbid yellowish bile. Spleen weighs 5 1/2 oz. Capsule separable easily. Colour externally and on section pale and uniform. Consistence dense but friable.

Spleen Weight of spleen 4 1/2 oz. External surface slightly darkened. Section pale and mottled with minute dark coloured spots.

Kidneys Left kidney weighs 6 1/2 oz. Capsule more the surface along with it, External surface congested and slightly granular. Right kidney weighs 5 1/2 oz. presenting the same appearance as the left.

Pancreas Weight 2 1/2 oz. substance pale

Stomach Stomach Healthy

Intestines Spermium and Ovary presenting a few scattered irregular abscesses, the solitary and approximated glands, in the lower part of the Ovary filled with tubercles.

Ent. Pitt 31st October 1852.

J. W. M. B.
Candidate

39 No 40

No. 15

Regt.	Name	Age	Disease	Admitted	Discharged	Duration	Contracted	Regiment	Files	Mark
77th	Joseph Knight	20	Phthisis	23 Oct.	5.2 M. Nov. 5th	14 Months.	Plymouth	389	126.139	426

Abstract of Fetal case of P. George Knight 77th Regiment. aged 20 years Total Service 1 year 4 Months all of which at home, was admitted into this Hospital on the 23rd Oct. Disease Phthisis Pulmonalis of 14 Months duration first apparent about Sep: 52. The Station at Plymouth. Died at 8 A.M. Nov. 5th in No. 11 Ward entered in Regiment 389 File 126.139 - Was an Englishman of a delicate thinness appearance. Had a brother dead of Consumption. Was frequently under treatment for bronchial affections the result of colds - On admission he was much emaciated and complained of severe cough and tightness across the chest.

The physical signs stated were "dullness on Percussion under the left clavicle, The Respiratory murmur louder than in health and mucous-crepitant râles exist over both lungs"

He had constant diarrhoea and for the last few days seemed too much debilitated for further Physical examination.

The treatment consisted at first in counter irritation, and antimonials, subsequently cod liver oil and Ferrous Tonic, with astringents to check the diarrhoea.

J. E. May M.D. S.A.S.

Sectio Caesarea, Appearance of Ribs from Night 28 hours after death, weather damp, body succiated cadaveric rigidity very slight.

Head, Dura mater lacinated, surface slightly adherent weight 3 lb. 10 oz. Dura mater slightly opaque.

Brain Matter Posterior lobes congested one or two of the sulci distended with clear fluid, Cerebral substance firm, Choroid plexus shaded with opaque white bodies size of Milled Seeds.

Cerebral fluid Size of a small cup, gelatinous and yellow in appearance.

Cerebellum } Healthy.
(Mrs. & Macaula)

Right Lung Extends to upper border of 5th rib, left to that of 6th Right Pleural surface firmly adherent.

Pericardium Contains 2 oz of straw coloured fluid, containing a few flocculi, Cardiac veins distended, with blood, right Auricle contains large black soft coagula - Right A. V. opening is natural - Tricuspid valves healthy.

Pulmonary Artery Contains a small quantity of dark coagulated blood valves healthy - Mitral somewhat thickened at their margin, Left Ventricle contains a small quantity of fine yellow coagulated blood, weight of heart 10 1/2 oz.

Right Lung Weight 2 lb 2 1/2 oz, both costal and Pulmonary Pleura covered with tough Lymph - Apex of lung contains a large cavity crossed by trabeculae rest of upper lobe contains numerous cavities - intervening pulmonary substance dense and white - Rest of the lung was tuberculous, cavities of small size, Pulmonary substance extremely dense, but does not sink in water.

Left Lung Weight 2 lb - Bronchial tubes filled with frothy mucous purulent matter, apex has a few small, tuberculous cavities - the pulmonary substance being denser and containing many tubercles - lower lobe containing one or two cavities.

289.

Air Passages & Weight 9 lb. Glands of the neck enlarged, there are several superficial ulcers on the posterior of the Trachea

Liver Weight 3lb 3 1/2 lb

Gall Bladder contains a small quantity of dark green coloured bile, Capsule comes away easily. Colon dark

Spleen Weight 3 3/4 lb. Colon pale consistent natural

Right Kidney Weight 5 1/4 lb. Capsule comes away with ease substance extremely dense

Left Kidney Weight 5 1/4 lb. presents characters as the other

Pancreas Weight 2 3/4 lb. Lobulated structure smaller flattened and more opaque than at the large end

Stomach Pale this case pale valves present, no tubercles

Cæcum Contains numerous ulcers

Mr. Clarke
Candidate

For Pitt Hospital 7th 1853

Regt.	Name	Age	Disease	Admitted	Died	Duration
38 th	Michael Connor	24.	Scrophula	27. Oct. 1853.	5 th Nov. 1853.	7 months.
		Contracted	Register	Vol.	Ward	
		Portsmouth	1580	175 - 179.	4.	

Abstract of Fatal case of Pat^l Michael Connor 38th Regt. Aged 24 Ward No 4. Died at 5 1/4 on the evening of the 5th November 1853. Fatal Service 5 years. Admitted into Port Pitt Hospital 27th Oct. 1853. Disease Scrophula and Syphilis. Consecutive of 7 months duration previous to being admitted into Hospital for which he took mercury. He contracted the syphilis at Gosport - died in Ward 4. Entered in Register 158 Vol. 175 - 179. 184. Was an Irishman of a scrophulous diathesis & very delicate appearance had an ulcer in the groin for which he had been admitted into Hospital previously & since 10th July last had been constantly. On admission into this Hospital he was extremely emaciated had diarrhoea great thirst and pulse feeble, he also had Ascites and Dyspnoea. He became gradually more feeble his appetite became bad, & he died of inanition. The treatment consisted of Tonics, Purgatives, Diaphoretic Stimulants, such as Carbonate of Ammonia in Camphor Mixture, Lomie and Porter.

John Clarke Candidate.

Sectio kadaveris - nineteen hours after death - weather damp and cold.

Ext. App. Body extremely emaciated. Rigor mortis very slightly marked. In the left groin are extensive ulcers with edges undermined to the extent of half an inch.

Head. Arachnoid surface extensively adherent on each side of the longitudinal sinus. Weight of encephalon 2 lbs. 13 1/2 oz. Arachnoid covering the cerebral hemispheres milky; the opacity being most marked on the upper surface of the posterior lobes. Diameter pale. Cerebral substance firm, somewhat congested. Each lateral ventricle contains a small quantity of fluid. Choroid plexus pale.

Thorax. Right lung extends to the lower border of fourth rib. Left to upper border of fifth rib. Both lungs collapsed. Pleural surface free from adhesions - at the upper part of the anterior mediastinum, at the inner portion of the first intercostal space, is a rounded mass of deposit of the size of a large walnut, opaque yellow. It is situated between the pleura & the intercostal muscle. The sternum and ribs perfectly healthy. At the lower part of the anterior mediastinum is a similar deposit, which seems to be contained in a distinct cyst, and appears to be a diseased gland. The pericardium contains 1 1/2 oz. of a clear straw coloured fluid.

Heart. Heart small. Right auricle contains coagula partly fibrinous, partly black. The right auriculo-ventricular orifice and tricuspid valve healthy. Right ventricle contains a very small fibrinous coagulum. Pulmonary valves healthy. Left cavities contain a small quantity of coagulum loose & black. Left auriculo-ventricular and mitral valves healthy. The aortic valves somewhat reticulated, at the free margins. Ventricular surface presents a few vegetations. Cardiac walls thin yellowish in colour. Weight of heart 7 1/2 oz.

Lungs. Left lung weight 1 lb. 6 1/2 oz. Bronchial glands indurated & black. Bronchial tubes filled with frothy purulent fluid. Pleura pulmonalis generally dull purple in colour, mottled with black deposit in two forms; one in small circular spots about the size of split peas, the other in line corresponding to the interlobular spaces. Between the two lobes is free from this deposit. Apex contains a cluster of softened tubercles. The rest of upper lobe

Somewhat congested and thickly studded with tubercles. Lower lobe congested and contains a large quantity of frothy fluid. Right lung weighs 1 lb 14 1/4 oz. - Bronchial tubes and glands & pleura pulmonalis present the same appearances as in the other lung, the black deposit being more abundant on the upper than the lower part of the organ. Very little trace is to be discovered of the division of the upper and lower lobes. The absence of division does not seem to depend on morbid adhesions. Whole lung studded with clusters of tubercles.

Liver Liver weighs 5 lbs. 11 1/4 oz. Gall bladder contains a small quantity of thick green bile. In the cellular tissue round the neck of the gall bladder and portal fissure, are several deposits of softened tubercle of large size. The left lobe is almost completely occupied by large deposits of tubercular matter. Capsule of right lobe tears away the liver substance. Section dull yellow, maculated with regular spots, consistence dense & firm.

Spleen Spleen weighs 1 lb. 1 1/4 oz. colour pale. section a uniform dull reddish colour with darker spots.

Kidneys Right weighs 5 oz. capsule is firmly adherent to the organ, section paler than natural. Left weighs 6 1/2 oz. one spot of tubercle of the size of a pea surrounded by several others of the size of millet seeds.

Air pas. thro passages weigh 6 oz.

Abdomen Twenty-two pints of turbid fluid found in the abdomen. Peritoneum especially in the pelvis thickly studded with tubercle. The centre of the under surface of the transverse colon is firmly adherent to the caecum.

John Kalyburton Ross
Fort Pitt November 9th 1853. Candidate.

Regt	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regt	Police	Ward
34.	McJames, James	22	Chronic Cough	November 3 rd	Nov 10 th 1853	3 Years	Ireland	353		10

Abstract of Fatal case of Private James Pimmison At 22 Ward No 10. admitted into Hospital, Fort Pitt the 3rd of November 1853, died at 1/2 past 12 $\frac{1}{2}$ the 10th of November 1853. Total Service 4 $\frac{1}{2}$ Years.

This man was admitted into Hospital on the 3rd of November 1853 suffering from Cough, Expectoration & Chronic Haemorrhoea. About three years ago, after exposure to wet & cold, he first became unwell & was admitted into the Regimental Hospital suffering from severe cough, accompanied with profuse Haemoptysis. He however appears to have recovered from this attack, and returned to his duty; he first became troubled with hoarseness of the bowels about 9 months ago, when stationed in Scotland, and has never since been free from Haemorrhoea. He says, he suffers from Tremors, & the face occasionally contains a small quantity of blood.

He had been prior to Enlistment a Labourer. When admitted, he was remarkably emaciated, the hard parietes of the Chest being remarkably evident, and the subclavicular regions & the intercostal spaces excavated. His countenance was, likewise extremely emaciated & anxious in expression.

On Physical Examination of the Thorax, the Respiration at both Apices was found harsh & bronchial accompanied on the left side with an occasional gurgle, the sound elicited on percussion on the right side was clearer than natural: on the left side at the junction of the second rib with its costal cartilage was a remarkably well marked "knit de pot file". The Expectoration was thick & mixed.

The Treatment adopted in this case from the first Sedatives, Astringents, Wine & a generous Diet. —

Section Cadaveric, : 36 hours post mortem: weather cold & dry. Body extremely emaciated, abdominal walls stained deeply yellow color: rigor mortis absent.

Head: Bronchoid firmly adherent on each side of Hals Cerebri

Weight of Encephalon #3: The Matter congested: Cerebral substance natural, consistent: each lateral Ventricle contains a small quantity of clear blood: Choroid Plexus very pale.

Thorax: Muscular substance on the Paries of Chest in very small quantity: adipose tissue almost entirely absent: right lung extends to the lower border of 5th rib: the left to upper border of 6th: right pleural surfaces at lower & posterior parts adherent: left pleural surfaces completely & firmly agglutinated by firm old adhesions: right lung weighs #1.12: bronchial glands slightly enlarged, indurated & black in color containing one or two central deposits of softened tubercles: bronchial tubes filled with frothy mucopurulent fluid: apex of right lung contains a tubercular cavity, size of an egg, lined by a pale membrane, which is extremely vascular, containing a small quantity of tubercular matter, the rest of the upper lobe contains a few small tubercular cavities, and innumerable clusters of crude tubercular matter. The lower lobe studded with tubercles, and presents several large spots, granular when cut: these spots float in water. The left lung weighs #1.6: Bronchial glands much enlarged, and filled with a thin yellow fluid: Bronchial tubes contain a small quantity of mucopurulent matter. The apex contains an enormous tubercular cavity, half filled with dirty sanious pus - the rest of upper lobe thickly studded with large tubercular cavities: the lower lobe quite red, studded with small clusters of tubercles.

Heart: Pericardium universally adherent & very thin: Weight of Heart & Pericardium oz 9 $\frac{3}{4}$. Pulmonary & Tricuspid Valves healthy: Mitral Valve healthy: Aortic Valve somewhat thickened.

Abdomen: The Gall Bladder much distended with Bile, consisting of two portions, the one thinner & more yellow, the other thicker & viscid.

Liver: Weighs #5.7 $\frac{1}{4}$; very large, the upper surface of right lobe marked with depressions corresponding to the ribs. The Capsule tough, somewhat opaque, separates without tearing away liver substance: yellowish in color, dense & pits on pressure, & breaks down readily.

Spleen: Weighs oz 7 $\frac{1}{4}$: Substance healthy.

Left Kidney: Weighs oz 5 $\frac{3}{4}$. Capsule separates easily, more opaque than usual: external surface irregularly maculated with dark spots: a single spot of tubercle about the size of a millet seed just under Capsule.

Right Kidney: Same weight & character as its fellow.

Stomach: Opaque mucous substance: the rugae well marked.

The entire of jejunum & ileum thickly studded with old, large,

irregular ulcers, surrounded with dark vascularity: the size of ulcers increases as you approach the caecum: one or two patches have perforated the intestine, with the exception of the peritoneum.

The caecum & ascending portion of Colon studded with superficial ulcers of a pale character.

The mesenteric glands studded with tubercles, and appear like a bunch of grapes.

Wm Mitchell Firth,
Candidate.

Ms 43 Jv No. 156

Pref	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Folio	Ward
36	St. J. Macklin	26	Catarrhus Chronicus	2 nd Nov/53	12 Nov/53	7 months	St Vincent	36	87	

Abstract of the fatal case of Private Stm Macklin 36th Regt
Aged 26. Admitted into General Hospital Fort Pitt 2nd Nov 1853
Duration of disease 7 months, contracted at St Vincent
Died 12 Nov 1853 at 12 P.M. Register 36 Folio 87

Disease Catarrhus Chronicus

A Irish laborer of a very unhealthy appearance & much emaciated
9 years service, principally in Mediterranean & West Indies
Admitted into Hospital at Barbadoes 12 May 1853 suffering with
pain in the chest & frequent cough with mucopurulent expectoration
& occasional haemoptysis with much debility & profuse night
sweats. The chest very dull on percussion over its whole extent
with increased respiratory murmur on right side & no improvement
taking place he was sent home on admission here he complained
of constant cough followed by urgent dyspnoea & expectoration of
purulent matter was in a state of extreme debility & emaciation
the feet were a little oedematous. The abdomen swollen there was no
appreciable dulness on percussion in infracostal region common
loudness & tubular rales were audible over the whole of chest with
mucous rales at the base of both lungs since admission he gradually
became worse & died last night
Treatment consisted of blisters externally & expectorants freely
and opium internally & since admission here he has had a large
quantity of wine

James Sinclair M.D.
Staff. Asst. Surgeon

295

Post-mortem appearance of Pusate from Maclelin 36th Feb. 36 hours
after death, weather cold & dry, body emaciated, rigor mortis slightly
marked.

Head. Adhesions of Arachnoid very slight, good quantity of serous
fluid in occipital fossa.

Weight of cerebrum 3-4th. Arachnoid covering slightly pale
along the course of larger vessels, cerebral substance firm, choroid
plexus firm pale, especially on right side. Denticles healthy.
pons. medulla & cerebellum the same.

Lungs Right pleural surface adheres to 3rd 4 & 5th ribs, is lined by a thick
pale membrane of recent lymph, containing one & a half ozs
of turbid fluid, between the lung & parietes of chest corresponding
to 1st 4 ribs, is a large quantity cavity the surface of which is
covered with a layer of recent lymph & perfectly smooth.

The left extends to upper border of 6th rib & weighs 1^{lb} 13^{oz}. is
healthy at the apex, attached to the costal cartilages by a band
of lymph, beneath which is a deposit of tubercle, many spots
of a cartaceous consistence rest of upper lobe thickly studded
with yellow tubercle & granulations. No tubercle in lower lobe
the entire lung is congested, floats in water, between the diaphragm
& lobe is a circumscript cavity lined by a thick pale membrane
the free surface of which is covered with a layer of recent lymph.
Weight of right lung & air passages 1-1¹/₂ lb, entire lung coddled with
tubercles some of pure size, substance of lung greyish, sinks
in water, contains very little blood, mucous membrane
covering vocal cords opaque, that of the trachea vascular.
Bronchial glands black & enlarged, contain tubercle.

Heart, Pericardium contains 4th of fluid, orange coloured.
The parietal layer studded with recent haemorrhagic
spots, that covering heart is generally opalescent, at apex
of right ventricle is a puckered white patch, left auricle
& ventricle distended with coagula partly fibrinous,
tricuspid valve healthy, one of pulmonary valves situated
at free margin, Endocardium around attached margin
of pulmonary valves opaque, left cavity contains coagula.
Free margin of mitral valve much thickened & pitted.
Aortic slightly opaque Weight of heart 1^{lb} 1¹/₂.

Liver. Weight 7-2¹/₂ lb, Gall bladder contains a small quantity of thick
bile, capsule separates easily colour paler than natural look
down under the thumb.

Kidney Weight of left 6^{oz} capsule separates substance congested, obscuring
the difference between the cortical & pyramidal portions.

(246) Right weight $6\frac{1}{2}$ Capnule separates in the lobe, & cast at one or two spots, trace of lobulation distinct, much less elongated. Right Corneal substance increased the pyramids being distended. Spleen Weight $1\frac{1}{2}$ & externally of a slate colour inside opaque & contains a large quantity of blood.

Inspected at the cardiac orifice of the stomach is a slight superficial land ulcer. The mucous membrane of the rest of the stomach & intestinal canal is quite healthy.

Autopsy 20th Dec

Candidate

No 44

No. 15

Age	Name	Age	Disease	Admitted	Dead	Duration	Contracted	Regimen	Feet	Hand
34	Joseph Smith	31	Dyspnoea Pneumonia	11th Nov	17th Nov	3 years	Bombadois	358	153	0

Abstract of the Fatal Case of St Joseph Smith 34 Regt aged 31 years admitted into General Hospital Fort Pitt 11th Nov 1833. Reported disease dyspnoea. Total disease 8 years died 17th Dec 1833.

Was an Englishman arrived 4 years in the Mediterranean & 3 in the West Indies. It was during a very delicate man, before admission here he was extremely weak & emaciated, complaining upon entrance into the stomach & left hypochondriac region, upon examination the thorax sounded dull on percussion over the left clavicle & impunctate upon the left thorax & apex was purring & mucous rales, over the greater part of the left & apex of the right lung, the expectoration was copious and purulent, lately he suffered from frequent attacks of hæmoptoe, dead of hæmoptoe, pneumonia. Treatment expectant and sedative none.

Section Cadaveris XXXVII hours after death. (Monstrosities & such.)

External appearance, Body extremely emaciated, abdominal parasites common.

Head Small quantity of blood fluid on the occipital area weight of Encephalon 1lb 10 oz, slight effusion beneath the arachnoid. Pia Mater compressed, cerebral substance normal & firm, arachnoid at base of Brain somewhat opaque, Cerebellum firm & muscular, healthy, arachnoid covering cerebellum somewhat compressed.

Thorax Left Bronchus extremely small in quantity, cellular tissue almost absent. Thoracic surface on both sides ashy. Right lung enlarged, 6 lbs weight, 5 inch. Left lung 4 1/2 upper border of 6 1/2 Pericardium contains 6 oz of a colour coloured fluid.

Heart Right auricle distended with large yellow coagula, right ventricle contains a small quantity of coagula left pulmonary. Pulmonary and pulmonary valves healthy, Pulmonary valve somewhat thickened and beaded on its inner surface. Ligament valves of aorta slightly thickened with one or two small vegetations. Endocardium of these valves pink and opaque pericardium generally opaque, weight of heart 4 1/2 oz.

Lungs & Trachea Weight 4 1/2 oz mucous membrane of trachea purplish membrane of trachea covered with tubercles & alveoli.

244

Lungs Left lung weighs 1 lb 12 1/2 oz. bronchial gland enlarged, indurated & blackened in their centre, upper like & part of lower tuberculous, apex containing cavities, the main part of lower lobe congested; with clusters of tubercles in it, portion of the whole lung except the apex float in water. Right lung weighs 2 lb 12 1/2 oz. Pleura pulmonalis covered with a thick layer of false membrane; bronchial glands as in the other lung. At the extreme apex immediately beneath the pleura is a cavity of the size of an egg, simply lined with a false membrane, rest of lung studded with tubercles, lower lobe congested floats in water.

Liver Weight 3 lb 6 1/2. Capsule separable easily, fructuous on its upper surface covered by protuberances and nodules of lymph. separates with ease leaves the capsule entire, surface of an exsposed congested and purple.

Spleen Weight 9 1/2 oz. Capsule covered with tubercles, some red congested substance generally dark and purple.

Kidneys Right weighs 5 1/2 oz. Capsule separable easily. Left weighs 7 1/2 oz. Capsule thin & very renal substance, cortical substance on innermost granular & congested.

Intestines have almost bowels of abdomen and to each other by old adhesions. did not tubercles, an abscess opens between the rectum and bladder.

Fort Pitt 21st Nov

P. Dwyer M.D. S.A.S.

44

M45

1853

No. 155

Reg	Name	Age	Disease	Admitted	Dead	Discharge	Religion	Color	Notes	Age
22 nd	M ^r Saunders	31	Scrophula	14 th June 1853	17 th Nov 1853		153	about 182	2 years	2

History

An Englishman, by trade a labourer of 10 1/2 years since of about 10 years was in India, he suffered from intermittents to fever and dysentery in that country but was always able after a short time in hospital to resume his duties until attacked with Rheumatism and Drunken by the long continuance of drink his strength is greatly impaired his disability is attributed to climate. The conduct of Lewis, attention spent Medicines, also blistering and leeching to the affected parts. On his first admission he complained of pain in the joints of his legs especially the knees and ankles, the left knee joint considerably swollen and had been so for 18 months previously, he appeared considerably emaciated and reduced in strength, his appetite was good bowels rather loose, he was treated for Rheumatism, with

the usual remission and was discharged on the 2nd of July on Lake Huron. He was again admitted for pain in his lower extremities, and on the posterior and lateral part of the thigh was a large raised tumour with obvious fluctuation, his general health was bad tongue foul pulse quick and feeble appetite capricious, Flaccidation soon became manifest in the tumour, and an incision was then made, there was extensive sloughing of the cellular tissue and two days ago it made its way into some large vessel of considerable size, as he lost about a quart of blood, after which sinking came on and he died yesterday from exhaustion. The treatment consisted ~~entirely~~ internally of hot wine Tonic and attention to the state of the bowels, purgatives, chlorinated Soda.

Legm. 3.

Fort Pitt

10th Jan. 1853

O. Parry M.D.

Candidate

- After Cadaveric, 48 hours after death the body extremely emaciated; Ribs Winter moderately well marked; there is a deep incised lined looking sore occupying the umbilical and back part of the belly its margin bounded by the muscles, which are exposed.
- Head The meninges and convolutions of the brain extremely opaque: there is a moderate quantity of clear limpid fluid in the cisternae, Encephalon weighs 2 to 10th of an ounce. Dural surface green and pale, the choroid plexus extremely pale, Ventricles healthy. Cerebellum pale likewise the pons and medulla.
- Chest Right Pleural Surface adhering by elongated old adhesions. Viscerum united to the upper border of 8th rib.
- Heart Pericardium contains 1th of clear straw coloured fluid. Right cavity of heart contains bright yellow fibrinous coagula of considerable size - Tricuspid and Pulmonary valves healthy; the left cavity contains similar coagula but less bright in colour and smaller in size - Mitral Valves slightly thickened Semi-lunar Valves healthy. Walls of left Ventricle pale: weight of heart 9th.
- Right Lung Weighs 10th of an ounce Pulmonary and lung generally extremely pale: the right blood then is extremely florid, slightly emphysematous at the anterior margin of lung.

Left Lung weighs 3 8/12: Pleuropneumonia and lungs subnormal
much paler than the opposite lung, crepitates
freely

Spleen weighs 3 8/12 15 3/4 state colour but extremely dense
as blood causing on pressure

Right Kidney Small and lobulated: weighs one 1/2 of internal
surface studded with irregular pinkish spots
which extend considerably in the substance of the
gland also several small cysts

Left Kidney weighs 6 3/4 capsule separates laterally except
at the upper and lower ends internal surface presents
pinkish spots and cysts like opposite kidney -
the suprarenal body on right side weighs 3/4
the left suprarenal body 1/2 -

Stomach Mucous Membrane thickened and extremely pale
Intestines Healthy but very engorged

Wm Mitchell Fother
Candidate

Fort Pitt

9446

No. 159

Reg	Name	Age	Residence	Admitted	Dead	Duration	Regiment	Contract	Folio	Ward
1st	Fort Pitt	19	Pittsburgh	26 Oct 1853	19 Nov 53	11 Months	158	Dec 1852	197	2

History As Latham by trade a weaver 1 1/2 years since
all at home suffered from Plethoric Salmonella
and general debility since Dec. 1852 to such an
extent as to render him unfit for duty. has
been frequently in Hospital since that time
treated latterly for Fistula in Ano, which he
contracted in March 1853 he was admitted into the
Hospital for Fistula in Ano labouring at the
same time under Plethoric symptoms, but
as no improvement took place in the
fistula and the Plethoric symptoms latterly
became very marked the patient suffering
from diarrhoea and night sweats it was
thought advisable to leave him into the Medical
Division - he was accordingly discharged
on the 18th November 1853, to be readmitted for
Plethoric, at this time he had become so very much
weakened by the constant night sweats and diarrhoea

that he used in the following way - The treatment consisted of diet wine lettuce brandy and astringents to check hemorrhage, and external applications to the fistula.

Signed

P. D. County M.D.

S. A. S.

- Rectum** Castroven 39 hours after death the weather cold and damp body emaciated, Ruffles and Pimples Eczematous in posterior part of Perineum, A fistulous opening on left side of the middle line
- Head** Acetabulum deeper firm and extensively adherent; There was a small quantity of fluid in Cerebral fossa weight of brain 43.3g Cerebral substance somewhat congested Ventricles Cont. Thiolin and Medulla Oblongata healthy -
- Plura** Right Plural Lungs attached at upper and posterior part, - left at upper -
- Right Lung** Extends to lower border of 4th rib -
- Left Lung** To the upper border of 5th rib -
- Pericardium** Contains 2 oz of Fluid, Heart loose and flabby right cavity contains large Jelly like black coagula; Valves healthy - Heart 9 1/2 oz Walls thin and relaxed, Cavities capacious
- Right Lung** Weighs 2 lb Plura Pulmonales covered with a thin layer of pale Membrane. Substantum covered thickly with tubercles, Sinks in water lower lobes congested but sink float in water
- Left Lung** weighs 1.14g Bronchial Glands enlarged and contain a quantity of tubercles this being in upper 1/4 same as the right floats in water
- Liver** Weighs 3.11g Gall bladder contains a small quantity of transparent yellow bile Capsule separates easily, upper surface of right lobe there are two circular depressions size of a shilling, this extends for small distance in the substantum of organ
- Spleen** Weighs 6 1/2 oz pale and flaccid no fluid con. in pressure
- Right Kidney** Weighs 85 1/4 Deeply lobulated on external

Lungan Paler than natural
 Left Ventricle Sin and Va. B. also lobulated, capsule firmly adherent but does not bring away any of the substance of the Kidney
 Sanguis weighs 85. Ventr. cord on both sides ulcerated
 Nervous Membrane Vasculum
 Semina weighs 34. firm and Crispy -
 Bladder Distended reaches half way to Umbilicus
 Stomach, Spleen, Gallbl.
 Intestines Mucosa glands indurated and enlarged
 Lower part of of them ulcerated, glands enlarged - Cecum and female intestines covered with small ulcers

Fort Pitt

Nov. 24th 1853

J. B. L. Cooke

Candidate

No. 44

128

No. 160.

Regt.	Name	Age	Diseases	Admitted	Died	Register	Contracted	Folio	Mar.
85 th	Thos. Shepherd	26	Paralysis. Morbus Cordis	2 nd Nov. '53	23 Nov.	360	Sept. 1852	85202	15

Abstract of the fatal case of Private Thomas Shepherd - Aged 26
 85th Regiment - Admitted into General Hospital, Fort Pitt
 2nd of November 1853. Duration of Disease 14 months - Con-
 tracted at Portsmouth. Died on 15th Nov. Medical Division,
 at 3 P.M. 23rd November 1853. Diseases Paralysis - Morbus
 Cordis - Morbus Brightii (?) - Register 360 - Folio 85. 109.

History - An Englishman of delicate, ladylike appearance - eight years ser-
 vice. Admitted into the Hospital with Paralysis of right side
 which came on suddenly fourteen months ago when on Guard at
 Portsmouth - he had little or no power over the right extremities
 and had complete Aphasia which lasted him at the same time -

Morbus Cordis - On examination of the Chest there was a very distinct
 blowing murmur with the second sound of the Heart, heard loud-
 est at the base - the first sound was a little rougher than normal.
 We also complained of shakings of Death, with pain over the
 cardiac region.

Morbus Brightii - Large quantities of Albumen were detected in his
 urine, which was low in density and scanty - Albuminous casts
 of the tubes were seen under the Microscope - Since his admis-
 sion up to the 23rd instant, no change was visible in his symp-
 toms; but on that day his face was observed to be very suffused.

and Admetus - he complained also of girding pains in his bowels. At 7 o'clock on the morning of the 23rd when I called to see him he was in a state of extreme collapse; his pulse scarcely perceptible; respiration feeble; his face more admetus than the day before and the Admetus had extended to the lower extremities. His pupils contracted on the admission of light, and he could be roused from the comatose state in which he was.

Treatment - Bland with Carbonate of Ammonia administered internally, and Nutrient Cataplasms externally, called him for a few hours - but he gradually became more comatose and died at 3 P.M.

Samuel Sinclair M.D.
Staff Officer Surgeon

Scotic Cadaveric liver depressed at tissue post mortem.

Ext. Appearance - Body in good condition - Cutaneous surface pale - Erythematous well marked - lower extremities Admetus.

Head - Occipital admetus at the superior surface of the Brain - Central Occipital slightly milky - Weight of Brain lbs. 12. OZ. 13. On external wall of left lateral ventricle extensive corpus striatum & Optic Thalamus a patch of yellowish softness is distinctly visible, stretching along the external wall of Optic Thalamus throughout its entire extent - Cerebral substance quite healthy.

Thorax - Right Lung extends to the upper border of the fifth rib, left Lung to the lower border of the third - Separated by an immensely dilated Pericardium - Pericardium contains th. 8 of clearish straw colored fluid - Right Pleural cavity contains th. 10 of darker straw colored fluid - th. 4 of similar fluid in left Pleural cavity.

Heart - Weighs lbs. th. 5. base and flaccid - right Auricular cavity contains a quantity of fluid blood mixed with dark coagula - right Auricular semilunar opening admits four fingers and on the ventricle. Disrupted and pulmonary valves healthy - left ventricle much dilated - Mitral valve generally thickened - Ventricular surface of Aortic opening presents a large patch of vegetation - Aortic valve converted into a mass of extensive vegetation of soft consistency - Endocardium on the neighbourhood presents brown vegetation - Ventricular walls are much thickened.

Lungs - Right Lung weighs lbs. th. 9. somewhat congested throughout - no tubercular deposit anywhere visible - Bronchial tubes dark colored and filled with a dark thick fluid. Left Lung weighs lbs. th. 4 3/4 - considerably congested - no trace of tubercle - inner membrane of Bronchial tubes extremely

by dark colored

Abdomen — Ventrals of Abdomen contains the S. of fluid. Liver is brown. Liver — congested, chiefly in portal substance. Spleen dark. Gall bladder contains a moderate quantity of thick, dark colored bile.

Spleen — Weights the S. of 4 is dark colored, semisuspensory and dense.

Pancreas — Weights the S. of 4 — Slight thickening weights the 9. Slightly lobulated externally. Capsule very firm, and adherent to the kidneys.

Kidneys — again — Left Kidney weights the 7. In both the cortical substance is in 4 cups, slightly granular, pale, firm and a little.

Stomach — mottled. Mucous membrane of Stomach, thick and often severely brown mottled. Slightly irregularly — injection being present.

Intestines — four — Intestines healthy — Mining bladder distended and reaching nearly to the umbilicus.

Fort Pitt

The Macdonough Bldg. - A.B.M.S.
CandidateNov: 26th 1853

No 48

No 166

Regt. Name	Age	Disease	Admitted	Died	Register	Contracted	Folio	Ward.
4 th Regt. Kelly	19	Phthisis Pulm	November 23 rd	Nov. 25 th	361.	September, 52	110	14

Abstract of the fatal case of Privt. Patrick Kelly, aged 19. 4th Regt of Foot. Admitted into General Hospital Fort Pitt November 23rd 1853. Duration of disease 14 months. Contracted at Bury. Died in ward 14. at 11th Nov. Nov. 25th 1853. Disease Phthisis Pulmonalis. Register 361. Folio 110.

An Irish labourer, of lymphatic temperament, & temperate habits in an advanced stage of marasmus. Emaciation & debility both considerable. Received marks of vaccination. Had never had venereal disease, but had taken mercury to salivation in the treatment of the present malady. Course of service one year & five months, all at home. Always enjoyed good health prior to enlistment, & subsequently up to the month of September 1852, when he was attacked with Pneumonia affecting the right lung. The disease was treated actively, & yielded partially, but recovery was much protracted and attended with symptoms of incipient Phthisis. On admission the chest walls were found flattened, & fallen in, beneath the clavicles. There was some slight dilatation of intercostal spaces on the left side, and the power of expansion on this side was limited. Percussion in the same region preternaturally clear, tympanitic on the right side dull over its whole extent. On applying the ear gurgling could be heard in the right infraclavicular spaces, and at different spots over the three lobes of this lung.

On the left side loud grunting and pectoriloquy in the infra-clavicular & supraclavicular regions. Near the lower angle of the scapula a loud blowing sound with amphoric breathing & well marked amphoric resonance of voice. On the night of his arrival at St. Asaph he had suffered from an attack of acute pain in the left side, with attendant dyspnoea, relieved by sedatives & counterirritation. On the morning of the 24th in addition to the symptoms of perforation of the pleura there were evident signs of effusion into the pleural sac, with thoracic fluctuation on succussion. Dyspnoea urgent, & the breathing convulsive and falling. The circulation becoming much embarrassed & the power of life declining.

Treatment. Palliative with stimulants.

Francis Smith

Assistant Staff Surgeon.

Lectio Cadaveris hora trigesima quarta post mortem.
Weather cold & raw. Emaciation moderate.

Head Encephalon weighs 3 lbs. 9 oz. Diameter & Cerebral substance much congested. Each lateral ventricle contains a small quantity of fluid. Rest of encephalon healthy.

Thorax Right pleural surfaces firmly adherent by old adhesions. Left Lung compressed. Pleural surfaces covered with lymph recent & old. The pleural cavity contains 40 oz. of turbid fluid. Pleura pulmonalis perforated at the lateral part on a level with the angle of the scapular

Heart opening size of a split pea. Pericardium covering right ventricle & apex of left contains several minute patches. These patches leave the serous membrane entire. Left ventricle contains a small firm coagulum separated from the walls by a black loose coagulum. Aortic valves reticulated at the free margin. Commencement of the Aorta immediately above the aortic valve studded with irregular elevated patches. Left endocardium white. Weight of heart 9 lbs. 4 oz.

Lungs Lungs & air-passages weigh 4 lbs. 9 oz. 2/3. Left Lung apex riddled with large sized tubercular cavities, freely communicating with each other. The largest of these communicates with the pleural cavity by the aforementioned opening, the margin of which is extremely sharp & defined.

1. Rest of lung contains numerous cavities of smaller size. One cavity of larger size at the upper margin of lower lobe capable of containing a small orange spherical in shape & situated immediately beneath the pleura - pulmonary substance consolidated throughout with tubercular matter.

Right Lung Apex thickly studded with crude tubercles, & a few intervascular cavities. Whole lung congested & floats in water.

Liver Weighs 2 lbs. $\frac{1}{4}$ oz. capsule separates easily. substance buff in tint. Gall bladder contains a moderate quantity of dark green bile.

Spleen Weighs $9\frac{1}{4}$ oz. texture pale & friable.

Kidney Right kidney weight 7 oz.

Left weighs $6\frac{3}{4}$ oz. both healthy.

Pancreas Weighs $3\frac{3}{4}$ oz.

Stomach Mucous membrane pale & opaque.

Duodenum & Jejunum deeply stained with blood. Lymphatic glands elevated white opaque not ulcerated. In the end of Transverse Colon a few small ulcers.

Fort Pitt
December 2nd
1853.

John Balyhutton Ross. M.D. 2183
Candidate.

No. 162

48 No 49

Ref	Name	Age	Disease	Admitted	Died	Register	Contracted	Folio	Ward
42	John Finlayson	28	Phthisis Pulmonalis	30 Nov 1853	8 Dec 1853	361	April 1853	119	14

Abstract of the fatal case of No 2153 Private John Finlayson aged 28 42 Highlanders admitted into the General Hospital Fort Pitt 30 November 1853. Duration of disease 8 months contracted at 1851. Died in Ward 14 at 4.30 p.m. 8 December 1853 disease Phthisis Pulmonalis. Register 361 folio 119.

A scotch gardener, service 8 years. the last two years and six months in the Mediterranean. the remainder at home. Previous to Enlistment he had suffered from shortness of breath for some years. He had a severe attack of Scarlatina when 10 years old. Has had Venereal three times since enlisted, but has never had his mouth made sore by Mercury. Bears marks of Vaccination.

one folio missed - see page 287.

Regt	Name	Age	Disease	Admitted	Died	Register	Contracted	Folio	Ward
95 th	Timothy Lulihar	24	Ascites	3 rd Feb	Nov 27 th	359		179	11

Abstract of fatal case of Private Timothy Lulihar 95th Regiment, aged 24, admitted into general Hospital Fort Pitt, 3rd February 1863, Died in Ward No 11, 44 of lock on the morning of November 27th, Entered in Register 359, Folio 179.

Was admitted into the Surgical Division 3rd of February for Syphilis Consecutiva, he had nodes on the Abia, ulceration of the Testis, Gans Exfoliation of the Ethmoid & nasal bones, was sent to the Medical Division the 24th September 1853, suffering with Ascites which began to come on a fortnight previously, he also had Swelling of the Thighs & Ankles, with some fluid in the Scrotum, could not state whether there was enlargement of the liver from the quantity of fluid in the abdomen, The operation of Paracentesis abdominis was performed three times, the last operation on the 25th November 1853, when 20 pints of clear fluid came away, it was slightly albuminous & of 1.005. he had Diarrhoea & Vomiting &c.

J. M. Clarke

(Candidate)

Lectio cadaveris 32 hours after death, weather cold & damp, Emaciation extreme, depending parts & extremities, lower extremities covered with syphilitic ulceration.

Head Arachnoid surface slightly adherent, occipital fossa contains a small quantity of turbid fluid. Dura Mater healthy weight of encyphalon 2 lbs 14 oz & 1/2. Arachnoid generally opaque, more particularly so at the base of brain. The membranes separate from the convolutions readily, the convolutions are generally pale & opaque in one or two places on the middle lobe the convolutions are covered with lymph. On the convolutions between anterior & middle are irregular dark depressions, this point extends for about a line into the white substance, cerebral substance congested, grey substance natural, each lateral ventricle contains turbid fluid, fornix soft & yellow in appearance, the pia mater opaque, in the 4th ventricle, corpora quadrigemina covered with lymph. The membranes covering upper surface of cerebellum medulla & pons & cerebellum, The membranes covering cerebellum

separate with great ease, cerebellum & markedly soft also pons & medulla.

Lungs extend to lower border of 4th rib. Thorax contains 4 pints of fluid perfectly transparent, surface free from adhesions.

Heart Pericardium contains 1 oz of fluid, generally opaque, most marked over right auricle, right cavities contain a large quantity of dark blood & coagula, the endocardium in right auricle & muscular valves white & opaque, left contains a small quantity of semi-coagulated dark blood, mitral valve somewhat thickened at the free margin.

Aorta opaque at the attached margin, heart small

Weight 6 oz 3/4.

Right Weight 1 lb 4 oz 1/4, plasma opaque & as if macerated.

Lung At the centre of apex a few small deposits of cutaneous tubercles, surrounded with clusters of cartilaginous tubercles. lower old motions no cavities or softened tubercles.

Left Weight 1 lb 4 oz 3/4 generally old motions no deposit of any lung sort.

Larynx Weight 4 oz 3/4 vocal cords thick & opaque, mucous membrane of both healthy.

oesophagus Contains 1/4 pint of fluid with flocculi of lymph.

Liver Weight 3 lb 5 oz 1/4 capsule opaque & adherent, external surface irregular, section irregular but uniform in colour, firm in substance, gall bladder distended with thick brown bile.

Spleen Weight 15 oz 1/4 capsule coated with a layer of gall membrane, appears as if adherent to adjacent parts, colour rich claret.

Kidney Weight 8 oz 3/4 capsule irregularly opaque, pyramids deformed,

right cortical substance opaque & dull in colour very friable.

Left Weight 9 oz 1/4. Externally the same, pyramids mal-conjunct,

Pancreas Weight 5 oz 1/4 indurated crisp on section.

Mucous glands enlarged.

Stomach Mucous membrane vascular. The rest of the alimentary canal healthy.

Wm Coote Went
(candidate)

cles of histery on the front and left side of the chest. His family all alive. In April of the present year, he caught cold on the voyage from Coiffe to Gibraltar for which he was admitted into Hospital, where he remained till he was invalid. Admitted into the General Hospital Fort Pitt 30 November 1853. Emaciation moderate, chest walls flattened. There is resonance on percussion in the right infra clavicular region dullness in the left, which extends over both mammary regions, base of either lung resonant. Posteriorly there is dullness in both supra spinous fossae - resonance below. In the infra clavicular region on the right side, the breathing is cavernous with abundant large crepitations. In the mammary region the breathing is tubular, which extends in a less marked degree to the base of this lung. Posteriorly there is greatly increased vocal resonance with gurgling after the effort of coughing. In the left lung the breathing is tubular (almost cavernous) in the infra clavicular region natural in the axillary. Posteriorly it is deficient and masked in the supra & infra spinous fossae natural below. No moist sounds detected on this side. He has once or twice spit small quantities of blood. Sputa viscid & purulent. Pulse 120 very full. Respirations 32. Has night perspirations. On the 3^d December he spat a small quantity of bright arterial blood. His appetite was depressed. This cough very distressing. He gradually got weaker & died 8th December 1853 at 4.30 pm.

Treatment consisted of Sedatives with nutritious diet.

Fredric M. Smith.
(Candidate)

Section Cadaveric 44 hours after death. Weather moist cold & cloudy. Emaciation moderate. Cadaveric rigidity moderately marked. Lower extremities present several cicatrices of old ulcers.

Head. Brachnoid surfaces adherent over the summit of hemispheres. Pia Mater congested. Brachnoid opalescent. Cerebral substance - firm & somewhat congested. Each lateral ventricle contains a small quantity of turbid fluid. Serous membrane covering of the brain & corpora striata somewhat opaque. Sinuses distended with dark fluid blood. Rest of the brain healthy. Encephalon weighs 3 lb 2 1/4 oz.

Thorax. Both pleural surfaces adherent. Right lung extends to lower border of 1st rib. Left to upper border of 10th. 303. of straw coloured fluid in the pericardium.

Heart. Cordae semis distended with dark blood. Right auricle & ventricle filled with dark coagula. Tricuspid & pulmonary valves healthy. Left cavities contain similar coagula. Mitral valve healthy. Aorta thickened and reticulated at free margin. Heart weighs 10 1/4 oz.

Weight of lungs and air passages 5 lb 8 1/2 oz. Vocal cords superficially ulcerated. Bronchial membrane vascular and filled with frothy fluid.

Right lung. Upper and middle lobes united by old lymph. Upper contains

several moderate sized cavities, largest at summit. Intervening pulmonary substance studded with crude tubercles. Upper part of superior lobe sinks in water, rest floats. Lower lobe slightly condensed & thickly studded with milky tubercles. Bronchial glands enlarged & indurated.

Left lung. Pleura pulmonalis covered with a layer of false membrane. The two lobes of this lung approximated by lymph. Upper lobe contains a few large sized cavities, largest towards centre. Pulmonary substance friable studded with crude and milky the lower part floats. Lower lobe condensed friable sinks in water. thinly studded with tubercles. a large quantity of frothy mucus exudes on pressure.

Abdomen Gall bladder contains a small quantity of dark viscid bile. Liver weighs

Liver 3 lb. 6 3/4 oz. capsules separates easily. patches of hepatic lobules congested on the surface of the the liver.

Spleen weighs 5 1/4 oz. - pale.

Kidneys right weighs 5 1/4 oz. capsule separates easily. texture natural. Left kidney weighs 6 1/4 oz. healthy.

Pancreas weighs 3 1/4 oz. cuts crisply & of a dull yellow colour.

Stomach healthy. Mesenteric glands exceedingly enlarged, filled with a soft substance like putty. as large as walnuts, a few of the smaller glands filled with caseous matter.

Intestines. The Caecal valve studded with a few spots of ulceration.

Frederic McSmith

Fort Pitt. 14th December 1853.

Candidate

50 No 51

No. 164.

Regt	Name	Age	Disease	Admitted	Died	Height	Weight	Contracted	Ward
60 th	Peter Monaghan	23.	Chronic Dysentery	June 18 th 1853.	Decr 15 th 1853.	358.	87.		14.

Abstract of fatal case of 1st Peter Monaghan 60th Regt aged 23 years. admitted into Hospital June 18th 1853. Died 15th of Decr in same year -

Private Peter Monaghan has been in Hospital at Tullahoma for the last three months, with constant looseness of the bowels and torpidity of the Liver. He has had Rheumatic pains and swelling of both knees - He had formerly suffered from an attack of intermittent fever - The looseness of bowels has been attended with much griping pain, frequent tenderness of abdomen, and tenesmus - His general health is much impaired and he is exempted from duty -

Treatment - Local bleeding - Coccal irritation - Laxatives - Diaphoretic. Alteration Astringents - Enemata, plain and medicated (Sigmoid) M Hays M.D. Surgeon 4th. 1st Bat. 60th Royal Rifles -

An Irish Sabourer - pale, thin, and exhausted looking - service six years and a half. of which 3 months in England the remainder in India - vaccinated never had variola - Had Syphilis - never salivated

Present symptoms - Bowels moved 8 or 10 times a day. stools thin and slimy - Extremely

Weak and exhausted on arrival here. Has no desire for food. Complains of pain in right iliac region and back. Has oedema of the scrotum and legs. From admission until death which occurred on the 15th of December at 1. a.m. - he continued to progress in the same way - improving at times and then suddenly relapsing. No permanent benefit occurred from any of the various treatments to which he was subjected, though temporary improvement seems to have followed several of them.

Treatment since admission to Foul-Ritt has consisted in the administration of Opium both by itself and in conjunction with acetate of Lead - Calomel to Phlogism - Quinine - Sulphate of Copper - Nitrate of Silver - Locally. Emollient and Mustard Cataplasms. Opiate Enemata were frequently employed - Diet was generous with a large proportion Amylaceous materials and Stimulants -

(Signed) J. J. Arden Candidate

Electio Cadaveris. 36 hours after death - Weather cold dry, with snow.

Emission extremis - Cadaveric rigidity well marked

Head - Membranes and cerebral substance pale - Each lateral ventricle contains a small quantity of fluid. Choroid plexus pale - "Commissura Mollis" absent - Weight of Encephalon 3^{lbs} 8^{ozs} -

Thorax - There is a thin layer of fat over abdomen and chest. Muscular parietes thin. Both pleural surfaces are united by adhesions.

Lungs - Right Lung extends to the upper border of sixth rib - Left Lung to lower border of fourth - They touch each other opposite the second and third ribs. Weight of Lungs and air passages. 4^{lbs} 4^{ozs} 6^{drms}. Both Lungs extremely pale. A large quantity of fatty fluid exudes from the cut surface of the lung on pressure. This is both from the air passages and pulmonary substance.

Heart - Pericardium contains 8^{ozs}. of a greenish yellow fluid, that portion of the pericardium which covers the anterior surface of right cavity and Apex is clothed with a thick layer of adipose tissue. The anterior surface of left ventricle presents two irregular white patches which are situated superficial to the adipose tissue. Right cavity contains a whitish coagula. Muscular walls of right ventricle are fatty - Tricuspid and Pulmonary valves are healthy. Left cavity also contains a coagula - Endocardium around the base of valves on left side is opaque. Muscular walls pale and studded on the inner part with yellowish granules - This is particularly well marked on Carnea Columnae - Weight of Heart 14^{ozs} 6^{drms}.

Abdomen - Considerable quantity of fatty deposit on Omentum -

Liver & Gall. - Gall Bladder contains a small quantity of thick dark bile - Liver weighs 5^{lbs} 11^{ozs} 6^{drms} upper surface adherent to the Diaphragm. Capsule of Glisson opaque and thickened. Separates easily from the surface of Liver - The substance of Liver very fragile and of a dull yellow colour. There is also a deposit of fat in this organ.

Spleen - The spleen is of a dull opaque reddish brown color. and very soft weighs 18^{ozs} 2^{drms} -

Kidneys - Left kidney weighs 185 2^{ds} Surface dull and opaque. Capsule separates with ease, considerable deposit of fat towards pelvis
 Right kidney weighs 120 6^{ds} On external surface there is a small transparent cyst substance paler than natural, but not so pale as left -

Pancreas - The Pancreas weighs 3.05 2^{ds} pale and soft

Stomach & Intestines - Stomach is very pale - There is a large quantity of fatty deposit in Appendices. Epiploicae. Small intestines healthy
 Large intestines thickened. Mucous membrane superficially ulcerated throughout

W.H. Price M.B. L. N. C. S. S.

Candidate

No 5251

No. 165

Reg ^d	Name	Age	Disease	Admitted	Died	Register	Contracted	Folio	Ward
92 nd	Patrick Connor		Phthisis Pulmonalis	Nov. 30-1853	Dec. 23. 53	362.	Corfu.	10. et seq.	No 11

Abstract of the fatal case of Dummer, Patrick Connor 92nd Highlanders. Admitted into Hospital 30th November 1853 with Phthisis Pulmonalis which he contracted at Corfu in November 1852 and Ward 11 Medical Division 23rd December 1853 at a quarter past 7 P.M. Register 362 Folio 10. An Irishman: a labourer: 2 years and eight months service: never had Venereal disease nor had he taken Mercury in any form.
 In November 1852 after exposure to cold he suffered from symptoms of Catarrh. In the December following he expectorated blood and since that time he has had several attacks of Hemoptysis.
 From the time of his admission into the General Hospital Fort Pitt until the 15th of December he appeared to be improving both in the general and pulmonary symptoms, but on that morning he complained of suddenly increased debility and difficulty of respiration. The countenance and general aspect now exhibited serious evidence of increase in the severity of the disease and, under death a probable result. The pulmonary symptoms were now most urgent, and the physical signs pointed to extensive disease of the lungs. From the 15th December to the day of his death, although his symptoms varied somewhat from time to time the course of his disease was uniformly from bad to worse and ultimately put an end to his existence at 7 1/2 past 7 o'clock AM on the 23rd of December.

The treatment adopted has consisted essentially in the combination of Liquor Ammoniac acetatis with Sedatives as Hydrocyanic Acid and by osyaeumis both venation from the lungs by means of dry cupping and blistering. Towards the close of the second Stimulus Bland and Ammoniac, was freely administered (Signed) Thomas Geo Fitzgerald, J.P.

Sectio Cadaveris. Twenty nine hours after death. Weather Cold and wet. Major Morbis well marked, better in lower than upper extremities. Body moderately emaciated.

Head Arachnoid Membrane slightly adherent to summits of hemispheres and slightly opaque. Central Substance much Congested. Each lateral Ventricle empty. Right lateral Sinus enormously distended with dark fluid blood. Pia Mater Congested. Weight of Encephalon 3 1/2 3/4

Thorax. Pleural Surfaces considerably adherent on the left side, partly so on the upper part of the right. Right Lung extends to the lower border of 5th Rib, the left to the lower border of sixth

Heart Pericardium contains abundance and a half of clear straw coloured fluid. Right Ventricle contains a large fibrinous Coagulum. Right Auricle and pulmonary Artery filled with loose black Coagula. Cardiac Valves healthy. Left Auricle and Ventricle filled with the loose semi-coagulated blood. Weight of heart 11 1/2 8/16

Lungs. Weight of Lungs and Air passages 16 1/4 1/2. Bronchial Tubes filled with viscid penumulent fluid. Mucus Membrane of Trachea very dark and opaque. Bronchial Glands enlarged and indurated. Left lung studded with a number of milium tubercles the size of pin heads. At the superior part several large tuberculous Cavities exist lined with a thin pale Membrane. Right lung contains several Cavities at the Apex, and presents similar appearance to the left but in a less marked degree.

Liver. Weight 16 1/2 1/2. Gall bladder contains a small quantity of thin viscid bile. Liver Substance dark and Congested.

Spleen Weight 17 1/4. A small quantity of pale and dense fluid exudes on exposure.

Kidneys Right Kidney Weight 6 1/2 1/2, and is extremely Congested especially the pyramidal portion. Left Kidney also Congested.

Pancreas. Weight 2 1/2 and is also Congested. The Stomach and Intestines are slightly Congested but are otherwise healthy.

John Joseph Adieu
Candidate

Regt	Name	Age	Disease	Admitted	Died	Register	Contracted	Folio	Ward	
42 nd	Thomas Szegedat	19	Phthisis Pulmonalis	Oct 16 th 1853	Dec 28 th 1853		Stirling	51	W 14	

Abstract of the fatal case of Thomas Szegedat, Private, 42nd Highlanders: Admitted into Hospital 16th October 1853 with Phthisis Pulmonalis which he contracted at Stirling in March 1853. Died, Ward 14, Medical Divisional 28th December 1853 during the morning visit, Register Folio 51

A delicate looking young man; never had the Venereal disease; never took Mercury. He first noticed symptoms of his malady while at Stirling in March 1853 after having got a severe wetting while on guard. He was under treatment in Hospital for 3 weeks, for a pain in his Chest, and a cough, with fever. He continued well until attacked with Hemoptysis at Chobham.

The following was his state on admission into the General Hospital at Fort Pitt, and subsequently - Emaciation and debility far advanced. The walls of the Chest flattened and fallen in beneath the Clavicles. Dulness on percussion under both Clavicles and in the supra-axillary and sub-mammary regions and in the left sub-scapular region. In this locality there is large crepitation and occasional sibilant rales. In the right sub-scapular region the breathing is natural. In the right and left sub-mammary and axillary regions, there is a deficiency in the respiratory murmur. The sputa is scanty and frothy. Respirations 28. Pulse 92. He suffers from night sweats. Bowels regular. Cough paroxysmal, troublesome at night and early in the morning. Pain in the Chest referred to the lower bow of the Sternum. On 19th Oct. great dyspnea on exertion. Voice very hoarse. October 21st Sputa frothy with a small admixture of purulent matter. November 3rd Emaciation and debility advancing rapidly. 6th Cough much increased and attended with violent itching. 8th The itching ceased. 13th Expectoration tinged with blood. 19th Complained of a feeling of oppression about the Chest. 22nd Sputa abundant, and copiously mixed with purulent matter. 24th Resonance on percussion in the Infra-clavicular region of either side. Dulness with tenderness over the Præcordial region. Large crepitation audible over the left lung with gurgling beneath the Clavicle and increased resonance of voice. On the right side respiration harsh and tubular in the supra-clavicular and axillary regions. December 3rd Suffers much from night sweats, the sputa copious and purulent. Pulse small and 164. - 21st Has been gradually getting weak, and the cough more troublesome. 24th In the morning the pulse very weak, and he appeared to be sinking rapidly; on visiting him in the evening he was wandering and he scarcely slept during the night. He died during the morning visit on the 28th. The treatment in this case consisted in the administration of Sedatives, Expectorants and Counter-irritants.

It had Cod Liver Oil and was latterly supported by Wine and good diet.

Section Cadaveris 24 hours after death. Weather cold and dry. Emaciation extreme. Rigor Mortis moderately well marked; more so in the upper than lower extremities.

Head. Weight of Encephalon 3 lbs. 1 oz. Brainoid somewhat milky. Pia Mater and Cerebral substance congested, the latter on a section presents several vascular spots. Each Lateral Ventricle contains a small quantity of clear fluid. Velum Interpositum somewhat opaque. Cerebral substance healthy. Cerebellum, Pons and Medulla Oblongata healthy.

Thorax. The right Lung extends to the upper border of the sixth rib. It crosses the median line to the left border of the Sternum. The left Lung extends to the lower border of the 3rd rib. The right Pleural surfaces are united by fragile adhesions. Left also adherent at the upper and back part.

Heart. Pericardium contains 2 oz of a pale, clear fluid. Right cavities of the heart distended with a soft, yellow, fibrous coagulum which interlaced with the Columna Carnea. Left cavities contain a moderate quantity of black loose coagula. Endocardium on left side of the Heart opaque in the neighbourhood of the Valves. All the Valves are perfectly healthy. Heart weighs 9 oz.

Lungs. Lungs and air passages weigh 4 lbs. 10 oz. The posterior surface of the Epiglottis and the external cords extremely ulcerated; especially the former. The mucous Membrane of the Trachea and Bronchial tubes somewhat congested; and the latter filled with opaque, purulent matter. Left Lung. The whole of the upper lobe and the upper part of the middle lobe filled by numerous small cavities lined by pale membrane and containing purulent matter. Intervening substance solidified and sunk in water. Part of Lung contains a few cavities and myriads of granulations. Right Lung. Upper and middle lobes united by old adhesions. Entire Lung thickly studded with crude and milinary tubercles, especially the middle and upper parts of the lower lobe. Some cavities and several tubercles at the apex. Lower lobe congested and floats in water. Anterior portion pale, emphysematous and studded with tubercular deposits.

Liver. Weighs 3 lbs 6 oz. Gall bladder contains a very small quantity of pale yellow bile. Capsule separates easily; substance natural but studded with numerous patches of a buff colour near the surface.

Spleen. Weighs 3½ oz. extremely pale and dense moderate quantity of soft substance ooze out on pressure.

Kidneys. Right Kidney weighs 3½ oz. Left weighs 6½ oz. Both are natural

Pancreas. Weighs 2½ oz. Mutilated in removal. Somewhat congested at its long extremity.

Stomach. Extremely opaque, pale and yellow in colour.

Intestines. Whole of small intestines deeply tinged with bilious colouring matter. Ileum, Caecum and ascending Colon a few moderate sized old ulcers.

Edward J. J. Booth
Candidate

Regt.	Name.	Age.	Disease.	Admitted.	Died.	Register.	Contracted.	Folio.	Went.
28th	Pte Thos. Charlton	36.	Catarrhus Chron.	Nov. 7th.	Dec. 25th.		India.	Vol. 361. 788.	14.

Abstract of fatal case of Pte Thos. Charlton, 28th Regt.; Was admitted into Hospital Nov. 7/54. with Catarrhus Chronicus which he contracted in India; Died Ward 14, Medical Division, Dec. 25th., Register, Folio 88. — A delicate looking man of intemperate habits. When in India in 1845 was in Hospital for six weeks for painful swellings along Spin Bones, which he thinks was caused by Scuroy. Was in India for six years, & during that time was scarcely ever free from Intermittent Fever. He was also treated, whilst there, for Venereal.

State on admission. Body & limbs much emaciated; Skin bloodless & of a dusky hue; Breathing hurried & performed with difficulty; Chest pretty deep, but flattened at apices. General dullness on percussion, but greater over the lower half of each lung; appears unable to fill his Chest during an Inspiration. Cough violent & paroxysmal; Heart's action laboured; Pulse weak & thread like; Oedema of lower extremities when in erect position; he was discharged on the 15th. to be readmitted under the Head of Phthisis. — Nov. 15th.; over apex of each Lung is heard very distinct gurgling & pectoriloquy. — 17th.; got an attack of intermittent Fever which lasted for five days, after which the Sputa became tinged with Blood, & he suffered much from Hectic. He was attacked with Diarrhoea on the 25th. which was checked. The Sputa now became increased in quantity, viscid, & mixed with purulent matter. On the 28th. he had another attack of Diarrhoea; he complained of tightness across the Chest; pulse 100 & very feeble. Respiration 32. — On Dec. 2nd. he was again attacked with Hectic & Diarrhoea; the latter was easily stopped, but he appeared to sink rapidly after it, & expired on Sunday the 25th. at 11 1/2 o'clock P.M. — In the beginning the Treatment consisted in Expectorants & Counterirritants. The Intermittent Fever was treated with Sulphate Quinine; he was afterwards put on Cod Liver Oil; but towards end of disease he had to be kept up with Wine & other Stimulants.

Section Cadaveris. — Thirty six hours after death; Weather cold & frosty; Body singularly emaciated; rigor mortis slightly marked.

Head. — Weight of Brain, lbs 3. oz 5/4; membranes, cerebral substance, & cerebellum healthy;

- Thorax²⁹⁷. - Right Lung extends to the upper border of 6th. rib; Left Lung to upper border of seventh rib. - Pericardium contains an ounce & a half of clear straw colored fluid.
- Heart. - Weighs $oz\ 9\frac{1}{2}$. Tricuspid, Mitral, & aortic valves healthy; the cavities contain small fibrinous coagula.
- Lungs. - Weight of Lungs lbj $oz\ 11\frac{1}{2}$; upper lobe of right Lung thickly studded with softened tubercles, & at the apex contains several large cavities, filled with sanious pus, & lined with artificial membrane; the middle lobe contains a few tubercles; lower solidified; Left Lung weighs lbj $oz\ 9\frac{1}{2}$, studded with tubercles, & contains several cavities, filled with Pus.
- Abdomen. Liver - Live weighs lb. 3. oz. 10; Gall Bladder distended with a large quantity of viscid bile. Substance of liver natural.
- Spleen. - Weighs $6\frac{1}{2}$ oz. & is natural.
- Pancreas. - Weighs $3\frac{1}{2}$ oz. & is healthy.
- Kidneys. - Right Kidney weighs $5\frac{1}{2}$ oz. & Left 5 oz. Both normal.
- Stomach. - Mucous Membrane healthy.
- Small Intestines. - Greatly studded with ulcers.
- Cecum & Colon. - As far as Sigmoid flexure contain a number of deeply excavated ulcers.
- Meenteric glands. - Contain a large deposit of Tubercle.
- Walter M. Gibaut
Candidate.

7055. 54 Dec. 1853. ✓

Regt.	Name	Age	Rank	Admitted	Died	Register	Contracted	Ratio	Prod.
28 th	St. Thomas's Regt.	21	Private	Admitted 2 nd Jan. 1854	3 rd Jan. 1854		England		15

This man was admitted into the Surgical Division on the 24th October 1853 for Fistula in Ano and was transferred to the Medical Division on the 2nd January 1854 on account of Hemoptysis.

History and progress of the case previous to admission into Hospital at Port Pitt. An Irishman of sanguineous Temperament, tall and muscular; formerly a labourer; has 20 months service, all at home. In May and June 1853 he was under treatment for Pneumonia, and on the 11th of the latter month he first complained of pain in the right buttock which eventually terminated in Fistula in Ano. He was stated to be unfit for Military duty on account of general debility, Fistula in Ano, and incipient Pulmonary Disease.

The treatment whilst in his Regiment consisted in Bleeds, Antimonials and opium for the Pulmonary Disease.

Soon after his admission into the Surgical Division at this Hospital an examination of the chest was made, and it was found to expand

pretty well except under the right Clavicle where there was observed to be considerable flattening. There was no dulness on percussion but the respiratory murmur was harsh and tubular and flattened along was heard from the Clavicle to the 3rd rib. The cough and expectoration was slight. Tongue clean. Bowels open. Appetite good. States that he spit up blood 3 months ago. An operation for the Diaphragm was deemed advisable. No material change took place in the chest symptoms until December 24th when he complained of some pain in the left side of the chest, extending from the sternum downwards and backwards to the spine. No Pleuritic or Pleuritic symptoms were detected on auscultation, but he was incapable of taking a deep breath. His breathing was hurried and to a great extent abdominal, and laboured under great excitement. On the 25th the symptoms became aggravated, and dulness on percussion was observed on the left side, and complete absence of the respiratory murmur at the lower portion of the left lung. On the 26th the pleuritic excitement was less, but on the 29th he became again worse and blood was spit up in small quantities, whilst crepitation was heard all over the left side.

From 30th December 1853 to 2nd January 1854 he continued to expectorate blood, more or less mixed with mucus.

On January 2nd at 2 P.M. he was admitted into the Medical Division, where his breathing was hurried and difficult. Pulse extremely rapid and full, and he was expectorating blood. He complained of pain in the left side and of feeling of suffocation from soiling of blood into the air tubes. He continued the same coughing up considerable quantities of blood and gradually sinking until 10^{1/2} A.M. January 4th, when he died.

The treatment during the early period of the chest disease was by Blisters, Aperients, Antispasmodics and Sedatives. On the supposition of Haemoptysis, Sigillaria combined with Pulcherrima and Hydrocyanic Acid were given and subsequently Decalate of Lead. He was also given iced water to drink.

Section Cadaveric. 22 hours after death. Weather cold and foggy. Body stout and muscular. Cadaveric rigidity well marked. Dura Mater adherent to the vertex for a small extent; in which situation there were also deposits of lymph. The skull was also remarkably thin at the points corresponding to the adhesions. Towards the posterior surface of the Brain the Pia Mater was engorged and a small quantity of serum was observed. Weight 3 lbs 9 1/2 oz. Substance of the Brain and Ventricles healthy; as also the Lungs.

Thorax. Pleura Costalis adherent to the Pleura Pulmonalis by firm adhesions, principally on the right side.

299
Lungs.

Weight, with air passages attached, 4 lbs. 12 oz. Right Lung. Lobes firmly adherent to each other. Upper portion tuberculous throughout, with many small cavities observable in various portions of it. The lower portion comparatively free from tubercles, but highly congested. Left Lung. Upper and lower lobes partially adherent. Upper lobe extensively diseased, with small cavities at various parts. Lower lobe congested and gangrenous, especially the anterior part. At the posterior and upper part of the lower lobe, near the spine, an extensive cavity was seen, filled with coagulated blood of fœtid odour. This cavity was lined by a film membrane: and was found to communicate with the left Bronchus.

Liver. Weight 5 lbs. Healthy in structure. Gall Bladder partially distended with thin bile.

Spleen. Weight 1 1/2 oz. Pale and friable.

Kidneys. Right. Weight 7 1/4 oz. A small quantity of pus in the pelvis portion: otherwise healthy. Left. Weight 7 1/4 oz. Also a small quantity of pus in the pelvis; in other respects healthy.

Pancreas. Weight 3 1/2 oz.

Stomach. Healthy.

Intestines. Generally healthy. Sigmoid congested in parts and slightly ulcerated.

Edward. Jugg. Hoott
Candidate.

9056

Reg ^r .	Name.	Age.	Disease	Admitted.	Died.	Register.	Contracted	Folio	Ward.
34 th .	P ^t William Hill.	24.	Phthisis. Pulmonalis.	Nov. 27/53.	Jan 4/54.	360			

An Englishman, pale & delicate looking; served 14 years & 3 months all at home; admitted into the Surgical Division November 3rd 1853, for Dyspepsia.

On the 18th Nov^r: the first notice of chest symptoms occurred, when he is stated to have experienced severe cough & expectoration; crepitation above the Left Mamma was also perceptible; The chest symptoms continued to get worse until the 26th when he was transferred to the Medical Division for Treatment.

On the 27th Nov^r: he is reported to have had pain across the chest with constant cough & expectoration; Chest very much flattened, & coarse mucous râles were heard over various parts of its extent; Percussion did not indicate dullness, but gave the man pain, particularly in the supra-clavicular region. On the 8th December, the respiratory murmur at the lower part of the Left lung was found to be completely wanting, & mucous râles were heard at its upper part. On the 9th, Bronchopneumony was heard with more dulness on Percussion. From the 9th Jan^y December to the 4th January,

when the man died, nothing remarkable occurred beyond the rapid progress of the disease, as indicated by copious expectoration of fetid pus, increased dulness on Percussion, Difficulty of Breathing, & Intense debility. —

— The Treatment consisted in the exhibition of Sedatives, soothing Expectorants, & Cod Liver Oil. —

Sectio-Cadaveris.. — Ætâ 24 post mortem. — Weather moist & cold; a thaw.

External appearances — Body greatly emaciated; rigor mortis imperfectly marked. —

Brain. — There was slight effusion of Lymph on the surface of the Cerebrum; Brain weighed 3 lbs. 7 oz. — Slight effusion in Lateral Ventricles. Substance of Brain & Cerebellum healthy. — Medulla Oblongata healthy & also entire base of Brain. —

Thorax. — Pleura costalis adherent Pleura Pulmonalis, particularly on left side; Left Lung adherent to the Diaphragm. —

Heart. — $\frac{1}{2}$ 3. of straw-colored Serum in pericardium; weight of Heart lbj. Right auricle normal; walls of right ventricle lined with yellow Lymph, firmly adherent; Left auricle & ventricle, normal. All the valves healthy, with the exception of thickening of the Mitral. —

Lungs. — Weight: 6 $\frac{1}{4}$ lbs.; all the lobes adherent; upper halves of both Lungs, tuberculous, with a cavity at the apex of each, & smaller cavities interspersed; lower portions highly congested, & slightly tubercular. Lining membrane of Trachea abraided. —

Abdomen. — Liver — weight 2 lbs. 14 $\frac{1}{4}$ oz., slightly congested, in other respects healthy. —

Gall-Bladder. — Moderately distended with healthy Bile. —

Spleen. — — Weight 5 oz., healthy. —

Kidneys. — Left 4 $\frac{3}{4}$ oz. — Right, 5 $\frac{1}{4}$ oz., both healthy. —

Pancreas. — Weight 2 $\frac{3}{4}$ oz., healthy. —

Intestinal canal. — Stomach, healthy. — Ileum, ulcerated at various points & congested. — Colon, extensively ulcerated, particularly at the caecal extremity. —

Walter M. Gibant
Candidate. —

Regiment	Name	Age	Disease	admitted	Died	Regimen	Subs	Contract	Ward
41 st	P ^t Pat ^r Carragher		Phthisis Pulmonalis		Jan ^y 12 1854				

Abstract of the fatal case of Private Patrick Carragher of the 41 Regiment — Admitted into the Medical Division of the General Hospital, Fort Pitt 3rd December 1853 — Died 12th January 1854 at 2nd past 8 A. M.

There was no detailed Medical report of this case, but a brief account of the previous treatment, which consisted in the use of gentle aperients, Blisters, Tonics and good diet. The report on admission was as follows — An Irishman a Sailor, 7 years in the Service, of which he served 2 years in the Ionian Islands, 9 months at Malta, and the remainder at home 6 years ago had Syphilis, but was not treated with Mercury. Has been Vaccinated — General health — extremely weak, He is unable to move about or make any active exertion. Has a constant cough and copious expectoration of a frothy and purulent nature. Suffers from slight sweats at night. Never had Haemoptysis or diarrhoea. There was dullness on percussion over the apex of the left lung, but the natural resonance over the whole of the right lung. The stethoscopic signs were "gargouillement" over the apex of the left lung, but the natural resonance over the whole of right lung. Respiration a little hurried, the heart's action was much excited. From the time of admission until the 5th he continued in the same state, the night sweats then began to increase in intensity, his pulse became quicker, and he became gradually worse up to the 13th when the stethoscopic sounds were reported to be "gargouillement" over the entire surface of left lung, and at the apex of the right. The heart's action very rapid — His cough was very severe and the sputa purulent — On the 19th he stated that he felt better but complained of a sore throat, on the 20th it was reported that the destruction of the lungs was going on rapidly — He continued gradually sinking until the 1st January 1854 when the stethoscopic signs were reported to be "gargouillement" over both lungs anteriorly and over the left posteriorly in the inter-scapular region — He passed restless nights, complained of great difficulty of breathing. Sputa very viscid and of a fœtid odour — On the 5th the sputa was observed to be slightly tinged with blood, the right leg and foot was observed to be swollen, and there was some enlargement of the super-

final reins, the breathing became daily more depressed and laboured. On the 7th the tips of the fingers were observed to become purple in colour. He became rapidly worse until on the 11th a film was observed to be forming over the Cornea, and he was scarcely able to articulate. He died on the 12th at 4th post eight in the morning.

Treatment

Expectorants and opiates at first: then acids to check the night sweats, and Tonics and Cod Liver Oil to support the strength, latterly he had a draught at night, containing Spiritus Aethers Nitrici and Sinctura Opii to relieve the oppression of breathing and produce sleep.

Sectio Cadaveris. Horæ 28 post mortem. weather mild and fine

External appearances - Body greatly emaciated; rigor mortis imperfectly marked. a dema of right leg.

Brain. There was adhesion of Dura Mater to substance of Brain at vertex. Pia Mater slightly congested, 103 of serum at base of Brain, weight of Brain 2^{lb} 1503. Slight serous effusions into lateral ventricles. Cerebellum and Medulla oblongata healthy.

Thorax - Firm adhesions throughout of Pleura Costalis to Pleura Pulmonalis of long standing more recent at the base.

Heart - Three oz of straw coloured fluid in pericardium, heart rather smaller than natural, weight 10 oz, a quantity of coagulated black blood in Bulbus, all the valves healthy.

Lungs - Weight 8^{lb} 603 "Left lung" lobes firmly adherent, the lung threw out a mass of disease, with cavities of unequal size and depth. "Right lung" highly congested and studded with tuberculous points, a small deep cavity at apex, Trachea abraded and thickened continuing to the Bronchi.

Abdomen. Liver weight 3^{lb} 603 healthy, gall bladder filled with yellow bile.

Spleen - weight 603 healthy. Pancreas - weight 303 healthy.

Intestinal Canal Stomach healthy, Jejunum patches of Lymph at various points. Ileum extensively ulcerated at various parts and congested. Large intestine healthy.

Kidneys - Right 5^{lb} 03 left 5^{lb} 03, fatty degeneration well marked.

St John Stanley
Candidate

Jan 7th 1854.

Regiment	Name	Age	Disease	Admitted	Died	Regist.	Folio	Contracted	Ward.
52 nd Reg ^t	William Roberts	36	Syphilis Consecutiva	August 21 st 1853.	January 20 th 1854	157	105. 107 120	England	7

Abstract of the fatal case of Private William Roberts of the 52nd Regiment Admitted into Fort Pitt Hospital 21st August 1853. Died at 1/4 to Twelve A.M. 20th January 1854 in ward 7. Disease Syphilis Consecutiva. Regist 157 Folio 105-107-120.

History. An Englishman formerly a labourer. Service 15 years 4 months, 3 in the West Indies - 6 in North America. the remainder at home.

Med. Hist. No case was received with this man when he came to Fort Pitt. According to his own account, he had Syphilis five times, was salivated 4 times, was in hospital for his present complaint for nearly the last two years - Had Hemiplegia in February last for which he was in Hospital.

Hist. of Fatal Disease

On admission here August 21st was much emaciated. Had pains in his bones always worst at night, and on the anterior of the right tibia an exceedingly painful node of large size. At the back of the pharynx behind the right tonsil was an excavated ulcer about the size of a shilling, covered with yellow tenacious matter. There was dulness over the apex of right lung. Here the respiratory murmur was feeble. Slept very badly. Under treatment his general health was considerably improved - He made flesh and the ulcer was almost healed. The pains of the bones however though sometimes less severe, continued much the same as on admission. On the 13th October was discharged to St Marys Invalids - On November 7th was readmitted into Fort Pitt Hospital complaining of Diarrhoea - pains in the bones and debility. He continued in about the same state sometimes recruiting a little, until November 25th when the node in the tibia burst and discharged a quantity of pus. From this date he gets weaker and weaker - January the 10th is reported much weaker, with almost no appetite & oedema of feet and legs. On the 13th He complained of a dull aching pain in the upper part of his chest with cough and a little difficulty of breathing. No vesicular murmur to be heard in right infraclavicular region. The breathing on left side very rough. Rhonchi heard all over. From the Bronchitis attack he recovered considerably - On the morning of the 19th is reported sinking. He died at 1/4 to twelve on the 20th. The treatment in this case consisted of Antisyphilitics, as Iodide of potassium and Sarsaparilla. Tonics, generous diet Cod liver oil, porter, wine &c.

Sectio Cadaveris Hora 24 post mortem. Weather mild and dry.

External Appearances - Rigor mortis well marked

Brain. Weight of brain lb. ii oz. xiii. On cutting through the dura mater it is found to be adherent to the upper surface of the cerebrium by firm bands of lymph. Large quantity of serum in the subarachnoid tissue.

Thorax. Right pleural surfaces adherent by old bands of lymph. In left pleural cavity there were three pints of serum.

Lungs. Weight of left lung lb. i oz. 10. In apex there are a few small cicatrices. Right lung weighs lb. 2 oz. 2 1/4. Apex in same condition as left lung. Tissue of both lungs loaded with a large amount of serum.

Heart. On opening the pericardium there were oz. 2 of serum in it. Heart's weight oz. xix. Muscular tissue soft and flabby. Cavities slightly dilated. Valves healthy.

Abdomen. Liver weight of lb. iii oz. xv. Gall bladder filled with very black viscid bile. Liver of a yellow ochre color. Right kidney weighs oz. xix. and its capsule separates readily. It presents a well marked mottled appearance. Left kidney weighs oz. viii, tissue pale and mottled. Spleen weighs oz. xix. substance soft and greatly congested and very dark in color. Stomach healthy. Intestines healthy.

Robert Francis Burton

Candidate

January 24th 1854.

36
M59

No. 172

Regiment	Name	Age	Disease	Admitted	Died	Register	Polio	Entered	Ward
	William Rose	48	Ascites	19 th of March	19 th of March	-	-	Chatham	-

Head, Brain and Membranes -

Sectio Cadaveris, thirty one hours after death. Weather very cold. The whole of the body adematous and in many parts bearing the marks of old standing ulcers. Weight of Brain, lb. 3. Membranes very much congested. A considerable amount of fluid was found at the base. Substance of Brain softer than natural. Choroid plexus very vascular, and in each there was found an hypertrophied - Cerebellum healthy.

Thorax, lungs and air passages -

Some adhesions on the left side, between the Pleura Pulmonalis and Pleura Costalis. None on the right side. The weight of Lungs and air passages was lb. 9. oz. 8. The amount of fluid contained within the cavity was 7 pints, of a straw coloured serous character. Both lungs very much congested and crepitant. No tuberculous deposit could be discovered. The mucous membrane of larynx congested.

Heart, -

Two masses of serous fluid were found within the Pericardium. Weight of Heart lb. j. oz. 11 1/2. Great enlargement of heart, principally of right auricle. There was some clotted blood in the left ventricle. The walls were thickened. With the exception of the aortic valves, the valves were healthy. The aortic valves were much diseased being surrounded by a calcareous deposit. This portion was preserved for the Museum.

Abdomen. Liver.

Weight, lb. 3. oz. 9. Indurated and of a dark texture, resembling that of the "Nutmeg Liver" but darker.

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 Gall-bladder.
 Spleen.
 Kidney - Right
 do. - Left.

Pancreas.
 Stomach.
 Intestines.

N. B.

Contains a small quantity of unhealthy bile
 Weight, $\text{Oz } 9\frac{1}{2}$. Very much congested and readily broken up.
 Weight, $\text{Oz } 6\frac{3}{4}$. Capsule easily separated, internal structure natural.
 Weight, $\text{Oz } 4\frac{1}{4}$. There was found a small cyst at the upper margin of this kidney, communicating with the internal cavity. Structure otherwise normal.
 Weight $\text{Oz } 2\frac{1}{2}$. Softer than natural.
 Cordiae extremely vascular.
 Healthy throughout their whole length.

The diseased valve has been preserved

For Pitt. Chatham. March 20th 1854.

(Signed) And. H. Brydale. Candidate
 Entered by Arthur H. Taylor. Candidate.

No. 173

Regiment	Name	Age	Disease	admitted	died	Register	Solus	Contracted	Hard
38 th	John Kelly Private	36	Phthisis Pulmonalis	25 th May 1854	25 th May 1854	366	9	July 1853	11

Abstract of fatal case of Private John Kelly, of the 38th Regiment. - There was no detailed Medical Report received with this patient on admission. - According to his own statement, he had always enjoyed good health, till July 1853 when he got cold at the camp at Chatham. he had no hæmoptysis but had cough, purulent expectoration, night sweats & rapidly lost flesh. - At one period he used to drink freely - had Syphilis 11 years ago, was salivated, he had no secondary symptoms. - The seven symptoms set in about a fortnight before admission. - Physical Signs. - He was admitted on the afternoon of the 24th in a state of extreme prostration, face anxious & livid, extremities cold, pulse rapid & weak, respiration exceedingly difficult, constant expectoration of purulent matter accomplished with great difficulty; - dull on percussion under both clavicles, where also Pectoriloquy, Eargovillement & cavernous respiration can be heard. - soft crepitus over whole anterior surface of chest. Bronchial Rales posteriorly. - He sank rapidly after admission & died within 24 hours. -

Section Cadaveris. Moris XXVII post Mortem.

External Appearance	Body Emaciated - Extremities rigid
Head	On removing the Calvarium, the Membranes were found healthy, the sinuses somewhat congested -
Brain	Weight 2 lb. 15 oz. - Surface slightly congested, substance healthy. Ventricle normal, veins of Choroid Plexus, tortuous & congested - Cerebellum natural -
Thorax	The opposite layers of the Pleura on right side throughout its whole extent, firmly adherent particularly towards Apex; on left side slight adhesions posteriorly, but free at Apex -

Lungs
Right

Weight of Lungs & Air passages 5½ lbs.

Posterior edge emphysematous - on making a section it was found studded throughout its whole extent with tubercles in a state of softening, & to contain numerous small cavities from apex to base - one the size of an egg at Apex, & another the size of a Walnut at Base posteriorly - the cavities all lined with false membrane & all containing a mucous purulent fluid - the cavity at apex seemed of more recent origin than that at Base -

Left

Posterior edge emphysematous - disease less advanced than in the right - Lung throughout whole extent studded with softening tubercles, & containing several small cavities -

Heart

Weight 14½ oz. Surface of right Ventricle rather fatty - on making a section the right ventricle was found nearly filled with a firm fibrinous coagulum extending into the Pulmonary Artery - a small coagulum in left Ventricle - Valves perfectly healthy.

Abdomen - Liver - weight 4½ 9¾ oz. surface mottled, substance healthy texture firm -

Gall Bladder containing half an ounce of Bile. healthy

Spleen. Weight 8¾ oz. pale, rather firm in texture. healthy.

Kidneys - Right. Weight 7½ oz healthy

Left - 9½ oz healthy. Capsule adherent to both -

Pancreas Weight 5 oz healthy

Stomach. Empty - healthy

Intestines healthy -

Leonard Kidd M.B.

Candidate

No. 2 28th May 1854.

No. 174 -

Regiment	Name	Age	Disease	Admitted	Died	Regimen	Folia	Contracted	Week
92nd	James Lamond	25½	Phthisis Pulmonalis	June 2nd 1854	June 8th 1854	362	226	January 1854	15

Abstract of Fatal case of James Lamond age 25½ years, private 92nd Regiment. Hist. James Lamond a Scotchman. was a Labourer. Total Service 8 yrs.

Med. Hist. Patient was first admitted into Hospital to undergo treatment for Phthisis Pulmonalis, on the 15th of January 1854, at Gibraltar. He was discharged from Hospital shortly afterwards, the symptoms having all but disappeared. He continued well until the 13th of March 1854, when he was attacked with severe cough, which increased in frequency & violence, up to the time of his admission into the General Hospital Fort Pitt, on June 2nd 1854. Colligative purifications, & Diarrhea were soon added to the cough & expectoration, which latter was copious, mucous-purulent & foetid. These combined

causes soon produced great emaciation & debility. He arrived at Portsmouth on the 28th of May 1854, & was sent to Chatham, to the General Hospital Fort Pitt, into which he was admitted on the date already mentioned. Physical Signs. Emaciation considerable, & much debility. Flattening of chest beneath the clavicles. Profuse, mucopurulent expectoration. Nocturnal Perspirations to a weakening degree. Occasional Diarrhea, & uneasiness about the Rectum. Stethoscopic Examination of Lungs. P dullness elicited beneath both clavicles on Percussion, but more evident on the right than left side. Large moist crepitating râles audible beneath each clavicle. Pectorilugny & Canorous Respiration were well marked on both sides. Stomach continued to perform its functions up to the last. The symptoms continued to increase daily in severity, & the patient grew weaker & more emaciated. He however was up for a short time each day, until the day of his death, when he did not dress at all. He made no advance towards improvement, but gradually sank, & on the night of the 8th of June 1854, after getting out of bed to the night chair, he breathed his last, apparently exhausted utterly by the caustion. The treatment consisted in Expectorants, sedatives, astringents & Cod. Liver Oil. Diet. generous.

Section Cadaveris horis triginta octo (xxxviii) Post Mortem

Appearance of body. Body considerably emaciated. Head. Brain & membranes weighed 2.15³/₄. Substance of brain firm; numerous bloody puncta on section of hemispheres. Choroid Plexus varicose. Ventricles appear to have contained an increased quantity of serum. Vasculature of Cerebellum somewhat increased.

Thorax (Heart) Weight 8³/₄. Quantity of serum in Pericardium a mounted ^{to} 5³/₄. Heart healthy. Trachea & Lungs Weighted 5³/₄. Right Lung. Superior lobe consolidated with Tubercular matter, contained a cavity of the capable of containing a small Walnut. There were two small cavities in the centre also of this Lung. Its base adhered to the Diaphragm. Left Lung. Superior lobe contained a cavity, capable of receiving a small orange, filled with mucopurulent sanguineous fluid. The remainder of this.

Thorax / Lungs (cont.) lung consolidated by Tubercular deposit, with the exception of a small portion near the base; the Tubercular matter is in the different stages of softening. The anterior portion of this lung adheres to the Plura Costalis; except a small portion near the Diaphragm.

Abdomen.

Liver

Weighted $4\frac{3}{4}$ Gall. bladder contained a considerable quantity of bile. Parenchyma healthy.

Spleen.

Weighted $8\frac{3}{4}$ healthy

Pancreas.

Weighted $5\frac{3}{4}$ healthy.

Cecum.

& Ascending Colon

Mucous Membrane of the Cecum & ascending colon for three or four inches presented a granular appearance with some degree of vascularity.

Remainder of Large Intestine

Mucous Membrane of the remainder of Large Intestine presented vascular & ulcerated patches, two of which, of the diameter of half an inch, were situated in Sigmoid Flexure & commencement of the Rectum.

Small Intestines & Stomach.

Healthy.

Arthur Croker. Candidate

June 2nd 1854.

No. 175.

Regiment	Name	Age	Sex	Admitted	Died	Height	Weight	Build	Ward
75 th	W. Seaborn Private	27	Male	8 th June 1854	June 20 th 1854	365	116 and 148	Chatham	14

Abstract of Total case of P^t William Seaborn of the 75th Regiment.

W^{illiam} Seaborn, an Englishman, was a labourer. Total service 9 years & 6 months. Was admitted into the General Hospital Fort Pitt Chatham on 8th June 1854 suffering from Phthisis Pulmonalis. The duration of the disease having been for one year and seven months. He died on the 20th June at 5 P.M. The disease commenced in November 52. He stated that he caught cold and afterwards had cough and expectoration. The cough gradually got worse and he had an attack of Hæmoptoe which lasted about a week. On admission there was great emaciation, debility, and he had purco-purulent expectoration of a very fetid character. Small rapid Pulse and Profuse diaphoresis.

Stethoscopic Examination. Pectoriloquy on both sides cavernous aspiration. Large moist cupulating rales audible beneath each clavicle. Dulness on percussion under both clavicles. The treatment consisted in Stimulating expectorants Counter irritants, Anodyne, generous diet.

Section Cadaveri Twenty hours after death.

Head. Brain and membranes weighed 3 $\frac{3}{4}$ lbs. Structure of natural firmness.

Brain cont. Lateral ventricles contained an increased quantity of serum. Increased vascularity seen after compression and Pons Varoli considerable serous effusion at the base of Cranium.

Thorax - Both lungs adherent throughout their entire extent. Right Lung contained a cavity the size of a small orange in the apex filled with mucopurulent fluid walls thin and easily broken down. The substance being generally condensed by tubercular matter in a state of softening. Weight of both lungs 5 lbs 2 1/4. Left Lung. Superior half condensed by tubercular deposits. Numerous small cavities containing softening tubercle. Inferior half normal.

Heart weighed 129. Enlarged and fleshy and filled with blood partially coagulated. Valves normal. Pericardium contained 5 1/2 of serum.

Abdomen. Liver weighed 3 lb 4 1/2. Gall bladder distended with bile of a dark colour containing small biliary calculi readily broken down apparently composed of concrete bile. Substance healthy. Spleen weighed 8 1/2. Rather soft. Pancreas, of ordinary size and healthy. Kidneys weight of each kidney 5 oz. The right contained a cyst of the size of a small nut filled with serum. Both kidneys otherwise healthy.

Intestines. Stomach healthy. Considerable vascularity of mucous coat. Colon. Thickening and ulceration of descending colon some of the size of six penny piece.

E. H. Roberts (Candidate)

Abstract of fatal case of P^r Thos Meredith at 18. 36 Regt. 19 years Service History: An Englishman, admitted into General Hospital suffering from Phthisis Pulmonalis. Contracted at Chester in January 1854. Died at

Regiment	Name	Age	Disease contracted	Died	Days in	Feet	Contracted	Ward
36 th	Thos Meredith	18 1/2 years	Phthisis Pulmonalis 1854.	23 June 1854.	363	217	Chester	14

10 AM. on the 23rd June Entered in Registry 363. Feet 217. Soon after enlistment he was attacked with acute Catarrh; from which he suffered on several occasions subsequently, Phthisis Pulmonalis became apparent on the 22nd July 1854 since which period he has constantly suffered from Cough, Dyspnoea, & mucopurulent expectoration & occasional congestion of the lungs. He complains he has much attenuated & complained of great pain in the left side, had profuse night sweats & the pulmonary symptoms in an aggravated form. The Physical Signs indicated flattening & dulness of upper part of right side of chest. Where harsh breathing and Pectoriloquy were apparent. There was a considerable extent of dulness inferiorly and corresponding with this there was a perfect want of respiration - Slight dulness was perceptible over apex of left Lung. His General Health having much improved under treatment he was discharged as Invalid. He was readmitted into Hospital on the 13th June 1854. On account of Tubercle symptoms with Cerebral Complication indicated by tendency

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to Stupor, Vertigo & pain of head. Papine hemorrhages from the nose and bowels
occurred during the progress of the disease, and were immediately succeeded by
great prostration, there was intense heat of skin - and great irregularity of
pulse; notwithstanding the remedies employed he gradually sank &
Expired on the 11th day after arrival - Treatment consisted of
Laxatives, Antimonials, Counter Irritation to the feet of mustard & blisters of legs -
the Cold douche, & an alternate Course of Calomel & James Powder, & finally
the free exhibition of Stimulants. He had no Convulsions, no Stutter but some paralysis
 Sectio Cadaveris Horis XXXVI post mortem

External appearances: Body Emaciated: Extremities rigid.

Brain: Weight 3lbs 5oz & 2. Dura Mater highly injected. Much
Mucous effusion on Surface of Hemispheres. Vessels on Surface of Hemispheres
greatly Congested. Cerebral Substance spotted larger bloody spots than usual.
Lateral Ventricles distended with Serum. Fornix considerably softened.
Fornix Communis Anterior Much distended: Upon the Choroid Plexus
there was a tubercle large deposit of acutely Effused Lymph - Inferior
Surface of brain increases in vascularity, Vessels much Congested. Recent
Lymph on lower Surface of Pons Medullaris & Optic Nerves. At base of Cerebrum
3^{III} Serum was found effused. The Sinuses were greatly distended.

Thorax. Heart: Weight 3 1/2: Pericardium containing 3p of fluid.

Lungs: Weight 3lbs 3/4. Larynx & Trachea: Mucous Membrane
Coated with bloody Mucus. Bronchia of Left Lung: Contain Much
frothy Mucus mixed with blood. Pulmonary Substance very much
Congested & diminished in volume: At apex of Lung some tubercles were
found: Right Lung: Same appearances as Left. Tubercles at posterior
Margin: Both lungs were bound by strong & old adhesions -

Liver: Weight 3 1/2: healthy: Gall Bladder distended with food & bile.
Spleen: Weight 3 1/4. Substance healthy.

Right Kidney weighs 3 1/4. Left 3 1/4 both are healthy.

Stomach: Mucous Coat somewhat injected - Empty.

Intestines: Large Intestine from its commencement at Cecum
Cecum studded with small elevated spots: The entire Organs
Colon: Spleen & Pankreas both weigh 35 "lbs."

Reg ^{no}	Name	Age	Disease	Admitted	Died	Register	Folio	Contracted	Ward
7 th	William Griffith	45½	Phthisis Pulmonalis	21 st June 1864	24 th June 1864	366	53 and 72	Chobham	Number 11

Abstract of Fatal case of William Griffith of 19½ belong to the 7th Fusiliers, admitted into this Hospital on the 21st of June 1864 having been ill for eleven months he contracted this disease while at Chobham and died at this Hospital at half past one on the 24th of this month in number 11 ward of Phthisis Pulmonalis number of Register 366 - Folios 53 and 72.

History An English labourer - Service not stated - States that he has had no previous disease but last summer while at Chobham he caught cold and has never since been free from cough - He was admitted into Hospital for 3 days in January last he then had Haemoptysis as well as cough and dyspnoea and has been on the convalescent list from that period to the present. He is emaciated - pulse rapid - breathing hurried - there is dulness on percussion on both sides of the chest towards the apex of the lungs it is greatest on the right side - Large mucous expectoration over the whole of the right side of the chest and there is bronchophony under the right clavicle - Stridor sounds are heard on the left side but in left degree - Cough severe - Expectoration copious opaque and mucopurulent was afterwards attacked with diarrhoea and griping pain great Dyspnoea rapid pulse he was afterwards unable to lie down in bed the surface became covered with a cold clammy perspiration the lips livid he gradually sank and died at half past one on the 24th of this month.

Actio Cadaveris XL horis post mortem

Brain weighed 163 grs - there was a good deal of serous effusion on the surface of the cerebrum - increased vascularity and congestion of veins - Cerebral substance was of natural colour and firmness - Vascular points more numerous than ordinary - increased quantity of serum in lateral ventricles - Foramen commune anterior a good deal dilated Increased vascularity of arachnoid - about one ounce of fluid at the base of arachnoid.

Heart weighed 11½ oz - healthy valves normal.

Lungs weighed 15 lb 3 oz. Right lung adhered anteriorly by old adhesions - The superior lobe condensed by tubercular deposit in a state of softening and the apex contained a cavity about the size of a walnut filled with softened tuberculous matter - the lower half also exhibited some tuberculous matter in a state of softening - The Left lung adhered by old and firm adhesions to the Pleura costalis - the 2 upper thirds were condensed by tuberculous deposit and sunk in water The upper lobe contained a cavity about the size of a walnut filled with a sanguineous purulent looking fluid Superior lobe highly congested.

Bronchia - The mucous coat of the Bronchia highly injected and coated with frothy mucus
Liver weighed 3 lb 3 oz. Substance firm and healthy
Gall Bladder contained a moderate quantity of bile

Spleen weighed 5½ oz healthy

Kidneys The left weighed 5½ oz healthy The right 6½ oz healthy

Stomach Increased vascularity at the great curvature and all along the mucous coat of the
" Jejunum Lower extremity of ileum also vascular and studded with tubercular
" deposit ulceration and thickening of the mucous membrane of the caecum and
" ascending colon were observed - J. E. Purcell Williams Candidate

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Age	Name	at	Disease	Admission	Died	Age	Sex	Contracted	Ward	Rank
42	John Buchanan	30	Phthisis Pulmonalis	21 st of June	3 rd of July	366	5'9", 76	Weymouth	11	Private

Abstract of the Total case of John Buchanan belonging to the 42nd Highlanders
He was admitted into this Hospital on the 21st of June 1854 with Phthisis
Pulmonalis which disease first showed itself in Feb^r 1854 at Weymouth
and died at this hospital on the 3rd of June at 5 o'clock P.M.

History - A Scotchman Total Service 12 years of which 4½ yrs in the India Co^{rs}
4½ in the India 1 year in North America the rest at Home He was in
Hospital from March the 5th to May 25th 1854 and since then has been
a convalescent

Physical Signs on admission on the right side of the chest there was complete
dullness on percussion over the apex of the lung and cavernous respiring
there were mucous râles mixed with sonorous râle heard on the right
side but the left side of the chest the sounds were normal.

His general appearance was emaciated - profuse perspiration - copious
expectoration of a mucopurulent character - hectic blush on the cheeks
pale rapid and weak - loss of appetite troublesome cough. These
symptoms continued with very slight change (except once when
he had diarrhoea and pain in the abdomen) until the 3rd of June
when he gradually sank and died about 5 o'clock P.M.

Sectio Cadaveris ~~xxx~~ Joris post mortem

Head - Brain weighed 3lb 5oz. There was a good deal of serous effusion on the surface
of the hemispheres - Substance of the brain pretty natural lateral ventricles
contained a good deal of serum tinged with blood.

Chest - Heart weighed 9oz ¾ The Pericardium contained 9oz of fluid
Lungs adhered throughout their whole extent to the pleura costalis
by old and firm adhesions - The lungs and trachea weighed 3lb 8oz. The
right lung condensed by tubercular deposit. There was one large cavity
in the apex about the size of an egg and two of a smaller size portions
filled with a sanguineous purulent fluid. The left lung was compressed
in its superior half and contained several tubercles in a state of
softening The bronchia filled with frothy mucus

Abdomen The Peritoneal cavity contained 13oz of seropurulent fluid. The convolutions
of the intestines adhered to each other by recently effused lymph

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Liver weighed 4 lb 2 oz. Right lobe considerably enlarged a section presented a deep yellow colour - Gall bladder pretty nearly filled with bile. Spleen weighed 8 oz healthy - Left Kidney weighed 7 1/4 oz Right Kidney weighed 6 1/4 oz. both healthy Stomach mucous coat along the great curvature highly injected great vascularity of mucous membrane near the termination of the Stom. Mucous membrane of Caecum and colon dark coloured thickened and ulcerated
June 4th 1854, J. Percile Williams Candidate

No.	Name	Age	Disease	admitted	died	Register	Folio	Conducted	ward	Rank
23 rd	Edmund Jones	25	Phthisis Pulmon.	21 st June	July 4 th	366	37-66-96	in Canada	11	Copied

abstract of the fatal case of Genl. Edmund Jones at 24 of the 23 Reg^{mt} who died at this Hospital on the 4th of July 1854 of Phthisis Pulmonalis. He was first tested for this disease in 1852 when in Canada and has been in hospital every since the Reg^{mt} came home. On admission he was found to be greatly emaciated and complained of great pain across the Thorax severe cough copious expectoration profuse perspiration at night and very great thirst.

Physical Signs there was dulness on percussion over the upper part of both lungs greatest over the right side of the chest. Gurgling sounds was heard under both clavicles mucous râles and bronchial respiration very general on both sides of the chest. There was pectoriloquy under the right clavicle and imperfect pectoriloquy under the left his symptoms becoming more marked every day his pulse weaker he had frequent attacks of Diarrhoea and Dyspnoea. The expectoration was of a mucopurulent character and in great quantity - the perspiration more profuse he became weaker every day and died on the fourth of July 1854. His treatment consisted of Cod Liver oil, Expectorant Stimulant and other appropriate Remedies.

Sectio Cadaveris XXXI. huius post mortem

Head. Brain weighed 3 lb 6 oz. The substance of usual firmness. Lateral ventricles contained the ordinary quantity of serum 3p of serum at base of cranium.

Thorax. Heart weighed 6 lb 10 oz. Valves perfect Pericardium contained about 3p of serum.

Lungs weighed 6 lb 14 oz. The left adhered to the pleura costalis by old adhesions anteriorly & its superior 3/4th condensed by tubercular deposit in a state of softening the apex excavated by 6 or 7 cavities of various sizes filled with mucopurulent fluid. The Right adhered anteriorly by firm and old adhesions to the pleura costalis Superior half condensed by tubercular deposit the apex contained two cavities one the size of a walnut filled with tubercular deposit. The Trachea and Bronchia contained mucopurulent fluid the mucous of Bronchia and Trachea considerably

congested

Abdomen Liver weighed 3lb 3oz. A section showed fatty degeneration
 Gall bladder filled with bile
 Spleen weighed 4½ oz healthy
 Left Kidney weighed 5¼ oz substance healthy
 Right Kidney weighed 5½ oz also healthy
 Stomach - some congestions of the mucous coat along the great
 curvature - Small intestines healthy There was some congestion of the
 mucous coat of the large intestines. J. P. Russell Williams Candidate

Regt	Name	at	Disease	admitted	died	Register	Folio	Postmarked	Hand	Rank
99	Serg John Anderson	33	Phthisis tubercular	June 19	July 5	366	97182	Exps. Ch. 1854	11	Serg.

This man was admitted into the Hospital in an advanced stage of Phthisis tubercular greatly emaciated profuse night sweats mucopurulent expectorations great dyspnoea. There was increased resonance of voice on both sides but more particularly on the right There were large mucous râles heard under the clavicles on the right side and at the inferior part of the left base of the lung the symptoms greatly increased in a few days & he died on the 5th of July, 1854

Head Brain weighed 3lb 5½ oz. There was considerable serous effusion on the surface of the Hemispheres - lateral ventricles contained the normal quantity of serum, about 3j of fluid at the base of the cranium

Thorax Heart weight 13oz. Valves healthy - Pericardium contained about 3j of serum

Lungs weight 6lb 7oz. Left adhered by firm and old adhesions laterally to Pleura costalis its substance contained tubercles in a state of softening interspersed through its substance - inferior half hepatized a section sank in water Bronchial ramifications filled with sanguineous mucopurulent fluid - the mucous lining congested - Right Lung. Apex contained a small cavity and was consolidated by tuberculous deposit the substance was congested and partially hepatized the terminal bronchia highly congested and coated with a sanguineous mucopurulent fluid

Abdomen. Liver weighed 4lb ½ oz. Substance pretty healthy Hepatic veins greatly congested Gall Bladder filled with bile Spleen enlarged weighed 11½ oz. substance softened and congested - Right Kidney weighed 4½ oz. healthy Left Kidney weighed 5oz. Stomach - mucous membrane somewhat congested Mucous coat of caecum & colon a good deal congested traces of ulceration observed only in the caecum J. P. Russell Williams Candidate

Age	Name	Age	Disease	Admitted	Died	Register	Folio	Contracted	Ward	Rank
1840 Age 16-10	Lamy, Bogus	28	Phtisis Pulmonalis	June 20	July 2 nd	364	174 and 185	In England	Ward 15	Private

Abstract of the fatal case of Private James Bogus 1st Battalion Rifle Brigade, who died at this Hospital on 2nd July 1854 of Phtisis Pulmonalis, in the Year 1846 he caught cold from exposure to wet, and remaining in damp clothes since 1st of June he had repeated attacks of Spas. for which he took Quinine on admission the expectoration was mucopurulent, the appetite good, the bowels regular tongue furred pulse 80.

Physical Signs Chest right side, then was dulness on percussion and Pectoral rattle on the first and second intercostal spaces, the respiration bronchial. Chest left side below the clavicle unusually clear on percussion, Pectoral rattle is apparent but ^{more} circumscribed than at the right side, at the base of the lung respiration is ^{more} tubular than is clear increased resonance of voice. This then became gradually less in the end became delirious. and died on 2nd July.

Section Cadaveris XVIII Anis post Mortem

Head

Brain 2 lbs 12 1/4 Oz. considerable serous effusion on surface of Cerebrum increased vascularity of the Arachnoid Membrane, substance of Brain pretty natural, increased vascularity of Choroid plexus, considerable congestion of Sinuses, 2 1/2 Oz of Serum at base of Brain.

Chest

Heart weighed 14 3/4 Oz. Valves healthy, Lungs completely adherent to pleura costalis by old adhesions, weight 2 lb 10 1/4 Oz. Left Lung, upper third condensed by tubercular deposits, remaining two thirds exhibited tubercular deposit in a state of softening. Right Lung Condensed by tubercular deposits in the upper half, and sank in water, Lower half tolerably natural, but also containing tubercular deposits. Trachea and Larynx increased in vascularity and coated with frothy mucus, Bronchial tubes contained a large quantity of sanguineous mucus. Liver weighed 2 lb 3 Oz. rather smaller than natural, The Gall bladder contained a considerable quantity of Bile. Left Kidney weighed 5 1/2 Oz. Right 5 1/2 Oz. Natural, Spleen 5 3/4 Oz. healthy Pancreas weighed 2 1/2 Oz.

Stomach and Intestines

Mucous coat of Stomach somewhat more injected than natural with numerous bloody points about the centre. Mucous coat of Cecum and ascending Colon increased in vascularity, some degree of degree of thickening and vascularity of Mucous coat near lower extremity.

Daniel P. Moran M.D. Candidate

Regt	Name	Age	Disease	Admitted	Died	Register	Folio	Contract	Ward	Rank
1st Royals	Bridgeley Bridgeley	38	Pulmonary Consumption	June 21st	July 7th	367	2.39	England	11	Private

Abstract of the fatal case of Private Bridgeley Bridgeley 1st Royals. Private Bridgeley Bridgeley aged 38 1st Royal Regiment was admitted into Port Pitt Hospital June 21st 1864 was a Labourer prior to enlistment height five feet eight inches. Total Service fourteen years eight months of which five years five months in the Mediterranean. Two years one month West Indies. Three years four months America. Not served at home. The symptoms on admission were great Dyspnea Aphonia. Thirst ^{not} Distension Chest tight Side. Saw Rectoriology and Cavernous respiration under the right clavicle. When also was Bronchial respiration. There was considerable falling in of the two superior intercostal spaces. Left Side. Dullness was observed under the clavicle. Generally the respiration was purile. The usual course of treatment was adopted and the Cod Liver oil was administered and on the 7th of July at half past Seven P.M. he sank and expired.

Physical Signs

Lectio Cadaveris xvii houis post mortem

Head

The body was considerably attenuated extremities rigid. Brain weighed 3 lbs 4 1/2 oz rather a large quantity of brown effusion on the surface of the Hemispheres. Increased vascularity on surface of right hemisphere. Lateral ventricle distended with serum. Central lobes natural 1/2 oz of serum at base of cranium.

Chest

Heart weighed 8 1/2 oz rather smaller than natural valves healthy. Lungs weighed 4 lbs 10 1/2 oz. Left Lung apex adhered to pleura costalis by old adhesions left pleura contained four pints of purulent fluid. Apex excavated by a cavity of the size of a small orange and contained tubercles in a state of softening upper two thirds condensed by tubercular deposit in a similar state. Lower third more healthy. Right Lung a cavity in the apex somewhat larger than was in the corresponding lung. Bronchia filled with fatty mucus. Right congestion of the inferior lobe.

Abdomen

Liver weighed 3 lbs 10 1/2 oz substance tolerably healthy. Spleen weighed 6 1/2 oz healthy. Kidneys. Left weighed 5 1/2 oz healthy. Right Kidney weighed 5 1/2 oz also healthy. Stomach. Congestion of the mucous coat of the posterior surface of the stomach which was otherwise healthy. Small Intestines occasional portions of the mucous coat were highly injected and showed ulcers 1/4 of an inch in diameter. Large Intestines The mucous coat of Caecum and colon thickened ulcerated and granular throughout the greater part of their extent. Prostatic Glands were generally enlarged.

Albion Mitchell Candidate

Regt.	Name	Age	Disease	Admitted	Died	Register	Folio	Contracted	Ward	Rank
83	Alexander Miller	33	Stricture Urethra	July 5 th / 66	July 9 th / 66	164	34	In Leeds York	Surgical Div ⁿ Ward 3	Private

Abstract of the fatal case of Private, Alexander Miller, aged 33 of the 83rd Regiment who was admitted into this Hospital July 5th / 66 with Stricture of the Urethra and great Debility. The disease is of 3 years standing, & was contracted at Leeds in Yorkshire. Died at Fort & Co's Hospital at 5 P.M. in No 3 Ward Surgical Division on the 9th of July / 66 Register 164. Folio 34.

History By birth a Scotchman, formerly a Labourer, has been in the service 12 years, 5 of which he spent in the East Indies & the remainder at home. The commencement of the fatal disease was in Jan^y last about 6 months ago.

Symptoms Extremely weak, and emaciated, with a small feeble pulse, anxious countenance, Admission & brown furred tongue. The urine continually drains from him & has done so for the last 6 months; many efforts have been made to pass an instrument, but this has never been effected since he was in Bombay 6 months ago, he suffers very much at times, from pain in the region of the bladder. On the following night he had a severe rigor like the cold stage of an ague, with anurine skin & a feeble almost imperceptible pulse & was daily becoming weaker. Passed a Catgut bougie through the stricture.

July 7th Endeavored as before to pass the bougie, but could not, it stuck fast in the first stricture, he suffered very much from pain, & was in a very dangerous state.

8th He was in great suffering, during the whole day, & had a warm bath in the Evening, an injection & 15 grs of Dover powder; He made no urine while in the bath, but some quantity came away afterwards, of a bloody colour; the bladder, which before was distended was relieved & he was much easier, & more comfortable, & had a better pulse. Took Sanguine Linctus of Ammoniac, Beef Tea & Wine, the two latter he took up to his death. The tongue was dry & brown & the urine which came away during the night was of a deep bloody colour.

9th Some Paralysis of the left arm & paresthesia on the body were observed, he is very pale & shivery, dry brown furred tongue, small thready pulse. No distension of the bladder, yesterday evening. Bled much during the night from a small place over the site of the Stricture cold was applied to it & Doctate of Lead & Opium administered, together with the Mistura Pini Gallici of the L.P. & Tincture of Ammoniac of Doon the following morning. A groove was passed thru the stricture, which was divided upon it, & a catheter passed into the bladder. Lint dipped in cold water was applied to the wound, a stimulant administered & he was left as comfortable, as circumstances would admit, he afterwards became warmer, the Operation was performed at 12 1/2 P.M. He made no complaint, & retained consciousness of his senses till within half an hour, of his death which occurred at 5 P.M. The wound did not bleed very considerably. During the operation, he was under the influence of Chloroform, & afterwards he was supported by Dr. Sarsaparilla.

Sectio Cadaveris 18th after Death

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General Appear. Emaciated, Patches of Scorbatic ecchymosis about the abdomen & extremities.
Cranium Membranes healthy, slight venous congestion posteriorly, vessels otherwise empty. About an ounce of fluid at the base of the brain. Weight of the brain 3 lb 5 Oz.
Thorax No adhesions of the lungs. Pericardium contained the usual amount of fluid. Heart healthy, Weight 10 Oz. Trachea, its mucous membrane was studded with ecchymosed petechial spots. Lungs filled with foamy mucus, freely crepitant through out & healthy in structure. Weight of the lungs 3 lb 10 Oz.
Abdomen Liver, weight of 3 lb 5 1/2 Oz, healthy, Spleen 5 Oz, healthy. Stomach deeply congested especially in its posterior surface, & studded with ecchymosed spots, mucous membrane abraded in 3 or 4 spots, rough & covered with whitish mucus. Small Intestines: mucous lining through their whole extent presented the same appearance of being studded with small spots of petechial ecchymosis. Large Intestines healthy, with the exception of a few Scorbatic patches here & there. Kidneys large & ecchymosed thru their whole structure. Weight of the Left 12 Oz, Right 10 1/2 Oz. Bladder water & patches of the kidneys, distended with thick purulent matter & urine. Coat of the bladder nearly an inch thick; muscular fibre immensely developed, mucous lining much ecchymosed. Uterus; about 2 inches of the canal obliterated by an old structure in the pendulous portion anterior to the Cervix. Cervical portion of the Uterus much obliterated. Two false passages at the bulb, and one at the anterior part of the os uterini, Prostate rule healthy.

Richard Chapman, Surgeon M.D.

Candidale.

July 11th /54

Regt.	Name	Age	Disease	Admitted	Dis.	Regist.	Folio	Contracted	Ward	Rank
10 th	Richard Cox	34	Dysentery Chronic	July 2 nd 1854	July 10 th 54	364	205 and 215	at Madras India	15 Medical Division	Captal

Abstract of the fatal case of Captal Richard Cox, aged 34 years 10th Regiment, admitted into General Hospital Fort Pitt on 2nd July 1854. Duration of Disease 6 years and 7 months. Contracted at Madras. Died 10th July 1854 at a Quarter past 7.30 in Ward 15 Medical Division. Disease Dysentery Chronic, Register 364. Folios 205 and 215. An Irishman. has been a Soldier previous to enlistment, period of Service 15 years, the greater portion of which he spent in India; has been salted several times for Disobedience. The fatal Disease came on in 1848 at Madras. He was in Hospital for Dysentery in the year 1851 and 1852. He also had Hepatic disease, Intermittent fever and general Anasarca. On admission he was greatly emaciated, had pain Abdomen, if pressure was made on it. There was murmur as present in the supra Clavicular portion of right Lung. Increased resonance of voice in the supra Clavicular portion of left Lung. On the day of admission his breaths were heard seven times.

Scoti Cadaveris XXIX. Post Mortem

Body somewhat attenuated, extremities rigid. Brain weighed 2 lb 14 $\frac{1}{2}$ oz. There was some serous effusion on the surface of the Hemispheres. Substance of Brain of natural firmness. About 1 oz. of serous effusion at base of Cranium. Heart weighed 8 $\frac{3}{4}$ oz. Valves and Substance normal.

Chest The Lungs weighed 4 lb 10 $\frac{1}{2}$ oz. and adhered to Paracostals by old adhesions of great strength. Left Lung a good deal congested. Bronchia filled with frothy mucus. Right Lung also a good deal congested in lower lobe. Some tubercular deposits interspersed through its substance. Trachea and Bronchia contained a large quantity of frothy mucus mixed with blood.

Liver weighed 4 lb 15 oz. Superior Surface completely adherent to Diaphragm. The Parenchyma of Liver softened and of a clay colour. The Gall bladder was filled with dark viscid Bile. Spleen enlarged, and weighed 13 $\frac{3}{4}$ oz. Right Kidney weighed 5 $\frac{1}{2}$ oz. Substance much paler than natural, mottled externally, the pelvis contained viscid purulent Matter. Left Kidney weighed 4 oz. tolerably healthy. Mucous Membrane of Stomach, slightly congested, considerable Congestion of various patches of the Mucous coat of Small intestines. The Mucous coat of lower extremity of the Duodenum, of a Clout Colon, and highly congested, Mucous coat of Cecum, and ascending Colon dark coloured. Considerable Vasculature and Minute Vessels here also observed along the Mucous Coat of the Pectum.

Panfil O'Donovan M.D. Candidate July 12th 1854

Regt	Name.	Aged	Disease	Admitted	Died	Register	Folio	Contracted	Ward	Rank
78 th	William Robinson	37	Morbus Cordis	July 12 th /54	July 14 th /54	366	114	At Aden	11	Private

Abstract of the fatal case of P^t Wm Robinson 78th Regt. Aged 37 Admitted into this hospital July 12th 1854. Duration of disease 18 months. Contracted at Aden. Died 14th before 9 A.M. 14th July 1854. in ward 11. Disease Morbus Cordis Register 366 Folio 114.

History Private Wm Robinson. An Irishman. Labourer. 14 years Service most of which time he spent in India, was admitted into this hospital 12th July 1854. The Disease being Morbus Cordis. He had previously been under treatment for palpitation of the heart in the Hospital at Aden in 1852. On admission he complained of cough, profuse perspirations at night slight expectoration, and great dyspnoea. The stethoscope detected a murmur with the first sound of the heart, which was also heard in the carotids. The heart's action was very much increased. Punctate respiration over the Anterior

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on portion of the chest - On July 13th the day following his ad-
mission he felt better, but in the evening of same day great
dyspnoea came on - Slept well during the night and in the
morning appeared better, and spoke quite sensibly - But
shortly after great difficulty of breathing came on and he
died $\frac{1}{4}$ before 9 a.m. July 14th 1854

Section Cadaveris XXVIII Hours after death

External Ap: Body somewhat muscular extremities rigid
Head Brain weighed 3 lbs 10 oz. Substance normal, upwards
of 1 oz. of serum at base of cranium.
Thorax Right Pleura contained 2 lbs 2 oz. of serum tinged with
blood. Left Pleura 1 lb 2 oz. of serum of the same character.
Pericardium contained 2 oz. of serum. Heart weighed 1 lb 13 oz.
and $\frac{1}{4}$, distended with blood and greatly enlarged. Walls of
Left Ventricle $\frac{3}{4}$ of an inch in thickness. Left Auricle some-
what attenuated. Mitral Valve healthy. Aortic Valves
of nearly cartilaginous hardness and contained osseous
deposit in very considerable quantity. Right Ventricle, walls
attenuated. Right Auricle dilated walls very much at-
tenuated. Musculi Pectorales well developed. Arch and de-
scending portion of Aorta as low down as the bifurca-
tion of the Vessels exhibited a good deal of the atheroma-
tous deposit with considerable thickening - Lungs
weighed 3 lbs 7 oz. and $\frac{1}{4}$. Right Lung substance healthy
slight congestion of inferior lobe. Left Lung healthy.
Trachea and Bronchi contained frothy mucous
deeply tinged with blood -
Abdomen Spleen weighed 6 oz. and $\frac{1}{4}$ somewhat firmer than na-
tural. Liver weighed 3 lbs 3 oz. Substance showed the
fatty degeneration - Right Kidney 4 oz $\frac{3}{4}$ healthy. Left
Kidney 6 oz. somewhat larger and paler than natural.
Slight congestion of mucous coat of stomach at
cardiac extremity. Increased vascularity of mucous
membrane of small intestines.

July 17th 1854

Richard Worsely
Candidate

Regt.	Name	Age	Disease	admitted	Died	Register	Folio	Contracted	Ward	Rank
88	John Killilea	27	Catarrhus Chronicus	21 June	16 July	364	176, 186 & 224	Lancashire	15	Private

Abstract of the fatal case of Private John Killilea of the 88th Regiment. An Irishman aged 27 was admitted into this Hospital on the 21st of June 1854. Duration of disease 7 months. Contracted in Lancashire, died on the 16th July at 4 p.m. in No 15 Ward. of Catarrhus Chronicus. Register 364. Folio. 176-186 & 224.

History. Period of service 6 1/2 years. all at home. There is no observation of this man having suffered from any illness previous to this fatal disease, which dates its commencement 7 months since. This man is stated to have had a cachectic appearance and presenting great emaciation on admission. Chest was found contracted, with flattening of the left side, and general dulness on percussion over the same side. Pectoriloquy was detected between the first three intercostal spaces on the right side. He was then labouring much from dyspnoea. Expectoration mucopurulent and gives him a good deal of difficulty. He slept badly. Frequent diarrhoea, with sometimes blood in stools, he had previous to these last symptoms. Colligative sweats were noticed for the first time on the 26th June. The Diarrhoea, sweats, urgency of cough appear to have been getting gradually worse up to the time of death. Some days he would feel perfectly well according to his own statement, but there was no doubt that he was more & more exhausted every day. Since July 11th he has been gradually sinking. The treatment in this case has consisted of Saline, Expectorants, and Astringents. The last observation made was a few hours before his death. He was then suffering so much from his breathing that he was ordered a small emphysem to the upper part of his chest.

Sectio Cadaveris XVI hours after Death

Head. Body extremely attenuated. Extremities rigid. Brain weighed 3 lbs 2 1/2 oz. Copious serous effusion on surface of hemispheres, of natural firmness, lateral ventricles contain an increased quantity of serum. 10 oz of serum at base of Cranium.

Thorax. Heart weighed 12 oz. Left ventricle filled with coagulated blood, Valves healthy. Lung weighed 16 1/4 oz. Left lung adherent at apex to pleura costalis by old adhesions the superior 2/3 also consolidated by tubercular deposits in a similar state, and sunk in water. Numerous cavities of the size of a filbert interspersed throughout the diseased portion of this lung, filled with tuberculous matter in a state of softening. Right lung also adherent to Pleura Costalis by old adhesions. the superior half also consolidated by tubercular deposit in a similar state. Trachea & Bronchi contained a large quantity of mucous purulent secretion.

Abdomen. Liver weighed 16 1/4 oz. Exhibited fatty degeneration to a considerable degree. Spleen weighed 10 oz. healthy. Right Kidney 6 1/4 oz. substance rather paler than natural. Left Kidney 6 oz. normal. Stomach normal. Slight congestion of mucous membrane of upper part of jejunum. Occasional ulceration & patches of congestion were observed in the whole course of small intestines. Lower extremity of ileum extensively ulcerated. Mucous coat of Caecum dark

Abdomen Coloured, thickened, presenting numerous transverse elevations, apparently consisting of mucous membrane, throughout its entire extent, mesenteric glands enlarged, & contained softened tuberculous matter. Mucous coat of descending Colon & sigmoid flexure extensively ulcerated. Some of the ulcers being nearly one inch in length, by 1/2 an inch in width. Presenting the appearance of complete removal of mucous coat.

Signed. R. W. Carter (Candidate)

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No. 187

Reg	Name	Age	Disease	Admitted	Died	Register	Dist	Contracted	Wards	Rank
9 th	Mich Case	25	Phthisis Pulmon	July 16 1854	July 17 1854	367	41	Malta	10	Private

Abstract of fatal case of Private Michael Case.

Regd 35 of Regt Admitted 27th June 1854 with Phthisis Pulmon, first became ill at Malta in March 1854 and died in Fort Pitt Hosp^l March 10 on 17 July 1854 at 30th P.M. Regis 367 Dist 41

He was an Irishman a labourer before enlistment, height 5 feet 6 inches. Served 6 years & 8 months of which 3 years in the Mediterranean and the remainder at home. On his voyage from England he was tender & returned for an acute attack of Catarrh. On his disembarkation was admitted into the Regt Hosp^l with Cough, mucopurulent expectoration copious & black &c.

On his admission into Fort Pitt Hosp^l on 27 June he had dulness under both clavicles to a considerable extent and beneath the clavicle of the right side and in the supra spinous region pectoriloquy is quite evident, mucous rales are heard inferiorly on both sides, on the left side there is increased resonance of voice and also sonorous rales.

Bowels are regular, tongue slightly furred, pulse slightly furred, pulse small but rapid, he has his night sweats and sleeps pretty well. On June 30th diarrhoea set in and albumen was detected in the urine. On July 10th the diarrhoea increased in severity and the expectoration was most profuse. Pulse 92 small & weak, tongue coated with a brown fur. The diarrhoea increased and continued up to the 17th inst when he rapidly sank & died.

(Signed) Joseph J. Thompson of Surg^y Bays of Rifles.

Sectio Cadaveris 33 Hours after death.

Heart Weight of brain 3rd 4th 9, the pia mater is slightly congested over mid both hemispheres of the brain. Also the under surface of the Cerebellum. Ventricles contained no fluid, substance softer than natural.

32^h
Heart.

Weighted 6 $\frac{1}{2}$ g surface livid, and extremely atrophied
Two circumscript spots on the anterior surface of the right
ventricle, Walls of the right ventricle attenuated, right ventricle
smaller than natural body much attenuated.

Left Side — Valves (partic) healthy, the walls of the ventricle
much thickened and the cavity much smaller than natural
about 2 $\frac{1}{2}$ fluid in Pericardium, ~~Weighted~~

Lungs Weighted 4 $\frac{1}{2}$ to 4 $\frac{3}{4}$ oz. firmly adherent by old adhesions
throughout the whole. Right lung contained a cavity in its
apex the size of a chestnut, several smaller ones together
with tubercular softening — the base of this lung was
greatly congested. Left lung the apex contained
a cavity the size of a small orange, and tubercles, in a
state of softening were dispersed throughout, together
with patches of congestion. — Larynx, trachea, & Esophagus
filled with bloody mucus. Lining membrane was congested.
Abdomen Liver weighed 5 $\frac{1}{2}$ to 2 $\frac{1}{2}$ lb. much enlarged especially the
right lobe, the whole substance firmer than natural
and greatly consolidated by interstitial deposition and
was of an uniform fawn color throughout. The gall bladder
greatly distended with bile of a dark color.

Spleen weighed 8 $\frac{1}{4}$ oz. highly congested with venous blood.
Right kidney, weighed 5 oz. and was highly congested
throughout, the peritoneal coat more adherent than natural.
Left kidney weighed 5 $\frac{1}{4}$ oz. also congested & peritoneal
coat also adherent. — The mucous membrane of
stomach slightly congested at the great curvature, in
other respects natural. — Mucous membrane of Duodenum
showed patches of congestion. — Valvulae Conniventes, both
marked — both marked ulceration at the hepatic flexure
of the colon. Rectum also contained numerous
patches of small ulcers. — Mucous membrane
throughout congested.

(Signed) J. S. Thompson M.D. Surgeon General Ceylon M.D.

No 16

Dec. 1885.

Regt	Name	Age	Disease	Admitted	Died	Register	St C	Contracted	Ward	Rank
78 th	St James Roberts	36	Hepatic Fibrosis & Effusion	July 14/54	July 17/54	367	52	Bombay	10	Private

Abstract of the fatal case of St James Roberts —
Aged 36 Private 78 Highlanders admitted July 14/54
with Hepatitis Chronic and slight symptoms of fever —
complicated with cerebral disease — He first became

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affected with Hepatitis Chronic towards the end of 1850
from which he has suffered more or less up to the present.
He died at Fort Pitt Hosp^l March 10 on 17 July 1854 at
30th P.M. — Register 367 Fol 52

He was an Irishman, a labourer by occupation &
Height 5 feet 5 1/4 inches. Got at Sea 14 years & 11 mos.
of which 11 years & 4 mos in the East Indies, 2 years at home
and 1 year & 6 mos in Bombay. — In May 1853 he was admitted
into Hosp^l in Bombay with a severe attack of diarrhoea

On his admission into Hosp^l (Fort Pitt) on July 14/54
he suffered from great pain in the right Hypochondrium
shooting up to the shoulder and increased considerably
by the slightest exertion. On examination the liver
was found greatly enlarged & indurated. It appeared
very hard and broken down, appetite bad, tongue
dry and covered with a white fur. Bowels regular.
He suffered also from great irritability of stomach
vomiting all nourishment and medicine administered.
Skin was hot and dry, had headache &c on 15th his head-
ache appeared rather aggravated, slept very little
during the night and had low muttering delirium.

Pulse was 38. Tongue dry & furred.
Towards the evening of the 15th the delirium had increased.
Pulse very frequent, skin hot, bowels regular. On
the 16th his pulse ran up to 140 in the minute, respiration
 hurried, he slept at intervals of half an hour during the
night the low delirium continued. Bowels were freely opened.
Tongue dry & brown, considerable thirst, skin still very
hot. Pupils contracted. On the evening of the 16th the
central symptoms appeared rather relieved. The tongue
still continued dry & brown. Pulse 120. he had no
sleep during the day — his stomach rejected all
nourishment. On the 17th the day of his death he
appeared less well proportionate, pulse 136 & very feeble
and a good deal of delirium during the night, pupils contracted.
Bowels were moved once during the night, he had
slight hiccup and is putting the bed clothes —
He gradually sank and died at 30th P.M.

(Signed) Joseph J. Thompson M.D. Surg. Genl. R. H. F. S.

Sectio Cadaveris 21 hours after death —
Head Weight of brain 3 lb 3 oz a little more than an ounce of
fluid effused at the base of brain, great venous congestion

of the surface of both hemispheres and effusion of serum under the arachnoid, numerous bloody points appeared upon cutting into both hemispheres. Lateral ventricle contained about an oz of serum, the substance of cerebellum more vascular than natural and softer than the rest of the cerebral substance.

Lungs weighed 4 to 10 oz. Left congested especially at the base, in other respects quite healthy. Right lung also congested towards posterior thick edge and exuded frothy mucus. The inferior thick edge of right lung sank in water and was completely separated.

Larynx Trachea & Bronchi the lining membrane much congested, filled with bloody frothy mucus.

Heart weighed 11 1/2 oz. Left ventricular valves healthy. Right side also healthy filled with fibrin.

Abdomen. Liver weighed 5 to 5 1/2 oz. larger than natural, the right lobe being especially hypertrophied and the thin margin much thickened. Signs of fatty degeneration were plentifully dispersed through its whole surface.

The full bladder greatly distended with dark pecuniary colored bile.

Spleen weighed 8 oz. Natural.

Left Kidney weighed 7 oz, a small cyst containing serum upon its upper and outer border, in other respects natural. Right kidney weighed 6 1/2 oz. rather paler than natural.

Stomach - mucous coat highly congested along the great curvature.

The Duodenum showed occasional patches of ~~thickening~~ congestion which were also apparent along the whole course of the alimentary canal - in other respects quite healthy.

(Signed) Joseph L. Thompson M.D. Surg. Genl. U.S.A.

Regt.	Name.	Age	Disease	Admitted	Died	Regt.	Loth.	Contracted	Ward	Rank
64.	As. Kirby	23.	Pleuritis	July 21 st 54	July 24 th	566	536	in India	11	Private

Abstract of the Fatal Case of Private James Kirby -

James Kirby - aged 23 years - Private in the 64th Regiment was admitted into Hospital on the 21st July last. His disease has been of a chronic nature having originally commenced in July 1853 when in India. He died in the General Hospital Fort Pitt at half past two P.M. of Pleuritis - Ward 11 - Regt. 566 - Vol. 536.

This man was an Englishman by birth & was employed as a laborer before enlistment. His period of service extends over six years. He has served in India for two years. When in Kurrachee he suffered from chronic catarrh & has also been afflicted with Haemorrhoids - Gonorrhoea - Splinitis - Carditis - Leucorrhoea & Diarrhoea. The chronic catarrh in combination with the debilitating effect produced by the other diseases from which he suffered no doubt laid the foundation for this attack which commenced in an acute form on the 21st July 1854. - The patient on admission in addition to his anxious & sufficed appearance complained of great pain over the lower part of the right lung. - On physical examination there is found great dulness on percussion & on applying the Stethoscope the respiratory murmur was found to be absent but the friction sound characteristic of Pleuritis was distinctly audible. - The Respiration of the Left Lung was nearly normal - Breasts action normal - Pulse 120 soft compressible.

There also existed some degree of fever & great debility. - The same night he exhibited signs of collapse owing to a diarrhoea from which he had suffered since the morning. - This having been relieved by means of an opiate enema & stimulants the patient was somewhat improved. On the 23rd he complained of great pain over the seat of disease which was palliated by a Blister on the Chest. - It continued on much the same state until the afternoon of the 24th when he gradually sank & died at half past two P.M.

Wm Ramsay Stewart M.D. - Candidate.

Sectio Cadaveris - 22 hours after death -

Body tolerably emaciated - slight rigidity of the extremities -
Head - Brain weighed 42.5 oz. Slight serous effusion on the surface of the Hemispheres. - Increased effusion in the lateral ventricles - Cerebrum somewhat softer than natural. 12 oz of serum at base of cranium -

Chest. Pericardium contained 2oz of straw colored serum - Heart weighed 12oz valves healthy - Lungs weighed 14 1/2 oz. both adherent to Pleura & lobes anteriorly by recent cold adhesions - Right Lung extensively hepatized throughout its entire extent - Bronchial ramifications filled with frothy mucus tinged with blood - Section sank in water - Left Lung also extensively hepatized - Hepatization more advanced than in Right Lung - Bronchi also filled with frothy mucus tinged with blood - Mucous coat of Larynx & Trachea increased & vascularized & coated with frothy mucus -

Abdomen. Liver weighed 44 1/2 oz - Superior surface adherent to Diaphragm by old adhesions - Cicatrices of 4 abscesses interspersed throughout the substance of both Lobes - Substance more condensed than natural - Gall Bladder contained a small quantity of dark colored viscid Bile - Spleen weighed 11oz considerably enlarged substance much softened brown & homogeneous - Peritoneal coat thickened by deposit of Lymph - Right Kidney weighed 7 1/2 oz considerably enlarged & congested - Left Kidney weighed 6 1/2 oz also a good deal congested - Stomach mucous coat a good deal congested especially along the greater curvature towards the cardiac extremity - Intestines healthy -

Wm Ramsay Stewart M.D. Candidate -

Age	Name	Age	Disease	Admitted	Died	Duration	Contracted	Register	Age	Sex
29 th	Wm Sullivan	38	Consumption Pneumonia	July 1 st	July 29 th	January 52	India	367	75	W

Abstract of the fatal Case of Wm Sullivan, late of 29th Regt., admitted July 1st 1854 with Consumption and general debility in Continuation with Pneumonia, the general breaking up of the Constitution & the arrival from India 28th June 1854, & later 14 months previous, in consequence of a Society of friends in the Capital, was attacked with Scary, he had the attack of all the diseases incident to the climate & that he was left for duty & the immediate cause of death was the acute & rapid attack of Pneumonia, induced by the direct effect & change of atmosphere. He died at West Point Hospital, Nov 11. 29th July 54 at 2 P.M. with Register 367 Age 75.

History He was a Scotchman; born in Scotland, a tall man, height 5ft 11 inches. He served 16 yrs & 3 mos of which he spent 11 yrs & 1 mos in the East India Company of the 29th Regt. He received a severe blow on the left side of face, & has been severely wounded since. According to his report when he has been from being debilitating disease.

Symptoms He was admitted 1st July for an attack of Scrophulous, but soon that alluminous having long been prior of general debility, up to the 19th he had a Cough leading of the left & an attack of Agony, but intervals he was better & slept, but at 21st, he had the second attack on the 21st he became a little better, but he was to see signs with difficulty of breathing, pain of left side & was obliged to go for the Medical Officer in duty at 9 P.M. Morning of 27th he was brought down & after several respirations, saw the interior portion of Right Lung & the left lung. Mucous Membrane of the upper portion. Saw him again in the evening of the 27th & saw he had been very ill since. His Constitution evidently could not stand

his attack, he was low for a few days up to the evening of the 29th at 9 P.M. he was still in a difficult state. His friends in order to keep him up, let the following medicine be sent him to die at 2 A.M. 29th July 1854

Section. Cadaveric 3 1/2 hours after Death.

Head

Brain weighs 5 lbs. in the right hemisphere the circulation was normal. Cerebral cortex effused on the surface of the hemisphere. Mass. Matter adherent to upper surface of right hemisphere, near its base, for a space 1 inch in length, 1/2 inch in breadth, corresponding with a deficiency of Cerebral substance. Cerebral substance normal. Cerebral substance contained an amount of fatty of course. Slight softening of the Meninges, right side of Cerebellum softer than the natural, about 1/3 of volume at base of Cerebellum.

Chest

Heart weighs 9 1/2 oz. "Tubercles healthy" Lungs weigh 4 1/2 lbs 15 1/2 oz. Left Lung, Superior half hypertrophied & congested. Bronchia filled with frothy mucus, finger and thumb, division 1/2 inch in width. Right Lung is the 1st stage of hypertrophication in the Superior half of its contents, but contains the left. It holds 1/2 Bronchia filled with frothy mucus. Inferior parts healthy.

Abdomen

Liver weighs 3 1/2 lbs 1 1/2 oz. lighter & smaller than natural, substance healthy. Gall Bladder distended with Bil. Spleen weighs 1 1/2 oz. peritoneal surface adherent to abdominal parietes. Peritoneum softens on broken down. Right Kidney weighs 3 1/2 oz. diminishes in size, granular degeneration of Cortical substance. Left Kidney 5 1/2 oz. substance pale & diminished, presents also the granular degeneration. Left Maud substance healthy.

July 31st 1854.

William P. Boyd Candidate

1854

Age	Name	Age	Disease	Admitted	Discharge	Duration	Contracted	Register	Tel.	Ward
13 th	Wm. Shatter	25	Phthisis Pulmonalis	June 2 nd	July 3 rd	May 53	India	372	3	14

Abstract of the fatal case of Corporal Wm. Shatter 13th Infantry, who was admitted into the General Hospital June 2nd 1854. Tabularizing under the ordinary train of symptoms of Phthisis Pulmonalis in its last stage -

Symptoms. On admission he was greatly emaciated had a short hollow cough with copious mucopurulent expectoration. Appetite pretty good but bodily strength much impaired being easily fatigued, suffers from night sweats, pulse weak quick & irregular, sleep disturbed & uneasy.

Physical signs

The left side of the chest is much diminished in size, on the apex of right lung the disease was most marked, the formation of a cavity being present was certain, under the clavicle with dulness on percussion all around. There was also dulness under the left clavicle but not so strongly marked, on closer examination the right side of the chest & right lung are chiefly affected, there being a large moist rale caused evidently by the bursting of air bubbles in a bronchus in the apex of the lung, it being filled

with a mucous purulent viscid secretion which after being with difficulty expectorated, has a most offensive smell - He also had resonance of the Værescæ amounting to Pectorilogy all down the right side of Sternum with puerile respiration beneath the left clavicle & erythema also to a great extent of the Sacrum from pressure. Can give no assignable reason for his disease. It appears by the Register, that the remedies & courses of treatment usually prescribed were successively tried without benefit: the disease continued to progress with unabated vigour, with the usual remissions & exacerbations. In addition to the former symptoms he soon began to suffer from Dyspnoea, which was augmented by want of sufficient strength to expectorate, Colliquation Diarrhoea & oedema of the Lower extremities to a considerable extent. The internal organic derangement continued to increase rapidly, the cavernous respiration & pectorilogy, becoming most strongly marked under left clavicle & left side of chest. Expectoration contains a large proportion of pus of a very fetid character. Nothing peculiarly interesting or abnormal occurred in the course of this case. From the Register he appeared to sink gradually up to July 31st when he died at 5 P.M.

Section Cadaveris 18 hours after death -

- Head. rigidity of the body, considerable oedema of Lower extremities -
Brain. Brain weighed $2\frac{1}{2}$ lbs. a large quantity of serous effusion under the dura Mater. 2 ounces of serous effusion at the base of the cranium. Cerebral substance much softer than natural. Lateral Ventricles seem to have been distended with serum. Left lobe of Cerebellum a good deal softened -
- Chest. Heart small fleshy & flaccid weighed $7\frac{1}{2}$ ounces, substance & valves healthy. Pericardium contained nearly 3oz of serum. Both lungs adhered to the Pleura Costalis & diaphragm throughout their whole extent, by old & firm adhesions, weighed $14\frac{1}{2}$ lbs. Right lung. Sup. lobe completely condensed by tubercles, containing Pimica, lower half affected from same cause. Left lung, the apex excavated by a cavity the size of a small orange. Superior two-thirds condensed by tubercles & section smelt in water. Several small cavities interspersed through the substance. Bronchi filled with frothy purulent tinged with blood. Mucous coat of Bronchi & trachea congested & inflamed.
- Abdomen. Liver weighed $3\frac{1}{2}$ lbs. healthy. Spleen enlarged, weighed $15\frac{3}{4}$ lbs. Substance softer than usual. Kidneys weighed $5\frac{1}{4}$ each healthy. Stomach healthy, Mucous coat tinged with bile, Mucous coat of Intestines studded with klars of ulcers & very vascular.

Thomas F. Harlowe
Candidatus

Regt.	Name	Age	Disease	Admitted	Died	Duration	Contracted	Regimen	Falio	Used
25 th	William Shields	37	Syphilis	July 4 th 1854	Aug 11 th 1854	19 Months and 11 Days	Glasgow 1834	164	114	3

Abstract of Fatal Case of Private William Shields 25 Regiment

Abstract Private Will. Shields age 37 years and 1 month 25th Regt. admitted into Fort Pitt General Hospital on July 4th 1854 Duration of Disease from Jan 1853 to Aug 11th 1854 - 19 Months and 11 Days - Contracted in Glasgow in 1834 Died in ward 3 Surgical Division at 1/2 past 11 o'clock P.M. on August 11th 1854 Disease Syphilis coarse: Registered 164 - Fol 114 - A Scotchman by birth, and Labours by trade, Total period of Service 1842 6 Months, of which time he served 8 yrs and 7 Months in the East Indies, and 2 yrs and 1/2 at the Cape of Good Hope and the remainder of 7 yrs and 5 Months at home service. Has had Syphilis 4 or 5 times, was invalided at Madras for Rheumatism in 1849, has had Necrosis of nasal bones in 1850 and Nodes in 1852 The Fatal disease commenced in Jan 1853, the treatment was Iodide Potassii and Decid: Sacs of the symptoms on admission to this Hospital on July 4th 1854 were Aphonia and Partial Deafness, Great Cough of Breath, Impaired Appetite, Considerable Weakness, Incontinence of Urine and Emaciation in July 6th He had Nocturnal pains and Ischuria, on the 8th he got Scirrhus and Paralysis of Bladder and was treated with vesication on the Pubic region and a Draught containing Tinct. Hyoscyami. Spt. Etheric Nit. et. Sol. Binnaui. The Scirrhus continued unchecked until the 12th when it was then arrested by the internal and external exhibition of Spt. Forebent. He then slept pretty well and got a little better, and was able on the 14th to retain his Urine for 15 minutes, He slept pretty well on the 16th bowels being rather regular, and had the Catheter introduced, continued until the same day till 21st when had symptoms again recurred, and complete incontinence of Urine was then treated with Liq. Potass. Tinct. Hyoscyami et. Mucil. Acacia in suitable Draughts, also with Pil. Hydrag. and Pulv. Doveri in alternation doses, and had Bleedings applied to Perineum. got Balsamum Tolid: Slight improvement perceptible on 23rd Scirrhus again recurred and also Incontinence of Urine, he was given Liq. Potass. Tinct. Hyoscyami et. Liq. Tinct. in Draughts, No symptoms of improvement more manifest and on the 29th his pulse became quick Tongue white, accompanied with great prostration Quinine and Senna were then given in Draughts - also Spt. Opii. In Cataplasma and Mistura Crota. Put Wine. Puter Beef Tea and Brandy were also administered Prostration still continued, and on August 2nd his pulse became very small, and Tongue furred and dry. On the 4th he expressed a desire to eat a little, but yet no improvement in Urinary organs, He then got Quinine

with Linch. Calumb. and Fr. Hyssopum in Decays, and Pulv. Doveri at Hyd. Cuta in powder at Night, on the 7th Cough with hurried Respiration came on, accompanied with Coldness of Body and Extremities. His Countenance became contracted, and Eyes sunken. Pulse 130 with total loss of Appetite, was then supported by Wine Brandy and other Stimuli, on the 9th his Stomach rejected everything, and on the 10th slight improvement became perceptible, when seen at 9 A.M. on the 11th he commenced to Lick and at 7 P.M. pulse was scarcely evident, he got Ether Sulphuric and other Stimuli and at 12 past 11 o'clock P.M. he died.

Henry Langley Candidate

Sectio cadaveris Hras 13 Post Mortem

Cranium Body much emaciated, Cranium Frontal Sinus extensively diseased and filled with Purulent Matter. Mucous healthy. Effusion of Serum $3\frac{1}{2}$ Weight of Brain $10\frac{1}{2}$ Cerebral structure softened, Right lateral Ventricle contains about 3 Drachms of Serum, the left about the same Quantity. Upper lobe of Right lung slightly adherent. Lungs weigh $10\frac{1}{2}$ $3\frac{1}{3}$ Small organized Cavities in Apex of each containing Caseous Matter. Three in Right and two in Left, Heart weighs $3\frac{1}{4}$ No fluid in Pericardium. Cavities empty. Right Auricle slightly dilated.

Abdomen Structure otherwise normal. Liver weighs $10\frac{1}{2}$ $3\frac{1}{2}$ Structure indurated and in parts destroyed. Kidney Flabby in structure and pelvis containing thin purulent Matter. Right Kidney weighs $3\frac{1}{4}$ Left $3\frac{1}{4}$ Stomach contains a round worm, is congested at Cardiac orifice. Mucous Membrane also congested, otherwise healthy. Urinary Organs Ureters much dilated especially the left, and adherent to the surrounding parts. They likewise contain Pus. Bladder unusually thickened and filled with Pus, the Mucous Coat in a state of chronic inflammation throughout and destroyed in parts. Prostate Gland perfectly disguised by an extensive abscess. Matter burrowing in all directions between Bladder and Rectum passing through the Prostatic and Seminal Ducts into the Urethra and Bladder. Vesical & Seminales and Vasa Defferentia destroyed, Urethra congested throughout but without Structure.

Henry Langley Candidate

Regt	Name	Age	Admitted	Admitted	Discharge	Duration	Contracted	Folio	Regist	West	Division
98 th	Wm Langley	36	June 27	Sept 14	Discharge	34 days	India	47	372	14	Medical
			August 14	16	Discharge	3 days					

Abstract of fatal case of P.M. Langley 98th. Private William Langley aged 36, prior to enlistment a labourer, was admitted into Hospital on June 27 having been incised from India in consequence of Incontinence of Urine from a contusion.

In the loins, but more especially from a most obstinate attack of
diarrhoea which had lasted with slight intermission for the last 3 1/2 years.
At the period of admission the urinary disease had long ceased, there only
remained a weakness of the loins & a very slight Paraplegic affection.
He was put under treatment for the diarrhoea which after some trouble
was checked by astringent & alterative medicines, but he continued to
complain of great debility in the back & loins. The Thoracic viscera
all appeared to be healthy on admission. There were some scattered spots
of scurfy skin the legs. He continued to grow much in this state until
discharged, with the diarrhoea checked; to be readmitted to St. Mary's on
22nd August 1854.

In the 14th he again returned to Hospital with a very severe attack
of dyspnoea the general debility was very great. When questioned very
closely on the subject he denied having had any return of the diarrhoea.
It appeared however that the bowels were more relaxed than light. He was
scarcely able to breathe. Skin & general surface of body cold, eyes sunk
pale small & feeble pulse scarcely to be felt, he was roused in some
degree by the application & administration of stimulants, & was a
good deal better that night & next day kept to 10 in the evening when he was
suddenly seized with purging of watery matter & slight convulsions, but
no pain or cramp; this was also checked by the free use of brandy opium
& astringents, he was quieter next day, so far as the bowels were concerned
but his pulse never rose, & though he had not a single stool for 12 hours before
death he continued to drink & died at 11 P.M. on Wednesday Aug 15th.

Section Cadaveric 13 hours after death. Head attenuated
extremities rigid.

Brain	weighed 3 ^{1/2} lbs. copious serous effusion on the surface, about 1 1/2 ounces of serum at base of the cranium. Cerebral substance firm. Blood fine fewer than natural. Lateral ventricles contained an increased quantity of serum.
Thorax	Heart weighed 5 ^{1/2} lbs. smaller than natural. right ventricle contained some coagula of blood. Valves healthy. 4 ounces of serum in the Pericardium. Lungs weighed 2 ^{1/2} lbs. Left lung healthy right lung congested throughout. Mucous coat of Trachea & Bronchi congested. Bronchi filled with serum.
Abdomen	Spleen weighed 4 ^{1/2} lbs. structure condensed & of a chocolate colour. Liver weighed 2 ^{1/2} lbs. substance much softer than natural. Gall Bladder contained an small quantity of very fluid bile. Right kidney weighed 5 ^{1/2} lbs. healthy left weight 5 ^{3/4} lbs. slightly congested. Stomach slightly congested at the Cardiac orifice. considerable congestion of mucous coat of descending Colon.

Signed Thos. J. Hurler
Staff and Surgeon.

Regt	Name	Age	Admitted	Died	Disease	Duration	Exposure	Temp	Pulse	Respiration	Ward & Division
2 ^d	P. M. S. S. S.	22	July 11 th	August 17 th	Phthisis Pulmonary	37 Days	Exposure of 3000 ft	37	372		14 Medical

Abstract of the fatal case of P. M. S. S. S. 2^d Regt who died in Ward 14 General Hospital Medical Division August 17th 1854. The Patient who had been admitted into the Surgical Division of the Hospital on the 11th July, was transferred to the Medical in consequence of a profuse attack of hæmorrhæa, which first made its appearance on the 20th of May while on the passage from the Cape of Good Hope, whence he had been disembarked in consequence of disease of the Metatarsal bone of the great toe of the left foot. The symptoms on his admission were cough & occasional hæmoptoe; dulness, Percussion & deficient respiration were found under the left clavicle, where there was also a falling in observed. Under the right clavicle were heard mucous râles & increased vocal resonance, of all these symptoms the hæmorrhæa was most urgent - During the course of the disease the Pulmonary symptoms became more developed, cavities & gurgling were heard in the upper lobes of both lungs especially the left. In spite of all the usual course of treatment the disease continued unsubsided the patient gradually became extremely attenuated & finally sank on the morning of Thursday August 17th 1854 at 5 o'clock A.M.

Section Cadaveris 31 hours after death. Body greatly attenuated extremities rigid. -

- Head** Brain weighed 2¹/₃ lbs, considerable serous effusion under the dura mater, one ounce serum at the base of the brain. Cerebral substance healthy. Lateral Ventricles contained an increased quantity of serum.
- Thorax.** The Pericardium contained a normal quantity of straw coloured serum. Heart weighed 6¹/₂ smaller than natural. Valves healthy.
- Lungs** weighed 2¹/₆ lbs. Left lung adherent to the Pleura Costalis posteriorly throughout its entire extent. Right lung was compressed into a very small volume and was situated in the upper & back part of the cavity of the thorax. The apex was attached by old adhesions to the Pleura costalis. Air was perceptible in the cavity of the right Pleura from the rupture of a large bronchus at the apex. Right lung was diminished to half its natural size. There was a large cavity in the apex, surrounded by condensed tuberculous matter. There was also one the size of a walnut in the inferior lobe. Both lungs were infiltrated throughout with tubercle. Left lung adherent to Pleura Costalis throughout its entire extent -

Mucous Membrane of trachea & bronchi very vascular. That of the Pleura was of a bright red colour.

Abdomen Spleen weighed $18\frac{1}{4}$ enlarged but natural.

Liver weighed $5\frac{1}{2}$ greatly enlarged & showing symptoms of fatty degeneration. Gall Bladder contained remainder of fluid bile.

Kidneys weighed 3 each both healthy. Stomach Healthy.

The entire of the Pericentery studded with tubercles some as large as wallnuts. Small Intestines were of a dark livid colour, Mucous coat congested & studded with tubercles. That of Caecum highly congested - Ulcers varying from the size of Cupressus were observed along the whole length of the large intestine along with much thickening & tubercular deposit.

Signed

Thomas G. Lusk

Staff Assistant Surgeon.

No 23

No. 195

Ref	Rank & Name	Age	Admitted	Died	Disease	Duration	Embarked	Port	Regiment	Medical Division
35 th	Mr. Thos. Murphy	40	28 th June 1854	14 th July 1854	Relieved by 20 years	1 st Division	200	304	15	Medical

No post mortem examination permitted. The Patient having been a married Man

No 24

No. 196

Ref	Rank & Name	Age	Admitted	Died	Disease	Duration	Embarked	Port	Regiment	Medical Division
32 nd	Mr. Henry Douglas	33	3 rd July 1854	20 th July 1854	Dysentery & Diarrhoea	4 months	Port of Spain	305	14	Medical

No post mortem examination made all the Medical Officers having been called to attend on patients.

Ref	Rank & Name	Age	Admitted	Died	Disease	Duration	Embarked	Port	Regiment	Medical Division
52 nd	Mr. Joseph Lusk	33	24 th June 1854	5 th July 1854	Not known	Unknown	Unknown	307	10	Medical

No autopsy in Hospital as history of case previous to admission.
No post mortem examination in consequence of his being married.

No 26

No. 198

Ref	Rank & Name	Age	Admitted	Died	Disease	Duration	Embarked	Port	Regiment	Medical Division
35 th	Mr. James Gilligan	32	6 th August 1854	12 th August 1854	Relieved by 10 years	1 st Division	85	307	10	Medical

Patient a married Man. No post mortem at the request of Wife.

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Notes	Regimen	Final Disposition
35 th	Plt. John Kearney	34	11 th Aug ^r 1854	19 th Aug ^r 1854	Phthisis Pulmon.	2 years	England	178	300	11 Medical

At the request of Patient's Wife, no Post mortem examination was made.

No. 28

No. 200.

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Notes	Regimen	Final Disposition
13 th Dragoon	Plt. John Kearney	34	Aug ^r 10 th 1854	Aug ^r 19 th 1854	Phthisis Pulmon.	9 mos.	Birmingham	26	371	15 Medical.

Abstract Fatal Case of Private John Kearney, Age 34, 13th Dragoon, was admitted August 10th 1854. Duration of Disease 9 months. Contracted at Birmingham. Died in Ward No. 15: Medical Division, General Hospital, Fort Pitt, 11 P.M. 19th August 1854. Disease Phthisis Pulmonalis - Regimen 371 - Notes 26. - An Irishman, was a servant prior to Enlistment, total service 16 yrs. The whole period at home - Fatal disease commenced in Nov. - Embro 1853, for which he could not assign any reason. He was attacked by cough and dyspnea with copious expectorations, and in March last had an attack of Hemoptysis which lasted two days, followed by recurrence of the Pulmonary symptoms. On admission he was extremely emaciated, suffering from dyspnea, cough, and various mucopurulent expectorations, occasional attacks of diarrhea alternating with night sweats and much general debility. Pulse very frequent, and the appetite indifferent. The physical signs were large mucous crepitation amounting almost to gurgling in apex of left lung, in the superior half of which there was entire absence of the respiratory sound, accompanied with dulness on percussion. On the right side the respiration at the apex was nearly cavernous in character, and present over the remainder of the lung, with increased vocal resonance - From the date of his admission, there has been little change, with the exception of increasing general debility, caused by hectic paroxysms and diarrhea and he gradually sank and expired August 19th 1854.

Treatment Treatment consisted in Antispasmodics, Anodynes, Expectorants, Liniments to the chest, nourishing diet and wine. -

Dana Cullen M.D. Candidate

Sectio Cadaveris 13 hours after death, body attenuated. Extremities rigid.

Head Brain weighs 3 lbs. Considerable serous effusion beneath the dura mater, cerebral substance normal, about the same of volume in the base of the cranium.

Chest Pericardium contained 1 1/2 ounces of transparent fluid. Heart weighs 12 1/2 ounces. Cavities of the heart distended with coagulated blood. Both mitral and tricuspid valves exhibit a peculiar opaque appearance. Aortic valve healthy. Both lungs completely adherent to pleura Costals by old adhesions, and weighed 4 lbs. 4 1/4 ounces. Right lung condensed to about half the usual volume, & completely excavated by a large tuberculous cavity - the walls of nearly cartilaginous hardness and interspersed with

smaller cavity formed by the expectoration of tubercle. Left lung superior 75. Completely condensed by tuberculous deposit, apex contained a cavity the size of a walnut, inferior 75 partially hepatized, bronchiae filled with frothy mucus tinged with blood. Pleural membrane of trachea and bronchiae coated with frothy mucus.

Bladder. Liver weighed 3 lb. 5 1/2 ounces, and showed the fatty degeneration. Gall bladder nearly empty and contained a small quantity of dark viscid bile. Spleen small, weighed 4 1/2 ounces, parenchyma somewhat more condensed than natural. Right kidney weighed 4 ounces, substance tolerably healthy. Left kidney weighed 4 1/2 ounces, substance pale, apparently owing to fatty degeneration. Stomach normal. Convulsions of Intestine small and large adherent to each other by bands of lymph apparently of long standing, also to the abdominal parietes, and in particular to the right iliac fossa, and could not be removed without much violence from the extensively ulcerated condition of their coat.

J. A. Cullen M.D. Candidate.

No 29

No 201.

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Folio.	Register.	Ward & Division
44th	Pt Robert Paterson	30	19th July 1854	20th Aug 1854	Phthisis Pulmonalis	10 months	Mediterranean	127	366	11 - Medical.

Abstract Fatal case of Private Robert Paterson aged 30. 44th Regiment, admitted into this Hospital 19th of July 1854. Duration of Disease 10 months. Contracted in the Mediterranean, died in No 11, Ward. Medical Division, General Hospital 20th August 1854 at 3 A.M. Disease Phthisis Pulmonalis. Register 366. Folio 127.

History An Irishman, a labourer prior to enlistment. Total service 9 years. 6 of which at Malta and Gibraltar. Pulmonary symptoms commenced in October 1853 followed by Dyspnoea, Cough, and Copious Expectoration for which he could not assign any cause - Since which period he has continued to suffer from general debility and much aggravation of the Pectoral Complaint. After admission he continued to labour under severe cough at night; occasional attacks of colligative diarrhoea and hectic paroxysms. Copious mucopurulent expectoration was at all times troublesome.

Symptoms on Admission

Physical signs

The Physical signs are Dullness beneath the Clavicles - Pectoriloquy and cavernous respiration were observed in the Apex of the right lung, and Bronchial respiration in the superior third of the Left lung. On the 14th of August, Ascites supervened, attended with scanty secretion of urine, with increasing debility and Anorexia, since which period he has gradually sunk with little change in the symptoms excepting Edema of the extremities and he died on the 20th of August 1854. Death was immediately preceded by

337
Treatment the occurrence of copious hæmoptæis. Treatment consisted in Expectorants, Anodynes, Antispasmodics, nourishing diet and wine.

Alex. Johnston M.D. Candidate

Section Cadaveris nine hours after death. The Extremities are rigid and there is considerable Adema of the feet and hands. The Abdomen is tumid from the presence of fluid.

Head. The Brain weighed 3 lb. 2 oz. and there was considerable effusion of serum beneath the dura mater, and slight opacity of Arachnoid. The lateral ventricles contained an increased quantity of serum. The vascularity of the choroid plexus was slightly increased. The Lobes of the Cerebellum were somewhat softer than usual and about 3 ounces of serum were found at the base of the Cranium. The Cerebral sinuses were a good deal congested.

Chest Heart weighed 8 ounces and the valves were normal. The Pericardium contained 2 ounces of straw coloured serum. The Lungs weighed 14 lb. 9 oz. both being completely adherent throughout their entire extent by old adhesions to the Pleura Costalis. Left Lung. The Apex contained a cavity of the size of a small orange, the walls of which were condensed by tubercular deposit. The remainder of the lung was interspersed with tubercular deposit; and the bronchia were filled with sanguineous and mucous fluid. Right Lung. The superior half was completely condensed by tubercular deposit interspersed with small cavities, a section of which sank in water. The Inferior lobe was somewhat congested and the bronchia filled with frothy mucus. There was considerable vascularity of the whole tract of the mucous membrane of the trachea and bronchi.

Abdomen The Abdominal cavity contained 5 pints of serum. The Liver weighed 3 lb 15 oz. the superior surface of the right lobe was coated with false membrane and adherent to the Diaphragm. Its structure shewed the fatty degeneration. The Gall bladder was distended with blood and adherent to the intestines. The Inferior surface also of the right lobe was coated with false membrane. The Spleen was much enlarged and weighed 1 lb. 3 oz. Its substance being somewhat softer than normal. The Right Kidney weighed 5 1/2 oz. Its substance was normal. The Left Kidney weighed 5 3/4 oz. It presented a mottled appearance & was greatly congested. The Stomach was normal. The mucous coat of small intestines presented ulcers of the size of a sixpence throughout their entire extent. The mucous coat of the Cæcum was extensively ulcerated & thickened. Numerous ulcers of small size with thickened elevated edges were observed at various intervals over the mucous coat of the large intestines.

Alex. Johnston M.D. Candidate

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Folio	Regt. Ward	Division
9th	W. L. Smith	24	12th Sept 1854	12th Sept 1854	Phthisis	14 hours	England	150	303	I - Medical

No Post mortem examination made at the request of P. M. O.

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Folio	Regt. Ward	Division
82nd	Andrew Harvey	25	13 June 1854	17 Sept 1854	Phthisis Pulmonalis	8 1/2 months	Scotland	41	366	11 Medical

Abstract Fatal case of Private Andrew Harvey, aged 25, 82nd Regiment admitted June 13 1854. Duration of disease 8 1/2 months, contracted in Scotland. Died on September 17th 1854 at 10 1/4 P.M. No 11 Ward, Medical Division, Disease, Phthisis Pulmonalis, Register 366, Folio 41.

History An Irishman, a Carpenter prior to enlistment, Total Service 6 1/2 years of which nearly the whole period at home. Fatal disease commenced at Stirling in January 1854, attended with frequent attacks of

Symptoms Haemoptysis for which no particular reason could be assigned. On admission into the General Hospital, he suffered from cough, much sputulent expectoration in considerable quantity, dyspnoea, and much general debility and attenuation. Hectic paroxysms were also occasionally observed, about 3 weeks subsequently Haemoptysis to an alarming amount, recurred with great difficulty of breathing, amounting to Orthopnoea, since which period his strength and appetite have gradually failed.

Physical signs The Physical signs on admission were imperfect expansion of the chest. Dullness on percussion beneath the right clavicle, where also pectoriloquy and cavernous respiration could be detected. Moist rales pervaded the remainder of this lung. The respiration beneath the left clavicle was harsher than natural, where also moist rales were occasionally observed.

Treatment The treatment consisted in the use of Cod Liver Oil, Expectant and anodynes, Aetas Plumbi and Gallic acid were had recourse to during the attack of Haemoptysis, Rubefacients and counter irritation to the surface of the chest were sometimes necessary. Generous diet and wine, little benefit however was derived from the remedies employed. The Dyspnoea continuing to be the most urgent symptom and throughout the progress of the disease attended with Oedema of the lower extremities and he gradually sank and expired on the 17th of September 1854.

George Henry Pridley, Candidate
Sectio. Cadaveris 14 hours after death - Body attenuated, Extremities somewhat rigid.

Head Brain weighed 3 lb 4 oz. a good deal of serous effusion on the surface of Arachnoid which exhibited some increased vascularity. Lateral ventricles contained a considerable quantity of serum. Choroid plexus and Pelum Interpositum a good deal injected. about an ounce of serum at base of Cranium.
 Chest Right Lung completely adherent to Pleura Costalis by old adhesions. Left Lung adherent at the Apex only. Right Lung condensed throughout its entire extent by tubercular deposit in a state of softening a section sank in water. Apex contained a cavity of the size of an Egg. Walls being lined by a soft tuberculous matter in a state of softening, there were several small cavities in the Apex caused by the expectoration of tuberculous matter, the inferior third of this lung tolerably healthy. Mucous coat of the Bronchus increased in vascularity. Pericardium contained an 1/2 and 2/3 of serum. Heart weighed 8 lb. Valves normal.
 Abdomen Liver weighed 3 lb 11 oz. Parenchyma somewhat more condensed than natural. the Gall Bladder contained a normal quantity of dark coloured viscid bile. Spleen weighed 6 1/2 ounces. Substance normal. Right Kidney weighed 5 1/2 ounces. healthy. Left Kidney 5 1/2 ounces also healthy. Stomach normal. near the termination of the Spleen the mucous membrane exhibited a good deal of vascularity and tubercular deposit. The mucous coat of Cecum, ascending and transverse Colon downward to near the termination of Rectum showed ulcers of considerable size and tubercular deposit interspersed throughout its whole extent.
 George H. Pinlay, Candidate

No 32

No 200

Regiment	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Feet	Legs	Hands
51 th	P ^t William Birge	36	Sep. 28 th	Sep. 29 th	Tubercular Pleur. Int.	Two days	Chatham	102	371	15 ins!

No 33

Being a married man, no post mortem examination was made

No 205

Regiment	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Feet	Legs	Hands
48 th	Sgt. Co. Howell	30	Oct. 16 th	Oct. 22 nd	Phthisis Pulmonalis	Six months	Confu	132	371	15 ins!

No post mortem examination made by order of P. M. O.
 also a married man

Regiment	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Folio	Register	Medical Officer
62.	Private Michael Leeson	24	Sept 15 1854	Oct. 28	Bronchitis Chron.	179 days	May 3, 1854 @ Malta.	122 126 143 150	372	No 16 Medical

Abstract

Fatal Case of Private Michael Leeson, aged 24, 62 Regiment, admitted September 15, 1854 - Duration of disease 179 days Contracted at Malta - Stay in Hospital (Fort Pitt) 42 days - Died October 28, 1854 at 5 3/4 A.M. No XIV. Ward Medical Division - Disease Bronchitis Chronica - Register 372. Folios 122, 126, 143, 160 & 173.

History

An Englishman of no regular trade prior to enlistment. Had served 4 years and 5 months when admitted to this Hospital: 5 months service at Malta the rest at home. While in Malta during May of the present year, he contracted Cold and from that time has gradually declined.

On admission to Hospital.

Has had Haemoptysis and Dyspnoea. Appetite good. Pulse regular. Expectoration copious. Body emaciated. Cough at times troublesome. Sweats, Diarrhoea and oedema of the legs came on latterly, with bloody Sputa with occasional intense attacks of Haemoptysis - half a pint at one time being spat up.

Physical Signs.

Bullae on percussion under both clavicles - vocal resonance much increased under right clavicle. Jerking Respiration. Bronchial râles over the greater space of chest. Pectoriloquy showed itself under the left clavicle. Heart's sounds normal but rapid in succession - Crepitation and gurgling râles came on in left lung. Crepitation in right.

Treatment.

This consisted of the exhibition of Anodynes, Sedatives, Expectorants - Bin-Iodide of Mercury - Counter-irritation. Linn. Sineph. Copach. Balsam. Calomel. Digitalis - Embrocations of Turpentine -

A. D. P. Pinkerton M. D. Cand.

Sectio Cadaveris.

Eight hours after death.

Body extremely emaciated -

Head.

Weight of Encephalon 3 lbs. 3 oz. Slight sub-Arachnoid Effusion - Brain healthy - Slight Effusion at base -

Thorax.Heart

Lungs firmly adherent to the pleurae by old and firmly organised adhesions - Heart 11 oz 1/4 weight: Black grumous blood in the left ventricle - Heart and valves otherwise healthy. Pericardium healthy.

Left Lung.

Weight of the left lung 3 lbs 8 oz. The whole of the upper part infiltrated with tubercle in various stages of softening;

L. Lung. Cont.

And vomicae of various sizes, the largest sufficient to contain an orange.

The two inferior lobes considerably condensed and infiltrated by bloody serous fluid. The bronchus through all its ramifications filled with bloody serous fluid.

Right lung.

Height of right lobe with trachea and Larynx 4 to 11 1/4 oz. Upper and middle lobe infiltrated by tubercle in state of softening, and also numerous cavities. Tubercular deposit in lower lobe and some small vomicae.

Abdomen

Liver.

Liver - weight 6 to 2 oz. Capsule readily separates. Right lobe enlarged but structure as well as that of left healthy.

Gall bladder contains small quantity of bile.

Spleen

Spleen 10 to 2 1/4 oz. - Structure healthy.

Kidneys

Kidneys - Right 8 oz. Capsule readily peels off. Structure quite healthy. Left 8 3/4 oz. healthy. But both largely developed.

Pancreas

Pancreas - weight 4 oz.

Stomach

Stomach healthy. Intestines healthy.

Two circular ulcers of size of shilling on the ascending Colon.

A. M. P. Pinkstone M. D.
Candidate

35

Regiment	Rank & Name	Age	Admitted -	Died	Disease	Duration	Contact'd	Folio	Regimen	Ward
27th	Drummer - John O'Brien	39.	29th Oct 1854	30th Oct 1854	Haematemesis	four years.	Ireland.	129	369	XI 18th

Abstract.

Fatal case of John O'Brien, Drummer, 27th Regiment, aged 39. Admitted Oct 29 1854. Duration of disease four years. Contracted in Ireland. Died in ward XI. Fort Pitt. Medical Division. Disease Haematemesis. Folio 129. Regimen 369.

Irishman. Enlisted in 1827 when 12 years of age. Went to the Cape in 1835 - returned in 1848. Since then has been in Ireland where he had dysentery and other symptoms the latter have continued up to his admission. He was in too weak a state to obtain any satisfactory account from him.

He vomited on the night of his admission a large quantity of dark coloured blood - fluid and coagulated. His pulse was then very rapid & weak. Respiration very hurried. He was ordered pulsatilla acetat. Phosphorus & brandy to be taken in small quantities.

29th

Rested well during night and expressed himself much better. Pulse was somewhat stronger but still thready & jerking. He passed a quantity of blood by stool. Then appeared to be continuation in night but not satisfactory, made out. Toward evening he was restless and feverish. Was ordered port wine. Died at 6 1/2 a.m. 30th Oct 1854.

George Fair

Head Weight of Brain 2 lb 14 1/2 oz. - The superficial veins congested -
Glandulae Parotidinae much developed - Implicated serum in convolutions under the
 archnoid. Surface of brain very soft but healthy -
Chest 1 1/2 of serous fluid in the Pleurothorax. The membrane itself quite healthy -
 Heart unusually small 6 1/2 oz in weight - Valves & structure healthy -
 Lungs with Trachea and Larynx weighed 2 lb 11 1/2 oz - Slight adhesions at apex
 of the left - Tubercular deposition in both apices, particularly left - but both
 expectorate readily. Post mortem Congestion posteriorly in middle and inferior lobes
 Bronchiae in upper lobe of right lung.
Trachea. Lining membrane rough & congested. Bronchi containing quantity
 of mucous purulent matter -
Abdomen 1/2 pint of fluid in Peritoneum -
 Liver weighed 3 lb 1/2 oz. Both lobes exhibit fine specimen of Cancer -
 Gall Bladder distended with bile -
 Kidneys - Right weighed 4 1/2 oz - left nearly the same. Capsule thin & easily from
 surface which is pale than usual - Structure healthy -
 Spleen weight 11 1/2 oz. Pancreas 5 oz.
 Stomach - healthy - Pepsin case much congested and the ridges of mem-
 brane very much developed - Small intestines healthy.
 Large Intestines. Cecum and ascending colon thickened and of dark
 slaty colour from extreme venous congestion. Hypertrophy of the
 subcutaneous tissue. Patches of superficial abrasion here & there -

George Fair
 M.D. Candidate -

No 36

Regt.	Name & Rank	Age	Admitted	Died	Disease	Duration	Contracted		Regt.	File	Division
36 th	James Newlan Quartermaster, Lieutenant	43	Nov ^r 11	Nov 14	Febril Typhoid.	6 weeks	When Sept: 30	Where Bury	37 th	201	Medical XIV.

Fatal Case of Quartermaster Sergeant James Newlan 36 Regt. ment:
 Age: 43; admitted Nov 11. 1854 - Duration of disease was about 6 weeks; Contracted in
 Bury. Died in ward 14 Medical Division - Disease Febrile, Typhoid.

An Irishman - of 23 1/2 years service as Hospital Sergeant &c. Four and
 3/4 years was spent in the Mediterranean, the rest at home. Had suffered from
 Chronic Rheumatism attributable to long exposure for some time.

Present State. When admitted had no pain - Seemed stupid, answered questions incorrectly. Had
 slight Cough and expectoration. Pulse feeble. Slight murmur over heart with the first
 sound. Intellect disordered. No mark on skin. Tongue dry, furred. No sleep. Muttering
 & hiccup came on and gradual failure of pulse. Treas much Stimulant -
 W.P. Minkston. (Being a married man No Post Mortem Examination.
 Acting Chaplain)

Regiment	Name & Rank	Age	Admitted	Sex	Disease	Duration	Contracted	Regist. No.	Pras.	Disch.
22 nd	Pte Robert Newton	31	Oct: 30/54	Male	Bronch. Chron. Asthma.	3 1/2 years	Chatham 1851	372	14	Throat

Abstract. Fatal Case of Private Robert Newton, 22nd Regiment, aged 31, readmitted Oct: 30, 1854, the previous admission being July 12 and his first dismissal dating September 1: 1854. Disease, Asthma, and Bronchitis, duration upwards of three years. Had served in India 9 years. On his march here in 1851 he caught cold. Since then the cough had never left him. Had been in Hospital very frequently labouring under severe Asthma since June 1852. Expectoration always very profuse. Swelling over both Apices, pectoriloquy and cavernous respiration are noted as observed in his first admission. Fever accompanied his Dyspnoea. Treated by Tartar Emetic and Blister. Sent to his Regt after 10 weeks in Fort Pitt.

Date on Admission.

Readmitted Oct: 30. Symptoms on arrival: Dyspnoea, Orthopnoea, profuse expectoration which is frothy. Loud ringing Sonorous & tubular rales all over chest: Left side bulges somewhat: Heart action tumultuous, but not perceptible accompanied by a bruit. Cardiac dullness increased downwards to the right side. Apex of heart felt beating in the Centre of the Epigastrium. Pulse quick, soft & intermittent. Some dullness over right apex where nothing but the sonorous rale can be heard: Skin hot & general febrile symptoms. Treatment: Antimony & Blister. In a few days he got better and continued so until Nov: 12, when without any apparent cause he was again attacked by Dyspnoea & fever: Under these the pulse sank in strength though not in fulness. He never spat blood: On the morning of the 15, suddenly he was attacked by Haemoptysis, and after bringing up about a pint of frothy blood, he died asphyxiated.

A. P. Pinkerton M.D. Sec. Apical Surgeon.

Sectio Cadaveris. - 30 hours after death.

Body slightly emaciated, slight Cadaveric rigidity.

Head.

Brain weighs 3½ lb: Brain & membranes perfectly healthy.

Lungs.

Both Lungs slightly inflated, but perfectly healthy. Emphysematous; and Bronchi infiltrated with blood, especially those of the lower lobe of right lung. The whole of the Bronchial tubes filled with purulent sanguinous fluid. Weight of both 3½ 3xix

Heart.

Pericardium healthy - 3½ fluid in it: Heart weighs 3x: pressed down on the diaphragm. Heart not enlarged. No valvular disease. The arteries at their origin from heart are healthy. An extensive Aneurism of the Arch Capable of holding an orange. The Aneurism encroached so much on the left Carotid as almost to obliterate it. At its posterior surface the Aneurism communicates with the anterior part of Trachea about 2 inches above its bifurcation. Three of the Cartilaginous rings were destroyed on the left side for ¾ of an inch in extent.

The Sac contained a white firm fibrous Coagulum in size about that of a Poulet's Egg - the point of which firmly adhered to the posterior part of the vessel & was attached to the opening into the Trachea,

Abdomen

Spleen bi-lobed. weighed $9\frac{1}{2}$ oz. Capsule easily separated. Structure healthy.

Liver weighed $3\text{ lb } 11\frac{1}{2}$ oz. Natural in Structure. Slightly Congested.

Right Kidney weighed 6 oz. Capsule readily separated. Congested.

Left Kidney weighed 6 oz. Capsule readily separated. Congested.

Stomach contained a Coagulum weighing $7\frac{1}{2}$ oz.

Mucous Membrane slightly reddened by indurismore. Structure healthy.

Intestines. Large & Small healthy.

A. W. P. Pinkerton M.D.

Acting Assistant Surgeon

No 38

Regt.	Name & Rank	Age	Admitted	Died	Disease	Duration	Entered Regt.	Discharged	How	Where	Division
27 th	Lieut. John King	31	10 th Dec 1854	12 th Dec 1854	Acute Rheumatism & Nephritis	20 days	1854	1854	155	14	Medical

No Post mortem examination made - deceased a married man.

No 39

Regt.	Name and Rank	Age	Admitted	Died	Disease	Duration	Entered Regt.	Discharged	How	Where	Division
46 th	Pte. Samuel Pugh	46		16 th Dec 1854	Pneumonia	Unknown	-	-	-	-	-

Abstract.

Fatal case of Private Samuel Pugh. 46th Regiment. aged 46 $\frac{1}{2}$ years. His total service was nearly Twenty one years: of which one year and six months were passed in the Mediterranean; Three years in the West Indies; one year and eight months in America. He was a Labourer before enlistment. The History of his case is very obscure, during the last two years he was excused from duty, being allotted such gentle work as sweeping out the schoolroom &c. and during this period he was not admitted into hospital, although he evidently suffered from chronic catarrh and debility. for which he was invalided to St. Mary's at Chatham from Winchester in October last. on the 14th he complained to the medical officer in charge of St. Mary's "as feeling unwell, stating at the same time that his chest had been delicate for some time and that his bowels were constipated, he thought on that account he felt his present uneasiness". a moderate dose of castor oil relieved much, and on the 15th he made no complaint. until $\frac{1}{2}$ past 3 P.M. when the Surgeon was summoned to him and finding him in a very exhausted state, administered Diffusible Stimuli, at $\frac{1}{2}$ past 3 A.M. of the 16th he was again summoned and found the Soldier sweating profusely, with urgent dyspnoea and evident in artificial motion, in spite of Brandy and every effort to sustain him he died at $\frac{1}{2}$ past 5 A.M. Cadaveris. 33 hours after death.

Section

Thorax. Right Lung. Firmly adherent to the Pleura by strong adhesions, extensively oedematous,

345

the bronchial tubes to their minutest ramifications filled with bloody frothy fluid, inferior lobe considerably consolidated, and its parenchyma easily tearing on pressure, the superior lobes less consolidated and more crepitant. Left Lung is in the same state, but in a slighter degree.

Heart

Weight 13½ ounces. The valves as well as those of the great vessels are found to be in perfect health.

Liver.

Highly congested.

Archd. R. Ridgway M.D.
Apt. Surgeon 98th Regt.

No 40

Regiment	Name & Rank	Age	Admitted	Died	Disease	Duration	Country	Regt.	Force	India	Division
95th	Pte James Martin		16 Oct 50	24 Dec 50	Dianthosa	4 Years	China			15	Madras

Abstract

Private James Martin, Irishman, a Labourer, of Eight Years Service, of which three were passed in China, and the rest at home. He contracted the disease on his passage to England, from the former place in March 1850. The disease though it continued with him never thoroughly prevented him from doing his duty until last April, when he was sent to Lucknow. On admission he looked pale, but did not seem to be much emaciated. The Stools were frequent and mixed with blood. He complained of straining and occasional purging, with slight pain on pressure in the left iliac fossa. He became gradually more weak and emaciated, and on the 20th of Oct. a to and fro friction sound was audible over the left mammary region, and dulness on percussion at the base of the left Lung. There was absence of vesicular murmur on the left side of the Chest posteriorly. The Bowels appear to have become gradually more relaxed, and the Stools tinged with blood. Cough and difficulty of breathing ensued at the end of Nov^r. Slight dulness was observable under the right Clavicle. His features became swollen and presented a hectic flush. From this time the progress of the disease became more rapid and he finally sank on the 24th Dec^r.

Sectio Cadaveris 26 hours after Death

Head

Dura Mater unusually pale, Weight of brain 3lb 2½ oz healthy about three ounces of clear serum fluid at base of the Skull.

Chest

Left Cavity contained 2½ pints of clear limpid serum slightly tinged with blood, the whole of the pleura lining the Chest

on that side coated with a thick layer of Fibrine.
The greater portion of it recently effused. The Lungs were
adherent on both sides

Abdomen

Weight of Liver 3 lb 3 oz of a pale rusty color and quite
destitute of blood.

Spleen

The Cavity of the Abdomen contained 3 pints of Serum

Kidneys

Weight 10 pounds Structure quite healthy
Weight of each 6 pounds Capsules peel off readily. Structure
of both quite healthy

Stomach

The whole of the Cal de Lac, of a deep dark red color
from some mucous extravasation of blood

Intestines

Small Intestines healthy
The whole of the Colon from the commencement of the
transverse arch to the termination extensively thickened
and studded with numerous ulcers of various sizes

George W. Gusty Carolan
Coroner

Post 41

Age	Sex	Profession	Place of Birth	Religion	Marital Status	Education	Occupation	Time of Death	Time of Burial	Time of Exhumation
48	Male	Farmer	Ireland	Catholic	Married	None	None	25th Nov. 1854	27th Nov. 1854	27th Nov. 1854

Abstract

~~Abstract~~ Small Farmer on Wickham of 17 1/2 years
service, & in the Post Office, stated on admission that
he had been troubled with a cough for twelve months
previous, accompanied by copious expectoration & that
he had lost much flesh. On examination of chest
it is stated that no decided signs of tubercular
disease were present, though suspected.
A private practitioner who had been into hospital
reported him as decidedly suffering from Phthisis.
He continued much in the same state until the
14th of November when the physical signs of consumption
were more indicative of Phthisis. He stated that
numerous solid & numerous cackles were heard
especially on left side of chest; from this period
he gradually became worse. The symptoms assumed
a more aggravated character, he had copious
night expectorations & complained much of dyspnoea
which was at times very violent. In the 3rd Dec.
there was some relief of the more violent
morning somewhat up to the time of his death
which took place suddenly & unexpectedly on
25th Dec. 1854 at 8 A.M.

Scetus Pedicularis 34 hours after death.

Head. The arms on the surface of the Prothymus Muscularis congested, and its substance softer than usual, without morbid appearance.

Throat. The Pharynx contained 3 oz of straw-colored serum.

Heart. Weight 9 3/4 oz. Structure healthy.

Lungs. The left cavity of the chest contained 4 pints of yellow serum fluid, and the whole of the Pleura lining the cavity & that covering the lung was coated with a thick layer of fibrine. Weight of lungs 3 lb. 11 oz. - The left lung weighed a very small size, weighing only 10 oz. infiltrated throughout with morbid, and containing numerous worms.

The upper lobe of the right lung consolidated by tubercular infiltration, and containing numerous cavities, one at the summit large enough to contain an orange, & communicating with the cavity of the thorax, giving rise to Pneumothorax. The inferior lobes quite healthy.

Stomach

Liver

Spleen

Kidney

Bladder

Prostate

Uterus

Vagina

Colon

Weight 5 lb. 4 oz. healthy

Weight 10 lb. 4 oz. healthy

Weight (right) 5 3/4 oz. healthy

Weight (left) 6 oz. - do.

Weight 3 1/2 oz. - do.

Healthy

Healthy

Prostate membrane congested

Amphiprion M.D.

S. S. S.

1842

Dec 24

Regiment	Name	Age	Rank	Admitted	Died	Disease
46	St Patrick's Battalion	25	Private	Nov ^r 25. 1854	Dec ^r 4. 1855	9 months.
		Enlisted	Regiment	Total	Wound	
		Willoway	371	188	15	

Abstract of fatal case of Ph. Pulvis In Ponsuoyth. *Pneumo. Phthisis Pulmonalis.*

An Irish labourer at 25. of seven years service was admitted into the General Hospital, Fort Pitt. November 25th 1854. Five years ago he contracted syphilis at Chester, for which he was treated with mercury. The fatal disease seems to have first made its appearance while he was stationed at Bilkenny about nine months ago: it began with a cough, profuse expectorations, night sweats, rapid emaciation & great debility. On admission into Fort Pitt, he was very weak and far advanced into Phthisis. He had a frequent cough with profuse mucopurulent expectorations, distinct pain over the whole abdomen. Percussion elicited a dull sound from the apex of both lungs - more especially on the right side. On the left side the respiratory murmur was particularly feeble and moist râles were heard all over the chest. He was also troubled at times with slight aphonia. The right testicle was enlarged and scrophulous. On the 19th December purging was detected at the apex of both lungs. Occasionally was his delirium at night. On the 22nd he complained of severe headache which medicine failed to relieve. His affection continued up to the day of his death: 24 hours before death he became quite insensible & died in a stercoraceous condition on the 4th January 1855 at half past twelve. A.M.

Actio Cadaveris 12 hours after death.

Body.	Emaciated.
Head.	Membranes congested. Weight of Brain 3 lbs. All the ventricles distended with serum fluid. Central substance of a carnal consistence. Three globular masses of a caseous matter about the size of a hazel nut each seen yellow imbedded in the right lobe of the cerebellum.
Thorax.	Extensive & strong adhesions of the Pleura to the sides of the chest especially on the left side. Wt of Heart 3½ lb. Wt of Lungs 16½ lb. Pericardium contained 3j of fluid. Heart natural. Lungs studded with tubercle - more especially in the upper lobes. Cavities existing at apex of each lung that of the left being the largest.
Liver.	Weight 16½ lb. Natural in size, colour and consistence.
Spleen.	Weight 4½ lb.
Kidneys.	Weight of right 3½ lb. - much congested. (left) Weight 3½ lb. congested.
Stomach.	Intestines glued together by old adhesions. Stomach natural. Large and numerous patches of ulceration visible throughout the whole course of the small & large intestine.

J. Balfour Lockhart Esq. D.
Staff Ast. Surgeon.

Regiment	Name	Age	Disease	admitted	Died	Duration
3 rd	John Saunders	19.	Phthisis Pulm.	Nov: 24.	Jan: 10.	9 months.
				admitted 11/25	11/25	11/25

Private John Saunders, an Englishman, - a labourer and in the enjoyment of good health previous to his entering the service. About nine months ago while in water, when exposed to wet & cold and in about four days, a cough came on w^h gave him some trouble and also pain in his chest. About five months ago he commenced spitting blood. On examination his chest was found dull on percussion at the apex of the right lung - cough at this time did not trouble him so much, and also complained of stiffness about his shoulders and arms. At the end of Nov: had a good deal of pain in the muscles of the neck and between the shoulders - the dullness at the apex of the right lung and vocal resonance were again observed. During inspiration, the left lung expanded more than the right. There is also prolonged expiration and harsh expiratory murmur over the entire chest. In the Document dated 20 March 54 he was admitted with a severe cold for w^h the usual modes of treatment were adopted. In August he was a second time admitted with Phlegmon in Axilla & partial paralysis of the right arm. At the end of Nov: he was improving fast, having lost all the pains in the arms & shoulders, but the physical signs on Auscultation remained much the same. About the 11th of December he complained of inability to move his arms & feels very much weaker with night sweats and the weakness increasing from day to day & complained of pain in the back & inability to move, & suffers from continual invol. twitchings of his limbs. There was great exhaustion and copious expectoration. He spat some more blood. Constantly covered with a profuse clammy sweat great maceration and edema of the lower limbs - passed his urine in bed, and on the evening of the 10th of Jan: he died while suffering severe pain & complaining of coldness and numbness in the back.

Post mortem Appearances. 13 hours after death.

Section Cadaveric.

No Post mortem rigidity. - Body considerably emaciated and p. Edema of the left leg

Head. Slight venous congestion and some amount of effusion underneath the scalp and between the hemispheres. Some fluid escaped on removal of the brain from the base of the skull.
Brain Weight of Brain 2 1/2 lbs. Substance healthy. Both ventricles contain an equal quantity of fluid about a teaspoon.

Thorax On the right side some tolerably firm adhesions particularly posteriorly and towards the apex upon the level of the fourth rib, at the junction of the diaphragm is a small abscess the size of a hazel nut extending back. From this upon a level with the 5th rib towards its apex is a collection of pus, upon the left side is a limited quantity of recent adhesion on the upper surface of the diaphragm and the base of the lower lobe of the lung. The right lung weighs 1 lb 3 1/2 oz. the apex consists of two masses of tubercles together about the size of a chestnut w. of further investigation proves to be enlarged bronch. glands towards p. of a chain and are infiltrated with tubercle. The substance of lung is condensed and collapsed in the upper lobe, the lower lobe is crowded with tubercle & sinks in water. Left lung weighs 1 lb 2 oz. its substance is perfectly healthy.

Heart Weight 7 1/4 oz. Small but perfectly healthy.

Liver Weight 1 lb 4. 2 1/2 oz. Substance firm and slightly waxy.

Kidney Left weighs 4 1/2 oz. pale but healthy.
Right 5 oz.

Spleen Weight 5 oz. firm and waxy.

Stomach Mucous membrane soft and pulpy, and a few lumbrici were found in the small intestines. About the circumference of the Stomach were patches of tubercular deposit, most probably in Peyer's glands. w. when cut into contained tubercular matter. The rest of the intestine was healthy.

John J. Fraught.
Assistant

P^r

FRANCIS FITZGERALD

Regiment	Name	Age	Disease	Admitted	Died	Duration	Contracted	Folio	Ward
12 th Reg ^t	Francis Fitzgerald	20	Aphortema Lumborum	Nov. 14 th 1851	Jan ^y 23 rd 1855	from Nov 14 th to Jan 23 rd 1855	At home	218	3

He suffered from Pneumonia from May 18th to 23rd June 1850

" Chronic Rheumatism " Jan^y 24th to 17th April 1851

" Aphortema Lumborum, June 5th to 23rd Jan^y 1855

He has served 2 years and 10 months, no foreign service, Irishman
fair hair blue eyes, scrupulous diathesis, vaccinated, has not had
Syphilis or Gonorrhoea.

June 5th Is now admitted suffering from a small fluctuating tumour
in right loin, pain shooting back to lumbar region, the tumour points
at right iliac attachment of Psoas's Ligament.

June 7th Tumour more prominent, valvular opening made, fourteen
ounces of sero-purulent fluid escaped.

June 18th A quart of pus escaped suddenly this morning from wound.

June 20th Sero-purulent fluid issues daily from per foramen.

He went on gradually improving from this time until Oct. 21st
he was discharged for duty.

Nov. 14th 1851, again admitted with sero-purulent fluid issuing from
right-loin, he was purged, given muddle diet & Linnæa

and as he complained of pain in his loin (left) he was ordered Supp. by the L^t

His health got continually worse from this time, the left inguinal
region was repeatedly blistered, with no benefit

In January 1852 Symptoms of hectic got worse.

In spite of Cinchona Wine, generous diet - he gradually got worse.
Has continued getting weaker -

Bedsore formed over Sacrum, and over Trochanters

Nov. 18th The sinuses in his loin now communicates with bed sores

He has been taking 2 gills and half of brandy and
very generous diet - half a pint per diem, towards evening
he generally gets delirious, Scurvy, etc -

Jan^y 18th has a hectic cough, moans very much, decidedly sinking
He has attained that degree of atrophy that his fingers can
meet between radius and ulna.

22nd Evidently sinking, is delirious.

23rd Died this morning at 6 o'clock -

As P. M. was made -

Charterhouse M. B. C. S.

Regt.	Rank & Name	Age	Admitted	Disch.	Diocese	Duration	Contracted	Folio	Repts.	Ward & Discharge
1 st Regt.	Pvt. Michael Dutton	28	16 th Jan ^y / 55	25 th Jan ^y / 55	Intermittent Fever	102 days	St. George	16	174	10. Medical.

Abstract Fatal Case of Mr Michael Dalton, Aug 28. 1st Regt. Admitted 11th Jan^{ry} 1842. Duration of Disease 102 days. Unchecked in Turkey. Died 25th Jan^{ry} 1842 at 11 p.m. N^o 11 Ward, Medical Director. Disease Intermitting Fever. Regd. 174. Folio 16.

An Irishman & by occupation a groom before enlistment. To the Service of 8 years the whole of which was passed at home until he embarked for Turkey in May last. He has always had good health until after exposure to wet & lying on damp ground he was seized with a shivering fit on the 15th Oct - this lasted 4 or 5 hrs. & he then became warm again, but never hot; the cold returned every day at intervals. Urine was accompanied with purging, great straining & occasional spiking of blood, there was tenderness of the abdomen on pressure, the urine was dark in colour, & abundant. On Oct 30th he reached Scutari, where he was in the Hospital 43 days. On the passage home he was put under treatment, during six days he was at Malta & during that time was much in the Midge, Thighs & abdomen were swollen. On his arrival here he had the dirty look of a long patient & on his arrival he had a shivering fit. Great irritability of stomach & slimy tick in the mouth. Great throbbing motions frequent, white tongue, pulse small & weak in doz, urine per-pain in region of Pelvis.

On the 17th a Bleed was applied to the Spigatium & did give some relief. We passed a restless night, difficult in making water, no urinating. Brown tongue, Great thirst & pain over the navel & Colon.
On the 18th the Bleed better - Tongue very dry 19th Felt much better. 20th Remained confined. White new
heads of pus came. 21st Got two Sprink at 7 a.m. Bleed to the nape of neck & hot mustard bath
to the feet. We called a little & spoke again at 11 a.m. For some pain - very much. Head hot.
Tongue brown, dry & cracked. Urine few. Pus in contractions. 22nd Had a bad night, much purged.
Tongue not so dry. 23rd Much the same as yesterday. 24th The cranky officer was called to him at 2 a.m.
found him sinking, he rallied under the use of wine & Stimulants, but at 11 a.m. he was
in a typhoid state & only conscious at intervals. He had a shivering fit yesterday, had been purged
during the night. On the 25th the rank in spite of all efforts finally him & died at 11 a.m.

The treatment consisted in the application of blisters to the Jugular veins, nape of the neck. Addition of hot water with Mustard. Linnæa combined with Calomel & Opium. Decoction of Cinchona with Arsenic. Other with Felt Lardner. Brandy Wine & Jui.

Wall the usual remedies applied in cases of Typhoid Fever. 7th 7th Breckamp Hospital
 Post Mortem. Appeared 25 hours after death. Not much emanation. Rigidity considerable. Max. An. of fluid in the
 weight of brain. Weight of Brain 5 lbs 12 oz. Some matter adherent to cerebral coverings. The brain was with streaks
 of lymph. Substance of brain firm. In the left lateral ventricle 4 ounces of brain filled with small hyaline. In right ventricle some
 a drachm of fluid serum. Brain and coverings of bellum containing streaks of lymph. Substance of brain healthy.
 Weight of heart 12 oz. 2 oz. of fluid in Pericardium. Ventrals healthy. Right hypertrophy of septum. - Slight adhesions
 of Pericardium on both sides of long ascending. Long slightly enlarged. Healthy throughout with the exception of a slight
 infarction in the apex of the right Ventricle. Weight of lungs 5 lbs 10 oz. Abdomen. Liver weight 5 lbs 10 oz. pale, no
 decided morbid appearance. Gall bladder collapsed & healthy. - Empty. Spleen much enlarged. Weight 2 lbs 10 oz. substance
 soft & diffusant. Length 9 inches - breadth 6 inches. Kidneys. Right kidney weighed 7 oz. pale, but healthy.
 Healthy, but pale. Surface of spleen much congested, with patches of ulceration scattered over
 its surface. Large intestine healthy.

Wm. F. Mahamp.
Candidate.

Regt.	Name & Rank	Age	Admitted	Died	Disease	Duration	Country	Regt.	File	Year
78.	Pt. John Stratton	28.	Dec 22 nd	Jan 21 st	Throb. pul.	4 years	India	369.	212.	11

Method. Private John Stratton, an Englishman. At 28 was admitted into this hospital suffering from shortness of breath & pain in the upper pt. of both sides of the chest, with slight cough but little or no expectoration. Slept very badly at night from a choking sensation. There was dullness on percussion under both clavicles but especially the left. There was rumor. crepitant rales under the left clavicle with slight crepitation under the right and a peculiar sound below the apex of the heart. W. increased on taking a long walk. There was increased action of the heart with dyspnea accompanied with coldness and numbness of the upper extremities. He says was always so. Since his admission he has been getting gradually worse & expectorated some blood and also complained of palpitation, but on examination nothing could be discovered. In Decemb. he complained of pain about the centre of the left side of the chest & he had difficulty of breathing & palpitation & his countenance was very characteristic of obstructed circulation. He also had *Shankha* ~~throb.~~ pain in the abdomen. He became very weak, the swelling of his legs increased. His legs swelled & painful & he became very much weaker. He was emaciated. On the 19th Jan^y there was a distinct mitral bruit & lasted up to the time of his death. f. dyspnea. No pain in the abdomen returned again. f. prostration. Pupils contracted & coldness of the extremities. Pulse large, to be felt. a well marked regurgitant pulse in the right jugular vein. He died on the 21st. f. lividity about the face. & f. dyspnea.

Recto Cadaveris 14 hours
After death. There was no post mortem rigidity nor emaciation.

Brain Wright 3.8. one measure of serum fluid in right ventricle same quantity in left.

Thorax Pericardium much distended. Two ounces of straw coloured serum in the pericardium.

Heart Blood fluid & in large quantities, in the right cavities of the heart. Weight of the heart 13 1/2 oz. clot of Fibrine in the left ventricle. Extern

Lungs of the heart thin & firm. Right Auricle very much enlarged. Fibrinous deposit both on the tricuspid & mitral valves. Weight 15.4 a. Additional weight on both sides towards the posterior pt. colour very dark. scattered tubercular deposit, but not very large. both lungs very much congested.

Abdomen A considerable quantity of fluid in the abdomen (strong) liver small and contracted weighing 10.3. full bladder distended with a semifluid of a dark colour and not resembling bile.

Kidney Coarse in texture and congested the right weighing 6oz the left 6 1/2 a.

Stomach Normal.

Bladder Natural.

Bowels Contained some mucus, and the caecum was greatly congested but there were no ulcers in any pt. of the bowels.

Jas Geo. Faugst
Actt Asst. Surgeon.

Reg	Name and Rank	Age	Admitted	Died	Disease	Duration	Contract	Regt	Vol	Dis
20	Henry Swaine	20	Aug. 5 1855	Aug 28	Pneumonia	4 1/2 months	Indigo	369	242	11

Abstract Private Henry Swaine of the 20 Regiment aged 20. An Englishman has been in the service two years. Has always been a temperate man and always able to do duty up to the present illness. On examination there is found to be great dulness on the right side and unable to lie down on the left side. Respiratory murmur indistinct on the right side. Pulse quick and weak says he has had spitting of blood on several occasions. There is effusion on the left side cough very troublesome. The pulse up to this time remained very quick and weak and have several times been observed to be 130. He complains of great shortness of breath, skin hot & dry. There is vibration on placing the hand to the chest. The expectoration increased on the 13th. a hectic flush was observed with a dry & white tongue pulse 130 - 3 coarse crepitation as low as the fourth rib. Haemoptysis with considerable shortness of breath, great prostration. Pulse weak but not nearly so quick. Great anxiety. There was no return of the respiratory murmur & he was evidently getting weaker. Pulse weak and irregular was taken ill about four months ago and had haemoptysis.

Several times the circumference of both sides equal - great emaciation Pulse quick & weak great dulness on percussion. There was now a pleuritic rub detected at the upper part of the right lung. His face is constantly flushed & he complains of coldness and numbness of the extremities. The pulse still continued Pulse very quick and weak great anxiety and prostration. There has been vocal resonance noticed on the right side below the nipple. The skin on the right side red and adenomatous. cold breaths. Hoarse expectoration. Crepitation was discovered again but a diarrhoea came on with restlessness. Pulse very quick and weak. great difficulty of breathing, great emaciation and on the 28th of Jan'y he died.

Post Mortem Appearances of Private Henry Swaine -
 Brain Weight 8 lbs 13 oz - a great quantity of serous fluid contained in the subarachnoid spaces. A good deal of serous congestion. Condition of hairs natural. About a drachm of fluid in left lateral ventricle.
 Chest - a trace of fluid in the cavity of the pericardium.
 Heart - Ventricle distended with dark coloured fluid blood. Wt 13 oz. Valves healthy. A large collection of fibrine in the right ventricle.
 Lungs. Small quantity of transparent serous fluid in left pleural cavity. Right lung adherent anteriorly. Several cavities contained about four pints of the purulent fluid of a fetid odour. Right lung very much compressed, quite hard. Fourth, fifth & sixth ribs ossified. Right pleura very much thickened from deposit of lymph. Apex of left lung healthy.
 Liver Wt 3 lbs 4 oz. Liver adherent posteriorly - healthy generally but of soft texture posteriorly.
 Spleen Weight 8 3/4 lbs & healthy.
 Kidney, Right kidney weight 5 oz. Left 8 1/2 lbs both healthy.
 Stomach Healthy - both large & small intestines healthy.

Joseph Read
Candidate

1848

Dec. 280.

Reg ⁿ	Name	Age	Gender	Dise	Disease	Duration	Country	Reg ⁿ No.	Wt	Height	Temp
1 st	Mc Hugh	19	Male	Phthisis	Phthisis	4 months	Torrey	370	-	C	Medical
	Mc Lennan										

No post mortem was performed. J. H. Wilson
Apr 1848

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Entered	Regt.	File	Ward	Funeral
62. No 49	Pvt. Pter. Funch No 232	22	25 Jan '65	27 th Jan '65	Paratyphoid	Four years	Dublin.	374	31.	No 8	Medical

An Irishman - Labourer before enlistment. Had never been years one year of which was spent in Malta - Four years ago after a field day in Dublin he got Rheumatism, and since that time he has never been well, always being subject to Palpitation and shortness of Breath he now comes in from St. Mary's having caught a cold four days ago - difficulty in breathing pain under right nipple heat of skin & laboured Pulse. The disease did not seem to give way to treatment and one morning when getting out of Bed for water felt weak & sat down, he was taken to bed and heard to groan and immediately died - -

Post Mortem Appearances - 31 1/2 hours after Death -

Body. Not much if any Emaciation - muscles rigid.
Brain. There was much venous congestion on the surface of the Brain the substance was firm but congested, no fluid in the Ventricles weight 2 lbs 13 oz.

Thorax. There was a Pint of dirty yellowish serous fluid (Purulent) of a low order found in the cavity of the Pericardium. Strong adhesions of the Pleura existed on both sides of the chest more particularly on the right, where there were also small adhesions.

The Heart weighed 11 ounces, there were old deposits of Lymph on the outer surface, otherwise healthy the valves perfectly - - The Lungs weighed 5 lbs 3 oz. The left lung was very much congested, in the first stage of Pneumonia, and dotted with tubercular specks. The right lung was very hard & firm, and yielding to pressure, the upper third was of almost cartilaginous density, thickly studded with tubercles, and containing a cavity the size of a Filbert, the remaining two thirds were hepatized, in fact both Lungs were diseased throughout their whole extent.

Abdomen. The Spleen was healthy and weighed 11 ounces
" Kidneys healthy. weight of each 6 1/2 do.
" Liver was healthy weight 4 lbs 11 ounces
" Stomach contained more than a Pint of a thin yellowish fluid still the inner surface was healthy.
Both large & small Intestines were healthy.

George Perry
Candidate.

30th Jan. 1855.

Regt	Name	Age	Admitted	Died	Disease	Duration	Location	Regiment	File	Wart.	Series
33 rd	Pte Patrick Hyle	27	10 Jan. 55	10 Feb. 55	Dysentery	5 Months	Crimia	36 th	178	No. X	Medical

On his homeward before enlistment a blacksmith had a total service of 9 years, all of which with the exception of ten months was spent at home. He had always good health until his arrival at the Crimea - when his disease commenced in the early part of October. 54 - with all the usual symptoms of dysentery. He was in Hospital at Balaklava & discharged in a fortnight relieved not cured. He was afterwards two months at Scutari, and had much purging then - & also on the voyage home - on his admission here - he was much emaciated and purged with a quick weak pulse. & tongue clean & moist. on the 16th of Jan^r he was greatly purged with dry tongue & hot skin. he rallied & continued to improve until the setting in of the severe cold weather since which time he has gradually sunk. on the 4th of Feb. 55. strips of mucous membrane were observed in the stools. he died from the same cause, with a good deal of expectoration & bronchial respiration on the right side. He was too weak for a careful examination of the chest to be made. The disease did not present any unusual features. Post Mortem Appearances. 22 hours after death -

Body much emaciated - Muscular rigidity natural -

Brain. Weight 3 lbs 5 1/2 a good deal of serous effusion beneath the Arachnoid especially in the interspaces of the Conv. Lterior. traces of opaque deposit on the Arachnoid. Substance softer than natural. No effusion in Ventricles but effusion had escaped into base of Brain in considerable quantities. No other abnormal appearances -

Heart. Four ounces of clear serum in the Pericardium. weight 11 oz. investment of the heart of a whitish appearance - owing to its floating in clear fluid - Muscular substance flabby. Valves healthy -

Lungs. Slightly adherent through old adhesions on both sides. weight 4 lbs 11 oz. upper lobe of right lung consolidated, with cheesy deposits scattered through its substance. Left lung also diseased more generally - but with the exception of small portions here & there permeable to air. Cheesy deposits also in this lung -

Liver. Weight 3 lbs 10 oz. Paler than usual, substance soft easily breaking down -

Spleen. Weight 7 oz. smaller than natural slightly congested -

Kidneys. Right weighed 4 1/2 oz. the left 3 1/2 oz. both anemic -

Stomach. A little paler than usual -

Intestines. Filled with flatus & extensively diseased, throughout, congested, ulcerated & with cicatrices of old ulcers throughout their whole extent. Two feet of the Ileum was one mass of disease - highly congested & ulcerated

By J. C. Morris - Candidate - Feb. 12th 1855

Reg ^t	Rank & Name	Age	Date Adm.	Ind	Disase	Duration	Contracted	Reg
5 th Reg. Inf.	James H. Fisher	25	Nov 10 th / 54	175 lb / 55	Phthisis p.	11 months	Spontaneous	172

John	Board	Division
	14	Medical

Was 22 years in the Service & never abroad - by trade a labourer - Had had repeated attacks of syphilis during the last 2 years with a variety of secondary symptoms and twice had hamorrhages - On admission he was greatly emaciated and had evident enlargement of the Liver, besides cough, syphilitic ulcers on legs &c. There were also signs of tubercular consolidation of apex of right lung - Shortly after admission Jaundice supervened, with progressive emaciation, the chest affection not increasing in severity or frequency - About the middle of December marked signs of Disease of the Digestive organs were observed and from this time Diarrhoea became the most troublesome symptom - He at length died exhausted from general Cachexia, having been under treatment here for three months.

Stillio cadaveris 31 1/2 hours after death.

- Body - Much emaciated - Rigor mortis not very apparent.
- Brain - Weight 13 oz 3. Considerable congestion of the superficial veins of the Brain - Very little effusion - about a drachm of serum in each ventricle.
- Heart - Half an ounce of fluid in pericardium - Weight of Heart 6 oz - Walls of Heart very thin - Coronary veins enlarged & congested.
- Lungs - Adhesions on right side - Weight of lungs 13 oz 3 - Cavity 3 inches long of irregular shape - Capable of containing about 4 ounces of fluid in lower part of right lung anteriorly - Numerous cavities scattered over the same lung - Left lung comparatively healthy - but congested.
- Abdomen - Liver weight 10 lb - very large - waxy fatty & friable - Stomach pale & empty - Spleen weight 10 1/4 oz - healthy - Kidney - Right weight 5 1/2 oz - Left 6 oz - Intestines ulcerated towards the ileo caecum valve.

Feb. 13. 1855.

J. Belfrage M.D.
Staff Surgeon

Reg. No.	Name	Age	Admitted	Died	Disease	Duration	Contagious	Reg.
68 th	Michael Fyfe	44	Jan 10 th 1855.	Feb. 12/55.	Dysentery	3 months	Common	370
			Solio	Ward	Division			
			181	14	Medical			

Has been 16 years in the service - Served principally in the Mediterranean & North America - Has had syphilis - and suffered also from Pelvic tumor - In September last he was much exposed to wet & cold in the trenches before Sebastopol & was then seized with dysentery - from wh. he has suffered more or less since then. He was invalided home from Scutari. On his arrival here - he was comparatively well. Two days after being admitted he was suddenly seized with severe dysentery wh. increased rapidly & was accompanied with severe cough and fatidic paroxysms expectoration - The pulse also became weak & very frequent. Medicines gave little relief - On the 28th January the lower lungs became oedematous, and about this time tubercular deposit could be easily distinguished in the left lung and a cavity was suspected to exist at the apex of right lung - From 1st of February, the breathing began to be very short and the tremor scanty, these symptoms kept on increasing as also the cough and he sank exhausted on the 12th of February at 3:4 p.m.

Section Cadaveric 21 hours after death.

- Body - Lower limbs anasarca - Rigidity legs than usual - Not emaciated.
- BRAIN - Weight 1lb 11oz - Zip of fluid at the base - cerebral substance firm but congested.
- Thorax - 3j of fluid in the Pericardium - Heart flabby weight 9oz - Pleura slightly adherent on left side - more on the right.
- Lungs weight 5lb 14oz - Small cavity at apex of left lung & masses of tubercle scattered over the same lung - Very large cavity at the apex of Right lung - Lung studded with tubercles.
- Abdomen - 13 fluid of fluid in cavity of Peritoneum - Liver weight 4lb substance coarsely granulated & fawn coloured.
- Spleen - weight 11oz. from presenting several small white spots, probably the marks of thickened vessels: Supplementary spleen one the size of a bullet button & is adherent to the main spleen.
- Kidneys - weight of Right 5 3/4oz. Cortical substance pale - Tubuli numerous few in number - weight of left kidney 6 1/2oz.
- Intestine - ulcerated throughout from the ileum downwards - ulcers increasing in size especially about the caecum.

Feb. 13. 1855.

(Balfour & John M.D.)
Staff Surgeon

Reg.	53 Name	Age	Admitted	Died	Disease	Duration	Character	Regis.	Folio	Ward	Division
49.	Andrew Luthland		Jan'y 21 st 1855	14 Feb'y 1855	Phthisis Pulmonum	4 months	Crimea	370	208	14	Medical

Had had 15 years service, 11 years of which were spent principally in North America and the West Indies. Had Syphilis in 1849. In 1852 was in Hospital for 3 months on account of severe cold & cough caught on board ship returning from Canada. Since then always subject to cough. Soon after landing in the Crimea in September last was attacked with Diarrhoea for this he was sent to Scutari. Whilst there the cough & Dyspnoea came on again worse than ever. On admission here he was much emaciated the Diarrhoea was relieved but not subdued; the cough was hacking with a profuse expectoration occasionally streaked with blood. Dulness well marked on left side of chest, the existence of a cavity also to be distinguished at the apex of lung. Well marked symptoms of tubercular deposit also perceptible in right lung. Soon after admission right-breath became very troublesome symptom. On the 11th of Feb'y a cavity was detected in the apex of right lung from this date the Dyspnoea became very great, & the expectoration so profuse as almost to choke him. He expired rather suddenly on the 14th of December apparently from the Sputa collecting in the large Bronchi & causing suffocation.

Section Cadaveris. 33½ hours after death.

Body. Not greatly emaciated. Rigor mortis strongly developed.

Brain. Vessels on the surface highly congested, effusion of serum. under the Arachnoid effusion also at the base. Weight of brain lbs 2. oz 15. about 3j of fluid in each ventricle.

Thorax. Weight of Heart 3vi Filumoris coagula in the right cavities one firmly adherent to parietes of right auricle. parietes of left ventricle hypertrophied with slight dilatation, no valvular disease.

(a) Pleura Adhesions on right side. strong and old adhesions at the apex of left lung.

(b) Lungs Weight 5lbs 5oz. Cavity at apex of right lung holding 3ij of sero-purulent fluid. Whole of substance of same lung filled with purulent formation. On surface of apex of Right lung a cartilaginous covering 2 inch thick, the result probably of circumscribed Pleuro-Pneumonia; a few tubercles scattered thro' both lungs; abscess about the size of a walnut at the lower part of left lung - surrounded by lung in the stage of Red Degeneration; lung sinks in water.

Abdomen Weight of Liver 4lbs 14oz. Normal.

(a) Spleen 1lb. 3oz. - 6 in long by 1½ wide firm on the surface, esp. within.

Kidneys Right 6oz. - Left 6½ oz. both slightly congested.

Stomach Normal.

Intestines not ulcerated.

Feb. 16/55

J. Balfour Lockhart Esq.
Staff Asst Surgeon

387	Age	Name	Admitted	Died	Prime	Disease	Contact	Regn
384		Alonzo New	Jan 7/55	Feb 7 1/2/55	Byss. &	Scroph.	Varnas	373
			Tolio	Ward	Division			
			38.	15	Medical.			

No Post Mortem by order of the P.M.S.

Steffen (see also No 385)

No 55

No 227

Age	Name	Admitted	Died	Disease	Duration	Contact	Regn	Tolio	Ward	Division
39	Leonard Backs	24 th May 55	17 th Feb 55	Scrophula	9 months	Lebrallan	169	2, 4, 3, 35	5	Surgical

History: Was admitted to this Hospital on the 10th of January. Was attacked with scrophula when stationed at Lebrallan, on the 3rd of May 1854 at which time he was under treatment for 25 days. Was again under treatment in August on account of several tumours over the neck and a scaly erythematous eruption over the body. Was also in 66th Hospital since 4th December 1854. He was treated with Liquor arsenicalis, cod Liver oil and tonics.

State on admission: On admission his neck was much swollen on both sides with several sinuous discharging thick purulent matter. There was also a scaly eruption over the body which made its first appearance about a month after he had had erythema. His appearance was much emaciated. On 12th January he had a pretty smart attack of conjunctivitis which yielded to leeching, purging, and other antiphlogistic treatment. On 19th January he had an attack of dyspnoea on the face and sore throat of a erythematous nature. The latter was relieved by applications of nitrate of silver. On the 26th of January the inflammation on the face disappeared somewhat suddenly and seized upon the leg, which became much swollen and very painful. The pain was relieved after fomentation with infusion of Poppy heads. Afterwards the cellular tissue of nearly the whole limb became infiltrated with purulent matter to which free discharge was given by two or three incisions. From the amount of discharge from the limb and the failure of his appetite he fell into a hectic condition and died on 17th February apparently of exhaustion.

No Post Mortem Examination was made

James Garbham M.D.

30th Feb. 1855

Candidate

Regt.	Name	Age	Admitted	Died	Disease	No. 238	Contracted	Regt.	Vol.	Ward	Division
41 st	Peter Lysan	29	16 th Jan 1855	19 th Feb 1855	Ascites	Four Months	Sevastopol	375	10-29 51-59	11	Medical

History.

This man, an Irishman and laborer before enlistment, had been in the service eight years, four of which he passed in the Mediterranean. He had always had good health until he was attacked with Diarrhoea before Sevastopol in October last. The Diarrhoea has continued ever since, sometimes a little better, and sometimes worse again.

State on Admission

When admitted, the abdomen was tumid, loaded with fluid and the legs were edematous; there was tenderness over the liver, and great debility; The sounds of the breast were good, and percussion of the chest natural. There was also much emaciation.

Progress of the Case

As the Diarrhoea was checked, so did the Ascites increase, the urine became very scanty and Bronchitis with much purulent expectoration supervened. The urine always continued very scanty, the diarrhoea varied in degree and he always complained of great pain in the abdomen at night, he slept but very little. On the morning of the 13th he was almost comatose, and no answers could be got from him, as to his state of health or what he should like for his diet, the abdomen was very tense, and paracentesis was had recourse to and twenty seven pints of fluid were drawn off. He fainted shortly after being placed in his bed again, he rallied from the faint, but shortly afterwards fell into a state of stupor; no medicines could be administered internally, sinapisms and blisters failed to rouse him, about twenty ounces of urine were drawn off by Catheter, and he died at 5 minutes to midnight on the 19th February. — Death R. Ridgway. Appt. Surgeon 98th Regt

— Lection Cadaveris. Thirty six hours after death. —

Body.

Not much emaciated. Little if any muscular rigidity. Both legs edematous.

Brain.

About an ounce of serum at base of Brain. Weight 2 lbs. 5 ozs. Light congestion of veins on the surface. The arachnoid membrane very slightly opaque throughout its whole extent. The substance of the Brain very firm, no fluid in the ventricles, which seemed to be very small.

Thorax.

Heart weight 11 1/4 ozs. no fluid in the Pericardium. The valves were all healthy, walls also healthy. Pleura. no adhesions.

Lungs. Weight 4 lbs. 10 ozs. Both lungs much congested posteriorly, but slices of the congested lungs floated on water. The substance of the lungs healthy.

Abdomen.

The Liver was smaller than natural, its weight was 2 lbs. 9 ozs. the external surface presented a very hot nail appearance. The substance was pale, the secreting portion was nearly obliterated, it was of much more than ordinary consistence and very nodulated in its structure.

The Spleen weighed 9 1/2 ozs. it was healthy, but somewhat too firm in its substance.

The Kidneys. The Right weighed 7 1/2 ozs., the Left 8 1/4 ozs. Both Kidneys were pale, the tubuli were indistinct, the cortical substance was hardly perceptibly distinct in the longitudinal section, there was more than an ordinary amount of fat.

The Stomach, a little thickened and slightly congested.

The Intestines. Both large and small were perfectly healthy.

Archd. R. Ridgway M.D.

Appt. Surgeon 98th Regt

Regt	Name ^{No 39}	Age	Admitted	Died	Disease	Duration	Contributor	Regt	Rank	Grade	Division
19 th	William Smith	26	July 16/55	July 23/55	Ascites	four months	Crimea	376	10.27.34.	X.	Medical
								374	42.45.1896		

History An Englishman and labourer before enlistment. before enlisting the service he had rheumatism with pain in the region of the heart and palpitation he afterwards had good health, until in September last, while in the Crimea he was attacked with Diarrhoea and tenesmus without blood. The abdomen began to swell after this, and he states that he was under treatment for ascites and great debility.

On admission there was a mitral bruit with increase of heart's action. The lungs generally healthy.

Progress of the case The Bruit was obscure, being clearly heard at one time and not at another. I never heard any. He improved a little but at the beginning of February symptoms of Typhoid Fever manifested themselves. There became urgent and there was utter prostration, he could not swallow anything or even speak. His urine was drawn off by Catheter, and for some days he was quite comatose. The urine afforded but little signs of Albumen about the 14th February he began to improve a little and could pass his water. he acquired strength and could eat and speak on the 20th he began to sink again rapidly on the morning of the 23rd he passed blood in his water and died at 9 P.M. of that day.

Post Mortem Appearances Eleven hours after death.

Body. Considerable emaciation Muscular rigidity - no oedema.

Brain Some fluid on surface of Brain and a deal of venous congestion from adhesion on the upper surface between dura mater & Arachnoid with a great deposition of lymph between the sulci much fluid at base weight 3lbs 7oz of brain and Medulla oblongata. Considerable deposit of lymph the surface of the Brain about 3 drachms of fluid in each ventricle. The velum interpositum and the Choroid plexus congested the substance of the brain healthy and firm.

Thorax No fluid in the Pericardium weight of the Heart 12oz. The Heart and valves quite natural - A thick coagulum of fibrine occupying the right Ventricle. Pleura very firmly adherent on the left side not so much on the right. Lungs weight 3lbs surface of the left lung covered with the Pleura thickened throughout its whole extent especially at the lower third where it is of a cartilaginous density and quarter of an inch thick. The right lung is covered in the same way but to a much less degree. The Lungs themselves are healthy.

Abdomen Liver 3lbs 10oz. The right lobe a little larger than natural. Livers quite healthy. Spleen 8 1/2 oz. Natural except being of a somewhat firmer consistence than natural. Kidneys Right 7 1/2 oz. in the right the tubuli indistinct and little distinction between the cortex and the rest of the substance. The left was much more natural. Stomach healthy. Intestines considerable congestion of the upper portion of jejunum and large intestines.

Signed. Archd R. Ridgway M.B.
Asst Surgeon 98th

Regt.	Name	Age	Admitted	Died	Disease	Duration	Entered	Register	Folio	Ward	Division
15 th Hugraw	Leif Francis Hoops	31 1/2	19 th March 1855.	23 rd March 1855.	Paralysis	22 1/2 months	5 th May 1853	378	148 149.	XIV.	Medical.

No Post Mortem was made as he was a Married Man,
 Archd. R. Ridgway M.B.
 Asst. Surgeon 9th Regt.

Regt.	Name	Age	Admitted	Died	Disease	Duration	Entered	Register	Folio	Ward	Division
38 th Regt.	Pte Thomas Spake	20	4 th Jan ^y 1855	30 th March 1855	Exhaust. Chronic	14 months	Dec ^r	310	167, 170 253, 254 378	14	Medical.

History. This man with a service of two years & eleven months, seven months of which were passed with the Eastern Expedition, was when exposed in the trenches before Sebastopol, attacked with Febr & Dysentery, for which he was a long time in Hospital, & then sent home, getting worse & worse on the passage, until on his admission into the General Hospital on the 4th of January 1855 - He was perfectly insensible, in a state of low delirium, and great emaciation. On recovery of his senses he stated that he had not eaten anything for five days previous to admission. He rallied a little, but although there was occasionally a slight amendment, the disease was never checked, and he sank in a very great state of emaciation at 1/4 past 10 o'clock in the morning of the 30th March 1855. The only point of interest in the disease was that the patient should have lived as long as he did.

Post Mortem Appearances, Twenty five hours after death.

Body Completely emaciated - Right foot slightly adematous.

Head Brain. Weight 3 lbs. 3 ounces - normal.

Thorax Heart. Weight 9 1/2 ounces - normal.

Lungs. Adhesions very strong round the left lung. The upper lobe of the left lung broken down by tubercular infiltration. A large cavity at the apex of left lung. Miliary tubercles scattered over the whole of the apex of the right lung. Weight of both lungs 1 1/2 lbs.

Abdomen Liver. Weight 4 lbs, 2 1/2 oz. - Large than usual & a mass of fatty degeneration.

Spleen. Very small. Weight 2 3/4 oz.

Kidneys - Right 6 1/4 oz - Left 6 1/4 oz.

Intestines Stomach more rugose than usual.

Intestines, presenting large patches of ulceration & discoloration.

Alfred Hayte M.D. Can. Med. Soc.

365 Regt	Name	Age	admitted	died	disease	duration	Contract.	Right	Left	Mark	Division
95	Patrick Lynch	30	1 st Jan ^y 55	April 1 st 55	Chlorosis Pul.	3 months	Curia	369 375	331.2.51 22.54.71 53	XI	Medical

History Patrick Lynch an Irishman aged 30 years previous to enlistment a labourer always in good health up to his last illness parents healthy he drank hard for three years cause of illness cold got in camp complained of tightness of his chest with dullness on percussion mucous rales heard upon applying the stethoscope also great debility on 6th mucous gurgling at apex of left lung on 10th slight streaks of blood on the sputa on the 11th an attack of bronchitis supervened quick pulse and flushed face on 16th pain attacked him in the abdomen with constipation on the 6th Feb^r he passed a good night though he vomited some in the evening on the 18th felt much better but cough still troublesome on the 24th there was some swelling about the abdomen 26th complained of tenderness in the region of the liver on March 3rd passed some blood and required much straining on the 25th upon being visited at 7 O'clock in the evening he complained of feeling faint his pulse 118 both weak and fluttering. Cold surface respiration short and hurried and he was so feeble as scarcely able to articulate. He had as many as eight motions during the night and passed much blood. He rallied a little on the morning of the 24th and passed no blood 27th Constantly sick and cannot retain any solid upon the stomach and his entire on wine continued much the same to the 30th when he complained of pain and gradually sank and died on the 1st April 55 at 3 O'clock in the morning.

Post Mortem appearances of the case 33 hours after death

Body Emaciated rigor mortis has disappeared left foot edematous

Head Brain weighed 3 lbs. quite healthy

Thorax Pericardium 3 1/2 p of serous fluid in the pericardium heart weighed 3 1/2 x valves healthy structure also healthy lungs firm adhesion between the pleurae weight 6 lbs 7 drachms the anterior superior surface of right lung covered with a coating of recent lymph partially organised numerous tubercular Cavities of various sizes the largest capable of containing a walnut scattered throughout the upper half of right lung and surrounded with tubercles in the various stages of softening the lower part also containing tubercles less advanced. left lung apex contained a cavity capable of holding a small orange and some few small abscesses diffused through the apex tubercles as numerous as in the right but not so advanced the superior portion of both crepitant

Liver 5 lbs 5 1/2 ounces colour brown state of fatty degeneration right kidney 6 1/4 oz healthy with the exception of a few minute spots of tuberculous matter in two of the tubules left kidney 6 1/2 oz healthy

Spleen 11 oz rather firm consistency than natural speckles of tuberculous deposit diffused through its structure

Intestines Duodenum a few circular ulcers scattered through it also in the jejunum and Ileum also in the large intestines

Thomas Kennedy

Regt.	Name	Age	admitted	Died	Disease	Duration	Location	Regt.	Folio	Lease	Division
86 th	Pt. Francis Macfarrell	32	15 th April 1855.	17 th April 1855.	Island fever	13 months	Halwar India	374	104	X	Medical.

History It is much to be regretted that owing to the non arrival of the document sent home with him, the great pressure of business caused by the arrival of the Invalids, and to changing the patients from one ward to another, no careful examination was made of this patient before his sudden death on the morning of the 17th. He had just arrived from Bombay with the Invalids of the season and it is to be hoped that the document containing the abstract of this man's case will be eventually sent here as the history of his illness will doubtless develop a most acute case of Myocarditis and Pericarditis. He had a service of nearly 18 years, 13 of which he had spent in the East, he went out to New South Wales in the 20th Regt and arrived in India in the course of 1842, and afterwards volunteered into the 86th Regt. The disease of the heart began at Halwar in March 1854, it commenced gradually, but became very severe at Kurrachee in the following month of April, since which time he never improved, notwithstanding that he was largely cupped, leeches and blistered over the heart. The heart's action was so great as to be distinctly seen by the patients with him and he also complained of distressing Dyspnoea. He told me that nothing did him any good but at his draughts, his appetite was very bad, about half an hour before his death he told me that he had enjoyed his jelly very much and asked Staff Surgeon Wattersby to allow him to go on Furlough. During my temporary absence from the ward he was attacked with a fit in which he was first seen by the orderly officer, who stated that he rallied after ten minutes enough to speak and swallow a little Spirit of Ammonia draught, the fit came on again almost immediately and when I saw him he appeared very much as if an epileptic seizure, there were strong convulsive motions in both arms, he spewed froth from him, a considerable quantity of thin frothy liquid came from his mouth and in a few minutes he died at $\frac{1}{4}$ past eleven A.M. on the 17th April.

Arch. R. Ridgway M.D.
Ap^t Surgeon 90th

Post Mortem on Pt. Francis Macfarrell 86th Regt 24 $\frac{3}{4}$ hours after Death.
Rigor Mortis complete. Body not much emaciated, many marks of cupping on Precordia.

Brain - weight 3 lbs 9 oz. The membranes natural, a considerable quantity

of bloody serum at base of brain. Surface of brain slightly congested; the vessels containing brighter blood than usual. The substance firm, the lateral ventricles did not contain much fluid. The corpora striata optic thalami and other portions of the brain forming the boundaries of the ventricles very soft and breaking down under the attempt to dissect them out, the choroid plexus pale, the left lobe of the cerebellum soft. Lungs. Weight 3 lbs 10 1/2 Oz. extensive adhesions on the left side, and a little also on the right; there was complete edema of the left lung.

Heart. The pericardium and heart were removed together. The pericardium was much thickened and universally adherent. Weight of heart with pericardium (which weighed 10 1/2 ounces) 3 lbs 1 1/2 Oz. The heart of a very large size, the walls of the left ventricle extremely thickened, containing an abscess of the size of a hens egg filled with blood and communicating with the ventricle through an orifice of the size of a 4 penny piece which was overlapped and concealed by the mitral valve. The whole of the wall of the ventricle with the exception of the apex was diseased and filled with cheesy like pus similar to that of tuberculous deposits. The valves &c were healthy except a slight deposit on one of the mitral valves.

Liver. of an enormous bulk weighed 12 lbs 12 Oz. The upper surface of the right lobe was mottled, its substance was soft. Two gall stones of the size of marbles were found in the gall bladder.

The Spleen weighed 1 lb 9 Oz. and was of a firm structure and dark hepatic color. Kidneys. The right weighed 7 ounces and was healthy. The left weighed 9 ounces and was much congested. The Stomach, and both large and small Intestines healthy.

And^{rs} R. Ridgway M.D. ap^t Surgeon 90th Regt.

No 3															
Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Folio	Wound	Division				
14 Foot	Pte Richard Condon	21	19 Feb 1855	19 April 1855	Septicæmia	2 months	Malta	378	5	XIV	Medical				

History This Patient an Englishman and labourer before enlistment was 21 years of age and had a total service of three years of which eight months were served passed at Malta. He never had any venereal disease in July last when stationed at Malta, a small lump made its appearance on the right side, a seton was first passed through it, and it was afterwards lanced when matter came away, on his admission on the 19th Feb there were two small strumous ulcers connected with the 8th or 9th ribs the abdomen was very protuberant just above the umbilicus, this swelling had increased gradually during the preceding month commencing about ten days after a slight attack of continuous fever, there was a jaundic tinge of the skin, no appetite no cough weak pulse rather clay coloured and hard stools there was also a profuse discharge of pus from the ulcer and this continued without intermission until his death he had epistaxes too which came on very frequently sometimes every morning and this continued until about the middle of March the bowels became very much relaxed and resisted all attempt to keep them in check with medicines; the tongue at a very early date after his admission became dry dark and cracked, and he suffered extremely from urgent thirst; there was general pain and tenderness on pressure in the left Hypochondrium and but little if any on the right side All these symptoms, with the other well known symptoms of hectic with slight variations in their intensity in spite of the liberal administration of wine jellies nourishing diet of all kinds of ammonia and tonic medicines until the 19th April when he died at 11 1/2 A.M. utterly worn out.

Thos. Woodcock Acting Ap. Surgeon

Section Cadaveris appearance of Pte Richard Condon 14 Foot Thirty six and a half hours after death The rigor mortis was established The body was emaciated

Head The Brain weighed 3 lbs 4 oz, it was healthy membranes slightly congested

Heart weighed 10 1/4 oz it was perfectly healthy

Lungs weighed 3 lbs 2 oz on the right side there was an opening between the 7th and 8th ribs this opening had been supposed to be connected with the Lung and Liver but on opening the Chest and Abdomen there was no communication with either. A large irregular abscess was found beneath the pleura communicating with the external, on laying open the abscess the ribs over which it was situated were found to be carious to a considerable extent and dissecting off the tissue of the dorsal vertebra they were found five or six of them to be in an diseased condition the bodies of the vertebra were carious to an

considerable degree the heads of the ribs articulating with the vertebrae were also corious and great quantity of pus was lodged in and round the diseased bones a communication was not satisfactorily traced between the abscess beneath the pleura and the diseased vertebrae but there is no doubt but that the disease commenced in the vertebrae and that the pus making its way beneath the tissues accumulated beneath the pleura, and finally made its exit between the 7th & 8th ribs. There was a lateral curvature of the spine. The right lung was throughout its whole extent bound down by strong adhesions its substance was healthy on the left side of the thorax a small adhesion was observed between the pleura and pulmonalis and Castatis over one of the diseased bodies of the vertebrae on further dissection a small cavity about the size of a walnut was found communicating with the abscess around the bodies of the vertebrae. The remainder of the left lung was healthy.

Liver weighed 7 lbs 3 oz it was uniform & fatty
Spleen weighed 1 lb 1 1/4 oz structure rather firm
Kidney Right 6 1/2 oz left 7 oz both were slightly congested
The stomach and intestines both large and small were perfectly healthy.

Mary Hollock Acting Asst Surgeon

Regiment	Name and Rank	age	admitted	Died	Disease	Duration	Contracted when	Where	Regist.	Index	Division marks
78th High-landers	Pt. Peter McKenzie	35	6th Decr 1854	April 25th 1855	Tuberculosis	8 Months	Sept 1854	Alcock	165	110	Surgical Band 3

Abstract of fatal case of Private Peter McKenzie of the 78th Highlanders who died in the General Hospital, Fort Pitt on Wednesday 25th April 1855 at 8 o'clock A.M.

History. The deceased was admitted into the Hospital on the 6th Decr 1854. He was a Scotchman aged 35 years, had been fourteen years in the service, generally enjoyed good health and had not been affected with either primary or secondary Syphilis. Three months previous to his admission he was affected with difficulty in Micturition which was accompanied with great pain and straining. On his admission a fistulous opening was found about one inch from the rectum, with indurated and elevated edges, and from which a sinus extended to within a few lines of the scrotum along the median line in the course of the Urethra. At this period half the urine passed through the fistulous opening. On the introduction of a catheter a tight structure was discovered about five inches from the orifice of the Urethra, but which yielded to steady pressure and the Catheter was fairly introduced within the bladder.

The sinus in the Perineum was subsequently slit up and much pus evacuated. The introduction of the Catheter and this latter operation was attended with great relief to the patient. The water coming more freely. During the healing process of the wound in the perineum there was some severe derangement of the stomach and intestines. He was frequently sick after his meals and had repeated attacks of diarrhoea and dysentery, complaining of great pain and tenderness in the abdomen, loss of appetite, with profuse perspiration. Subsequently an abscess formed in the scrotum which was opened in February and which continued to discharge up to the time of his death, and from the manner in which the urine was passed there was reason to believe the fistulous opening had never closed completely, tho' the wound in the Perineum had granulated freely and was healing.

The derangement of the stomach was the chief feature in the case during the last few weeks for he felt but little inconvenience comparatively from the other affection on Tuesday evening at 6 P.M. he was suddenly seized with acute pain in the stomach & intestines, which continued throughout the whole night attended with jactitation and groaning, and with these and a few convulsive movements he expired.

Section Cadaveris of Pt. Peter McKenzie 78th Highlanders. 28 hours after death.

Rigor Mortis Complete. Body considerably emaciated.

Head. Brain. Weight 2 lbs. 12 1/2 oz. Membranes & Substance of Brain were healthy in every respect an unusual amount of serum escaped from the vertebral canal on the removal of Brain.

Thorax Lungs. The lungs were not collapsed when the thorax was opened, but had a healthy colour and appearance. There was only a slight adhesion between the pleura pulmonalis & costalis on the posterior part of upper lobe of Right lung.

Weight of Lungs. 2 lbs. 7 oz.

A considerable quantity of tubercles was found in apices of Both Lungs. There was tubercular deposits also scattered through the whole substance of Both Lungs. Softening had not taken place in any of the masses of deposit except in the upper lobe of left lung and it appeared to have commenced very recently there. The cavity being only the size of a field bean.

Heart. Weight of Heart. 9 1/2 oz. The substance & valves of Heart were perfectly healthy. There was 7 oz of straw coloured serum in the pericardium.

Abdomen General Appearances. On laying open the cavity of the abdomen four pints of turbid purulent looking serum was measured out. The great omentum was observed to extend as far as the pubes where it was firmly adherent to the parietal layer of the peritoneum and to the small intestines in that region. The parietal and visceral layers of the Peritoneum were studded with milium tubercles. The omentum was perfectly infiltrated with tuberculous deposits in various stages of development and softening. The Mesentery was much in

the same state. The cœcum, ascending and descending portions of the Colon were adherent by tubercular deposits to the neighbouring tissues. The pelvic viscera were agglutinated together into one mass by tubercular deposit, and it was impossible to separate them distinctly from each other. The Lymphatic glands along the vertebral column were also the seats of tubercular deposit.

Liver. Weight 4 lbs. 10 oz. External appearance of a dull leaden color. Substance of liver somewhat congested. Otherwise healthy.

Spleen. Weight 12 oz. Substance healthy. There was tubercular deposit in the peritoneal covering of the organ.

Kidneys. Weight. Right 6 1/2 oz. Left 6 3/4 oz. Structure healthy.

Stomach and Intestines. Stomach healthy. Lower portion of ileum was ulcerated in various parts. Large Intestines were much thickened and ulcerated throughout their whole extent.

Testes. The right testicle was a mass of scrofulous disease, there was a distinct communication along the cord between the abdomen and the scrofulous abscess in the testicle. The left Epididymis and both vasa deferentia were filled with softened tubercular matter.

Bladder. The bladder was much thickened and contracted. The prostate was the seat of syphilitic disease. The prostate and rectum were completely adherent and a large ulcerated opening between the rectum and bladder existed at this spot. There was a tight stricture in the urethra just before it entered the diseased prostate.

Charles McHaffat M.D. Acting Assistant Surgeon.

Regt	Name	Age	Admitted	Died	Disease	Duration	Unburied	Register	Rel	Card	Division
95 th	P. Thomas M. Comt	20	Jan 1 st 1855	Apr 25 th	Syphilis (chron)	8 months	Intars	371	245	XV	Medical

Abstract of fatal case of P^{te} Thomas M. Comt aged 22 years, date of 95th Regt. This Patient, an Irishman of dark complexion, was admitted to the General Hospital, Port Pitt on the 1st of January 1855; he had been in the service two years, and was previously an Agricultural Labourer, he stated that his health had generally been good, but that he had Syphilis when he left England for Turkey; about three weeks after landing he was admitted to Hospital for Bulo, and while under treatment he was attacked with Diarrhoea, which continued up to the period of his arrival here.

At the time of his admission to Port Pitt he was much emaciated, he suffered from extreme debility, and had frequent attacks of severe pain in the abdomen, his bowels were much relaxed, and considerable quantities of blood passed with the stools, he had not any cough, neither had he any symptoms of Phthisis. His abdominal viscera so far as could be learned by manual examination appeared to be of normal size.

His pulse was very quick and feeble, his tongue was very red rather dry and marked with transverse fissures, his skin was generally cool and rather dry. He was placed on nourishing diet with Wine, Eggs, and Rice, and during the four months that he was under treatment almost every Restrictive and Sedative Medicine was prescribed for him, each one seemed to relieve for a short time, but neither produced any permanent improvement, he gradually became weaker and more emaciated, and died on the 25th of April at 1 h 30 m A.M.

Autopsy Cadaveris, of P^{te} Thomas M. Comt 95 Regiment; made 34 and 2 hours after death. Rigor mortis but slight. Body much emaciated. Right Foot and leg edematous.

Brain weight three pounds. The Membranes and Substance of the Brain were quite healthy.

Pleura. There were old adhesions between the visceral and parietal layers of Pleura on either side both anteriorly and posteriorly.

The Lungs weighed 3 lb 2 1/2 oz, there was considerable tubercular deposit in the upper lobe of either lung and a small cavity near the apex of the left.

The Heart weighed seven and a half ounces and was healthy in every respect.

The Liver weighed 2 lb 6 oz was of light color, but had not any organic disease.

Kidneys the right weighed 1 lb the left 1 1/2 oz they were not in any way diseased.

The Spleen weighed 6 1/2 oz and was quite healthy. The Stomach was also healthy.

Intestines. The Duodenum, Jejunum, and Ileum were slightly congested, there were a few patches of ulceration in the ascending Colon, there were more numerous in the transverse portion, the descending Colon was much thickened, indurated, and completely ulcerated.

George Hall
Sutling Apical Surgeon

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Registar	Relief	Ward	Division
96 th	James Mc Cardell	23	13 th April	4 th post 6 a.m. 16 th May	Mania	3 years	India	376	75	XL	Medical

Abstract of the Fatal Case of Private James Mc Cardell. 96th Regiment.

Admitted on the 13th April and died on the 16th May 1855 at 4th post 6 A.M.

History

This man who had lately returned with his Regiment from India, was admitted under the head "Mania". The mental disease commenced after severe fever at Lahore in 1852 and continued until his death. He "was constantly committing acts of violence and was most impatient of restraint". On the voyage home from Calcutta "he was admitted into the Hospital on the 2nd March with a severe Catarrhal affected attended with spitting of bright

Present State.

red frothy blood; although much better than at first, still when he came here he was very weak and thin, and not able to stand up for any length of time. He had severe cough and copious expectoration of frothy purulent and mucous fluid, filling more than two spittoons daily. On percussion there was fulness on the whole of the right side of the chest, excepting just under the clavicle, respiration at upper part of lung and tubular breathing in the lower. During the month of April he got better and the right lung was clearing itself; at the beginning of May he relapsed, and the left lung became diseased, but he would not allow of any examination, being very much irritated at any attempt to auscultate, the first occasion being the only one he would tolerate; neither would he swallow any medicine, he would keep it some time in his mouth, and then spit it out, I could not persuade him to let me cup him, or put on a blister, or indeed to submit to any treatment whatever. The expectoration became again very copious and was streaked with blood latterly. He gradually became weaker, and died quietly at 4th post 6 on the morning of the 16th May 1855.

Examination

Post Mortem Appearances seen in the Case of Priv^t James Mc Cardell. 29th hours after death.

The Body was much emaciated. Rigor mortis was complete.

Head.

On removing the Calvarium some venous congestion was observed, but not in any marked degree.

The Brain weighed 5 lb 5 oz. the substance was firm, and a very careful examination did not lead to the discovery of any Symplic Disease.

Thorax.

The Pericardium contained two ounces of fluid of rather dark color.

The Heart weighed 3 1/2 ounces, the substance was pale and rather flabby, it was in other respects quite healthy.

The Pleura, on the right side the Visceral and Parietal layers of Pleura were adherent in the posterior and superior regions, anteriorly there was one and a half pints of sero-purulent fluid. There were not any adhesions on the left side.

The Lungs weighed 4 lbs. 1 1/2 oz. there was a cavity the size of a small orange in the upper lobe of the right lung, and the middle and lower lobes were full of tubercles in various stages of development and degeneration. The left lung had also a large quantity of tuberculous deposit in the lower part of the upper lobe and likewise in the upper part of the lower lobe.

Abdomen.

The Liver weighed 3 lbs. 9 oz. The gall bladder was much distended, the substance of the liver exhibited slight traces of fatty degeneration.

The Spleen weighed 9 oz. and was quite normal.

The Kidneys, the Right weighed 5 1/4 oz. the Left weighed 5 1/4 oz. Both were healthy.

The Prostate, exhibited appearance of Post mortem degeneration, was otherwise quite healthy.

The Testicles, both Large and Small were healthy, they did not exhibit any traces of atrophy.

Wm. R. Ridgway M.D.

Assistant Surgeon 96th Regt.

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Regt.	Name	Age	Admitted	Died	Disease	Duration	Contaminated	Registe	Folio	Ward	Division
64 th	Richard Green	20	May 11 th 1855	May 21 st 1855	Rheumatism	6 months	Medic -	374	141	10	Medical

This man aged 20 years was admitted under the head of Chronic Rheumatism on the 11th May, having just returned to England as an Invalid from Bombay. He had always had good health until he contracted Primary Syphilis in September 1853, in the second year of his service in India - the chancre was large and unhealthy appearance, the look purring and was discharged in 20 days. He was afterwards admitted with a copper colored scaly eruption on the trunk and limbs, which yielded to treatment in ten days. In August 1854 he went into Hospital complaining of constant and severe aching pain in the joints of both the upper and lower extremities, especially the right shoulder, knee and elbow joints, pain across the forehead, and along the anterior edges of both tibiae, there was considerable enlargement of the Periosteum in the corner of the tibiae and fibularia covering; the Frontal bone was enlarged soft and yielding - his health has suffered severely, he could not raise the right arm from the side without the assistance of the left hand; He derived no benefit from treatment and arrived here worse than when he left Bombay, which he attributed to the great discomfort in the small ship, on board of which he came. There was also a deep, dirty, irregular ulcer in the forehead with an unhealthy purple border, this originated in a blow from a stick. He had no symptoms that would lead one to look for chest disease which from other signs he must have had. His treatment was nourishing diet, port wine, dilute Nitric Acid, and Sarsaparilla - blood was let to the ulcer, and an anodyne draught at night - he was improving and the ulcer was looking cleaner; when on my evening visit on the 13th he complained of a little sore throat, the fingers were slightly redness, and I ordered an Alum Gargle - at 5.30 the next morning the Orderly Officer was called to him and found him suffering from extreme difficulty of breathing, he was suffering from laryngitis of a dangerous degree, leeching, blistering, calomel and opium relieved him he continued tolerably well during the day, but at night the symptoms became urgent, and Tracheotomy was performed by Mr. Pary at 12 o'clock, about an ounce of blood was lost, he felt greatly relieved, and slept for a short time on a cushion - some rosy expectoration passed through the mouth and tube - this expectoration had been copious during the day and he refused to ananise at the upper part of sternum. About 4.30 he was seized with a paroxysm of coughing, some of the same of the same rosy expectoration passed through the tube but none through the mouth. I thought he was going to do well when the cough returned and although I tried every means to assist which he fell back in a state of asphyxia - Artificial Respiration failed and he died at 4.50 A.M. May 21st 1855.

Post Mortem appearances seen in the above case 31 hours after death.

Body not much emaciated - a deep ulcer in the forehead - Rigor mortis complete.

The outer table of the Calvarium was diseased to the extent of a circle two inches in diameter beneath the external table - the inner table was softened and the brain matter was adherent to it about the size of a shilling.

The Brain

weighed three pounds five ounces and was perfectly healthy.
 The Pharynx at its back part was red, congested and ulcerated, the Uvula was of a bright red color. The Epiglottis was much thickened and adenomatous and the mucous membrane covering it was highly congested and inflamed. On laying open the Larynx there were found small ulcerated spots extending from the posterior surface of the Epiglottis down into the Larynx the mucous membrane lining which was highly congested and inflamed. The vocal folds were almost completely closed owing to the thickening and adhesion of the mucous membrane.
 The Heart weighed 10½ ounces, both sides contained dark fluid blood, it was quite healthy.
 The Lungs were adherent extending on the right side and a little on the left.
 The Lungs weighed 5 lbs 11½ ounces, the right was extremely engorged the veins being filled with blood, the left lung was congested but to a much less extent. There was no organic disease of the lungs.
 The Spleen was very large weighing 5 lbs 19 oz it was soft much congested, and had a slight amount of tubercular deposit.
 The Liver weighed 8 lbs 6 oz it was congested and of a nutmeg character.
 The Kidneys the right weighed 3 oz the left 2½ oz they were intensely congested but otherwise healthy.
 The Stomach and Intestines were healthy.

Richard Ridgway, M.D. Surgeon of Regt

no 8

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Foto	Rate	Division
59	Pte Patk Roach	26	May 15 th 55	May 23 rd	Dysentery	8 mos.	India	377	63	H	Medical

Abstract of the Case of Pte Patk Roach admitted 15th May - Died May 23rd.
 This man was a laborer before enlistment was five years in the service of the army, three years were spent in China & the rest at home when he was discharged from Hong Kong he was suffering from Debility consequent on Dysentery - previous to this he was in the hospital suffering from Dysentery & Intermittent Fever - the forms of which he was subject for the first ten months after his arrival in the island - When admitted into this hospital the Disease had assumed a chronic type & stated that he had two or three relapses on his home - but was at that time free from any except of burning & complained principally of weakness. As he was of a very pale & thin appearance Iron was administered but he did not benefit much from it & during the last few days of his existence his Abdomen indicated great effusion - & there was great pain in the course of the sigmoid flexure of the colon - He died suddenly on the morning of the 23rd.

Post Mortem appearances in the Fatal case of
 Pte Patk Roach 59th Regt. - 36 hours after death -
 Body greatly emaciated - no amount of rigidity - Abdomen swollen -

Brain - weight 43.97. - Healthy in every respect -
 Lateral sinuses filled with fluid blood.

Thorax -

Heart & Pericardium - weight of heart 10 $\frac{3}{4}$ oz. - Flaccid otherwise healthy -
 The Pericardium contains normal quantity of fluid -

Lungs - Left adherent to Diaphragm & Pleura - adhesion of sept. lobe
 weight of Both 34.14 oz. - Right Healthy -

Abdomen - The cavity contained 14 pints of serum slightly turbid
Liver - weight 34.12 oz. - Left lobe atrophied - Peritoneal
 covering greatly thickened from deposit of lymph -
 Structure healthy of a brownish color -

Spleen weight 14.15 oz. - Peritoneal covering greatly thickened
 but structure healthy -

Kidneys - Healthy. Hook shaped

Stomach - slightly congested - otherwise healthy -

Small Intestines - Healthy -

Colon thickened & ulcerated throughout its entire extent
 Sigmoid flexure highly thickened of a pale color mixed with
 spots of pus -

Wm Ramsay Stewart
 Staff. A. S.

Regt. No 9

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted Regt.	For how long	Division
54.	Capt. Thos. Larrow	26	May 21 st '88	June 1 st	Dysentery & S.	10 mos.	Hongkong	377	75 H Medical

Abstract of the Case of Capt. Thos. Larrow.

This man has been nine years in the service - Entered of his Regt at Hong Kong where
 he contracted the disease from which he died. He had been in hospital on 5 or 6 different
 occasions suffering from Remittent & Intermittent Fever. - During the last six months whilst
 on the station he seems to have been more subject to miasmata. He does not seem from
 the report to have suffered much from Dysentery. - On his admission into this Hospital
 he complained greatly of Dysentery. & two days afterwards became unconscious the
 other symptoms. - At the 21st his symptoms increased in severity & he never rallied -
 He died on the 1st June. 1/2 before 3 -

Post mortem appearances in the case of Corp^t Thos Farrow - 54 Regt

Body considerably emaciated - Rigor mortis complete

Brain - weight - 3 lbs. 6 oz. Healthy throughout -

Heart - - 10 1/2 oz. - Rather pale - healthy throughout -

Lungs - - 2 lbs. 11 oz. - Healthy throughout -

Liver - - 4 lbs. 4 oz. - Left lobe of a leaden hue. & smaller than in health. - Right lobe, normal exterior. but a section shows the interior to be of a nutmeg appearance -

Kidney -

(right) - - 4 1/4 oz. - Cortical substance mottled

(left) - - 4 1/4 oz. - Incipient fatty degeneration of both -

Spleen - - 11 1/2 oz. - Slight deposit of fat

Stomach - Slightly congested at the pyloric orifice - otherwise healthy -

Intestines -

(small) - Slightly congested otherwise healthy -

(large) - mucous membrane greatly thickened & ulcerated more especially in the descending & sigmoid flexure of colon. - Extensive glandular alteration of the caecum & rectum

- R M Rawson Stuart - Staff. A. S. -

No 10

No. 256

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Vol	Unit	Division
38.	Sergt. Robt. Hazlett	27.	27 th April 1868.	7 th June	Phthisis Pulmon.	7 years.		378	14	Medicinal.	

Abstract of the Case of Corp^t Robt. Hazlett.

This man belonged to the band of the above mentioned regiment. From his history he appears to have suffered first from Phthisis Pulmon. in 1848 & has been in hospital more or less ever since from the same affection - on his admission into this hospital on the 27th April of this year he was much emaciated his cough which was very harassing always increased towards morning. & in addition to the flushed appearance of his countenance indicating hectic fever - there was great irregularity of the bowels. - Towards the 1st May the latter affection became much aggravated & the patient complained more of it than the primary disease & requiring the greatest amount of pain to the rectum & sigmoid flexure of the colon. This chronic irritation was greatly relieved by injections of Nitrate of Silver & the salubrious change was greatly assisted by Nitric Acid & Lencennum administered internally but altho these remedies continued to relieve him for a short period they soon lost their effect.

The Comp^t which has long subsisted in the lung tissue & Acet Morph given

administered at night - The patient however gradually sank & during the last thirty or forty hours the chest symptoms again prominently declared themselves & he sank from excessive exhaustion -

He died on the 7th June. at 12 P.M.

Post Mortem Appearances on the body of Sergt. Robt. Hay 1855

Body Considerably emaciated - Slight Rigor Mortis -

Brain - weight - 3 1/2 lbs. - Healthy throughout -
Percardium - Contained 7oz of fluid -
Heart - 10 1/2 oz. - Healthy throughout -
Lungs - 5 1/2 lbs. 8 oz. - Both extensively filled with tubercles & some small cavities in the upper lobe of right lung -
Liver - 3 1/2 lbs. - Healthy throughout -
Spleen - 5 oz 1/4 - Healthy throughout -
Kidney (right) - 7 3/4 oz. - Slight deposition of fat -
(left) - 7 1/2 oz. - Slightly fatty -
Mesenteric Glands - Greatly enlarged & containing a quantity of milky tubercles -
Stomach - Healthy throughout -
Intestines - (small) - Almost clear in the Anus otherwise healthy -
 (large) - Greatly congested. thickened & calcified especially towards the lower bowels.

Wm Ramsay Stewart. M.D. F.R.S.

No 11

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt.	Ward	Division
85 th	Re. Willm. Lally	22	26 th May 1855	7 th June 12 P.M.	Phthisis Pulm.	4 1/2 months	Mauritius	574	162	10 Medical

Phthisis Pulmonalis. - This man aged 22 years, with a service of 5 1/2 years, of which 1 1/2 years were passed in the Mauritius, was admitted into his Regimental Hospital on the 4th May 1854, with Catarrh from which he had been suffering for some time, he was discharged on the 24th. But re-admitted on the 22nd June with papular syphilitic eruptions and rheumatic pains in the bones, he does not seem to have ever been in Hospital with the primary disease - He again got Catarrh with pain in the chest, and much inflammatory disease of the left lung, and also to a less extent of the right - On his admission here the lungs were evidently full of tubercles, he had a heavy stupid look, and could not give any satisfactory account of himself, and the examination of the chest annoyed him. On the 1st June while sitting before the fire, he was seized with convulsions of the left arm, and he could scarcely answer any question; Blisters to the nape of the neck

toward him a little, mercury was for a short time administered by the mouth, and also rubbed in, but he gradually became comatose, the left arm became totally paralyzed, he passed his water involuntarily first, and afterwards his stools, he could not swallow, his pupils were dilated, hiccup set in on the 3^d but he lingered on until midnight of the 7th June.

Post Mortem - 56 1/2 hours after Death -

Refractor complete. Imagination to some extent.

Brain - weight 2 lb. 14 oz. The veins of the surface, especially on the right side were very much congested, as was also the veins of the whole brain; there was a deposit of lymph under the temporal bone, the substance of the brain was very soft. the right lateral ventricle was quite full of fluid - no fluid in the left lateral ventricle.

Heart - weight 5 oz. quite healthy.

Lungs - weight 2 lb. 7 oz. No adhesions on both sides at the apices. The upper and middle lobes of the Right lung were filled with tubercles, and there was an abscess in the lower part of the upper lobe. The Left lung healthy, but there were many milary tubercles in its apex.

Liver - weight 2 lb. 7 oz. very soft and slightly fatty.

Spleen - weight 4 oz. healthy.

Kidneys - The Right weighed 5 oz. The left weighed 4 oz. both were granular.

Uterus - Healthy.

Intestines - large ulcerations were found in the Caecum and also in the Colon. The small intestine healthy.

Archibald R. Ridgway M.D.

Spinal Surgeon 9th Regt.

M12

Am. 1852.

Regt	Name	age	Admitted	Died	Disease	Paralysed	Contracted	Spinal	Other	Notes	Division
19 th	Mr. Thomas Foughter	23	27 th April	11 th June	Scrophula	3 years	Winchester	167	102	2	Supplies

Abstract of the Case. This man was admitted into No. 2 Ward on the 27th April. He was an Irish Labourer of 24 years service, all of which had been passed at home. Now in Regimental Hospital with venereal disease, but no previous was given for its cure. In January 1852 scrophulous swelling of the glands in the neck appeared. They suppurated and left cicatrices. The Lymphatic glands in the left groin also became affected with scrophulous tubercle, and after many months suppurated. Other glands in the neck afterwards took on disease and numerous abscesses followed. Last March an abscess formed near the Anus and the matter was soon afterwards evacuated. At that period he began to complain of pain over the Trochanter major of the left thigh with inability to lie on that side.

Admitted into this Hospital, there were suppurating glands in the neck; and both groins and sides of neck were scarred with puckered cicatrices - the result of scrophulous ulceration of the skin over the surface of former abscesses. There was great pain over the Trochanter major of the left side with considerable lameness in his gait. A large collection

of matter, evidently under the fascia lata was discovered, near the hip joint, which appeared to extend downwards amongst the muscles one third of the length of the thigh. A few openings were made on the inner aspect of the limb and more than a quart of badly formed and very offensive pus evacuated.

From the 20th of April to the fatal termination of the case, purulent matter, to the amount of a pint, was daily discharged through the first artificial and three other openings which were subsequently made in different situations. These were ineffectual in preventing the constant burrowing of the pus amongst the muscles, and structures in the neighbourhood of the joint. The patient was on the 2^d of June placed on one of Dooper's air mattresses to relieve a large bed sore which had formed on the sacrum. He died, hectic, on the 11th Instant at 7 A.M.

Post Mortem appearances

29 hours after death.

Upper limbs very slight emaciation to no very great degree.

- | | |
|-------------|--|
| Brain. | Weight 2 lbs. 11 oz. Healthy. |
| Heart. | " 10 1/2 oz. Healthy. |
| Lungs. | " 2 lbs. 14 1/2 oz. Adherent on the right side throughout. On the left side slight adhesions posteriorly, of the upper lobe. Into the cavity of the pleura about half an ounce of purulent serum was effused. The lungs themselves were perfectly healthy. |
| Liver. | " 5 lbs. 12 oz. Fatty degeneration. |
| Spleen. | " 7 1/4 oz. Healthy. |
| Kidneys. | " of Right Kidney 7 1/2 oz. Left 6 1/2 oz. Both slightly granular. |
| Stomach. | Healthy. |
| Intestines. | Healthy. |

In the substance of the Psoas muscle half a pint of most offensive pus was found. The abscess containing it, communicated with several large ones in the thigh around the left hip joint. The muscles in the neighbourhood of the joint were broken down and disorganized. The Acetabulum was in a most extensive state of caries, the cartilages and ligaments of the joint, as well as the joint itself, were entirely destroyed. The head of the Femur was also diseased by superficial ulceration and caries.

General Hospital, Fort Pitt.
June 19th 1858.

R. Allen M.D.
Acting Assistant Surgeon.

Regt	Name	Dgt. Admitted	Disch	Disease	Duration	Contracted	Regt	Folio	Ward	Division
3d	John Dwyer	29 th June 68	16 th June 69	Chronic Pulmonary Disease	1 year	Weldon	378		14	Medical

Abstract of the Case

This man was discharged from Portchester Sch of Night in consequence of Pulmonary Disease (as stated in the Report of his case from thence). He has been ten years & some months in the service of which he has spent 3 years in China & six months in Ceylon. The pulmonary disease was first noticed in April 65 when stationed at Weldon. He was in hospital for twelve months previous to his arrival here. Having been admitted on the 9th June he exhibited great anxiety & dyspnoea & on examination of the chest percussive respiration over the right side & enormous crepitation over the left. The chest was more resonant than usual over its whole extent more especially in the precordial region. He never rallied from the time of his admission. The expectoration was always sanguineous. He died from exhaustion of the system on the 10th at 2 1/2 am.

Post mortem appearances 5 hours after death

Brain - 2 lbs. 3 1/2 oz. - Healthy.
Pericardium - - - Healthy.
Heart - 5 oz. - Surface covered with fat. - muscular fibres somewhat fatty. Structures otherwise healthy.
Lungs - 4 lbs. 5 oz. - Were adherent on both sides to the parietes of the chest all around. Small ovoid abscess throughout. Frothy matter in the interlobular spaces from oedema. Decaim more extensive at the base than at the apex of both lungs.
Liver - 3 lbs. 7 oz. - Slightly congested otherwise healthy.
Spleen - 11 3/4 oz. - Healthy.
Kidneys - each 3 1/2 oz. - Rather pale. Healthy.
Stomach - - - Healthy.
Intestines - - - Healthy.

Wm. Ramsay Stewart

Staff. A.S.

Reg.	Name	Age	Admitted	Died	Disease	Duration	Contract	Reg.	Fol.	Wa	Divis.
457	Sergt. Will. Reid	36	24 th June 53	25 th June	Laryngitis	28 hours	St. Marys	378		14	Medicine

— Abstract of the Case. —

This man was admitted on the evening of the 23rd June suffering from great Dyspnoea - nothing of his history is known except that he lost his right arm consequent on a wound received in the Crimea. He came from St. Marys where he states that yesterday morning he first complained severely of a sore throat with constriction & slight difficulty of breathing - immediately on his admission he stated that nothing had been done to relieve this - He had felt slight symptoms thereof on the night of the 22nd June - When seen by the Medical Officer he complained of difficulty of breathing inability to swallow anything but fluids with pain & tenderness in the superior part of the Larynx - He stated that he had never suffered from chest symptoms of any kind previously - He was unable to open his mouth sufficiently wide to admit of a good examination of the fauces - He was admitted into this Hospital at 6 P.M. on the 24th with the symptoms as above stated (which at that time did not present any alarming aspect)

He was ordered an ounce of Puls. Spem. 3j. which did not operate very freely & a powder consisting of Calomel gr.ij. but that Puls. Spem. 3j. was ordered to be administered during his hours - At 7 P.M. symptoms of an alarming nature great dyspnoea & much together with spasm of the glottis & much of the larynx supervened -

The abstraction of 3xliij. Blood failed to relieve the slightest symptom either in the Dyspnoea or spasm (which had an effect on the Lungs being the cause of difficulty of breathing would have infallibly brought about a marked change) These symptoms requiring most active treatment - but fear having begun to assume a third hue & the patient struggling at times in the most violent manner to obtain his breath - Immediate recourse was had to Tracheotomy - This having been performed on the introduction of the tube the Breathing was instantly relieved - This not to as great an extent as might have been anticipated owing to the degree of the lung having already set in - Consequent on the degree of congestion to which the lung must have been subjected in the former stages of the disease he continued to breathe freely throughout the whole night but towards morning the Dyspnoea became again most distressing & he died suddenly at 10 A.M. asphyxiated -

Particular feature of the case is that the man retained his voice but this is no direct indication that the laryngeal passage was free from disease -

For Post Mortem

See Next Page.

Post mortem of the Case of Sergt. Willm. Reib -
made 27 hours after death.

Body healthy in appearance - Rigor mortis considerable
cellular tissue of neck & chest slightly emphysematous -
chest perfectly resonant on percussion -

Brain - weight 2 lbs. 14/100. slight congestion at the base of the organ
otherwise healthy -

Slight emphysema of cellular tissue under sternum -

Heart - weight 12 3/4 oz. healthy -

Lungs - weight 2 lbs. - both slightly emphysematous -

Larynx & Pharynx - Both extensively inflamed - great deposit of lymph having
taken place in the interstitial tissue of each. & ulceration having
commenced in many spots throughout the mucous membrane.
The epiglottis was greatly thickened & there was extensive inflammation
all around. - With these facts the spasmodic breathing is easily
accounted for. at the time immediately prior to the operation for
Tracheotomy

Liver - weight 4 lbs. 3 oz. Left lobe greatly diminished in size. &
Not raised otherwise healthy.

Spleen - weight 6 1/2 oz. healthy -

Kidney - (right) 5 1/2 oz. healthy -
(left) 5 1/4 oz. healthy.

Stomach -

Intestines - healthy throughout

Cause of death - asphyxia & coma.

Wm Ramsay Stewart
Sept. 25 -

Name	Age	Admitted	Died	Disease	Duration	Extracted	Height	Weight	W.	Dir.
Pt Robert McBlelland	28	22 June/55	25 June	Anasarca	Three days	India	36 1/2	126	9	Ind.

Abstract of the case.

Private Robert McBlelland at 28 years eleven months. Had a total service of 5 1/2 years, of which he had passed 5 1/2 years in India. He had suffered much from catarrhal affections and fever since 1854 and in August 1854 had a severe attack of inflammation of the chest, connected with hepatic disease and attended with distressing dyspnoea to which treatment afforded no relief. He left India in a greatly exhausted condition suffering much from dyspnoea on any exertion and unable to bear any weight on his chest.

On his arrival here he was suffering from Diarrhoea in addition to the above mentioned symptoms and decided disease of the heart, decided by a loud bruit with the first sound. After remaining in Hospital a fortnight he was sent to St. Mary's on the 14 of June, for the purpose of being invalided.

On the 22 June he returned to Hospital with increased difficulty of breathing, quick pulse, hot skin and constant cough. There was also anasarca of the trunk and lower extremities the feet and ankles being very much swollen, he had also hæmorrhoids to which leeches were applied and in consequence profuse and obstinate bleeding occurred.

On the 23 he was much worse and deranged, requiring his water to be drawn off by Catheter, and his bowels were confined - he became violent during the night and at 3 o'clock am. the orderly officer took 18 oz. of blood from the arm, gave purgative medicine Calomel and Antimony, with Tartar emetic mixture shaved the head and applied cold lotion, he was not much relieved but continued gradually to sink and died at 9 P.M. of the 25th.

A.R. Henderson

Sgt Surg. 5th Regt.

Post Mortem of the Case of P^r Robt McClelland
14 1/2 hours after death

Brain weight 3 lb 6 oz. greatly softened and an exudation of lymph over the upper surface of the cerebrum, much congestion on the left side otherwise healthy.

Heart. weight 1 lb 3 1/4 oz. the left ventricle hypertrophied with depositions of calcareous matter in the auriculoventricular opening, with fungoid excrescences in the aortic valves also depositions in the right ventricle. The Pericardium fringed with bile & containing two ounces of fluid.

Lungs. weight 5 lb 7 oz. the upper portion of the right lung much hepatised left lung healthy.

Liver weight 4 lb 7 1/2 oz. with fatty degeneration.

Spleen weight 7 1/4 oz. Slight deposit of lymph under the Peritoneum

Kidneys Right weight 7 1/4 oz. Left weight 6 3/4 oz. both fatty
Intestines Slight congestion in the colon otherwise healthy

No 16

Attest John Astley M.D.

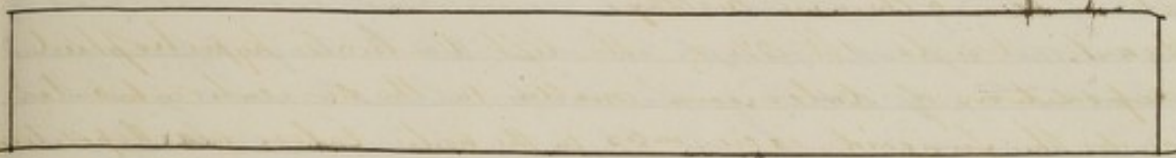
No 257

Name	age	admitted	disease	duration	contracted	Register	Height	Wt.	Died
Private Frederick Francis	29	May 29/55	Dysent. Chron.	29 days	E. Indies	37 1/2	168	-	

Abstract of the fatal case of Private Frederick Francis, 98th Regiment who died at 4 P.M. on the 24th June 1855. This man an Englishman and labourer before enlistment, had a total service of 9 1/2 years, nearly the whole of which he had passed in the East Indies - he was admitted into Hospital on the 29th May having just arrived at Bhatnagar with his regiment from Calcutta, he was very much emaciated and had a dirty yellow look, and complained of diarrhoea, anasarca of the legs, oppression of the chest and cough. The diarrhoea was of seven months standing, but he had felt oppression on the chest for three years, there was not much expectoration. On examination of the chest old bronchitic disease was found, he improved a little under treatment and on the 14 June he was sent to St. Marys to await his discharge. On the 21st June he was readmitted with what seemed to be a bad cold, he had slight feverish symptoms and general pains all over the body. On the 23rd the pains were less, he had some headache, the cough was troublesome and he expectorated most copiously, on the 24th an eruption appeared and he also complained of sore throat, much thirst and headache. The eyes were suffused and the tongue somewhat like what is called the Strawberry & Cream tongue, on the 25th and 26th the eruption continued to come out, he felt very weak, and said

that he felt as if he were on fire inside. on the morning of the 24th the eruption had put on the pustular form of small pox, the pustules were of a dirty grey colour with depressed centres, he was very weak and rapidly sank until 4 o'clock in the afternoon when he quietly died in his sleep.

No post mortem was made on this case. Signed A. R. Ridgway
Asst Surgeon 98 Regt.



1857

No. 258

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Folio	Ward	Division
46.	Péfro. Langan	38	Jan 21. 55	Jan 28. 55	Meas. Rubra	1 year	Windsor Hill	343	212	88	Medical

Abstract of the Case

This man dates the commencement of his illness about 2 years ago when at Winchester but nothing of interest is remarked relative to the nature of the disease. On his admission into Hospital he complained of slight headache & cough but not much pain in the chest. Shortly afterwards he became comatose & died about 9 A.M.

Secs. Cadaveric.

24 1/2 hours after death. Body considerably macerated. Rigor Mortis slight.

Dura Mater adherent superiorly to the folds of the Cerebrum slight effusion of lymph on the surface of the hemispheres.

Brain. Weight 3 lbs. 5 oz. Considerably softened otherwise healthy. Two ounces of fluid at the base of the Brain.

Heart. Weight 9 3/4 oz. Congested with old lymph. In surface of the aorta no mitral the pituitary bodies saw a few drops of blood. The aorta is rough & uneven from atheromatous deposit.

Lungs. Apparent bronchitis on the left side. on the right side throughout upper lobes. A large cavity in the superior lobe. In fact both were honey combed.

Trifling amount of fluid in the abdominal cavity.

Liver weight 7 lbs. 2 oz. Generally hypertrophied.

Spleen. Weight 14 1/2 oz. Healthy.

Kidneys. (right) 4 oz. Peritoneal covering thickened. (left) 4 oz. the same.

Muc. Glands much enlarged. Great deposit of tubercles.

Intestines slightly thickened. otherwise healthy.

Undersigned Assistant
Sgt. 185

July 2nd 1855

Abstract of the fatal case of Corporal John Hunter, Aged 28 years, 98th Regt^t
who died at 1/2 past 11 P.M. 30 June 1855 -

Morbus Cordis; Corporal John Hunter, an Englishman, a barber before Enlistment, had a total service of 8 years, 7 1/2 of which was passed in India, he has never felt right in the chest since he enlisted. He was admitted into this hosp^l on the 26th May suffering from constant palpitation of the heart, the 1st form of which was accompanied by a blowing murmur, indicative of mitral insufficiency, he continued almost in the same state until June 14th when he was discharged to be inspected. He was again admitted on the 19th June very ill and restless, on examination he appeared to be worse in the heart and to be advanced in Phthisis. He complained much of intense throat and a never ceasing cough. He remained much the same until the 28th sometimes rallying then again sinking on the 29th he got gradually weaker and on the 30th he died at 1/2 past 11 at night.

July 1st 1855

W. B. Westley, A. A. S.

There was no regular 'Post mortem' Examination made in this case as some of his relations came to bury him. The heart was the only organ examined.

Weight of Heart, 14 1/4 ounces, Five ounces of fluid in the pericard. The Auriculo-ventricular openings were patent, as the valves were degenerated into calcareous masses.

The Semi-lunar valves were in a state of recent inflammation
July 1st 1855

W. B. Westley

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Folio	Ward	Division
71	Pie Geo. Stewart	28	June 26	July 3	P. Pulmon Swell	Wentworth	373	214	85	Medical	

Abstract of the Case.

In his statement which was sent from Wentworth it is stated that he contracted a severe cold soon after enlistment (2 days ago) & has not been free from cough since that time. He was admitted into Hospital at Winchester on the 12th March with Haemoptoeia for which he was bled & took Laxative Emetics. The haemorrhage was checked but there was important physical manifestation of organic disease in both Lungs. His examination on admission verified his last complaint with the tubercular affection of the Lungs this also indicated a chronic inflammation of the Larynx. He died at 12 P.M. July 3rd 1853.

Section Cadaveric

12 hours after death. Body slightly emaciated. Pyric motion considerable.
Brain. weight 1 lb. 2 oz. Considerable deposit of tubercle on the surface of the two hemispheres with tubercle scattered over the margin of the longitudinal sinus. The whole organ rather congested.

Pericardium. contained an ounce of fluid.

Heart. weight 3 oz. Healthy.

Lungs. weight 6 lbs 3 1/2 oz. Large cavity in the inferior part of left lung. Both filled with tubercles.

Larynx.

Pharynx Considerably congested. The posterior part of larynx considerably inflamed. The larynx shows some evidence of the decomposition of the vocal chords. The trachea also was extensively inflamed.

Liver. weight 4 lbs 1/2 oz. Healthy.

Spleen. weight 14 1/2 oz. Healthy.

Kidney (right) weight 8 oz. Capsule was filled & distended with pus. Substantiated to be the disease of tubercle.
 (left) weight 7 1/2 oz. Healthy.

Stomach. Healthy throughout

Wm Ramsay Stewart
 Surgeon A.S.

July 4th 1853

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted Regt	Regt	Div	Division
92.	Chas. Battery	27	July 1 st 55	July 7 th 55	Pneumothorax	Chronic	Lincoln	375	SS	Medical

Abstract of the Case.

The station on which the man was last serving was Edinburgh. In the abstract of the case sent from there it is stated that the man was attacked with cough & expectoration accompanied with Dyspnoea. The cough & expectoration were not at first but later gradually increased. This is all that is stated & the statement nothing further concerning the physical symptoms is detailed. He died the same night he came into Hospital.

Graveyard

30 hours after death. Regt. Marks very slight.

Brain

weight 3 lbs. 1 oz. a considerable quantity of lymph spread over the meninges otherwise healthy.

Heart

weight 14 1/2 oz. 8 oz of straw colored fluid in the pericardium substance otherwise healthy.

Lungs

weight 4 lbs. 4 1/2 oz. 8 oz of straw colored serum in the left pleura. The lobes of right & left lung filled with tubercles in various stages of softening & degeneration. Adhesion of the upper lobe of pleura on right side. Pleura costalis & pulmonary abnormally thickened on the left side.

Liver

weight 3 lbs. 9 1/4 oz. Healthy.

Spleen

weight 9 oz 3/4. Healthy.

Kidneys

(right) 7 1/4 oz. (left) 7 1/4 oz. Both healthy.

StomachIntestines

Slightly congested - otherwise healthy.

July 8th 1855

Wm Ramsay Stuart
Staff. A. S.

395.

Reg	Name	Age	Admitted	Died	Disease	Duration	Regt.	Folio	Ward	Division
7.	Chas Bulpitt	20	27 th June	4 th July	Lumbar Abscess	about 12 Mths.	170		12	Surgical

Abstract of the Case.

Charles Bulpitt. An English labourer prior to enlistment. He arrived at the general Hospital Fort Pitt on the 27th June. from Winchester. On admission he was found to be in a state of extreme emaciation and exhaustion. having been suffering for a considerable period from lumbar abscess. On examination there was found a large fluctuating tumor (the integuments over which were thin red & appearing as if about to give way) situated in and occupying the whole Hypogastric Region. Pulse was extremely feeble. Feet oedematous. Teeth covered with sores. Total loss of appetite. On the evening of the 1st July the abscess burst discharging nearly three pints of most offensive pus. From this period he gradually sank and died on the 4th of July at 1/2 past 3 P.M.

Post Mortem examination of the Body 20 Hours after death

Body much Emaciated. Rigor Mortis moderately marked.

<u>Brain</u>	Weight 2 lb 10 1/2 oz. Healthy in every respect
<u>Heart</u>	Weight 6 oz. 14 oz of straw coloured serum in pericardium. Substance and valves healthy.
<u>Lungs</u>	Weight 2 lb 7 1/2 oz. old adhesions throughout left lung, slight adhesions upper lobe, right lung otherwise healthy.
<u>Liver</u>	Weight 6 lb 12 oz. Fatty
<u>Spleen</u>	Weight 12 1/2 oz. Healthy
<u>Kidneys</u>	Weight. Left 6 1/2 oz. Right 6 1/4 oz. both in a state of fatty degeneration
<u>Stomach</u>	and Intestines. Healthy.
<u>Pelvis</u>	On opening the coverings of the Psoas Muscle - A large abscess was found occupying the place of the Muscle which was entirely destroyed. The sides of the bodies and transverse processes of all the Lumbar & the last dorsal vertebrae were in a canonical condition. The abscess extended about 2 inches below Poupart's ligament among the Muscles of the thigh.

Charles Moffatt
Acting Assistant Surgeon.

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Vol	Word	Division
57 th	James Poole	39	15 th April/55	11 th July 1855	Phthisis Pulm	10 months	Corps	573	127.	13	Medical

Abstract of the Case.

P^r James Poole, 57th Regt. aged 39, total service 17 years, during which time he was stationed in the Presidency of Madras for 7 years, & the last two years he was at Corps. His general health has been good up to about 18 months since, when he had pains in his limbs for which he was admitted in the Regimentsal Hospital & was kept there for a period of six months. About September 20th 1854, being at Corps, had an attack of hemoptysis, but recovered after a week, not fit for duty, as he was suffering from cough with expectoration, which daily increased & became rather thick & yellow up to the 18th of April when admitted in this hospital. Pulse 90 & small tongue furred, bowels irregular, appetite good, sleep very restless. On admission he was treated with Cod Liver Oil & continued to improve under this treatment, although the cough especially at night was very distressing, but on the 7th of May was taken with diarrhoea, this was subdued by the employment of anodynes & astringents, but he remained very weak, the cough continued & the distress over the chest also, when on the 30th of June he had a slight feverish attack, tongue furred, bowels again loose & was again treated with anodynes & astringents. On the 7th July he had recovered from the feverish symptoms, but his general health had not improved, emaciation complete, extreme weakness, although tonics & stimulants were prescribed to him. He died on the 11th of July 1855 at 3 1/2 p. m.

Post Mortem examination of the body 32 hours after Death.

Emaciation considerable, rigor mortis not well marked.

<u>Brain</u>	weight 3 lbs 1 1/2 oz. healthy in every respect
<u>Heart</u>	weight 3 1/2 oz - 1 1/2 oz of serum in pericardium, healthy in every respect.
<u>Lungs</u>	weight 3 lbs 3 1/2 oz, old adhesions in both pleuras; large abscess in left pleura on left side. Left lung adhesive throughout, & both lungs thick, studded with tubercles. Ulceration of lower part of the Spigott's.
<u>Liver</u>	weight 3 1/2 lbs, healthy
<u>Spleen</u>	weight - right 5 1/2 oz, left 6 oz, signs of fatty degeneration in the cortical portion of the right. Tubercular deposits in the left. Mephitic glands tubercular.
<u>Stomach</u>	Healthy
<u>Bowels</u>	Ulceration of smaller intestines.

July 12th 1855 -

W. Palatiano, Med
A. J. Harrison

Regt	Name	age	admitted	died	Disease	Duration	Contracted	Regt	Fol	Ward	Division
57 th	P ^r Michael Callon	25	16 th April 55	15 th July 55	Phth. Pulm.	19 months	Coxs	373	126	XV	Medical

Abstract of the Case.

The Irishman, labourer before enlistment, has been 10 years in the service during which time has been stationed 7 months in Madras, 2 years in Cospic, the rest of the service has been performed in home station. Was healthy up to two years since when he had Rheumatic pains, for which he was admitted to Hospital, where he remained 3 months & after 2 months duty, again entered the Hospital for the same affection, and a third time a few months after with the same disease. He improved & was sent to light duty & continued so employed until February 1855 when he left Cospic for England, and arrived at Chatham April 15th, admitted to General Hospital Port Pitt April 16th 1855, with severe cough & copious expectoration thick & whitish, bad appetite, bowels irregular, tongue furred, pulse quick, small & weak, right lungs, chest resonant on percussion, distinct pectoral respiration in anterior superior region of the Thorax on either side. He was treated with Cod Liver Oil & diluted Sulphuric Acid to check the sweats & continued improving rather under this treatment, though very thin & emaciated, until the last days of May, when again the cough returned with greater intensity & expectoration copious, little rest at night, & only a sedative draught relieved him. He continued sometimes improving again, as to his general health, but the local complaint always troubled the patient & emaciation was progressing, when on the first days of July he was taken with looseness of bowels, lost all his appetite, as also his strength, & continued daily worse, until the 15th of July & at 7 a.m. died.

Post-Mortem examination of the body 20 hours after death.

Emaciation considerable, rigor mortis not well marked.

Brain Weight 3 lbs 2 oz. Posterior portion of right hemisphere of Cerebrum unusually soft, also on superior portion patches of ramollissement.

Heart Weight 8½ oz atrophied, 4½ oz of serum in pericardium.

Lungs Weight 4 lbs 15 oz. Right lung firmly adherent to the parietes of chest by organised lymph. Left lung also adherent throughout & indurated. On its summit an immense cavity & numerous bronchia throughout; parenchyma of upper lobes converted into numerous abscesses.

Liver Weight, 4 lbs 5 oz. Healthy.

Spleen Weight, 3 oz, healthy.

Kidneys Left, Weight 5 oz, slight fatty degeneration in cortical portion, easily detached from capsule. Right weight 5 oz, capsule easily detached, pale surface, unusually soft in texture.

Stomach & Bowels Healthy. Intestines ulcerated throughout, more particularly the smaller patches with large ulcerations. Tubercular deposits in mesenteric glands.

July 16th 1855.

Galatiano M.D. R. A. Long

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Age	Sex	Was	Living
91 st	Mr Robert Cornwall	40	8 th July 1855	10 th July 1855	Mitral & Aortic	1 1/2 year	Cape G. Hq.	373	12	XV	Medial

Abstract of the Case.

A miner before enlistment, total service 21 years & 2 months of which 15 at the Cape. Nature of disability was chronic Rheumatism. Has been in Hospital 4 different times & disqualified him from military duty from his inability to march. The man had always good health till the winter of 1853 when stationed at Fort Fordyce where he had not being finished the men were much exposed to cold, wet & frost. He then suffered from a severe attack of Rheumatism in the legs from which he partly recovered, but returned again in every occasion of hard work or exposure to cold. This & 15 years service in a hot climate completely wore him out. He was treated with purgatives, Diaphoretics & counterirritants. Entered this hospital on the 8th of July & on examination it was found that the heart's actions were increased, no distinct bruit, but the first sound increased, & the second considerably muffled; patient rather stout, considerable oedema of the limbs. Was treated with Aconites & Diaphoretics, with but little effect, as the oedema continued & effusions in the abdomen also was distinctly felt. (Continuing the Diaphoretics & after the administration of an opiate & only the oedema lessened as well as the actions of the heart, but again on the 16th July was worse, & on examination the impulse of the heart was again greatly increased in force, prolonged & extending over a large space. First & second sound obscure. Dulness on percussion. Pulse strong & frequent, oppressed increased & had also a sense of weight & oppression at the chest, considerable asthmatic, urine scanty, cough with expectoration tinged with blood. The patient was incapable of lying down at all, & was obliged to be supported by pillows. The former treatment was continued & to the night some Spt. Ntr. Alk. was added & a blister applied to the chest. Passed the day without doing anything, slept badly all night, countenance pale & anxious. Punctions were applied on the extremities, but without use; he died on the 10th July 1855.

Section Cadaveris, 21 hours after death. Rigor mortis slightly marked. General dissection.

Brain - Weight 3 lbs 3 oz, 1/2 of serum in ventricles.

Heart - Weight 1 lb 12 oz. Great Hypertrophy. Right & left cavities of heart filled with dark semiphenous blood. Aortic valves much thickened & in several places ossified deposits extending up the aorta for about an inch throughout its whole calibre there were thin plates of ossified deposit. The wall of left ventricle was about 3/4 of an inch thick. The mitral, tricuspidal & semilunar valves were healthy.

Lungs - Weight 5 lbs 11 oz. Right adherent to the Pleura costalis throughout; adhesions between pleura pulmonalis & costalis over anterior part of middle lobe of left lung. Much congested.

Liver - Weight 4 lbs 7 oz. Nodular liver. Spleen - Weight 7 oz, much congested. R. Kidney 9 oz & 1/2 healthy. Left Kidney 8 1/2 oz, healthy. Stomach & Intestines, healthy, about 2 lbs of serum in abdomen.

19th July 1855. - G. Platano. M.D. A. A. V.

No. 266.

Regt	Name	Age	Admitted	Died	Release	Duration	Contracted	Height	Wt.	Ward	Division
61 st	P ^{te} John McHaffey	29	17 th July/55	20 th July 1855	Discharge	14 months	Febrile	37 ⁰	200	XIV	Medical

Abstract of the Case

At home before he entered the service, in which he was seven years & eight months. Served in the last Indies, the remainder at home. At Liverpool in 1849 he was attacked with bad form of ague of irregular type, frequently recurring during the 3 years the regimen was quibbled here & often assuming a distinct remittent form. At Keppel he had repeated attacks of it during 1852 & 1853 with effusion of the pleura, diarrhoea, cough & scorbutic symptoms all of which have affected him more or less ever since. He was miserably reduced in flesh & strength & therefore totally unfit for any duty. Treatment for the febrile attacks general & local bleeding followed by Quinine & other tonics in various forms & doses. Quinine & other alteratives, astringents of every variety, carefully regulated diet & regimen.

On the 17th of July 1855 he entered this hospital & on examination it was found, emaciation, pulse at 70, small & weak, oppression of the chest, numerous rales throughout lungs & action natural. Abdomen soft, painful in the region of the liver, bowels loose tongue furrowed. A purgative of Castor oil with Tinct. Opium m. xx was administered, & the next day, half a scruple of Pulv. Rota C. Op. twice a day. The patient was a great deal better after such treatment, the bowels were regular, tongue clean & appetite returned, as he asked for more food & wine. On the morning of the 20th he was asleep but the orderly stated he passed a very quiet night. He awoke about 12 o'clock, ate his dinner, & at 5 p.m. was taken very ill. The officer on duty was called & immediately visited the patient, found him in a state of collapse, face & extremities blue & cold pulse imperceptible. Strong stimulants & warm bottles were ordered, but the man gradually sank & died at 7 p.m.

Post Mortem examination, 17 hours after death - Rigor mortis slightly marked no emaciation.

- Brain Weight 3 lbs. In the lateral ventricles there was a more than natural quantity of serum which was of a bloody colour. The substance of the brain healthy.
- Heart. Weight 11 3/4 oz. 3 oz of serum in pericardium, otherwise healthy.
- Lungs. Weight 3 lbs 4 oz. On cutting into the substance of the lungs an immense quantity of frothy serum escaped. The lungs were also congested at the back part. The cause of death was evidently this effusion into the lungs which must have taken place suddenly.
- Liver Weight 12 3/4 oz. Much congested & larger than usual.
- Liver Weight 4 lbs 10 oz. Hard, indurated & having the appearance of the Nutmeg liver very marked.
- Kidney Weight, Left 5 oz - Right 6 1/2 oz - Healthy.
- Stomach & Bowels. Healthy, Intestines a little congested.

21st July 1855

Walekian M.D. A.D.S.

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regist.	Folio	Ward	Division
68 th	Private James Taylor	35	26 June/55	20 July/55	Plethoric Pulm.	15 months	Tower of London	374	191	10	Medical.

Private James Taylor, aged 35 years, an Englishman and labourer, with a service of 17 years, of which he passed 10 years in Malta, the West Indies and North America, was admitted from the Dept. Orthopedic Hospital at Winchester with confirmed Plethoric Pulm. he dated the commencement of his illness to a cough, cough about 15 months ago. he was very much emaciated, and there were bulges under both scapulae with deep muscled sides and other signs of Plethoric Pulm. he smoked most profusely at night, was much purged and had severe & distressing cough and dyspnoea, with almost total loss of voice, he was very weak on his admission and gradually became weaker until he died quite quietly at 4 to 4.30 clock on the morning of the 20th July 1855.

Post Mortem Examination of the Body. 32 hours after Death.

Insensibility considerable. Rigor mortis nearly passed off.

Head

Brain. 5 lb 2 oz. Substance and membranes healthy.

Thorax

Heart. 11 oz. Four ounces of straw colored serum in the Pericardium. Substance and valves of heart healthy.

Lungs. Right lung adherent throughout its whole extent. The upper lobe of left lung also adherent. The upper lobe of the right lung completely filled with small tubercular cavities. a few scattered tubercles in the lower lobes. A large cavity the size of an orange in the upper lobe of the left lung. The remainder of the lung thickly studded with tubercular deposit. The mucous lining of the Larynx in a state of superficial ulceration.

Abdomen

Liver. 2 lb 15 oz. quite healthy.

Spleen. 4 1/2 oz. slightly congested.

Kidneys. right 5 1/2 oz. left 5 1/2 oz. both pale and flabby.

Stomach. healthy.

Intestines. Small. Two or three small ulcerations in the jejunum and the upper part of ileum, the ulcerations increased in number and began towards the ileo-caecal valve, the last three inches of the ileum being a mass of disease. The large intestines were free from ulcerations, but about six inches of the sigmoid flexure of the colon were much thickened and diminished in calibre.

No 27

Field R. Ridgway. M.D. Staff Surgeon 2nd Class.

No. 265

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regist.	Folio	Ward	Division
22 nd	Pte Henry Henry	37	17 July/55	27 July/55	Amnesia + Diarrhea	20 months	Loria	376	201	XIV	Medical

Total service 15 years of which 11 in India, Tossana Amnesia which first became apparent at Ravel Bunder in the month of November 1853. He became very violent & unmanageable requiring restraint, & when on the march from that station to Peshawar he stabbed one of the hospital guards with a bayonet. Has been kept in Hospital ever since & carefully watched. Character latterly good. Derivations from 17 January 1854 to 12 October 1854. Was of intemperate habits & has frequently been treated for slight attacks of Delirium Tremens, this probably assisted by an Indian climate may have laid the foundation of the disease. He was totally unfit for military duties for the above reasons. By trade a labourer. His fits were of common form of mania alternately

eroluent & disponding but of late they have been more mischievous than dangerous. His treatment had been adapted to the different stages of the disease & apparently with some benefit as he had no attack for some months. He entered this hospital July 17th 1855 considerably emaciated & weak, cough not little expectoration, looseness of bowels. He was submitted to a tonic & astringent treatment with counterirritants in chest, & was getting better & stronger in the first days, as the bowel complaint was checked & appetite better, but on the 23^d again his bowels were loose, lost his appetite, was always sleepy, sinking daily, & died at 4. am. on the 27th of July 1855.

Post Mortem examination of the Body, 32 hours after death

Emaciation considerable. Rigor mostly slightly marked.

Brain Weight 3 lbs. Healthy of normal appearance throughout.

Thorax In the left cavity, 9 pints of fluid, serum. The left lung greatly collapsed & lying close upon the vertebral column. The Pleura lining the cavity. Upper surface of Diaphragm the whole of Pericardium laid by a thick coating of fibrine, highly vascular & partly organized. Right cavity contains 2 1/2 qts of fluid. Right lung adherent throughout to the upper surface of Diaphragm by a membrane of the same character as that of the left.

Heart Weight, 77 gms. Healthy. Structure of parenchyma & valves normal.

Weight, 3 lbs 7 oz. Left slightly consolidated & greatly collapsed, but structure normal. Right, upper lobe normal, lower greatly congested & a portion hepatized. A large portion of this lung in an edematous state.

Liver Weight 2 lbs 13 pps. Structure natural. Milder deeper colour than usual

Weight 2 lbs. Structure entirely broken up & of a dark muddy appearance.

Kidneys Right, $4\frac{1}{2}$ oz Capsule easily detached. Structure normal. Left 4 oz, normal appearance, the inferior portion of both of a peculiar slate colour.

Stomach + Intestines. Healthy. Large intestines, remnants of former ulcerations

28th July 1855.

Palatino del A. A. A. A. A.

Regt.	Name	age	admitted	died	disease	duration	Contracted	Height	Weight	Build	Diagnosis
64	Corp. Wm. Simpson	36	August 12/55	August 24/55	Chronic Dysentery	15 Months	India	57 1/2	233	W	Medicine

Abstract of the case of Corp. Wm. Simpson Aged 36 of 64 Regiment admitted into this Hospital August 12/55 No. 10 Ward died on the 24 of August 1855 at half past one O'clock of Chronic Dysentery he was a Scotchman Calico Printer by trade sent here from Gravesend greatly emaciated eyes sunken in their sockets and features pinched he stated he was continually going to stool and at night especially very much with cold extremities Pulse small and feeble slight tenderness over the course of the colon Tongue has become apthous also great irritability of Stomach - He had been taken attempts tomes Opium with injections also Scurpts containing Hydrocyanic Acid etc which gave him great relief I also found injections of Bezoar Ampli 3ij Tst opii ʒss Compose him for three and four hours at a time but they soon lost their affect - and I ordered him suppositories containing Pulv opii ʒij Saponis Quaterni Supplices which gave him great relief I also had warm applications to his feet

Thomas J. Attleson

Act. Asst. Surgeon

Post Mortem of the body of Corp. Wm. Simpson

64th Regt. 27 hours after death

Rigor Mortis well marked - Extreme Emaciation

Brain

Wt. 3 lbs 9 oz a cyst observed on the Corpora Quadrigemina to which the Arterial blood was attached otherwise healthy

Lungs

Wt. 2 lbs 12 oz on the lower lobe of left lung a Centric abscess observed

Lungs otherwise healthy

Liver

Wt. 4 lbs 12 oz - Pale in colour - healthy

Spleen

A disorganized Mass of a dark muddy appearance

Communicating with the Stomach at the inferior portion of Great Curvature

Kidney

Lft - Wt. 5 1/2 oz

Rgt - Wt. 4 3/4 oz

Intestines

Illum as it entered colon and the whole length of colon to Rectum ulcerated

W. Attleson

Act. Asst. Surgeon

Regt	Name	Age	Admitted	died	disease	duration	Contracted	Regist	Folio	Ward	Division
1st Bn 60th	Sergeant John Donnelly	30	July 17 th 1855	August 24 th 1855	Phthisis	38 days	in India	373	229	XV	Medical

Abstract of the case of Sergeant John Donnelly. 1st Battalion 60th Rifles. Admitted into this hospital on 17th of July 1855 suffering from pain in the chest & severe cough and Dyspnoea also mucopurulent expectoration sometimes tinged with blood - slight fever generally every afternoon & night sweats. treatment before he came into hospital - local bleeding - expectorants - blisters & Opium. On examination signs of tubercular deposit were evident. sounds dull on right side (where he felt pain) & pectoriloquy at upper part of right lung. He was much emaciated & the feet oedematous. he was ordered a cough mixture of T. Scilla Vin Spec. P. Plaph. C. & V. S. - 24th He was reported better the swelling of the feet decreasing & the cough less & pulse strong. He appeared to grow better from this until the 2nd or 3rd of August. still taking Mist. pro tussis about this time. the abdomen became ascitic & the lower extremities greatly distended with fluid. From this he grew weaker gradually. On August 12th Reported. Declining daily very weak & the collection of fluid on the increase. appetite bad & spirits much depressed. fluctuation very distinct over the whole abdomen. He was troubled with pain in bowels & purging on the 16th Aug. ordered pills ex Pil. Scilla Co. & Pil. Hydrag. griv. Pulv. Opii gr. iii. H. in pul. xii. t. man. nocturna. which greatly relieved him. on the 20th the Anasarca almost entirely disappeared. he grew gradually weaker from that time and died on 24th August at 1/2 past 9. A.M.

No post mortem examination at the request of his friends

Francis J. Shott

Acting Assist Surgeon

Regt	Name	Age	Admitted	died	duration	Contracted	Regist	Folio	Ward	Division
51 st	Private James Glancy	32	July 14 th 1855	25 th Aug. 1855	seven months at home		373	243	XV	Medical

Abstract of the case of P^t James Glancy Aet 32 years 51st Regiment. Admitted 14th July 1855 suffering from Chronic Bronchitis which had lasted from January 1855. his case is Registered. Folio 224 Register 373 he was 32 years of age. had been in Hospital several times in India for dyspepsia & Rheumatism. at last was sent home. He was convalescent from that time until January when he was admitted into hospital suffering from Dyspepsia & Flatulence as well as cough. sputa of thick, tenacious & yellow character. chest prominent & emaciated. symptoms evidently depending on Chron. Bronchitis. no night sweats. treatment. Plebicum. Pulv. Doveri. Mist. Pectoral. Vesicat. tonics & antacids. - On examination - Respiratory murmur very faint mucous rales in anterior part of chest. dullness on percussion throughout all other functions in good order, from this (July 14th) he was considered to be improving in health being only troubled by a slight cough & expectoration. pulse regular appetite good. Aug 1st he was examined again Report. a slight mucous rale over upper part of right lung. Vesicular respiration. not clear. nausea still complained of during the next 13^{ten} days he was annoyed with vomiting pain & tenderness over the regions of the liver & spleen & stomach particularly. Hiccough was a troublesome symptom

and was pretty constant as also was purging. The hicough was relieved by other draughts the purging checked by astringents. he became extremely weak towards the latter part of his life his strength had to be supported by wine & spirits. he grew gradually weaker without any fear of a fatal termination on his part however. he sunk on the 22nd & following days very fast and died on the 25th August at 4. to 12 A.M. in Ward XV Medical division treatment in Fort Pitt of Jecoris Aselli. Cough mixtures. Other draughts & astringent Medicines strengthening plasters to relieve the pain in his loins.

Francis J. Shortt
Acting Assistant Surgeon

Post Mortem examination of the body of James Glancey 51st Regiment 46 hours after death. Emaciation, Extreme, Rigor Mortis not well marked.

- Brain Weight 3 lb. 3 iijss. healthy in every respect. —
Amount of Fluid in the pericardium 3 iij not more than natural.
- Heart Weight 3 iij 3 iij healthy in appearance - Valves healthy &
- Lungs Weight 1 lb. 3 xii paler than natural. tubercular deposit in both lungs & an abscess in the apex of the left -
- Liver Weight 1 lb. 3 iij appearance of venous congestion. the liver forms part of the parietes of the stomach being closely adherent thereto -
- Spleen Weight 3 iij darker than natural. much congested
- Kidneys Right Kidney - weight 3 iij } Healthy, though rather pale,
Left Do. - weight 3 iij }
- Stomach Scirrhus along the greater curvature and almost closing up the pylorus - nodulations of scirrhus all around except at the pylorus - at least $\frac{3}{4}$ " of an inch thick -
- Bowels healthy.

Fra J. Shortt
Acting Assistant Surgeon

Dec. 27th
Pte. William Campbell - 53rd Regiment.

No 31

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt.	Folio	Ward	Division
53 rd	Pte. Wm. Campbell	30	12 th Aug ^r 55	6. a.m. 10 th Sept. 1855.	Dysent. Ch.	6 months	on the passage home	375	238	XI	Medical

490

Abstract of the case of Private William Campbell - 53rd Regiment. admitted on the 12th August, died 6 a.m. 10th Sept. 1855. Disease Dysentery Chron.

Private William Campbell - aged 30 years, of bilious temperament, had a total service of 11 $\frac{3}{4}$ years, of which he had passed nearly eleven years in India, had always enjoyed good health until about three years ago, when at Peshawar he suffered much from diarrhoea, ague and severe rheumatism on account of which he was invalided to England -

On the 15th of last July he was landed from the "Earl of Dalcairas" in a very weak and debilitated state and was admitted into the Gravesend Hospital with dysentery from which he had been suffering for two months. He had frequent purging of loose faeculent matter mixed with blood & mucus attended by abdominal pain and tenesmus of rectum - his gums were ulcerated from mercury and his feet and legs were anasarcaous. He rallied sufficiently to permit of his removal to this hospital on the 12th of August when he was still very weak and purged 8 or 9 times daily, his legs were oedematous and the tongue with the red edge of dysentery. He improved a little until the 2nd September, when he caught cold in the changeable weather then prevalent, the purging of thin watery stools became almost incessant. He complained of constant pain in the left hypochondriac region and urgent thirst, and rapidly sank, dying at 6 a.m. of the 10th September 1855.

Signed by A. R. Ridgeway
Staff Surgeon 2nd Class.

Post mortem examination of the body of Private William Campbell
thirty hours after death.

Emaciation considerable - Rigor mortis complete.

Head. Brain. weight 3 lb 13. about half an ounce of fluid in each lateral ventricle, otherwise healthy -

Thorax - Heart - weight 8 $\frac{1}{2}$ lb. mitral valves rather thickened, otherwise healthy. Lungs - weight 1 lb 8 $\frac{1}{4}$ lb. very slight adhesions on the right side, otherwise most unusually healthy -

Abdomen - Spleen - weight 8 $\frac{1}{4}$ lb. - firmly attached to the diaphragm, very soft and pulpy in texture -

Liver - weight 3 lb 4 $\frac{1}{2}$ lb. fatty and somewhat granular -

Kidneys - Right 5 $\frac{1}{2}$ lb - Left 5 $\frac{3}{4}$ lb. cortical substance pale but of firm consistence. Stomach, Healthy - Congested patches six inches long in the middle third of the Stomach, the lower third of the Stomach altogether congested - There were numerous ulcers in the course of the colon, but commencing from the sigmoid flexure the large intestine was one mass of thickened nodulated and ulcerated disease.

Signed A. R. Ridgeway

2nd Class J. J.

A. R. Ridgeway

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt.	No.	Division.	Unit
40 th	Serjt. John Kelly	26	12 th August 1855.	13 th Sept. 1855	Phtisis Pulm.	months	Lt. Helena	375	237	Medical.	XI

Abstract of the Case of Sergeant John Kelly. 40th Regt. admitted 12th Augt. 1855 Died 13th Sept. 1855.

Sergeant John Kelly, aged 26 years, a L. R. H. man and Tailor, had a total service of 8 1/2 years, of which he had passed six years in the R. H. H. He was a volunteer from the R. Helena Regiment. He was of sanguine temperament - he had enjoyed good health until about fifteen months ago, when he began to suffer from cough and about six months ago Phtisis commenced and steadily progressed to its termination. He was landed at Freetown from the ship "Horn" on the 18th June and in such a debilitated state that he was taken into the hospital there, he laboured under confirmed Phtisis, copious expectoration night and day and several hectic with frequent attacks of ague and diarrhoea. He gained a little strength and was transferred to Fort Pitt on the 12th August. When admitted he was very weak and emaciated, and suffered from the above mentioned symptoms of Phtisis, ague and diarrhoea - there was abundant disease in both lungs but especially in the right. The chest symptoms made rapid progress, the cough was incessant and the expectoration most copious, the ague was frequent and obstinate leading still further to enfeeble him, as did also the diarrhoea which could be only partly checked. Aphthae formed all over the cavity of the mouth and he died at ten minutes to five in the afternoon of the 13th September 1855.

Post Mortem Appearance Forty Three Hours after Death.

Emaciation considerable - Rigor mortis complete.

Head. Brain. weight 5 1/2 lbs. about 1/2 an ounce of fluid in each ventricle, substance firm and quite healthy.

Thorax. Heart. weight 4 1/2 lbs. quite healthy. In the Pericardium 4 1/2 ounces of straw colored serum.

Lungs. weight 5 1/2 lbs. The Pleura on right side adherent throughout. A cavity the size of a large orange, and numerous smaller cavities in great numbers throughout the whole of the right lung. In the left lung there was tubercles behind throughout the whole lung but not so advanced as in the right lung.

Abdomen. Liver. weight 2 1/2 lbs. rather fat but otherwise healthy.

Spleen. weight 3 1/2 lbs. healthy.

Kidneys. Right 5 1/2 lbs. Left 4 1/2 lbs. both healthy.

Stomach. pale but healthy.

Intestines. Large and Small. healthy, showing some congestion in the Cecum.

Arthur R. Ridgway J. D. 2nd of Class

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Register	Vol.	Ward	Division
69th	Reuben Goodman	27	11 August 1855	15th Sept. 1855	Bronchitis Ch.	8 months	in England	375	230	ST.	Medical

Reuben Goodman, aged 27 years, an Englishman and Labourer. had a service of only eight months. He stated that he had always had good health until his enlistment, but that five or six days after he was taken with cough inside, followed by cough with much expectoration. He also had Epistaxis, Emphysema and inflammation of the lungs for which he was bled. There were afterwards symptoms of Pleurisy with copious purulent expectoration and a large abscess in the left side externally. When admitted here he had suppurated fist and thought to some extent, but complained of aching pains in the heart when he walked up stairs and a soreness of the legs. The chest filled with a purulent matter, and there were wheezing rales, bronchial expectoration and abundant copious rales on the right side of the chest, the expectoration being most distinct at the right side of the lower part of sternum. He complained also of constant pain between the shoulder blades and there was enlargement of the liver with tenderness on pressure. In the 6th August, the symptoms of acute Hepatitis became predominant, great fever, great hardness on pressure, pain on right side in inspiration, great thirst, high colored and scanty urine, with a dry red edged tongue. Active mercurial treatment and blisters subdued these symptoms, and on the 6th Sept. he was well enough to get up. On the 8th he relapsed, there were gurgling rales all over the left side of the chest, a great sense of suffocation, much thirst, dry tongue, increasing delirium and great pain on pressure over the heart. Purpura and oedema afterwards came on, the tongue was covered with a thick fur, the pulse was very feeble, the right leg became anæsthetic and painful, there was great and distressing pain and anxiety and dyspnoea and he died in great suffering on the 15th September 1855, half an hour after midnight.

Post mortem - 12 1/2 hours after death.

His mother having arrived here, permission for a slight examination of the chest was all that could be obtained, and as the body was to be buried at 2 o'clock - the examination was very hasty.

The Lungs were crowded with milky tubercles, and the lower part of the right lung was in the second stage of Phosphorus -

The Pleura on both sides were adherent.

The Pericardium was bound by loose and recent adhesions throughout its whole extent to the Heart, which, with its valves, was healthy.

The Liver was very large, fatty and like a cut Buttery - Its Capsule covering adherent to the Diaphragm.

The Kidney (the left one only was examined) was studded with tubercular deposit.

and it is probable that this deposit would have been found in many other situations.

Richd. R. Ridgway M.D.

Staff Surgeon W. J. Hall

Ref.	Name	Age	admitted	Died	Disease	Durat.	Contract.	Ref.	Folio	Board	Division
23 rd	Pte John Jones	27	June 25 th 1855	Sept 19 th 1855	Diarrhea	5 months	Crimia	377	125	H	Medical

Private John Jones, at 27 a laborer before enlistment; total service 10 months, 3 of which were spent in the Crimea, 2 at Scutari, & the rest at home. He was sent from the Camp to Scutari for enlarged glands, & was seized with diarrhea on his passage home. He had previously enjoyed good health, though of a sthenic aspect. On admission he had profuse diarrhea, about 10 stools a day. The glands of the neck & axilla were also enlarged, & the abdomen tumefied. Treatment consisted in astringents & nourishing diet, with Pot. Iodid & Dec. Sarsa for the glands. He had occasional attacks of fever with quick pulse, dry tongue & which was subdued with Calomel & Antimonials & febrifuge drinks. He had attacks of tenesmus accompanying the diarrhea, which gave way to treatment. About the 21st of August he seemed to get steadily worse, the diarrhea more profuse, with symptoms of hectic. Quinine was exhibited. The prostration & emaciation continued, the purging about 4 times a day, little affected by any treatment. No delirium, pulse very feeble. Thirst. abdomen tender. Bed sores. He also had pricking pains across the transverse colon, & the debility increasing, he had a slight hacking cough, with flushed cheeks, constant moaning & pain in the side. He gradually sank & died at 4 p.m. Sept. 19th 1855.

Post Mortem appearances 43 hours after death.

Emaciation considerable - Rigor mortis slight.

Head Brain. weight 3lb. 2 1/2 oz. Soft, but healthy. (2)
 Thorax Heart weight 8 oz. In the chest there were 12 oz. of bloody fluid in each cavity.
Lungs. weight 3lb. 11 1/2 oz. apex of right lung adherent. also adherent throughout on the diaphragmatic surface. apex of left lung slightly adherent. Tubercles plentifully developed in both apices: the whole of the left compressed; base of right lung natural.
 Abdomen Liver weight. 3lb. 5 1/2 oz. healthy.
Spleen weight 6 1/4 oz. 8.
Kidneys. left wt 4 3/4 oz. right 4 1/2 oz. both healthy.
Pancreas tubercular.
 Abdominal glands filled with tubercular deposit, the large intestine showing many patches of ulceration - caecum caput coli one mass of ulceration - several ulcerated patches even in the small intestine - Stomach healthy.

W. Kelsall.

Regt	Name	Age	Admitted	Discharge	Duration	Contract	Regt	File	Rank	Division
57 th	Pt Charles Edw. Moore	25	19 June 1855	20 Sept 1855	Phthisis Pulmonaria	6 Months	Fellows	373	199	15 Medical

He has been in indifferent health for the last year & half. He was then in Cofw. He has been several times under treatment for cough and expectoration and has generally been discharged after about 2 months treatment. During the last nine months or so I find that his appetite has begun to fail him, and an indifferent state of health become established. He was admitted into Hospital here on the 14th April with some symptoms as he had laboured under in the Mediterranean, and now I see he had several attacks of Diarrhoea which however was easily subdued. He was again discharged in June last, and admitted again soon after and then his disease is recognised as Phthisis. His history since is one continuous tale of bad appetite, bad rest, cough, expectoration &c: &c with occasional but temporary improvement till his end. I can find no account of the dullness nor any physical signs in the Register but when I saw him a week ago he was having night sweats, occasional bad Diarrhoeas, and no appetite - very considerable expectoration of frothy mucous-purulent matter and the apex of both Lungs gone. His diarrhoea was stopped two days before his death, and he was in his usual way when in the evening he was seized with the symptoms of pulmonary apoplexy (Ordery Officer) and died shortly after. It is very probable that a small vessel must have given way in the general break down of the Pulmonary tissue, and so have brought on the symptoms and caused his death.

No post mortem was allowed

Lt James Gordon Wood

Reg ^t	Name	Age	Admitted	Died	Disease	Duration	Contracted	Reg ^t	India	Rank	Division
15 th Bn	George Proser	29	August 14 1855	Sept 25 1856	Amasarca	14 months	Madras	375	240	XI	Madras

Private George Proser, aged 29 years - an Englishman & Baker before enlistment - had a total service of 10 1/2 years - of which he had passed six years in India - was admitted into the Medical Division on the 25th of June 1855. - He was sent from Madras & the following detailed abstract accompanied him. - "This man was a shop waiter at Madras & was accidentally kicked in the knee joint - an Abscess formed & the Os Calcis became denuded & could be felt distinctly with a probe - Effusion into the articulation took place & numerous incisions were made - but on travelling to Exeter he fell down increasing the injury considerably. - Inflammation of the knee afterwards came on & wasting of the thigh - but after many months in Hospital the limb partly recovered - the swelling closed up & the swelling of the knee went down - but although having the use of the knee & knee thus did not recover their former strength - obliging him to walk very lame. - Since the 30th of May swelling of the knee came on again with a great amount of Amasarca - Urine loaded with albumen. - He has improved up to the present time - the swelling of the knee has subsided & there remains no Amasarca - but from the weak state of his knee he is unable to perform Military duties. - In the Medical Division he was admitted under the head of 'Dyscrasia' & I find the following facts reported concerning him. - "Has had Syphilis for which he was salivated - has had ulceration of the left Vagina which was cured by Absters but the right Vagina is very much thickened at the present time in the middle third. - "There is an Ulcer on the outer & back part of the Os Calcis of the left foot - at the bottom of which roughened bone can be distinctly felt with a probe - in addition to the above the left knee - elbow & foot are much swollen & Adenations - his Urine contains Albumen & other symptoms of Albuminuria are present. - Under the effect of increasing doses of Tincture of Steel & Nitric Acid he improved & on the 14th of August was transferred to the Medical Division. - He had then an unhealthy - fastidious look - had much Amasarca of the lower half of the body - made about 24 ounces of Urine in the 24 hours - the Urine was densely coagulable on testing with Nitric Acid & heat - Bowels somewhat confined. - The Iron & Nitric Acid was continued - Cupping glasses were daily applied to the loins & blood drawn by them now & then - Sarsaparilla bath used every other day & small doses of compound Jalap Powder given occasionally. - Under this treatment he improved very much in general health & spirit - his appetite became good - the Adenata had almost disappeared - he sometimes passed as much as 120 & 150 ounces of Urine - of spec 1016 & containing very little Albumen & I had great hopes of his eventual recovery. - On the morning of the 22nd of September shortly after breakfast he was attacked with symptoms of something having occurred in the Peritoneum. - he was suddenly seized with severe spasms of the Abdomen commencing in the situation of the right Kidney with great tenderness on pressure - much purging & vomiting & soon followed by a sharp stitching pain which lasted about 20 minutes - he then became pallid - exceedingly anxious - covered with profuse cold sweat - & almost insensible so that death became imminent. - Hot Vin & water & other stimulants caused him to rally but during the whole of the 22nd & 23rd he continued exceedingly weak & complained much of pain in the Abdomen making no water & the Bowels being confined. - On the 24th the probe had set up - he seemed altogether better - made 100 ounces of Urine & expressed himself quite cheerfully - but in the evening he again became worse passed a worse

right & sank rapidly until he died at 5 P.M. on the 25th

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— Post Mortem Forty-four hours after Death. —

Permission to make an examination of the Body was obtained from his wife only shortly before his funeral — so that a hasty & ~~im~~partial inspection was all that could be made.

There was a large deposit of fat of very yellow appearance in the abdominal Parietes & on opening into the cavity of the Abdomen there was abundant evidence of recent Peritonitis extending over a great extent of the membrane even to that portion covering the upper surface of the Liver. — There was also a very large quantity of healthy looking Pus which had escaped into the cavity from an opening behind the right Kidney which led into a large abscess which seemed to have formed between the fascia covering the Psoas internus & Quadratus Lumborum muscles & the Peritoneum. — I passed my hand into this Abscess to the extent of two or three inches below Poupart's ligament — The Kidney was of very large size weighing — the left $11\frac{1}{4}$ oz & the right $11\frac{1}{4}$ oz — their outer surfaces very granular but on making a longitudinal section they were not found to be diseased to any great degree. — Death was caused by the bursting of the abscess into the cavity of the Abdomen. —

Signed) Wm. R. Ridgway
Staff Surgeon 2nd class.

Regt	Name	Age	Admitted	Died	Disease	Dur ⁿ	Contracted	Regt	Folio	Ward	Division
43 rd	P ^r Robert Hall	26	July 11 th	Oct 2 nd	Mark Contract	10 Mo ^s	Madras.	166	147	5	Surgical

Abstract of the Case of Private Robert Hall, of 43rd Light Infantry, aged 26th years, who arrived here on 11th of July, suffering from disease of the right hip-joint. - His total service was 6th years, of which, 4th years, were passed in the United Kingdom, 1st year in Southern Africa and the remainder of the time in India. - By trade, a mason, prior to enlistment, - By birth, an Englishman of wealthy make and voracious dissipation. - The origin of disease in this man, dates Madras Dec 1854, at which time and place he was attacked with pain in the right buttock, so severe, that he was unable to perform the duties of a soldier, and accordingly sent into Hospital. - Almost immediately after, an abscess formed in the outer region of the joint, and profuse discharge of thin sanguine pus took place. - Although active local treatment was immediately adopted with the internal exhibition of tonics, in the form of Quinine and Iron, the patient continued to emaciate rapidly, and was at length invalided to Gt Britain. - The sea voyage, to this country, appeared to have benefitted his general health and for some time after his admission into this Hospital, he was to be seen walking across the ward with the assistance of a crutch, with considerable ease and comfort. - After the lapse of a fortnight, however, a large abscess again formed in the affected region and being fully laid open continued to discharge profusely the same sanguineous looking matter. - The cavity which the pus occupied was extensive and at first appeared superficial to the dense fascia of that part, but it was soon pronounced to be deeper-seated. - The treatment consisted locally, of Iodine injections and Compress, with perfect effect. - Internally, were administered almost all known tonics with generous diet. - Notwithstanding, from the date of the abscess he continued to emaciate, and in the beginning of August. Sarsaparilla lost its aid to increase his debility. - During his illness he rallied at intervals, but each succeeding time his hopes were less and on the night of 1st Oct I observed, he was completely exhausted. He died on 2nd Oct. at 2 A.M. -

Post-Mortem

Forty-four hours after death. - Body considerably emaciated. - Rigor mortis slight. -

Brain. - Weight. - 3 lbs. 15 ozs. - Slight effusion beneath arachnoid. - substance of Encephalon soft, but otherwise perfectly healthy. Lateral ventricles contained about 5j of clear fluid. -

Lungs. - Weight. - 2 lbs. 9 1/2 ozs. - A type of healthy respiratory apparatus. -

Heart. - Weight 9 1/2 ozs. - substance pale & flabby; walls of ventricles unusually thin, particularly of the right. - Pericardium adherent throughout its entire extent to the Heart. - Adhesion firm and of long date. -

Liver. - Weight. - 2 lbs. 12 ozs. - Structure granular and fatty. -

Spleen. - Weight. - 12 1/2 ozs. - Structure healthy. -

Kidneys. - Weight of right. - 5 1/2 ozs. - Left. - 5 1/2 ozs. - Healthy, both. -

Stomach. - Healthy. -

Intestines. - The Small intestines were healthy and normal. - But in the large gut, towards the sigmoid flexure, were large patches of ulceration. - A tape-worm (*Ascaris Solitaria*) was found in the alimentary canal. -

A enormous abscess occupied the whole of the right Iliac Fossa, and extended down by the side of the pelvis, into the true Pelvic Cavity as far as the Os Coccygis. - The body of the Abscess extended forwards and outwards in the form of a mushroom. The Bone & Iliacus Muscles were in a complete state of disorganization. - Through the Obturator foramen, the matter had passed into the inner and upper portion of thigh, and by a large sinus under Poupart's Ligament. - The parietes of Abscess, were adherent to the upper surface of bladder. - Head of Pus when examined was discovered to be quite healthy, it contained however many Carions. -

J. R. Cole

A. D. Surgeon

Regt	Name	Age	Admitted	Disd	Discharge	Dis ²	Contracted	Reg ²	Folio	Ward	Division
98	Wm Waltham	29	May 20 th 1855	Oct 2 nd	Discharge	5 th March	India	378	152	14	Medical

Abstract of Case of Wm Waltham of the 98th Regiment - Disease Chronic Dysentery - Admitted May 20th 1855 - Bullied before Enlistment - Total Service 17 1/2 years - Six years of which he spent in China - Six in India and the remainder at home - Invalided home from China with Dysentery in 1848 and recovered him - was again sent out in 1849 when he got a second attack of the same disease and returned with the head quarters of his Regiment did not improve on his passage home and was admitted here suffering from Diarrhoea with pain in the course of Colon - stools Liquid and appetite bad. Was then treated for Diarrhoea with Resting, vegetable and mineral tonics and nourishing diet Improvements would continue for some days and then Diarrhoea would return again and cast him back to his old state - In the latter part of June had cough for some days and it then ceased without treatment and in the latter part of July his Stomach is described as painful and swollen after Digestion - From this period he began to continue to sink with intervals of improvement for a few days - till at last he became worn to a ~~mere~~ Skeleton with the bowels one day disturbed 7 or 8 times and then not acted on for several days and at last died October 2nd at 6 1/4 of P.M.

Post Mortem Appearance 41 Hours after Death

Body very much emaciated spots of passive hæmorrhage over chest and Arms - (Weather cold and wet)

Head Brain weight 2 lbs 11 1/4 oz healthy 1/2 oz of fluid in Lateral Ventricle. Steps thickening of Arachnoid

Thorax Heart weight 4 3/4 oz healthy. On opening Chest left Pleura was found adherent with upper and middle ribs - Lower Rib free - Right Pleura adherent at apex of Lung -

Lungs weight and texture 2 lbs 4 1/4 oz Their pleural lining clothed over with thickened tubercles very thickly - on cutting in to their structure a cavity about the size of a walnut was found in the posterior part of middle lobe of left - and another in the apex of right of about the same size - Lower lobe of left much compressed middle and lower lobes of right healthy -

Abdomen Spleen weight 3 1/4 oz much consolidated
Kidneys healthy - The left weighed 5 1/4 oz - Right 5 oz
Liver weight 2 lbs 2 1/4 oz healthy -

Intestines - Colon in patches much compressed particularly about Cæcum - Stomach and Intestines also of a dusky black coloration - Stomach of the same character - No ulceration or signs of previous ulceration in any part of Intestines

J M Macartney
Staff Asst Surgeon

Reg ^t	Name	Age	Admitted	Died	Disease	Par ^t	Contracted	Reg ^t	Vol ^t	Pract	Division
77 ^b	Hiles Jack	26	July 22 ^d 1855	Oct 8 ^d 1855	Phthisis Pulm ^a	John	(Winn)	374	217	10	Medical

There is no history of this man or his case inserted in the Register but on his admission here for the Garrison Hospital the following abstract accompanied him. — "Admitted June 12th 1855" —

"During the whole period he has been under observation he has been witness of decided weakness of intellect mingled with a considerable profusion of self conceit; — he talks in a pleasant rambling way in under apprehension of some imploding evil — complains of all sorts of aches & pains & imagines symptoms — is of exceedingly dirty habits & of an obstinate disposition — has been exhibited any symptoms of violence or the contrary is known & hidden. — Has had Diarrhoea." —

Post mortem — July 15th 1855.

"A certificate of recommendation to admit him into the House established is annexed"

Referring to this man coming under my care I find the following statement of him. — He was admitted at this ward on account of Diarrhoea — was at first passed several times a day but at length — he had a very good appetite but his sleep was somewhat bad. — No more detailed account than this could be obtained as he was admitted in a state of mania & refused to give any account of himself. — On the 27th of July an examination was made of his chest & a bronchitis discovered beneath the 11th rib. He then expectorated a great quantity of puriform matter & the Diarrhoea was excessive. — From this date until Sept 13th he appears to have remained much in the same condition — at this date he had an excellent appetite — there was a large cavity with much thin disease existing in the right lung — he was still very much purged but the cough was not so great & there was but little expectoration. —

On Sept 25th this man came under my care — on examination I then found him to be in an advanced state of Phthisis — I found a large cavity & tubercle in the right lung — the left lung was consolidated. — He expectorated a great deal & complained much of coldness in the lower extremities. — His bowels were much relaxed — several times during the hour — but his appetite was most voracious for a man in his condition. During the period existing between Sept 25th & Oct 8th he varied much — the bowels were at first relaxed in a great measure from the excessive purging & then relaxed again into the same condition — for some days he was constantly asleep & there was great difficulty in rousing him — but towards his end he became very restless & there was much difficulty in procuring him sleep up to the aid of Opium. — His appetite was gradually failing him & he became weaker & more & more emaciated till the hour of his death.

Post Mortem appearance 14 hours after death.

— Body much emaciated — Rigor mortis slight. —

Head. On opening of chest found beneath the bronchoviscera — Veins of Brain 3 1/2 in 4th — a good deal of congestion about the base of brain.

Thorax. Membranes of right side adherent above & also in the centre — 3 points of fluid found in left Pleura. Pericardium adherent to Heart — weight of both 11^{lb} — Walls of right Ventricle & Ventricles pale & thin. — Left Ventricle healthy — Valves normal.

Veins of Lungs into Branches 4 1/2 in 10th — Left lung free from tubercle consolidated by compression.

Thorax (continued), of Pleural Union - Lungs lung throughout - a large Venous in the
 Apex - broken down tubercle throughout the structure - Bronchial glands cheesy &
 very much enlarged.

Abdomen.

Weight of Liver $3\frac{1}{2}$ lbs - "Weight of Liver" & very much congested

Kidneys healthy - weight of right $5\frac{1}{2}$ lbs - weight of left $4\frac{1}{4}$ lbs

Spleen healthy weight $4\frac{1}{4}$ lbs

In Bowels - patches of ulceration in descending Colon & Rectum - small
 intestines congested.

H. B. Jenkins.

No 40

No. 291

Age	Name	Age	Admitted	Disch.	Disease	Date	Contracted	Reg.	Idios	How	Discharge
98	Larence Gasford	33	15 th September	Oct. 14 th	Dysentery. Chorea	2 years	India	381	35	15	Medicinal

Private Larence Gasford Admitted here from the Garrison Hospital
 on 15th September 1855. Has been under treatment for the last two years for
 Chronic Dysentery which he first contracted in India. He did not
 not improve on his voyage home. On admission he was extremely weak
 body exceedingly emaciated, bowels disturbed from 8 to 10 times in
 twenty four hours; evacuations liquid & generally of a dark brown
 colour. He vomited frequently during the day particularly after meals
 a fluid of a very acid taste, sometimes colourless at others of a dark green
 colour. Had no cough nor any physical sign of disease in chest.
 He sunk gradually from the time of his admission & died on October 14th
 at 8^{3/4} o'clock A.M. Treatment was the various class of Astringents
 Vegetable & Mineral with moderate diet.

Last Motion Appearance 51 hours after death

Weather Cold; dry; Regn. Motion Complete; Macerations Considerable
 Head Membranes healthy; Weight of Brain $3\frac{3}{4}$ lbs substance healthy
 Heart Weight $7\frac{1}{2}$ lbs healthy
 Thorax Lungs, Weight $3\frac{1}{2}$ lbs; old adhesions of pleura on both sides of chest -
 Congestion of base of lungs; remainder healthy
 Spleen Weight $6\frac{1}{4}$ lbs healthy
 Liver Weight $3\frac{1}{2}$ lbs healthy
 Abdomen Kidneys Weight $3\frac{1}{4}$ lbs left $3\frac{1}{2}$ lbs both healthy
 Stomach Colour dark red approaching to black; thickening
 greater than natural of pyloric region
 Intestines. Small intestines had occasional spots of inflammation
 on their mucous coat but no ulceration

On approaching the Cecum there became more intense
& continuous. The Cecum, Colon & Rectum were all much thickened
in their coats; their colour dark green & numerous ulcers of
the size & shape of a split bean existed. These became more
frequent towards the Rectum & resembled a series of flabby
ulcers with pale prominent granulations raised above
the level of the surrounding mucous surface.

John Macenthey
Staff & Asst. Surgeon

Regt	Name	Age	Admitted	Disch	Disase	Ser	Contract	Regt	Fil	Ward	Division
77	Mr Thomas Warren	40	Sep: 19	Oct 19	Tumour	4 rank		167	187	2	Surgical

An Englishman aged 40. A sailor has been in the service 22 years and seven months. Five years in the Mediterranean. Two in Jamaica. Two and half in Canada and Turkey. When in Malta had a shaggy sore on the left leg for five months was admitted at Fort Pitt, for a tumour on the right side of the neck which extended from beneath the clavicle upwards to the angle of the jaw. Hard. Circumscribed and without pulsation and has deep and firm attachments. The veins around are much swollen, the voice hoarse and deglutition difficult, but no pain whatever. The larynx pushed aside to the left nearly half an inch. A month after admission the tumour was perceptibly enlarged and the symptoms from pressure on the larynx and oesophagus much more distressing, so that he could scarcely swallow any solid food. On the 13th of this month Dr Parry took him to London and consulted Mr Ferguson, whose opinion was, that it was of a malignant character, and little or nothing could be done for him. He was ordered Iodide of potassium both internally and externally without any benefit. From the 13th to this day the (18th) The respiration became more and more oppressed and there was great lividity of countenance and congestion of the chest, with here and there spots of blue discoloured veins. He gradually sank asphyxiated and expired this morning 3 o'clock A.M.

Post Mortem appearances 12 hours after death. On removing the integument all the muscles of the neck were found unusually hypertrophied and the external jugular vein running on the anterior surface of the tumour. The tumour itself extended from the mastoid process of the right side downwards behind the clavicle and was attached to the upper lobe of the lung enveloping the large vessels of the neck and occupying the greater part of the upper opening of the thorax. Posteriorly it was firmly attached to the bodies of the vertebrae and developed the cervical flexus of nerves. To the left side it was firmly adherent to the trachea from the lower border of cricoid cartilage to its bifurcation pushing it very much to the left and diminishing its caliber considerably giving it a completely curved figure. The

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Thyroid body was smaller than natural and had no connection with the tumour except by slight cellular tissue - The most intimate attachments were posteriorly to the anterior surface of the bodies of the vertebrae - The pericardium was filled with fluid and the substance of the heart of a deeper colour than natural - the external surface being somewhat roughened with a few flakes of lymph on it - the consistence and appearance of the tumour was that of medullary cancer -

Henry W. Hubbard
Ac. Asst Surgeon.

No 42

No. 283

Pt.	Name	Age	Admitted	Died	Disease	Contracted	Duration	Pt.	Folio	Ward	Division
65 th	For th Mahony	26	Oct 8 th 55	Oct 19 th	Phthisis Pulm.	New Zealand	3 years	382	19	XI	Medical

Abstract of the Case of Private Jeremiah Mahony 65th Regiment - Admitted into No 42 on the 8th of October 1855 - and died on the 19th October 1855 - Disease Phthisis Pulmonalis -
 Pt. Jeremiah Mahony aged 26 years an Irishman and Labourer with a total service of 6 1/2 years suffered from Rheumatism at Chatham in 1850 and was under treatment for a month - and again at the same time for a month at Canterbury in 1851 - On the 15th November 1852 while on his passage to New Zealand was attacked with Diarrhoea followed by symptoms of incipient Phthisis. After he landed on New Zealand the disease became gradually developed and he was invalided home on 3rd of November 1853, but detained at Sidney Fort observation by the P.M.O. there - The Phlegm continues to progress - He had several attacks of Hemoptoe, besides other more distinct symptoms and signs of Phthisis - And he was eventually sent to England on the 29th May 1855 - reaching this Hospital on the 8th of October in a moribund state. There was a large cavity at the apex of each lung and thin pulmonary tissue - Much dyspnoea and purulent expectoration. Considerable Diarrhoea and Nausea - He gradually sank and died at 20 minutes past 12, A.M. on the 19th October 1855 -

Post Mortem of Pt. Jeremiah Mahony 65th Regiment - 36 Hours after Death -
 Emaciation considerable - Major Morbid Changes -

Head

Brain weight 3 lbs 4 1/2 oz. Vessels of Dura Mater somewhat congested. The substance and structure of the Brain healthy -

Thorax

Only a pint of fluid found in the left Pleural Cavity. Small fibrous deposits at the base of the left lung and over the surface of the Diaphragm - No adhesion at the apex of the left lung - Very old adhesion over the entire of Right Lung.

Heart weight 9 1/4 oz. Little fatty deposits on the Medial Column, otherwise healthy -

Lungs 5 lbs 11 oz. Large Cavities in both apices and numerous abscesses of various sizes throughout - Both lungs which were completely disorganised

Liver 5 lbs 5 1/2 oz. of a pale fawn color - very fatty and granular -

Spleen 10 1/2 oz. healthy

Kidneys - Right 5 1/2 oz. Left 6 1/4 oz. both healthy -

Large Intestines - Dilated throughout this whole extent but more particularly low down in the Rectum. The lower third of which was on mass of ulceration

Archd Mc Neill
Staff Surgeon 2nd Class

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Height	Weight	Division
69	Michael Cornors	31	Sept ^r 14 th 55	Oct ^r 17 th 55	Phtisis Pulm	3 Years	West Indies	38.3	12.7	Medical Board 10

Abstract of the case of Private Michael Cornors of the 69th Regiment admitted 14th of September 1855. Died 17th October 1855.

Private Michael Cornors aged 31 An Irishman. A Labourer previous to Enlistment. Total Service 7 years and a half - of which he has spent 5 years on the West Indies and the remainder at Home. Stated that was first attacked with Cough about three years and a half ago attended with slight expectoration which was not relieved. Was afterwards sent An Invalid Home from the West Indies on the ship Ann Taylor - and was admitted into the General Hospital on 22nd of August 1855 in a very weak and debilitated state of Health from the ~~above~~ Disease as stated above of three year duration. (Hospital detailed Case not received) Was admitted into Post Pitt. Ward 10. On the 14th September 55 and complained on admission of a very troublesome and distressing cough attended with Expectoration and a great quantity of very purulent expectoration. Night Sweats and General Depletion. On Examination he was found to have his Right Lung very extensively diseased as also the Apex of the Left. He also complained of Throat and slight Dyspnoea which gradually wore him away and he died on the 17th of October 1855. At half of the day, A.M.

Post Mortem Appearances 53 Hours After Death

Weather Dry and rather warm - Rigor Mortis Complete -

Head

Brain weight 2 Lbs. 4 OZ. Healthy -

Thorax

Pleural adhesions very firm on both sides but more particularly at the posterior part of the Apex of the Right Pleura -

Lungs weight of both 4 Lbs. 9 OZ. Apex of Right Hypertrophied - structure exceedingly solid - An Abscess about the size of a Walnut found in the Centre of its lower lobe - Another Abscess discovered on the back of the same Lobe about the size of a Chestnut. Structure of Lung about the same completely Carnified. Left Lung filled with Military Tubercles - No Abscess - Heart weight 13 OZ and a 1/4 - Valves Healthy - Right Auricular Ventricular Opening enlarged to about twice its normal size - so as to admit five fingers -

Abdomen

Liver weight 3 Lbs. 13 OZ and 1/2 - Healthy

Spleen weight 10 OZ - Healthy

Kidney weight of Right = 5 OZ and 1/2 of Left 5 OZ and 3/4 Healthy

Intestines - A white spot about 3 inches in extent discovered on opening the which seems to be a patch of old ulceration probably caused by some irritating substance - Bowels Healthy -

J. Norton Bayly
Candidate

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regulation	Spals	mailed	Division
99	James Arnott	20	20 Oct. 1855	29/30 Oct.	Oberwatch			384	229	14	Medical

Abstract of the Case of Pte James Arnott. 99 Regiment, who died at 12 past 12, night of the 29/30 October 1855

An English labourer of 2 years service, admitted into the Garrison Hospital (Rathbone) on the 2nd Augt with right blindness, and while under treatment for this, on the 12th Sept: an attack of Diarrhoea supervened. Succeeded by wasting and debility to such an extent that he was sent to the General Hospital on the 20th Oct. Apparently in a state of stupor, answering questions when roused but slowly and after collecting his thoughts as if it was a great exertion. Complained of pain in the Epigastrium after meals, which he said was of 5 years duration, also pains in the calves of his legs, pale moderate sweat, & faded brown in the centre and dry, & moist. & regular. Continuing in this state until the night of the 26th when he had severe rigors and sweating. On the morning of the 28th pain in Epigastrium was very severe, with a peculiar mottled and clammy state of the skin of the hands & face.

The treatment consisted of leeches to the neck, purgatives, attempts to bring the system under the influence of mercury & leeches to Epigastrium

Past midnight 35 1/2 hours after death. Noon 31 Oct. 55

Body emaciated

Head Brain weight 3lbs 5oz. serous engorgement, with increased quantity of fluid at base & in ventricles. Very distinct softening of the upper and posterior part of the "Hæmi Optici".

Chest. Pleura. no adhesions, but containing some purulent matter.

Heart. 11oz. healthy

Lungs 3lbs 7 1/2oz. Acedematous throughout. left bronchial gland had suppurated causing the matter in pleura.

Abdomen Liver 3lbs 3oz. healthy

Spleen 13oz. hepatized

Kidneys, right 5 1/4oz. left 4oz. Capsules firmly adherent. 2 extensive granular degeneration with great firmness of texture

Stomach healthy

Intestines. Contraction of colon, with chronic vascularity, and marks of abrasion of the mucous membrane, particularly in the ascending portion. Remainder healthy

Jas Stewart Surgeon
2d class Staff

417 No 45

No. 286.

Regt	Name	age	admitted	died	disease	duration	contracted	Regt's	John	division
67 th	Michael McFinn	31	27 th Oct 55	31 st Oct	Phtisis Pulm	3 years	Gibraltar	382		Medical

Abstract of Michael McFinn's case a private of 67th Regiment who died in No 11 Ward Fort Pitt 31st Oct. 1855 -

Michael McFinn, by trade a tailor, aged 31 years & 13 years service 35 of which he served at Gibraltar was admitted into General Hospital on 27th Oct. on admission he presented all the physical and constitutional signs and symptoms of Phtisis Pulmonalis. He was, full, haggard & emaciated, hair loose slanting - eyes, suffused, lips, livid, cheeks, hectic, pulse 120 - complains of cough, profuse night sweats and total loss of appetite, uterine listless of all passing around him. Has a great tendency to sleep, loud cavernous respiration was heard over almost the entire of the chest but particularly at the posterior portion of the right lung at the angle of the scapula. There was also well marked dulness at this point, has subcutaneous emphysema became semicomatose and died on the 31st ultimo at 9th of am.

Post mortem appearance, 26 1/2 hours after death.
Body emaciated, rigor mortis complete, weather cold

Head	Brain 3 lb 6 1/4 oz - the lateral ventricle, containing more than an ounce each of fluid, the optic thalami corpora striata & all the boundaries of the ventricle, very soft - The substance of the brain generally soft -
Thorax	Heart 10 1/4 oz right side thin otherwise healthy - Lungs a mass of tubercular deposit, adherent to the parietes of the chest on either side weight 2 lb 6 oz -
Abdomen	Liver weight 3 lb 5 1/2 oz healthy Kidney (right) weight 5 3/4 oz substance congested " Left 6 3/4 healthy Spleen weight 7 oz healthy Intestines, -

Chas. J. Kiwan
Actg. Assist Surgeon

Regt	Name	Age	Admitted	died	disease	duration	Contracted	Regt. fol	Division
51st	Wm Finch	31	30th Oct. 1855	6th Nov. 55	Dysentery Chron	6 months	Crimia	382	29 Medical
									XI

An Englishman, Blacklayer before enlistment, with a total service of $3\frac{1}{2}$ years, had always had good health previous to his landing in the Crimea on the 25th of May last, but he soon was attacked with very severe diarrhoea which with various intermissions still persisted, and for which he was invalided home, Three weeks before his arrival in England he caught a severe cold from which he was suffering much at the date of his admission on the 17th Octo, under the head of 'Catarrh Chron' he had much cough, copious mucous expectoration, slight and occasional pain in the chest, and a great sense of weight - he was much emaciated, skin dry, tongue brown, appetite bad, thirst considerable and constant, stools frequent, and thin watery, light brown - The chest was quite clear on percussion, there were numerous râles throughout the lungs, especially under the left clavicle, there was tenderness on the right side on taking a deep breath, but no pain on pressure beneath the ribs on either side. The nausea was checked in the course of two or three days by the use of Crocodote, but the other symptoms continued to increase, the tongue became dry, hard & brown, the difficulty of breathing became more urgent, the stools more frequent & watery, pulse quicker and smaller; on the 14th November he passed his motions involuntarily and copiously sank - He died at 6 o'clock A.M. on the 6th November. The treatment consisted first of Crocodote, Castor oil with Laudanum, and blisters to the epigastrium afterwards of Lead & Opium, Linnæa &c.

Post Mortem appearances in the case of Wm Finch 48 hours after Death

Body emaciated vigor mortis passing away.

Head

Brain weight 2lb 14oz - healthy

Thorax

Heart weight 8oz - right auricular orificular opening much larger than natural, the valves large & would seem to close the opening in other respects natural and healthy.

Lungs weight 2lb 8oz, there were slight adhesions between bases of R Lung & Diaphragm there was a small abscess, the size of a nut, containing thick creamy pus, consisting of a bronchial gland, in the upper lobe of R Lung near its inner margin of the thin edge of the upper lobe of L Lung was emphysematous, in other respects healthy.

Abdomen

Liver weight 2lb 11oz substance healthy, there was adhesion about the size of the palm of the hand between its upper surface & diaphragm, corresponding with the one between diaphragm & R Lung.

Spleen weight 5oz very small & mottled looking, but substance healthy.

Kidneys Left 5oz Right 6oz both healthy right congested

Stomach healthy

Intestines there were several cicatrices of old ulcers in the rectum, the transverse colon was highly congested, the caecum even still more so - the lower third of the Spleen was in a state of intense congestion.

Thomas M. Pearson

Acting Assistant Surgeon.

Regt	Name	Age	Admitted	Died	Disease	duration	Contracted	Page	Folio	Division
98th	William Read	22	Aug 9th 55	Nov 7th 55	Dysentery	1 year	Bengal	3 ⁴⁴	228	Medical X

Abstract of the fatal case of Drumpler William Read 98th Regiment.
 William Read aged 22. Admitted into this Hospital August 9th 1855. Disease was
 Dysentery contracted at Calcutta. its duration was one year. Is an Englishman. Occupation before
 enlistment was that of a weaver. Served 4 years of which 3 have been passed in Bengal.
 There is no record in the Register of any former diseases. The fatal disease was acquired at
 Calcutta 12 mo since. The symptoms then were griping pain in the abdomen & looseness of the bowels
 nothing being passed but blood. The voiding of blood ceased about May last but the purging
 continued. He landed in England July 14th 55 and was admitted into the Garrison Hospital,
 Bethlem July 6th. He was treated there with lead and opium and improved continuously to
 July 17th on which day his purging increased and his general condition deteriorated. He gradually
 emerged out of this relapse and progressed favourably till August 8th at which time according
 to the abstract he brought with him, his appetite was good, his bowels regular and his appearance
 that of one likely to progress favourably. He was transferred from Garrison Hospital to Fort Pitt Aug 10th.
 On admission he presented the following symptoms: pain in abdomen, slight purging, pallid
 countenance and a feeble pulse. He continued with much the same symptoms till Sept 14th
 when it was noticed that his aniles were adenitons. On Sept 18th he began to be troubled with
 cough, which cough when it first came on was unattended by expectoration. During the next week he
 got rather worse, he was purged more frequently, the adema increased and it became apparent that
 he was undergoing emaciation. For the next month he remained much the same, his bowels open
 4 or 5 times during the 24 hours, the adema of legs and feet continuing and with occasional
 tenderness in the abdomen. About the 20th Oct. he began to sink still more; the adema increased;
 his feet were perpetually cold and his pulse feeble; his cough also increased in amount and began
 to be attended by expectoration. On Oct 25th he was spitting a large quantity of mucous purulent
 matter and I found loose crepitation over the lower part of both lungs; in the upper part of the chest
 loud coarse bronchial respiration was heard on both sides. He continued to get worse, the adema
 rapidly increased, the fleeting colicky pains in the abdomen merged into an acute fixed pain in the
 left hypochondriac region indicating intestinal mischief and on Nov 6th the day before his death he
 had slight vomiting. He died on Nov 8th at 3 1/2 past 3 in the morning. During the time he was
 under my care which was for 3 weeks before death his tongue was never affected but continued
 clean and moist to the last. His heart sounds were perfectly natural and it was only till a few
 days before death that albumen was discoverable in the urine, so the adema was neither a result of
 disease of the heart or of the kidney.

Section Cadaveris 33 hours after Death

Trunk and limbs much emaciated except legs and feet which were adenitons. Peyer's glands had
 passed off
 Brain weight 3lb substance healthy.

- Lungs** weight 3 lb 3 oz. There were a few bands of adhesion between the left lung and the pleura, but the right lung was entirely free from adhesions. The lower lobe of the right lung was congested, the congestion almost amounting to hepatization: no portion of the affected lobe would sink in water.
- Heart** weight 5 1/2 oz. Substance and valves healthy. Cavities small, especially that of the left ventricle which was almost obliterated: probably this was merely an after death appearance, the rigor mortis commencing longer in the heart than in the rest of the body. The cavities were empty of blood. The pericardium contained 2 oz of straw-coloured serum. The cavity of the pleura did not contain serum.
- Stomach** healthy
- Intestines** both small and large presented here and there patches of inflammation and in one patch in the large intestine there was a minute ulcer.
- Liver** weight 2 lb 14 oz. Substance pale in colour but of proper consistence.
- Spleen** weight 3 1/2 oz. substance healthy
- Kidney** Right weighed 4 1/2 oz. Left 5 oz. Right one was slightly congested; the left was healthy.
- John Jackson Esq. M.D.
Assistant Surgeon 14th Regiment.

No 48

No. 289

Regt.	Rank & Name	Age	Admitted	Died	Disease	Contracted	Duration	Regtals	Holds	Ward	Division
R.C.R.	P. Michael Reynolds	36	18 Nov. 1853	22 Nov.	Filth Palmar	Canada	1 1/2 yrs	381	5	15	Medical

Abstract of the Case of P. Michael Reynolds Royal Canadian Rifles - Died 22 Nov. 53
An Irish labourer, aged 36, had a total service of 17 1/2 yrs, volunteered from 88 Regt. had been 6 yrs in the Mediterranean, 3 1/2 in the West Indies & 5 1/2 in North America. He had always enjoyed excellent health until Jan'y 54 when he caught a cold which he neglected & gradually became worse, since then he has not done any duty. On Admission he was unhealthy, looking & looking, much emaciated and the breathing hurried; the sound on percussion was very clear, respiration entirely bronchitic and in lower part of right lung as through some very tenacious substance. Expectoration mucous, purulent, pulse quick, he passed restless uneasy nights, cough was short & irritating much stuffiness of the chest & also purging. On the 18 he wrote he had that he was not expected to live until the following morning, he however rallied somewhat & lingered on till the 22^d =

Post Mortem. 34 hours after death. Rigor mortis complete

- Head** Brain 3 lb 1 1/2 oz. healthy and very firm
- Chest** Heart 12 oz - healthy
Pleura, Adherent throughout & to diaphragm, more densely on left side
Lungs 5 lb 12 oz. Right, a cavity the size of a large orange filled with pus at the apex & for bronchus throughout & congestion at the posterior part of the upper lobe - Left, four small cavities the largest about the size of a small walnut in the upper lobe.
- Abdomen** Liver 4 lb 1 1/2 oz, perfectly healthy. Spleen 8 3/4 oz healthy. Kidneys 12 lb 8 L 6 1/2 oz. healthy
Stomach & Intestines - Stomach adherent to the ascending colon, slight congestion of the upper part of colon, & some ulceration, otherwise healthy. Jaspert & Wiggins 20th Nov.

Pgt Name	Age	Admitted	Died	Disease	Duration	Location	Register	Folio	Division	Ward
88 Tho ^s W. Longtin	22	Oct 10. 55	Nov 26	Phthisis	3 mo	Quinea	383	35	Medical	10

Abstract of the fatal case of, Tho^s W. Longtin.

Is an Irishman. Before enlistment was a labourer. Total service 12 mo of which 3 mo was in the Quinea. He always enjoyed good health till July last, when, being at the time in the Quinea he was attacked with Fever for which he was sent to the Camp Hospital. He remained there for 5 weeks and completely recovered, but two or three days after discharge was seized with Diarrhoea for which he was sent to Thulalen: there he remained about a week and was then sent home. Admitted here Oct 10. He was at that time recovered from the purging, his bowels regular and his appetite very good, but he was very weak and suffered from slight cough which he stated made its first appearance about 5 weeks previously: with the cough was a little expectoration. Previous to admission patient had never spat blood. On examining the chest the officer at that time in charge of the ward found harsh and resonant respirations but did not discover any cavity or tubercular deposits. Soon after admission oedema of both legs came on. I first saw the patient on Oct 20. He was then very much reduced and thin, with a hectic flush on his countenance, expectorating mucopurulent matter and with slight purging: the purging soon ceased but the other symptoms got worse and about a week afterwards I noticed that the purulent matter in the sputa was collected into round flocculent pellets, an appearance often characteristic of phthisis. Local harsh respiration was to be heard all over the left lung, and rough breathing at the upper part of the right one. He continued to get worse, expectorating daily a large quantity of purulent and broken down tubercular matter, decreasing in bulk and strength with a quick and wiry pulse, perspiring frequently at night, and with oedema of the left leg till he died Nov 26th at 5 o'clock in the morning. The day before death I examined his lungs and found that all over the chest on both sides there was loose crepitation: the lungs were quite choked up with matter. The sputa were streaked with blood for two days previous to death.

Section performed 31 hours after Death.

Body emaciated. Left leg and foot oedematous.

Brain 3lb 2oz substance healthy with the exception of slight venous congestion

Pericardium contained 17oz of straw coloured serum

Heart 10 1/2 oz. Entire heart congested with blood, the cavities being filled with black coagula. One leaf of the mitral valve was rather thickened at the edges showing a tendency to calcification.

Lungs The whole of the right lung and also whole of left lung adherent, both also adhered to the diaphragm: the adhesions were very firm under the cartilages of the ribs. Weight 8 lb 3oz. The right lung was nearly hepatized throughout its whole extent and filled with small tubercular deposits. Its centre was a small cavity. The left lung had its upper lobe entirely honeycombed with large cavities.

Liver 3lb 12oz, very fat and somewhat granular

Spleen 9 3/4 healthy

Kidney Right 4 1/2 oz. healthy. Left 5 1/2 oz. healthy but of not quite firm consistence.

Intestines There were traces of inflammation along the middle of the ileum and its lower third was congested. There were also traces of congestion in the large intestine.

No 50

John Martin Hyde
Alfred, 14th Regiment

Regt	Name	Age	admitted	Died	Disease	Duration	Contract.	Register	Folio	Division	Ward
51 st	John Dowers	25	April 27 th	Nov 4 th	Abscesses	2 years 2 mo	Burma	167	104	Surgical	No 2

The patient was first taken in Burma in the month of October 1853 when he was in Hospital for 3 months with an Abscess of right side, which discharged 3 pints of purulent matter on being opened. He was admitted to the Garrison Hospital on the 4th August 1854 complaining of pain in the left groin, loss of motion of left leg, and great weakness of back, an unhealthy ulcer existed about 2 inches above the left inguinal canal & another on the right side of lower dorsal vertebra

September. Complained of pain in hip. Discharge continued from the Ulcers.
October Patient rather better

December Again lost appetite & strength, Discharge profuse. From Dec. until 27th April have no notes of his case, on the latter date was admitted into Fort Pitt Hospital, with the following note

"From repeated examinations by Dr. McLean and the surgeon of his Regt. this man in their opinion, is decidedly suffering from existing disease in the lumbar region, which gives little or no hope of his recovery, or at least of his ever becoming again an efficient soldier. At his own request he is transferred to Fort Pitt Hospital in the hopes that the change of air will produce a beneficial effect to him

signed. A McLean M.D.

Chatham Genl. Hospital
27th April 1855

Copying from the Journal of No. 2 we find the patient very weak, suffering from profuse discharge from 3 separate openings, and from two abscesses which, having pointed in the groin were opened, and discharged a quantity of scrofulous matter, From this period, to the 5th Sept. the discharge continued profuse varying slightly from time to time, strength diminishing.

11th Sept. Great thirst which continued until the -
15th When it moderated

1st October Discharge continued profuse, Does not suffer from Discomfort
to night sweating

3rd Rather worse. Lacer much enlarged being felt as low as the umbilicus

11th October. Discharge and emaciation increased, Sat. aine & Peter given
 22nd Pain at left thigh & hip increased Bowels confined
 26th Tongue appetite & pulse improved, for a few days but returned
 to their previous state on the 29th, when tongue became dry & red
 appetite failed, Discharge profuse & nights restles. The liver
 continues to enlarge & lumps the size of pigeon eggs felt all over
 the abdomen seemingly situated in the integuments
 From the 26th the patient has continued to sink rapidly
 and finally died at 1/4 past 10 P.M. of the 4th November 1855

Post Mortem 3 1/2 hours after death

Emaciation considerable of both muscular & fatty tissues

Brain healthy - Weight 3 lbs 2 1/2 ozs

Lungs with trachea & larynx weighed 2 lbs 10 1/2 ozs

Pleura attached throughout on left side by old & firm adhesions
 slightly attached on right side. An abscess containing a portion of
 hard cheesy matter, the size of an almond and about 2 drachms
 of thick creamy matter, was found between the layers of the
 pleura, a little to the left of the upper third of the sternum.
 The substance of the lungs slightly congested

Heart with pericardium and part of the pleura which were ad-
 herently ^{united} to it, weighed 1 lb 5 ozs. Mitral valves slightly thickened
 at apex, Organ otherwise healthy

Liver Weighs 9 lb 5 1/2 ozs, is pale gray & studded with small
 nodules, the size of millet seeds, which when opened yield a
 little yellow creamy like fluid

Kidneys Right 6 ozs. Left 8 ozs. Cortical substance pale. fatty?

Spleen 1 lb 5 3/4 ozs. firm & red - lining membrane of upper part
 to 1/2 an inch thick

Meenteric glands hard, dark & slightly enlarged. The fat
 considerable in quantity, but of a greenish yellow colour

On examination of the vertebrae, the cartilage between
 the bodies of the 3rd & 4th lumbar has disappeared with the excep-
 tion of a small, thin, condensed lamella on the left side

The body of the 3rd vertebra presents a large ulcerated cavity
 in which a portion of the bone the size of a marble lies
 loose in a mass of pus. This cavity communicates anterior
 and posterior, to the lamella of cartilage with a sinus which
 surrounded by condensed tissues, passes down and slightly
 outwards in the course of the Psoa muscles now entirely
 absent, - below Papparts ligament, then turning forwards
 ends in one of the ulcers, before mentioned as existing
 in the left groin. The ulcerated cavity of the

3rd vertebra has also passed to the surface above & behind its right transverse process. Here a small mass of bone likewise lay loose in the putrid decomposed tissue. A little external to this running in the course of the right femur, was a mass of incurated & thickened glands, which had already ulcerated internally and formed a long but small cavity leading down to the middle of the iliac region - No doubt in a short time had the patient survived, this cavity would have communicated above with the cavity in the vertebra & below with the ulcer in the right groin, thus forming a second sinus from the diseased bone to the surface of the body.

On the front of the left side of the vertebral column a bridge of bone had been formed, which extended perpendicularly from the 3rd to the 4th vertebra & served to support the superincumbent weight. As however this bridge of bone was attached from behind by ulceration, it must soon have yielded and then the body of the 2nd vertebra must have fallen down towards that of the 4th & thus formed an antero-posterior curvature of the vertebral column.

J. Lizaro Lizaro
Acty Asst. Staff-Surgeon

435 No 51

On 202 Jan

Regt Name	Age	Admitted	died	disease	duration	location	folio	Register	Officer	Mark
14th Michigan	22	Oct 10. 1855	Dec 10	Phthisis	2 months	Alma	22	382	Medico	X1

Abstract of the case of ple Michael Browne of the 14th Regt.
 Was an Englishman, and a laborer. generally had a good health
 till he landed in the Crimea last June. where he shortly got Diarrhoea
 and Fever. and in the following March he got chest affection
 On admission here. He had cough very little expectoration. great
 emaciation of the body and very narrow chest. There was dulness
 on percussion under both clavicles particularly the Right and Muscous
 Rales. He also had diarrhoea. He took Cod Liver oil for a few days
 but it so increased the diarrhoea that it was omitted. He now became
 decidedly better but occasionally his symptoms were mitigated for a few days.
 The expectoration lately has been profuse and quite purulent.
 The diarrhoea throughout has been especially troublesome and he has
 suffered much from pain in the Abdomen.
 Post Mortem 18 hours after death.

Body Emaciated very much. Ribs & vertebrae very slight
 Brain 2 1/4 lbs. The usual amount of fluid at the base of skull. The
 covering and structure of the brain quite healthy.
 Lungs. No adhesions on the left side. But on the Right. the adhesions were
 very dense. The substance of the Right lung was diseased particularly
 the upper portion. The lower lobe also contained numerous
 Pustules and a large quantity of Tubercular deposit.
 The upper portion of the Left lung contained a cavity the size of an
 orange. The lower portion tolerably healthy. though here and
 there studded with tubercular deposits.
 Heart 7 1/4 oz. healthy
 Liver 2 1/4 lbs. quite healthy
 Spleen 5 1/4 oz. healthy
 Kidney Right 4 1/2 oz. Both healthy but somewhat pale
 Left 4 3/4 oz.
 Stomach healthy
 Intestines much ulcerated from the beginning of the illness

Yorke & Johnson
 A.S.

Regiment	Name	Age	Admitted	Sex	Disease	Duration	Contracted	Regiment	Totals	Service	Notes
63 rd	Patt. Suwan	22	17 Oct 55	Male	Phthisis	9 months	Crima	582	30	Medicine	X1

Abstract of the case of Patt. Suwan. who died of Phthisis on the 10 December 1855

Was an Irishman 24 1/2 years in the service was admitted on the 17 October 1855. Five months previously whilst in the Crimea he had an attack of Haemoptysis which recurred at intervals up to the time of his admission. On his admission he had great pain in the Right Side much cough and expectoration which was purulent. There was dulness under both clavicles. He suffered much from Dyspnoea that he was unable to lie down. He took Cod Liver oil & was blistered without however deriving any benefit. About 3 weeks ago an abscess pointed in the Inframammary region of the Right Side which on being opened discharged a large quantity of Fetid pus. Most likely communicating with the pleural cavity. This man has suffered much lately that his chest has not been thoroughly examined but there is little doubt that both Lungs are totally disorganised. The expectoration lately having been most abundant and perfectly purulent.

Post Mortem Examination 31 hours after Death

- External appearance fresh Emaciation Right Mortar popped off
- Pericardium containing six ounces of a yellowish fluid
- Heart 9 1/4 oz Healthy
- Brain 16 1/2 oz Healthy
- Lungs 5 lb 12 oz The Pleura on the Right Side intensely adherent throughout. Right Lung a mass of abscesses & tubercles diseased. Left Upper lobe tolerably healthy. the lower lobe full of small abscesses
- Liver 4 lb 5 oz containing 2 small abscesses on the convex surface of left lobe
- Spleen 4 1/2 oz of a brighter tint than usual
- Kidney Right 6 1/4 oz commencing fatty degeneration
- " Left 7 1/4 oz In same state as the other.
- Intestines & Stomach unusually healthy

Yours A. Johnson
A. K. Simpson

Reg ^t	Name	Age	Admitted	Med Disease	Duration	Contracted	Reg ^t	Solo	Division	Ward
70	James Barker	34	28 th July 1855	Phthisis	2 years	America	167	145	Infirmary	2

Abstract of the case of P^{te} James Barker of the 70th Regiment admitted 28th July 1855. died Dec^r 11th

An Irish labourer - 15 years service - of which two years were served in America, six years in India and the remainder at home - has been more than two years an invalid. - He has suffered from numerous abscess in the right groin, the fistulous openings of which still remain. He has also a fistula in ano which was not operated on, fearing to increase the rapidity of disease within the chest. On his admission he suffered from severe cough - purulent expectoration - pain under the left clavicle and the general symptoms of phthisis. There was also a gurgling sound heard in the upper part of left Lung. He has also suffered from severe diarrhoea, and occasionally the stools presented a dysenteric character, which appearances have increased towards his death. The stools were frequently bloody and were evacuated with great pain and tenesmus. Within the last fortnight irritability of the stomach has supervened and latterly increased so much that he could not retain either food or medicine. From his extreme weakness no accurate examination of the chest has lately been made.

Post mortem examination 30 hours after death

Body emaciated.

Brain 2 lbs 15 oz perfectly healthy

Heart 8¹/₂ oz healthy

Lungs. left adherent all over. Right lung free from adhesions.

Weight 4 lbs 3 oz. Left lung one mass of tubercular disease, completely broken down. Right lung is also diseased but not to such an extent, the disease being confined to the upper lobe.

Liver 5 lbs 10 oz. Upper surface of liver adherent to the diaphragm.

Substance pale colour nutmeggy and very fatty

Spleen 8¹/₂ oz. healthy.

Kidneys - Left 4³/₄ oz. right 6¹/₂ oz. both showed the commencement of fatty degeneration. The left more than the right.

Intestines The mucous membrane of the transverse Colon presented numerous patches of inflammation. Rectum very much thickened. Cecum very much ulcerated and dilated. The remainder of the intestines except the transverse Colon & the Cecum were pretty healthy.

Age	Name	Age	Admitted	Died	Disease	Duration	Constructed	Register	His	Diagnosis
23	Th Jones	21.4	Dec	16 Dec	Phthisis P.	12 months	Trineca	380	125	Hard & Medical.

Abstract of the case of Private Thomas Jones 23^d Regiment Age 21
Admitted 4th December 1855 Died 16th December

Disease Phthisis Pulmonalis

Private Thomas Jones Aged 21 Admitted into Hospital 4th Dec^r & the report of his case as detailed by Dr Grant is as follows
Subject to cough before he enlisted & has never done any duty for upwards of Twelve months, he was treated in Winchester Hospital for evident symptoms of Tubercular disease of Left Lung over which there is comparative dulness & mucous râles he had taken large quantities of lod. Iod. & other remedies
He was first seen by me on Friday the 14th & he then appeared in a most dangerous state, his lips purple & countenance anxious breathing extremely difficult hurried & noisy so much so as to preclude all examination of his chest. skin cold & pallid pulse almost imperceptible, evidently sinking. powerful Etherial Stimulants ordered every four hours he continued in the same state until the evening of the 16th when he gradually sank at 6 o'clock

Post Mortem examination 42 hours after death.

Body not much emaciated Rigor Mortis passing off

Brain. 3 lbs. 2 1/2 oz. Veins on surface congested substance healthy
Serum about half an ounce in each lateral Ventricle

Heart. extensive disease of Pericardium discovered 23 ounces of turbid Serum in the sac, the surface of heart covered by adhesive bands of honeycombed lymph substance & valves healthy

Lungs. 4 lbs 5 oz. Pleura adherent at apex & base of Left Lung also at base of Right. Two large abscesses at apex of Left Lung & Tubercular deposit throughout all this Lung & similar deposits through the Right

Liver 3 lbs 8 1/2 oz healthy

Spleen 4 1/2 oz "

Kidney 5 1/4 oz each "

Stomach & Intestines "

Signed W. Graybrooke

Witnessed by

Staff Surgeon J^r Clap

Candidate Morten

Reg	Name	Age	Admitted	Died	Disease	Duration	Contracted	Spinal	Feble	Division	Mod
1 Reg	P. John Derwin	17	Dec 4/55	Dec 16/55	Chronic Phthisis	1 year		381	94	Medial	15

Abstract of the case of Private John Derwin 1st Regt 1st H. admitted into Hospital Dec. 4 1855. Died Dec. 16th 1855 -
 An Irishman. 17 years of age. of about 10 Months service. He was first seen by me on Dec. 5th at which time he was labouring under severe Dyspnoea with Cough and expectoration of frothy mucus. These symptoms he states have been present but not very severe for the last twelve months. On examining the chest I found it very much deformed the lower extremity of the sternum being very prominent. He appears rather emaciated and very weak. On applying the stethoscope I found Murmurs and Sibilant Rales over the whole anterior part of the chest. With red marked dullness on percussion under both Clavicles particularly the right. The expectoration consisted chiefly of frothy mucus but had any admixture of pus or blood. Pulse very weak and sometimes intermittent. Sleeps badly at night and suffers very much from night sweats. These symptoms went on increasing rapidly in intensity. The Cough and Dyspnoea became more severe the expectoration more purulent but of the same frothy character. The night sweats also became more profuse. Treatment consisted chiefly of Anodyne expectorants with Counter Irritation and a Nutritious Diet -

On the morning of the 16th Dec/55 all his symptoms became very much worse to which was added slow muttering delirium. He gradually sank and died at 3.25 P.M. on that day.

Post Mortem examination 45 hours after death -

Body not very much emaciated. Rigid Motion passing away. Congenital deformity of Sternum about an inch of the lower end where the last two ribs articulate is protruberant -

- Brain Weight 34/0th venous Congestion back of the membranes and the substance only the usual amount of fluid in the lateral ventricles. Otherwise healthy -
- Heart Weight 14 1/2th both sides full of blood. Valves and substance healthy -
- Lungs Weight 54th slight adhesion of the right. Left studded throughout with milium tubercles and in the upper lobe innumerable small Cavities. Right lung in same condition as left and a small Cavity about the size of a walnut in the apex also -
- Liver Weight 34 1/3th perfectly healthy -
- Spleen Weight 4 1/2th healthy -
- Kidneys Left Weight 5 1/2th Right Weight 6 1/2th both healthy -
- Intestines Healthy with the exception of three small shallow ulcerations with Congestion of lower third of Ileum. Stomach healthy

Wm. Andrew Ross
 Assist Surg. 84th Regt

Regt	Name	Age	Admitted	Died	Disease	Duration	Embarked	Days	Days	Division	Ward
14 th	Plt. Thos. Donoghue	21	10 th Nov	18 th Dec	Dysent. Chron	6 months	Guinea	380	99	1st st	Letter 'D'

Abstract Abstract of the case of Private Thomas Donoghue 14th Regiment And 2^d admitted 10th November Died 18th December 1855

Disease Dysent. Chronic

History A tall delicate looking Irishman 3 years service was wounded in the mouth in the trenches before Sebastapol & during the time he was under treatment for this injury in the Hospital at Scutari, Dysentery set in & the disease was so serious that he was ordered to England. On his admission into the General Hospital at Fort Pitt on the 10th of November his Chest was discovered to be much diseased & sibilant. Pleuritic rales were heard all over the lungs, his bowels were constantly disturbed & this state of intestinal irritation continued, & daily became worse, & the evacuations more & more sanguinous, great tenderness over both Iliac fossae & occasional protrusion of the Rectum whose mucous surface was found to be deeply ulcerated. The left lung is stated to be extensively diseased. The Dysenteric disease advanced unchecked by any remedy Opium or Astringents & after lingering in Hospital for 30 days he sank & died gently on the evening of the 18th

Post Mortem appearance seen in case of Plt. J. Donoghue 37 hrs after Death

Body emaciated. Rigor Mortis passed off

Brain Brain Weighed 3 lbs 9 oz perfectly healthy
Heart Heart Weighed 10 1/2 oz The Mitral & Semilunar Valves of Aorta a little thickened
Pericardium Pericardium 2 oz of fluid in
Thorax Thorax 5 oz of turbid fluid in the Pleural cavities
Lungs Lungs Weighed 2 lbs 11 1/2 oz A few milinary tubercles scattered through the middle lobe of Right Lung slight compression of upper lobe of left & a few tubercles in apex of
Abdomen Abdomen 7 3/4 oz of fluid in cavity of Peritoneum
Liver Liver Weighed 2 lbs 13 1/2 oz very fatty Gall bladder very much distended
Spleen Spleen Weighed 6 1/2 oz Healthy
Kidneys Kidneys Weighed R. 4 1/2 oz L. 3 3/4 oz healthy with cortical substance very pale
Intestines Intestines Extensively diseased throughout & much thickened mucous surface studded with ulcers especially in lower two thirds of Ileum
Stomach Stomach Healthy

Entered by
 Land & State Medicine

Signed W. Braybrooke
 Staff Surgeon 2nd Unh

Regiment	Name	Age	Admitted	Died	Disease	Duration	Contracted	Register	Totals	Ward	Division
1 st Bn. R. Regt. 15 th Regt.	Thos Pedder	20	October 17 th 1855	Decr 18 th 1855	Phthisis Pulmonalis	12 Months	Malta	384	12	14	Medicine

Abstract Abstract of the case of Pte. Thomas Pedder 1 Bⁿ R. Regt. Bth April 21 Admitted Decr 17th & died December 18th 1855

Disease Phthisis Pulmonalis

History Pte. Thomas Pedder April 21 12 Months military service served in Malta & during his residence there he caught a severe cold after bathing & since which he has had repeated attacks of cough attended with Haemoptoe. Was admitted into the Hospital at Malta in June & he has never had a days health since that time. On his admission into the general Hospital Fort Pitt his state is described as follows. Great emaciation perspiration of Chest dull Sibilant rales heard under the Clavicles of both sides Cough & viscid expectoration Pulse permanently accelerated 120 Inft sweats & Diarrhoea. In a short time his breathing became more & more difficult Cough incessant expectoration viscid & flocculent & occasionally tinged with blood, Weight gradually declining until he sank & died exhausted Various remedies were unavailingly used & none gave him any relief.

Post Mortem appearances seen in case of Pte Thos Pedder 39 hrs after Death

Body	Body	Very much emaciated
Brain	Brain	Unusually firm & healthy
Thorax	Thorax	10oz fluid in Right Pleural cavity Left Pleura adherent throughout
Heart	Heart	7 1/2oz Weight Healthy
Lungs	Lungs	3lbs 4oz Weight L. lung filled with cavities R. studded milary tubercles
Peritoneum	Peritoneum	covering Bladder thickened & opaque
Liver	Liver	3lbs 10 1/2oz Quite healthy
Spleen	Spleen	7 1/2oz healthy
Kidneys	Kidneys	R 4 1/2oz L 4 3/4oz both healthy
Intestines	Intestines	A few patches lower 2 ^d of Ileum otherwise healthy
Stomach	Stomach	Healthy

Luttip Martin

W. Braybrooke Staff Surgeon

Pgt	Name	Age	Admitted	Died	Disease	Duration	Location	Register	Holio	Ward	Division
98	George Wheeler	32	Nov 10 th 1855	Dec 15 th 1855	Dysent. &c	16 mos	India	383	61	10	Medical

History

Is an Englishman. Service 18 years. Has served in India. Always enjoyed good health till Oct. 1851 when being in India at Lahore he contracted dysentery which continued more or less for 8 months. Was seized with dysentery at Deegohai in August 1853 and the disease was continually recurring with intervals of longer or shorter duration till January last, when he finally ceased to pass blood. At the latter end of 1854 he had hepatitis: he has had several recurrences of this latter disease but in a milder form: he says that none of these attacks were attended by jaundice. For the last 6 mos has had cough. In the spring of this year he embarked with a portion of his regiment for England but by the time the ship arrived at the Cape he was so weak and emaciated from chronic dysentery that he was obliged to lie up there. He was taken into the 73rd Regimental Hospital there on April 23rd and so far recovered by August 31st that he was sent to England. At the time he left the Cape his bowels were not moved more than twice a day, and sometimes not so frequently.

Present state

Admitted into Work Pitt Nov 10th 1855. Is a man of good conformation but evidently much reduced in bulk by emaciation: has ascites, says he has had the swelling 12 mos: the region of the liver shows the scars of numerous lacerations and respiratory sounds normal. Patient is slightly jaundiced. Bowels open about 3 times a day; stools clay coloured. Has pain in the right side: sleeps badly: has cough but no expectoration. Pulse weak. Tongue clean but pale. Appetite moderate. No albumen in the urine.

Progress and termination

He continued exactly in the same state during the month of November. In the beginning of December his cough began to be more troublesome and his countenance to acquire an anxious expression: the cough by this time was attended by expectoration and by the 8th his lungs were quite choked up with mucus causing much dyspnoea which was sufficient to have caused his death at once had it not been that his diarrhoea, increased in extent, caused a drain upon the circulation which in a slight degree diminished the work of the lungs. He lingered on till Dec. 15th. 5 days before death I examined the urine and it contained no albumen.

Post mortem appearances in the case of Pte George Wheeler 54 hours after death

Body very anasarous. Rigor mortis passed away

Head Brain 3lb. Small quantity of fluid at base. Substance healthy. Meningeal vessels pale.

Thorax Pericardium contained about 4oz of fluid

Heart 12 3/4 oz healthy

Lungs 4 1/2 lb 3/4 oz. Lower lobe of left adherent throughout its whole extent and lower half of right also adherent posteriorly and anteriorly. Both lungs completely anasarous but healthy in structure. Cavity of pleura full of fluid

Obituary

Linear 5 lb 2 oz. Commencement of rutting. Substance completely friable.

Spleen 1 1/4 oz healthy.

Kidney Left 9 1/4 oz Right 7 1/4 oz. Incipient granular disease in both. Internal surface distinctly lobulated.

Intestines. Stomach large and small intestinal healthy.

John Martin Hyde

Adjut. Surg 14th Regiment.

1859

No. 320

Regt.	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regiment	Relief	Ward	Division
88	Owen Beatty	25	Oct 17 1855	Dec 21 1855	Diphtheria	4 mo	Guinea	383	41	10	Medical

History

Health always good till he landed in the Guinea last spring. After being but a short time there he was admitted into the Camp Hospital for Diphtheria, he remained there 10 days and was then sent to Sutoria: there he was attacked with the cough which never afterwards left him.

Present
State

Admitted into Fort Pitt Oct. 17, 1855. Complains much of cough which troubles him chiefly at night: respiration harsh and resonant: slight dulness beneath the clavicles on each side of the chest: bowels regular: tongue clean and appetite good. When he came under my care a few days after admission he was spitting a large quantity of mucopurulent matter: he had a livid expression of countenance like that produced by venous circulation in arteries. He soon afterwards got hoarse and had much difficulty in expectorating: these symptoms continued to the last. In December he got still worse. The difficulty in expectorating became greater: his throat became sore, increasing the hoarseness, and on looking into the back of the mouth the pharynx was seen to be ulcerated: probably the larynx was too. Diphtheria came on. On December 21st he became suddenly worse: his lungs were quite choked up: loose expectoration all over the chest: his countenance more livid than usual: circulation through the lungs was evidently so much impeded that life could not last long. He died that day at 3 P.M.

Examination

Section Cadaveric in the case of Private Owen Beatty 21 hours after death. Rigor mortis complete. Slight emaciation. The left side of the chest life prominent, than the other.

Head

Brain 3 lb 5 oz. Latent ventricles full of fluid. Substance firm and healthy.

Thorax

Pericardium contained about 2 1/2 oz of fluid.

Heart 1 1/4 oz small but the substance healthy.

Lungs 2 lb 4 1/2 oz. Right pleura adherent throughout: the left pleura adherent only at the apex and slightly at the posterior aspect of the lower lobe. There was pneumonia-thorax on the right side: the collapsed lung occupied but a small portion of the ^{right} thoracic cavity, the rest of the space being occupied by nothing but air. There were some small cavities at the apex of the right lung, and the rest of the upper lobe of that lung was studded with tubercles in various stages of development. The lower lobe was merely congested. The upper half of the left lung was a mass of large cavities: the rest studded with tubercular deposit.

Abdomen

Liver 2 lb. 14 oz healthy

Spleen 4 1/2 oz healthy

Kidney right 4 1/2 oz, left 4 1/2 oz. In both kidneys tubular portion indistinct. On tearing off the capsule small yellow granules were seen scattered on the external surface of the kidney.

Intestines. Rectum and descending colon were thickened and a few small and deep ulcers scattered throughout their extent. The lower third of the Ileum was filled with numerous shallow irregular ulcers, generally the size of a shilling, a few ulcers were scattered through the rest of the ileum. The remainder of the intestines healthy.

Stomach. The mucous membrane was thrown into longitudinal folds and quite healthy.

John Martin Hyde

Attest Surg. 14th Regiment

No 60

No 301

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regiment	Age	Ward	Division
97 th	John Madden	25	Nov 24/55	Dec 23/55	Morbus Cordis	1 1/2 yrs	Quar	381	95	15	Medical

Abstract of the fatal Case of Private John Madden 97th Regt
Admitted November 24th 1855. Died December 23rd 1855 -
- Disease. Morbus Cordis -

History

It appears from the history of this man's case that he was first taken ill in April 54. With Dyspnoea which continued in Greece for which he was for some time in Hospital. Immediately after being cured of the Dyspnoea he was attacked with Rheumatism for the most part confined to the knee and ankle joints also with Dyspnoea which was always increased on the slightest exertion, his health also became very much impaired and he was sent to England in October 54. He was admitted into Hospital at Netley on 13th January 1855, at which time he was labouring under Cough with severe pain about the lower end of the Sternum and dullness over the anterior part of the right lung at this time he had no Rheumatism or Cerebral - these symptoms continued with very little abatement until February 24th 55 when he was discharged from Hospital -

Present state

He was readmitted on the 24th Nov 55, at which time he was suffering from palpitation, Cough with mucous expectoration, stated that some time since he had swelling of the Abdomen which disappeared suddenly on the expectation of a large quantity of blood. On examination considerable emaciation is found with yellow tinge of the skin and conjunctivae. The respiration is coarse and bronchial. The heart action extends over the greater part of the chest, urine scanty and high coloured, suffers from increasing Dyspnoea and is subject to sudden fits of faintness. These symptoms continued to increase gradually and to them were added oedema of the lower extremities. Constipation of the bowels and great difficulty in passing water which some way yesterday was very high coloured and loaded with lithates with a slight trace of albumen on the 9th Dec/55 an eruption appeared resembling Purpura very closely that

4842.

eruption. Continued for 4 or 5 days when it began gradually to fade away. On 13th Dec. he commenced expectorating a large quantity of viscid mucus deeply tinged with blood from this state he appeared very sleepy and when not being spoken to was continually lapsing into a semi-comatose state -

Examination

The treatment consisted chiefly of (Purges, Pectorals and Sedatives. On 22nd Dec. 55 he became very much worse the difficulty of breathing increased rapidly and he died quietly on Dec. 23 at 10th P.M.

Post Mortem appearances seen in the case of

Parish John Madden 97th Regt. - 31st hours after death

Head

The whole Body extremely anasarcaous -

Thorax

Brain Weight 3^{lb} 3^{oz}. perfectly healthy and not more than the usual quantity of fluid in the lateral ventricles

Pericardium Contained 11^{oz} of fluid

Heart Weight 1^{lb} 3^{oz} 1^{oz}. the mitral valve changed into a mass of ossification and Cartilage having only a narrow slit between them the heart itself very much hypertrophied - The valves on the right side were much enlarged and the pulmonary artery half as large again as normal

Lungs Weight 4^{lb} 13^{oz}. dense adhesions throughout the whole extent of the pleura on the right side.

Right lung apex congested, emphysematous spots thro the remainder of the lung.

Left bottom part of both lobes highly congested -

Liver Weight 3^{lb} 5^{oz} 4^{oz}. Congested and gritty -

Spleen Weight 5^{oz} 2^{oz} healthy -

Kidneys Both healthy

Right. Weight 6^{oz} -

Left Weight 5^{oz} 4^{oz} 2^{oz} -

Abdomen

Peritoneum Contains in its cavity 7^{lb} 4^{oz} fluid peritoneum covering vermiform appendage, descending colon, sigmoid flexure and rectum adherent -

Stomach - Healthy.

Small Intestine 3rd of 12m slightly congested, cecum somewhat thickened, caecum narrowed, the remainder of intestines healthy

December 24th 1855

J^m Cardew Rae
Resident Surg^y 89th Regt.

Regt	Rank and Name	Age	Admitted	Died	Disease	Duration	Entered Regt	Regt	Vol	Med	Division
38 th	P ^{te} Martin Cleating	21	Sept. 23 rd 1855	Dec. 26 th 1855	Phthisis pulmonalis	6 Months	Prussia	381	67	15	Medical

Abstract of the fatal case of Private Martin Cleating 38th Regt.

Admitted October 23rd 1855. Died December 26th 1855

- Disease. Phthisis pulmonalis -

History

At the time of his admission into Hospital he complained of great debility with troublesome Cough which he attributed to a wound received on the 18th June (fracturing the right Clavicle) which wound was followed by spitting of blood and some difficulty of breathing which latter was always increased on his assuming the horizontal position. He also complained of great thick pulse and weak. These symptoms continued to increase steadily until the 25th November on which day he expectorated a large quantity of blood and from this date the hectic was well marked -

Present State

He was first seen by me on the 6th December 1855 at which time he was suffering from Cough, purulent expectoration, night sweats, great emaciation, and loss of appetite. On examining his chest I found slight dullness on percussion under both clavicles, especially the right & with mucous and tubulent rales over the whole anterior part of the chest. Face flushed. Complaints of burning heat in the palms of the hands and soles of the feet. pulse 96 and very weak. Sleeps badly at night - These symptoms increased rapidly in intensity and on the 25th December he was seized with Diarrhoea which appears to have hastened very much the fatal termination -

Termination

The treatment consisted chiefly of Anodynes, Anodyne expectorants, and a nutritious diet with mild caustic irritation -

On the 25th Dec. he became very much worse the difficulty of breathing became more severe and the Cough and perspirations more profuse. Under these latter symptoms he gradually sank and died quietly at 3³⁴ P.M. on December 26th 1855 -

Post Mortem appearances seen in the case of
Private Martin Cleating 38th Regt. - 32 hours after death -

Head

Body emaciated -

Brain. More fluid in the occipital cavity than natural.

Weight 2.13 lbs. vessels of the Pia Mater congested. Arachnoid Membrane opaque in some parts. Choroid plexus very much congested and the ventricles contain more fluid than natural. -

Thorax

Heart Weight 1.14 lbs. Healthy and pale in its structure. Mitral valves thickened at their edges. the other valves healthy -

Lungs Adherent throughout the entire chest by recent and old bands of lymph. A considerable quantity of fluid in the left pleural cavity -

Weight with Thymus and Lungs 4.4. 70 lbs. -

Thorax
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Lungs Continued. Apex of right lung contains numerous small
Cavities and the lower lobe contains many considerable solid tubercles
Chalky in their character. -

The left lung is also a mass of tubercular disease at the apex of this
lung is seen a large cavity of the size of a small orange in this cavity
was a large tubercular deposit of a chalky character. -

Abdomen.

Peritoneum, healthy

Liver, adherent to the diaphragm, weight 5 lbs. mummified in
appearance otherwise healthy. -

Spleen, weight 8 1/2 lbs. very soft

Kidneys right 5 1/4 lbs perfectly healthy -

left 6 1/2 lbs. perfectly healthy -

Intestines, Transverse colon, greatly distended with flatulency -

The old ulceration in the Cecum. - the other intestines perfectly healthy -

Stomach, quite healthy -

J. M. Gordon M.D.

December 27th 1855

Assistant Surgeon 89th Regt.

No 62

No. 303.

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Condition	Height	Weight	Loss	Remarks
18 th	P. Robert Farrell	29	Nov 24 th '55	Jan 12 th '56	Pulm. Pul.	6 months	Pector.	342	144	11	Milwaukee

Abstract of the fatal case of Private Farrell 18th Regt.

admitted November 24th '55 Died Jan 12th '56

Disease Phthisis Pulmonalis.

History

Farrell was a father before enlistment. Had good health till July last,
when he began to have cough & difficulty of breathing. He was a long time in the Hospital
of the Depot Battalion at Austin, for these symptoms without deriving benefit. On Nov 24th he
was transferred here, to Fort Pitt, and admitted here under the head of Chronic Catarrh.

Symptoms

on

Admission

On admission he was suffering from cough, with a good deal of expectoration; dyspnea,
quick and feeble pulse, and emaciation. He remained in just the same state for
months. On Dec 25th he was discharged from chronic catarrh, and readmitted under the
head of Phthisis. During the next week he got much worse, and at the beginning of
January there was loose expectoration all over the chest; he was spitting a large quantity
of purulent mucus, and suffered much from nocturnal perspirations. The circulation
through the lungs was much retarded, as evidenced by the prominence of the second

Expectorations
continued
The

regular, and the enlargement of the superficial veins of the chest. He went on getting worse, the loose expectorations, at the upper part of both lungs became merged into "purging". He lost flesh fast and his appetite failed. His countenance gradually became cadaverous, and he died on Jan'y 12th; except for a few days before death he had no diarrhoea.

Treatment

At first he was treated with expectorants, but when the expectoration got free and profuse, I gave him Carbonate of Ammonia and bark, with Morphine at night. The treatment continued until death.

Autopsy 44 hrs after death

Head

Temperature 3° below freezing. Pura mater passed away. Body much emaciated. Brain 3rd p. 3. A good deal of congestion, both of the pia mater, and of the substance of the brain itself. The sulci unusually deep and well marked. Cerebellum also congested. No fluid in lateral ventricles. Choroid plexus distended with blood.

Thorax

Pericardium contained 2nd p. 3 of fluid. Heart 11 p. 3. Valves healthy, substance healthy and easily torn. Lungs adherent throughout, but very firm and fleshy at the upper and back part. The right lung a mass of tubercles. The left the same, but the tubercles in a more advanced stage, and the apex broke down in removing the lung. Larynx was situated just below the plecter.

Abdomen

Contained 23 p. 3 of straw-colored serum. Liver 5th 13 p. 3. Capsule easily peeled off; ext. surface markedly granular, substance granular, but not to a great extent; friable and fatty.

Spleen 9th 95 healthy

Kidney right 15th 7 p. 3 left 7 p. 3

Right in a state of fatty degeneration and its capsule torn off with difficulty.

Left had its cortical substance very pale, and its capsule strongly adherent, both generally much diseased.

Stomach had its mucous membrane at the pyloric line reflex thickened.

Intestines. Numerous ragged irregular ulcers from a mere speck to the size of half a crown; were scattered throughout; the whole extent of the small intestine more especially the ileum. A few ulcers were found in the caecum, but the large intestine was healthy. Some of the solitary glands in the small intestine were seen like the seat of tubercular deposit, which had not yet broken down.

Ent. Pitt.

Jan'y 18th 1856.

Signed J. M. Macdonald

Assistant Surgeon 14th Regiment -

Regt.	Rank Name	Age	Admitted	Sick	Disease	Duration	Contracted	Regt.	Folio	Hand	Sign
1st Regt Heavy Art Corp	John Bralle Private	23	Oct 19 1855	23 days 1856	Phthisis pulmonalis	5 months	Crima	383	93	10	Medica

Private History

His father died of Consumption, his mother is also dead, but he does not know of what she died. Had good health till he landed in the Crimea. He landed there June 10th 1855, he was only a week in the Crimea before he was attacked with Diarrhea, for this he was taken into the Camp regimental Hospital, while in Hospital for Diarrhea was attacked with Typh. On Aug 31st he was sent to Scutari; at the time he left the Crimea he had not quite recovered from Typh and was also suffering from Diarrhea. The Diarrhea got better at Scutari, but while there he contracted the cough which now afflicts him. He was in Hospital at Scutari 19 days and then left for England. On the voyage home the Diarrhea got worse, but the cough remained much the same, was admitted into the Surgical Division of the Hospital Oct 19th for Scrophulous, abscess of the right submaxillary gland. The gland was first affected in the Crimea, where the abscess was opened and it has been discharging ever since. On Dec 18th was transferred from the Surgical to the Medical Division and admitted into the latter under the head of Phthisis.

Symptoms on Admission

Patient is much emaciated and says he is losing flesh fast. The thorax is symmetrical, but flattened in front and immediately below the clavicle deep depressions are produced by the sinking in of the sternum and costal cartilage of the ribs. At the apex of the lungs on both sides there is dullness on percussion and also bronchophony. Heart sounds are natural. The cough is not attended by expectoration. Has an indolent open sore on the right submaxillary gland. Has nocturnal perspiration and Diarrhea. Tongue rather furred appetite good. Pulse quick and wiry. Urine normal.

Progress

He continued much in about the same state for about a fortnight when he began to be troubled with occasional vomiting. The cough continuing much the same and still without any expectoration. During the next fortnight he got much worse. The flattening of the costal cartilage and of the ribs was then seen to have much increased since admission. The breathing was tubular over a large extent of lung on both sides, bronchophony was to be heard as far down as the nipple on the left side but not so far on the right. The chest expanded scarcely at all in respiration, not even in a deep and forcible inspiration. The heart sounds were to be heard under both clavicles. The consolidated lungs propagating the sounds beyond these

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normal boundaries, his cough continued without expectoration till 20th. he then began to expectorate mucous but the next day it changed to pus, He was then miserably weak. On the 21st he complained much of pain in the right side. From the character of the pain it must have been Pleuritis but I could not discern any other signs of pleurisy. The pain abated the next day but continued moribund till his death the next day.

Treatment

For nearly the whole time that he was under my care he took Cod Liver Oil with occasionally Decoction of Logwood to check haemipnea a few days before death. Counterirritation to the left side of the chest was adopted by mustard poultices and a blister, no active internal medicine was given, as he was almost lifeless from moribundity at the time.

Autopsy

42 hours after death
Examination

Body emaciated, Rigor mortis passed away.
Brain 3 lbs 3 oz, meninges of the membranes and of the substance of the brain considerably congested, but the choroid plexus somewhat paler than normal. Natural amount of fluid in the ventricles, (laterals) all other parts of the encephalon healthy.

Thorax

Cavity of right pleura contained 24 oz of turbid dark colored fluid with large flocculent coagula of lymph floating in it.
Cavity of Pericardium contained 4 oz of clear straw colored fluid.
The heart 14 1/2 oz rather healthy, substance rather flabby.
Lungs 4 1/2 lbs 10 oz. Adhesion at apex of right lung, the apices of both lungs hollowed out with large cavities, the upper half of right lung a mass of tubercular disease, the lower half healthy, there was a distinct line of demarcation between the healthy and diseased parts. The upper lobe of left lung extensively diseased, a few crude tubercles scattered through the lower lobe, which otherwise was quite healthy.

Abdomen

Liver 5 lbs 5 oz pale, fatty colored and fatty.
Spleen 6 oz one spot of tubercle in its substance.
Kidney (left) 7 1/4 tubular portion indistinct and isolated by the cortical substance which is abnormally predominant, right kidney 7 1/2 oz still more extensively diseased the pyramids being altogether obliterated. Capsule of both kidneys peel off easily. Intestines small, in the lower third of the Ileum the solitary glands had tubercular matter deposited in them, very numerous, so towards the Iliac caecal valve slight patches of congestion in the Cecum, large intestine healthy.

Post Mortem

May 25 - 1856

signed J. John Martin Hyde
A. S. 14th Regiment

Regiment	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Ward	Stn	Remarks
2 ^d Dragoon	Thomas Wimmer Private	27	20 th June/55	July 25 th	Atrocious	13 Months	Crimea	174	2	51	Drainage

History Private Thomas Wimmer 2 Dragoon, a cloth man, of 5 1/2 years service two months of which he served in the Crimea in consequence of injury received by the fall of his horse, was sent to "Sancti" Hospital, after apparent recovery from the injury and discharge from Hospital he received swellings under the left arm which extended along the side of the chest to the sternum he went into "Wynd" Hospital, he remained in this Hospital for 4 months while on his way to England the Surgeon in charge of Invalids General the swellings which had in the mean time greatly increased an immense quantity of cheese matter escaped.

Appearance & Admission There were now three openings in the left side of the chest which communicated with large abscesses and discharge most offensive & badly formed Pus

Progress From July to the 12th August there was but little to note - On the 12th an incision was made into the abscess over the sternum and a few ounces of matter escaped. Some astrigent injections were made both of during September and October with the effect of increasing the consistence of the discharge. In December he was weakened by a severe diarrhoea which yielded shortly to stringent medicine at night he had frequent shiverings followed by profuse perspiration and occasionally a hectic flush was observed in his cheek. A communication was observed between the two small openings over the sternum and a ground whistle was passed into the veins and the trachea divided by the trachea - About the middle of this month the diarrhoea ceased but the shivering and sweating continued. The sleep little abated even with the aid of an opiate. The pulse of the arm of the diseased side was found intermittent once in three beats corresponding to each inspiration. That of the right arm no distant intermittent. None of the lower extremities came on but there was no appearance of disease. On the 1st January suppurating opened into the opening above the sternum there seemed to be a sinus extending for about two inches upwards backwards and outwards corresponding with the third rib on the left side. The ribs seemed to be diseased. On the 25th January at about eight am. a quantity of blood from twelve or fifteen ounces flowed from the several openings. Perfume was applied by Dr Parry which had the effect of subduing the hemorrhage. This reduced his strength considerably. The bleeding recommenced at 10 pm and was stopped for a short time but not till he had lost nearly a pint of blood. - He died an hour after when he died.

Autopsy 37 hours after death.

Autopsy. Body emaciated - Ribs mortis complete - Lungs oedematous - A dock when between the cartilages of the 3rd and 4th ribs on the left side communicating by a sinus with abscesses in axilla same side. Pleuralis major and minor with the neighbouring soft tissues have undergone fatty degeneration

in which the principal nerves and blood vessels are involved. The two upper bones of the sternum are deformed, opposite the junction of the 2nd rib. The two upper bones of the sternum are extensively carious both on their internal and external surfaces. The three first ribs on the left side are carious from apoint in front of their angles, nearly to their cartilages the 2nd & 3rd being stove in.

Brain Weight 8 lb. 8 oz. At the posterior and upper part the dura mater slightly adherent to the brain matter - In other respects healthy.

Thorax Heart, weight 9½ oz. Considerable deposition of fat on surface of right auricle. Parities of right side of heart thin. Valves healthy. Mitral valve slightly thickened. Heart entirely empty of blood.

Lungs. Old adhesions on the left side. Lungs much congested and tubercles uniformly scattered throughout them.

Abdomen Under surface of liver adherent to the stomach. Liver 6 lb 2 oz. Gall bladder much distended. Substance of the gland of a pale clay color and extremely fatty. Spleen 5½ oz. adherent to the neighbouring viscera. Containing cheesy deposits throughout its substance.

Kidneys Right 12 Oz. - Left 8 Oz. Capsules easily detached substance uniformly pale and fatty - Cheesy matter the size of small peas scattered through it. Intestines much fatty deposit in mesentery and mesentery tubercles convoluted well marked. Both large and small intestines healthy with the exception of some tubercular matter.

Robt Velt

(Signed) Ephraim L. Hifferman
Apt Surgeon 19th Regt

Post	Name	Age	Admitted	Died	Disease	Duration	Contracted	Height	Weight	Build
25 th	James Evans	31	Jan 28 th '56	Feb 3 rd '56	Epilepsy	8 months	India	38	365	15

History Private James Evans of 13 1/2 years service of which 11 1/2 were spent in India (East). It appears from the detailed Regimental report of his many cases, that in 1853 whilst stationed in India he had an attack of syphilis, which reduced him to a very debilitated state, in about a year afterwards he was attacked with polypus of the nose in which and the cachectic state of his constitution he was invalided to England, on his passage he had a severe fall on deck, by which the polypus was violently ejected. Since that time he has suffered from severe pain in the head more particularly about the supra-orbital region. He was first seen by me on Jan 28th '56, at which time he was in a very debilitated state, complained of intense pain over frontal sinuses, which he states he has suffered from since the polypus first made its appearance, he also states that about 12 months since a piece of bone came away from his nose; he has a dull heavy look about the eyes, pupils dilated, answers questions in a stupid manner, pulse slow and laboured. On the night of the 28th he had several epileptic fits and on the 29th he was in a semicomatose state and was having fits every half hour, pupils dilated, pulse quick, weak and intermittent, bowels constipated, urine and faeces passed involuntarily, these symptoms gradually increased in intensity and he died at 4 o'clock p.m. of the 3rd Feb 1856.

Post-mortem Considerable chiefly of blisters to the back of neck, jugular and jugular sinuses, most of sinapisms to the calves of the legs, and mercurial ointment rubbed in on the inside of the thighs and groins.

Autopsy Early, soon after death

Body Emaciated, very much natural.

Head The right side of the Calvarium generally thicker than the left, thickness of the bone the size of a shilling at the posterior part of the sagittal suture, involving the occipital and parietal bones, the inner table of the skull, in the course of the sigmoidal groove on right side much congested and congested.

Small and extensive congestion of the veins on the surface of the brain, and the superior longitudinal sinus filled with coagulated blood.

Brain - Considerable effusion at the base weight 3^{lb} 6 1/2 ozs.

Substance intensely congested, a portion of right lobe on right side softened by the presence of an irregular abscess containing about 5ij of pus of a cheesy consistence, lying between the dura mater and arachnoid, and imbedded between the convolutions. The situation of abscess corresponded to the rough brown area, superior tubercle and both horns, neighbouring parts healthy.

Lungs Right lobe at the base of the right weight 2^{lb} 14 ozs. a few tubercles scattered through the lower lobe of right, remainder healthy.

Heart weight 11 ozs. Healthy.

Ad. Liver weight 3^{lb} 6 1/2 ozs. Healthy.

Spleen weight 3 1/4 ozs. Healthy.

Kidneys Left weighed 6 ozs. Healthy.

Right " 5 3/4 ozs. Considerable but healthy.

Stomach A few patches of congestion in the Plicae, otherwise healthy. Stomach Healthy.

Intestines A few patches of congestion in the Plicae, otherwise healthy.

Small Intestine A few patches of congestion in the Plicae, otherwise healthy.

Regt	Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Volts	Ward	Room
90 th	St James Sinclair	25	October 10 th 1855	Feb ^y 15 th 1856	Nephritis	6 Months	Brimea	382	26		

History Is a Scotchman. Was a clerk before enlistment. Service 19 mo of which in Turkey & the Crimea 7 mo. Was taken ill in the Crimea with Dysentery in Feb^y 1855 and on April 28th was sent down to Abydos: when he arrived there he was convalescent but had subsequently several attacks of the same disease which rendered him very weak and emaciated. He was recommended for change of climate and left in August for England.

Symptoms Was admitted into Fort Pitt on October 10th under the head of Diarrhoea. He then complained of pain in the groin and tenderness over the bladder, with a scalding feeling in smacking water, which he done very frequently. He said that he had suffered from this for some time, but did not tell the doctor. He had not had gonorrhoea recently nor had he stricture. The urine was pale and muddy, rather acid and contained a small quantity of albumen. On standing his urine deposited pus. Bowels confined. On the 17th he complained of pain in smacking water at that part of the urethra where it passes under the arch of the pubis. No 8 Catheter was passed which caused great pain at the place where he felt the scalding. This was the only time that any tendency to stricture was noticed. On Oct 30th he complained that he passed his urine involuntary in his sleep. On Nov^r 2 he was transferred to the surgical division and on the 14th was readmitted into the Medical division under the head of Nephritis. By this time the deposit of pus and mucus had increased as also the scalding in smacking water. His bowels at this time were regular. By the end of December he was much worse, there was a large quantity of albumen in the urine the sp gr of which latter was as low as 1010. There was a large deposit of pus & mucus, highly alkaline. The quantity was about 2 pints in 24 hours. His countenance exhibited that pale yellowish complexion peculiar to cases of renal and cardiac disease. Although the excretion of urea and other normal constituents of the urine must have been much arrested yet throughout his illness there were no head symptoms. He never had headache, his pupils were always dilated and his tongue clean. At this time also he began to have a ^{troublesome} slight cough and slight diarrhoea. Soon afterwards I detected rough breathing and increased resonance of voice at the apex of both lungs, but whether this was due to tubercular deposit or merely to the extreme thinness of the walls of the chest I was unable to determine. His diarrhoea gradually increased. On Feb^y 2nd I heard a most distant Systolic bruit. A fortnight previously on carefully examining the heart I could detect no bruit. Whether the murmur was due really to organic disease set up in the valves by the poisoned condition of the blood or merely to the thinness of the blood produced by the constant drain of albumen from it by the kidneys the post mortem will alone determine. His diarrhoea now got very severe, his feet began to swell; his urine began to be suppressed and he gradually sank. He died Feb^y 15th. He died very severely, the fatal termination seeming to be due to inanition.

J. M. Hyde

Apt Surgⁿ 14th Foot

For Post Mortem see next page

444. Post mortem of St Francis Sinclair 90th Regt

Examination made 34½ hours after death. The rigor mortis passed. Emaciation very great.

Cranium - Brain. weight 2 lbs 15 oz. 2 ounces of fluid at base. substance firm and healthy.

Thorax - Heart. weight 8½ oz. Tricuspid valves very thin. the mitral valves much thickened and warty excrescences on the edges. the left mitral valve was rough and insufficient.

Lungs - With Larynx and Trachea 2 lb 15 oz. adhesion at the apex of left lung.

The upper lobe of right lung filled with tubercles in various stages of softening and containing 4 or 5 small cavities the size of a filbert. a few crude tubercles were scattered through the apex of left lung.

Abdomen - Liver. Adherent by its peritoneal covering to the diaphragm kidneys and all the neighbouring parts. its substance was very granular, and extremely friable crumbling like wet sand under pressure of the hand.

Spleen - 2½ oz. of withered appearance

Kidneys - Left slightly fatty, but comparatively healthy. weighing 5½ oz. The right kidney weighed 10½ oz. - was one mass of tubercular deposit and was adherent to the neighbouring parts. under it was a large abscess in the psoas muscle containing 8 oz of cream-like pus. there was no trace of disease of the vertebrae. there was no inflammation extending down the ureter. the bladder was empty and thickened; the prostate gland was converted into tubercular matter - as were also the mesenteric glands and the other glands - the lymphatic glands in the right groin were involved.

Intestines - were congested. and a few small ulcers were found but they were generally healthy.

Archd R Ridgway F.S. 2nd Class

No 67

No 308

Regiment	Name	Age	Admitted	Died	Disease	Duration	Contracted	Height	Weight	Build	Division
97 th	Pt. William Grant	20	Feb 8 th 1866	Feb 19 th 1866	Hepatitis Acute	1 month	Surgical Div. General Hosp	38 1	165	SV	Medical

History Private William Grant 97th Regiment admitted into the Medical Division on the 8th of February 1866. Died February 19th 1866. An Englishman aged 20 years of which time a portion was spent in the Prison. When he received a Gun Shot wound in the right Leg. It appears from the detailed Medical Report furnished by Dr Cole that he was admitted into the Surgical Division of the General Hospital Port Pitt on the 25th October 1865 for a Gun Shot wound on the upper part of the right Leg which was then in a healing condition, at the date of his admission he was in perfect health of apparently robust Constitution and continued to improve until 16th of January 1866 when the following symptoms were observed. Distence pain in the right hypo-chondriac region. both pulse quick and full, face flushed, skin hot and dry. tongue loaded and bowels

constipated. The general appearance of the patient together with the above symptoms led to the supposition that the liver was the affected organ and Calomel was accordingly administered. These symptoms continued with very little change until 27th January on which day he had a full mercurial rigor which was followed by a profuse perspiration from that date up to the date of his admission into the Medical division he had full mercurial rigor each morning at the same time has always followed by profuse perspiration. He was first seen by me on February 8th 1866 at which time he was in a very debilitated state, pulse 120, weak and diffident to be felt. Complained of great thirst, and tenderness on pressure over the right hypochondriac region tongue laterally clean, appetite quite gone, bowels purged, stools of a greenish colour, urine scanty high coloured and containing a slight deposit of phosphate. Skin cold and clammy has frequent rigors which are invariably followed by sweating. These symptoms continued to increase rapidly he ultimately died & there was added a rather severe attack of bronchitis with mucus in percussion and loud rumour heard at the base of the right lung. — on the 17th of February he became very much worse and from that date he sank rapidly apparently brought forth hectic and died quietly at 8³⁰ A.M. on the 19th of February 1866 — The treatment consisted chiefly of Mercury Iodine and Nitro Muriatic Acid internally, with Leeches, Phlebotomy and fumigations as local applications — (Signed)

Resistant

Wm Carder Roe
Asst Surgeon 89th Regt

Post Mortem Examination of Private William Grant 89th Regt - Disease Hepatic Acute —

Cervix

Thorax

Abdomen

External appearance, — Body fat and Muscular.
Mucous of Brain healthy; Substance of Brain slightly congested, weight of Brain 3 lbs 1 oz. —
Weight of Heart 14 oz's. Heart and Pericardium healthy
Right Lung, lower lobe adenomatous. Left Lung slightly congested throughout whole substance. Weight of Lungs 3 lbs 6 oz's
Liver. Enormous abscess occupied nearly the whole of the right lobe, lined by a thick semi-cartilaginous membrane — Abscess contained about 1 1/2 pints of pus. Weight of Liver 7 lbs 12 oz's
Spleen. Enlarged and congested. Weight 1 lb 5 1/2 oz's
Kidneys — weight of Left 8 oz's. — of Right 8 1/2 oz's both healthy
Intestines — Large Small in a healthy condition

signed / Wm Carder Roe -
Asst Surgeon 89th Regt

Regt	Rank & Name	Age	Admitted	First	Disease	Duration	Contracted	Regt.	Folio	Ward	Case
40	Pt James Canoll	19	Feb 19 th 1856	Feb 23 rd 1856	Febric remittent	5 weeks	Chatham	1385	63	C	M

Private James Canoll, 40th Regt a recruit of but four months service, was a bonny, healthy, looking young man, who had been a servant before enlistment. He was admitted into Ward C of the General Hospital on the 19th January, complaining of cough which was accompanied with expectoration, and annoyed him a good deal at night. On examination of the chest his lungs were found to be quite healthy with the exception of a few mucous râles in the upper lobe of the right lung. On the 20th his cough was much better, but he then began to complain of thirst, great debility, and torpid bowels, which latter symptom was supposed to account for a severe headache which he suffered. Notwithstanding that the bowels were freely purged, the head ache persisted, especially at night and was referred to the forehead - his debility continued and from the 10th to the 15th February, he used to disturb the other patients by his moaning at night. On the 15th his mind became affected and he wandered in his talk. On examination of the chest, there was dulness at the lower part of the right lung with creaking râles and unnatural breathing, he was at once put under a course of Mercury. On the following morning he was in a semi comatose state, the pupils were much dilated, there was a considerable amount of fever, and the tongue was dry and brown. From this time until the day before his death, he was subject to severe exacerbations of the fever coming on every night, on one occasion attended by a pulse which almost indicated ^{general} bloodletting - indeed the disease assumed a most marked remittent type - his mind was generally astray, he was noisy and restless at night, disturbing his fellow patients so much that he was removed into a separate ward. His tongue was for two or three days dry and brown but afterwards became more natural, his gums were not affected by the Mercury - he constantly ground his teeth together, there was extreme sensibility of the surface, and he exhibited great horror on being touched - he passed his motions in bed on the 19th complained constantly of the pain in the head. On the 22nd inst he began to sink, a quart of highly ammoniacal urine was drawn off by the catheter - at about midnight a marked change for the worse took place, and he died quietly at 11 a.m. of the 23rd February. The treatment consisted in the free administration of Mercury, blisters, cupping and leeching, with latterly brandy -

Post mortem appearances of Pte James Canoll - 40th Regt.
Examination made 36 hours after death - weather cold - body not discoloured rigor mortis complete.

Cranium The veins of the surface of the brain were congested - but not more so than is frequently seen.

The arachnoid membrane at the base of the brain was opaque and very much thickened. The inflammation extended one inch along the longitudinal fissure, the sides of which were glued together, the fissures of Sylvius on both sides were also glued together throughout their whole extent. The diseased arachnoid was bounded laterally by the inner margins of the middle lobes and extended backwards over the substantia perforata and

pons Varolii to one half of the Corpora Pyramidalia - involving the olfactory, and optic nerves (there was a small deposit of pus on the optic commissure) also the 3rd pair of nerves, the infundibulum, the 4th 5th 6th pairs of nerves - and the pneumogastric nerve on the right side was obliterated.

The substance of the brain was very firm - the right lateral ventricle contained about $\frac{1}{2}$ an ounce of dark turbid serum in which floated numerous flocculi - the fornix was softened almost to the consistence of cream - the optic thalami were also softened but to a much less degree.

Thorax Heart - weighed 10 $\frac{1}{2}$ oz and was healthy - the Pericardium contained 24 ounces of fluid.

Lungs - weighed 2 lbs. 10 $\frac{1}{2}$ oz the substance of both lungs was healthy, but the right lung was infiltrated with frothy fluid easily squeezed out on pressure.

Abdomen Liver - weight 3 lbs 10 $\frac{1}{2}$ quite healthy.

Spleen - weight 3 $\frac{1}{2}$ oz very small and withered looking, but healthy in structure.

Kidneys - Right 4 $\frac{1}{2}$ oz. Left 4 $\frac{1}{2}$ oz Congested, but quite healthy.

Intestines - Large and small quite healthy.

Signed - Archib. Ridgway
S. L. 2nd class.

No 69

No. 310.

Regt	Rank & name	Age	Admitted	Died	Disease	Duration	Contracted	Regim	Talis	Ward	Divis
12 th	Pt Chas Colthorp	19	Jan 7 th	Feb 24	Phthisis	7 months	Canterbury	385	53	6	Medic

Charles Colthorp 12 Regt enlisted in October 1854 and during that time had been stationed at Canterbury and Chatham. Prior to June 1855 enjoyed good health, in that month whilst at Canterbury had Rheumatic fever which confined him to Hospital forty two days, has never been quite well since that, when admitted to this Hospital had a cough for three weeks with a sharp pain in left side and chest. on examination percussion was found to be dull in the lower lobes of both lungs, and in some situations, breathing was not audible in others, *puile*. In a report made on the 12th a loud whizzing ronesus was heard in both lungs Hearts Action irregular and a rasping bruit was heard, supposed to be caused by the deposition of lymph between heart and pericardium. I first saw him on January 20th and found him in a very weak low state, and troubled with cough and Dyspnea expectoration copious and purulent, he continued much in this way until Feb 3rd when he was seized with great pain in abdomen with relaxation this continued for some days. About this time also I heard a gurgling sound under both clavicles, which led me to suspect the presence of a vomica under each. little alteration occurred until the 22nd when I perceived a great change in him for the worse and on the morning of the 23rd he died.

(Signed) Augustus Morshead acting assistant Surgeon

Post mortem Appearances of Pt Chas. Colthorp 12th Regt

Cranium

Brain three pounds eleven and a half ounces and healthy

Thorax

Pericardium contained 23 of a yellow fluid Heart nine and a quarter oz and healthy

Lungs three pounds eight and a half 3. Pleura intensely adherent on the right side

Highly on the left, upper lobe of Right Lung condensed with tubercular deposit upper lobe

448.
Thorax

Abdomen

Lungs continued A mass of tubercles and excavated with several abscesses, the largest the size of a walnut the remaining portion of both lungs healthy
Liver four pounds seven ounces Right lobe healthy The left containing
Spleen eleven and a quarter ounces, substance pale and flabby
Kidney Right six and three quarter ounces, quite healthy Left seven ounces healthy
Extensive Peritoneal Inflammation was found on opening the Abdomen, there was a large deposit of lymph on the Omentum and the intestines were so glued together inflammatory adhesions that much difficulty was found in taking them out for examination. There were several patches of dark speck in the transverse Colon and a few small shallow ulcers in the lower third of Spleen the intestines were with these exceptions healthy

Lying at Redgrave.

Nov 30

Nov 31

Regt.	Rank & Name	Age	Admitted	Sick	Discharge	Location	Contract	Regist	Vol	Med	Service
M.S.C.	Regt. Ch. Yeats	24	March 27/55	March 27/55	March 27/55	12 days	Chatham	38	204	15	Medal

Chas. Yeats of Medical Staff Corps of the Army, full height of body, was admitted into Hospital suffering under symptoms of Acute Bronchitis. Prior to this date he had never suffered from any inflammation of Throat or Lungs and had always enjoyed excellent health.
He was admitted into Hospital on the 5th day from the commencement of his disease suffering from the following symptoms. Face very much flushed, Respiration quick and labored, pulse small weak, and quick, Mucous, aches of palate and tonsils very much inflamed, Cough incessant, expectoration of frothy mucus copious. On Percussion there was well marked dullness over base of right lung, On Auscultation, very loud subsonant and mucous rales were audible on anterior and posterior surfaces of both lungs. He was ordered a solution of Potash of Antimony, Pills of Calomel and Opium and to be cupped on both lungs.
His treatment alleviated his symptoms for a few days, but on the 9th inst. being the 5th day from entrance into Hospital all his symptoms became aggravated, his face assuming a hectic appearance and his respiration becoming much more hurried. He was ordered Carb. of Ammonia in Infusion of Cinnamon and to be dry cupped and blistered on both lungs. His symptoms were slightly alleviated during the two following days, but on the 13th inst. he again commenced to cough and continued gradually getting worse until the 14th inst. when he expired. At the request of his friends there was no Post Mortem.

Wm. G. H. M. D.
M.D.

Regiment	Rank & Name	Age	Admitted	Rel	Kind	Disease	Contracted	Regimen	Folio	Ward	Room
4th	John Mullins	20	March 9. 1876	Rank 16	Private	8 days	Chatham	382	142	11	Medical

Abstract of the fatal case of Private John Mullins Aged 20 years.

Symptoms on admission When he was admitted he was too ill to give any history of himself further than he had been ill four or five days but did not complain and he went on guard which made him much worse. When first seen he was partially insensible but answered with reluctance when spoken to. He did not complain of pain in any particular part but said he was in pain all over. His skin was hot and dry. Tongue furred and brown. Pulse very slow and laboured. On the day after his admission he was in much the same state but spiculated very much but still not complain of pain. On the morning of the 14th inst. he was worse would not answer any questions but pointed to his head as if in pain from this time he continued to get worse became perfectly insensible. And the eyes were drawn very much inwards. He projected his nostrils in the bed during this time his pulse became full and quick. He continued to get worse until the evening of the 16th when he died at half past ten o'clock.

Treatment The treatment consisted of Calomel and Tartar Emetic. Cupping from the temples to the head and neck and bleeding from the arm.

Post Mortem appearances 38 hours after death

Ext. apper. The Body muscular. Rigid Mortis commencing to pass away.

Cranium Brain weighed 5lb 7 oz. There was extreme congestion of the vessels of the membranes and also of the substance. Flood immensely oozing from the cut surfaces in numerous points. There was some slight softening of the Optic Thalami. There was no disease beyond the extreme congestion.

Thorax Heart weighed 13 oz. quite healthy.

Lungs weighed 2lb 4 oz. And in every part intensely congested almost in a state of pulmonary apoplexy. In apex of Right lung some few spots of pus.

Abdomen Liver weighed 5lb 4 oz. quite healthy. Spleen 8 1/2 oz. structure healthy.

Kidney the Right 6 1/2 oz.

" the Left 6 oz. Both congested but otherwise healthy.

Intestines healthy.

Yorke St. Johnson A. A. S.

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Regt	Folio	Ward	Division
22 nd	Pte George Wilson	27	not admitted on the Hospital Boards	21 st March	Phtisis Pulm.	7 months	Chatham	not entered -		XIV	Medical

History. Pte. George Wilson. Aet. 27^{1/2} Years. a Waterman before Indolment. and of only eleven months service. all passed in England. was a delicate and cephalous looking man. and has been in bad health ever since he joined the Regiment from the Depot at Chatham, where he was in Hospital for a month with cough & difficulty of breathing.

Present State He is of pale cyanoque appearance, his chest is narrow & ill formed, scapulae drawn forward during inspiration, and under the right clavicle there is marked dulness - by auscultation loud gurgling as if from a cavity is detected in the apex of the right lung, in the left there is passive breathing - He has now had cough for seven months and is much debilitated & unable to be useful for duty - In Sept. and Oct. last year he was in hospital about six weeks and had a great variety of treatments with temporary relief. He has profuse night sweats and copious diarrhoea - bowels moved generally four times through the day. His brothers are all dead, but he does not know from what disease.

Taking into consideration his general debility, and the organic disease existing in the right lung, I consider him unfit for military service and a fit subject for discharge.

Signed / William Maclean

Surgeon 22nd Regiment.

Termination He was admitted into the XIV Ward, Medical Division, Genl. Hospital Fort Pitt, at ten minutes past 5 P.M. 21st March 1856 on his arrival from Portsmouth in a state of exhaustion, having required the constant exhibition of wine during the journey up - He was given some carbonate of ammonia in effervescence with citric acid, but he did not rally, and expired at 12 P.M. 21st March - seven hours after his arrival at the Hospital.

Signed / James G. Hildye. Adj. Apical Surgeon -

Post Mortem Appearances Twelve Hours after Death.

General appearance Body much emaciated. rigor mortis slight.

Cranium. Brain. weight 5 lb. 6 oz. there was considerable congestion both of the vessels on the surface and in the substance of the brain. The left lateral ventricle contained 3 drachms of fluid.

Thorax. Heart. weight 13 oz. The Pericardium contained 12 oz. of a dark straw colored fluid. The valves of the heart were healthy, the wall of the left ventricle was something thicker than natural.

Lungs. weight 5 lb. 6 oz. there were strong and extensive adhesions on the right side, slight adhesion at apex of left lung. There was a cavity the size of a female orange at apex of the right lung, the remainder of the lung was one consolidated mass of tubercular disease. several minute abscesses were found in the apex of the left lung, throughout the whole substance of which much tubercular matter was diffused but by no means to the same extent as on the right side.

Abdomen. Liver, somewhat fatty, but otherwise natural. weight 8 lb. 9 oz.

Spleen - 6 1/4 oz. healthy -

Kidneys. Right 5 1/4 oz. Left 5 1/4 oz. both quite healthy - but the left was one inch longer than the right.

Intestines. There were patches of ecchymosis and congestion through the whole extent of the large

Holmes
confirmed

Intestines, the caecum was intensely congested as was also the lower part of the
ileum, the remaining portion of the small intestines being healthy -
There were many traces of peritoneal inflammation, the intestines being fused together
in several places - the mesenteric glands were but very slightly diseased -

Richard Ridgway
L.S. 2nd Class.

451

No 314.

No 73

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Regist	Police	Ward	Division
70th	PP Elsha Carley	18	March 21 st	March 22	Gynaeche Concelling	4 Days	Chatham	380	207209	B	Medical

This man was admitted into hospital on the 21st inst. Complaining of great tenderness in
the throat which prevented him from swallowing anything except liquids; he also suffered
from nausea, and made frequent but ineffectual attempts to vomit. On looking into the mouth
I noticed great vascularity of the fauces, and enlargement of the tonsils; the tongue was co-
vered with a thick white fur, and his breath was very offensive; the pulse was quick.
He stated that his bowels had been frequently moved during the previous night. His
general appearance was unhealthy. On the following day the symptoms were aggrava-
ted; the sickness of the stomach continued without intermission; a thick fur covered
the tongue; the pulse was frequent and weak. On this day a discharge from the eyes
and nose appeared, and I observed a rash on the chest, extending towards the shoulders
and around to the Scapulae. The eruption resembled that of Scarlatina, and taken with
the other symptoms, would lead one to infer the existence of that disease; but the pa-
tient stated that he had been ailing for 3 weeks, and that the eruption had made its ap-
pearance only a day or two before his admission into hospital. The breathing became
greatly embarrassed from the condition of his throat, and he complained of urgent thirst -
Cold water being the drink preferred. He moaned continually, and lay in a semi-
comatose state with the mouth open; but when aroused he replied sensibly to any
questions that may have been put to him. In the course of the day he became much
worse; the difficulty of swallowing increased; the sensibility to external impressions
grew less, and he passed his stools in bed. Towards evening his mind began to
wander, and he was seized with a low, muttering delirium; he became very
restless, threw his arms about, and endeavoured to grasp whatever came wi-
thin reach. The eyes were somewhat injected. As night approached his condition
became hopeless, and he died at 11 o'clock.

Treatment - On the day of his admission, he took an emetic consisting of
a scruple of Ipecacuan and one grain of tartarized antimony. This failed to unload the
stomach effectually. He also got a mixture of Guaiacum, but the rapidity with which
the dangerous symptoms developed themselves prevented him from using it. On the
following morning he was seen by Dr. Battersby, who ordered the throat to be well
painted with a strong solution of Nitrate of Silver, the steam of hot water to be inhaled

and a mustard poultice to be applied to the throat. In the evening also Dr Battersby visited him, and according to his instructions a large blister was placed on the throat. Finally the operation of tracheotomy was performed by the orderly officer, acting assistant Surgeon Forshall.

William H. Halloran Acting Asst Surgeon

Post mortem of Elisha Carley - 10th Foot.

37 hours after death - weather cold and dry

External Appearances

Body muscular - rigor mortis complete.

Cranium

Brain - weight 3 lbs 7 oz. Great congestion of the vessels both of the substance and arachnoid of the brain.

Throat

Heart - weight 13 1/2 oz. Substance rather flabby. Mitral and tricuspid valves thinner than usually met with. The tonsils were converted into large abscesses containing thick creamy pus. There was oedema of the glottis and acute and extensive inflammation of the Larynx and Trachea to the bifurcation of the bronchi.

Lungs - weighed 2 lbs 14 1/2 oz. intensely congested. the left more so than the right. the substance of the lungs was perfectly healthy.

Abdomen

Liver - 3 lbs 14 oz. the right lobe was very friable. the left was normal.

Spleen - 7 1/2 oz. quite healthy.

Kidneys - Right, 5 oz. Left 5 1/2 oz. fatty degeneration had commenced.

Stomach - There were many traces of inflammation at the cardiac end. consisting of patches of injection and softening of the mucous membrane.

Intestines - Both large and small were healthy. the mesenteric glands generally were enlarged. and one was converted into chalk the size of a small kidney bean. The vermiform appendix was 6 1/2 inches long.

Archd R. Reesway

2nd Class Staff

No 1

No 3/5

Regt	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Register	Folio	Ward	Notes
26	Pt. James Mc Coyall	30	Jan 26 1856	April 1/56	Phthisis	Months	Chatham	385	118	Letter C	Medical

History

Had been in the service of, had more than abroad, and up to a few weeks before coming into Hospital, had usually enjoyed very good health, when admitted he was suffering from constant nausea and frequent vomiting, which he attributed to having been irregular in his mode of living for some time previous, under treatment this complaint was entirely relieved, and for a short time he continued to improve, but remained very weak, Early in February he complained of a sharp pain in left side, which supping once relieved and gave him a little repose, but the pain was not relieved of any pain in chest, not more of dyspnoea until within a week or ten days of that time, having place, about this time also he noticed that he was troubled with a short hacking cough, & a constant chest, found pyrexia was gradual of left side to yield a dull sound, and in many situations heard a loud wheezing sound, could not bear any motion at chest.

in left side, From this time he rapidly got worse, the wheezing sound became changed into loud gurgling, and particularly under left clavicle, but also all over left side. he rapidly got weaker, a sudden change took place in him on the evening of the 31st of March and at 5 am of April 1st he died.

Autopsy: Nephritis, Cyst, and Surge.

Post Mortem Appearance of House after death

Cranium
Thorax

Pneumonia passing away; both innervated; both lobes enormously enlarged.

Brain 2nd 3rd 4th in structure quite healthy

Pericardium contained 3rd 4th of fluid

Pleura 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th 101st 102nd 103rd 104th 105th 106th 107th 108th 109th 110th 111st 112nd 113rd 114th 115th 116th 117th 118th 119th 120th 121st 122nd 123rd 124th 125th 126th 127th 128th 129th 130th 131st 132nd 133rd 134th 135th 136th 137th 138th 139th 140th 141st 142nd 143rd 144th 145th 146th 147th 148th 149th 150th 151st 152nd 153rd 154th 155th 156th 157th 158th 159th 160th 161st 162nd 163rd 164th 165th 166th 167th 168th 169th 170th 171st 172nd 173rd 174th 175th 176th 177th 178th 179th 180th 181st 182nd 183rd 184th 185th 186th 187th 188th 189th 190th 191st 192nd 193rd 194th 195th 196th 197th 198th 199th 200th 201st 202nd 203rd 204th 205th 206th 207th 208th 209th 210th 211st 212nd 213rd 214th 215th 216th 217th 218th 219th 220th 221st 222nd 223rd 224th 225th 226th 227th 228th 229th 230th 231st 232nd 233rd 234th 235th 236th 237th 238th 239th 240th 241st 242nd 243rd 244th 245th 246th 247th 248th 249th 250th 251st 252nd 253rd 254th 255th 256th 257th 258th 259th 260th 261st 262nd 263rd 264th 265th 266th 267th 268th 269th 270th 271st 272nd 273rd 274th 275th 276th 277th 278th 279th 280th 281st 282nd 283rd 284th 285th 286th 287th 288th 289th 290th 291st 292nd 293rd 294th 295th 296th 297th 298th 299th 300th 301st 302nd 303rd 304th 305th 306th 307th 308th 309th 310th 311st 312nd 313rd 314th 315th 316th 317th 318th 319th 320th 321st 322nd 323rd 324th 325th 326th 327th 328th 329th 330th 331st 332nd 333rd 334th 335th 336th 337th 338th 339th 340th 341st 342nd 343rd 344th 345th 346th 347th 348th 349th 350th 351st 352nd 353rd 354th 355th 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Left Pleura contained 1/2 of a serous fluid

Lungs 4th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th 101st 102nd 103rd 104th 105th 106<

well the pupils being much dilated and it was very difficult to get him to answer any question. On the 10th he was again a little better but very weak. The treatment at first consisted in giving him Antimonials and a blister to his chest. But on the 11th when he became worse he was cupped on both Temples a large blister placed at the back of the neck. A Turpentine Emulsion was administered and 3i Sp. Turbenthinæ ordered to be taken every three hours. On the 8th it was thought necessary to abstract more blood and the Right Temporal Artery was opened. He also had another blister to the neck. On the night of the 10th Haemorrhage from the Temporal Artery came on which was quickly arrested by the Medical Officer who left directions with the Midwife that the patient should be carefully watched and that he should be immediately be sent for if the slightest bleeding should come. These directions were not attended to and during the night more Haemorrhage occurred. And the patient being previous very weak sunk and died on the morning of the 13th at 10 o'clock. The Medical Officer was sent for just before the patient died but too late to be of any use. Altho everything was done that could be thought of.

Post Mortem Appearances 30 hours after death

External Appearance Body well formed. Rigor mortis complete. Marks of cupping on both Temples. The Right Temporal Artery divided through two Muscles into Calibre in the usual situation of Arteriotomy.

Cranium Brain weight 3lb 3/4 oz. Substance healthy and dotted with numerous bloody points. About 3ij of fluid in each lateral Ventricle a jelly like matter deposited in granules through the Choroid Plexuses. About 3ij of fluid at the upper part of Medullary Canal.

Thorax Pericardium contained 3ij of fluid. Heart weight 9 oz. a patch of Lymph the size of a shilling presenting a smooth jelly like appearance on the external aspect of the heart about 1/4 of an inch from the apex. The blood in the left side quite fluid. Heart when taken out quite empty flabby but otherwise healthy in structure.

Lungs weight 1 lb 14 oz. a few tubercles in the apex of the left Lung one was advanced to softening. A few Miliary tubercles in apex of Right Lung. Tubercles sparingly scattered through the substance of both Lungs.

Abdomen Spleen 5lb 10 oz. pale but healthy larger than adult Spleen 19 oz. of same size and substance soft. Right Kidney 7 1/2 oz. healthy. Left Kidney 8 1/2 oz. also healthy. The Prostatic glands somewhat enlarged. Intestines Three patches of Peyer glands in lower part of Ileum were abnormally developed of a dark colour and covered with a thin exudation. In other respects the intestines were unusually healthy.

York H. Johnson A. A. Surgeon

Age	Name	Age	Admitted	Sex	Disease	Duration	Contracted	Regimen	Food	Work	Division
5 th	Pl Joseph Benson	19	Feb 27 th 98	Male	Phlegm	1 Week	Chalk	38°	110	C	Medical

Hist. He was a well nourished healthy looking lad of nine months since, prior to admission was a Gamu Labque and had always enjoyed good health; when admitted was suffering and had been for some time previous from pain of a severe character in joints had never been treated for them: usually usual treatment of Measles. He had quite recovered when unfortunately he took cold and was confined to his bed for a week, against with Hyacinthine Ointment which was accompanied with a slight attack of Fever, On April 5th it was again convalescent, and had weather been favourable would have been discharged to duty; on the 6th day of April in fact when a week treatment instead time and more health, on the 15th the symptoms of Measles were to be discharged, but I noticed an abnormal condition of throat and lungs, was ordered to keep him in hospital a little longer. At 8 A.M. of the 17th I was called to him and was told by the orderly that when dressing he wanted to get down, I found him the day before would not answer questions put to him and was very restless, he about 20 minutes from that time he was seized with an Epileptic fit, was not violent but there was profuse secretion from mouth, which was mixed with blood; venous congestion was very general, pupils were much dilated and contracted but were insensible to the impression of light, pulse was very quick and full, in this condition he remained nearly the whole of the day, passed both feces and urine in bed. The treatment first adopted was the abstraction of blood from nape of neck by means of cupping, blisters to back of head after removal hair and cold affusion, when seen by the Doctor. After in the afternoon, mustard Cataplasms were placed on calves of legs and chest and another blister on head, but without any good result he died at 5 P.M.

Post mortem Appearance 19th hours after death

Body stout, eyes mostly complete, countenance presented the appearance of a man strangled, mouth girth in mouth, and blood rush from nostrils upon pressure being applied to throat.

Respiratory Trachea 3rd 7th The vessels of membrane and substance intensely congested.
Heart 12th 3rd Pericardium contained 3rd of fluid, structure healthy.
Lungs 3rd 3rd 3rd Structure of them quite healthy, but they were coated with Adhens, each pleural cavity contained 3rd of fluid.
Abdomen Liver 4th 2nd 3rd quite healthy but congested.
Spleen 7th 12th 3rd healthy but congested. Kidneys (left) 9th 3rd (right) 9th 3rd both healthy.
 Testicles healthy. Prostate and canal contained 3rd of fluid.

Spinal cord was examined and no trace of disease detected in it.

Augustus Hopkins

Staff and Surgeon.

Regt	Name	Age	Admitted	Died	Residence	Location	Contract	Regist	Notes	Remarks
364	Sgt. S. P. Riving	31	10th April/55	19th April 1855	12th Street	London	381	237	15	Medical

Sgt. S. P. Riving was admitted into No 15 Ward on the 10th April suffering from Plethora. He was first taken ill in London on the 10th April 1855, when he complained of Cough, difficulty of breathing and pain in chest. He was discharged on the 15th of same month slight difficulty of breathing still remaining. He was admitted on two several occasions afterwards into Hospital, and was discharged each time to duty, after a few weeks treatment, but he never perfectly recovered from slight cough and difficulty of breathing. On his passage home to England, two months after last discharge from Hospital, he appears to have had a relapse as he was much weakened on entering Hospital here. Complaining of Cough, profuse purulent expectoration, and difficulty of breathing, he continued to sink rapidly and expired in the morning of the 19th April, being at 6 "A.M." from entrance into Hospital.

Post Mortem 46 hours after death

Body emaciated, Ribs Marked Complete. Brain 3. 1/2 lb. about a drachm of fluid in each lateral ventricle. Heart 10 1/2 oz. healthy. Lung on left side strong adhesion, weight of both 3. 11 1/2. An immense cavity with a smooth lining and filled with yellow pus, was found occupying the whole of the upper lobe of left lung, several small portions in lower lobes. Cavity size of small orange nucleus of right lung, remaining portion of which was healthy. Liver 3. 1 1/4 lb. Commencement of granular degeneration, substance being very friable. Spleen 8 1/2 oz. healthy. Kidneys left 4 1/2 oz. right 5 1/2 oz. both quite healthy. Stomach healthy. Intestines great quantity of coats of large intestines. Several patches of ulceration in the Cecum, small intestines healthy.

J. C. S. M. D.
A. J. A. S.

No 319 No 5

Regt	Name	Age	Admitted	Died	Residence	Location	Contract	Regist	Notes	Remarks
22	H. M. Sparrow	28	30th April/55	1st May 1855	Colony	2 years	India	384	14	Medical

The Henry Sparrow was admitted into No 14 Ward suffering from Ch. Catarrh. He was of a sickly and scrupulous appearance and previous to entrance into Hospital had suffered from Intermittent Fever and Ch. Catarrh at India. He was also in the sick list during the whole of the passage home from India last year suffering from Cough and profuse expectoration.

and since the Ref. Council in July last he has not improved but lost flesh and become unfit for duty. He has had no night sweats a diarrhoea but spot of blood while at sea. On entry Hospital here he was emaciated, cough exceedingly troublesome and profuse mucopurulent expectoration. The base of left lung was dull on percussion and there was rhonchi over the greater part of both lungs. He was cupped and blistered over both lungs and ordered Col. Iodine internally and sedative draughts at night. He became much better under the treatment in few days and continued in much the same state until the morning of the 16th inst when he coughed up about 3/4 ounce of blood, upon which he commenced to bleed rapidly. He continued in ascending state until the day of 17th inst when he expired. After the Autopsy set in treatment consisted of acetate of Lead internally, and dry cupping externally.

Post Mortem 30 hours after death

Regt. Morter passing away. Body not much emaciated

Cranium } Brain 4 1/2 lb. right corpus striatum very much injected

Thorax } Heart 15 g perfectly healthy. 2 g fluid in pericardium

Lungs 5 lb 9 g pleuritic adhesions, on left side, both lungs studded through out with tubercles, the right lung highly consumptive, about size of a chestnut with thick cheesy panicle. Commencement of pneumonia in left lung, a small cavity without lining at apex from which haemorrhage had proceeded

Liver 4 1/2 lb. substance of which was converted into lobules which had the appearance of fat

Spleen 14 g of a dull green colour

Kidneys right 6 1/4 g left 7 1/4 g. In tearing off capsules of kidneys surface of both gone away adhering to capsules

Intestines healthy

J. G. Aldridge M.D.
Aug. 11. 51.

No 320

No 6

Regt.	Name	Age	Admitted	Dis.	Disease	Location	Condition	Regt.	File	Notes	Remarks
59	Ch. The Green	27	5th April 1851	Septicemia	Septicemia	Septicemia	Septicemia	384	14	Medic	

He was of a pale and sickly appearance and previous to entrance into Hospital had been invalided from Hongkong where he had suffered from the complications with inflammation of Liver, on returning from which he was attacked with dysentery for which he was invalided home with a recommendation to be discharged as unfit for further service. On entering Hospital here he complained of excessive irritability of stomach and bowels, being purged 5 or 6 times a day passing a great quantity of mucus, and good like fluid, but not blood. He improved slightly during the first ten days, but after that period all the symptoms became aggravated and the stomach became so irritable that no food of any kind could

458- he taken. He continued gradually sinking until the morning of the 5th of May when he spat up about 2 ounces of purpura, excessive again at noon and he died the following day at 6 o'clock. Treatment. Acetate of Lead and opium, Bismuth Gum and Blister, and sedative enemata. There was extreme dyspnoea after noon before death.

Post Mortem 42 hours after death.

No signs of mites (weather being cold and wet)

Body not much emaciated

Cranium. No omen of fluid above of hair

Brain - 2 1/4 g. (weight of) perfectly healthy

Throat - Weight 12 1/4 g. (weight of) deposit of fat on edge of right vocal fold

Lung - 2 lb. 13 1/2 g. (weight of) unusually healthy

Abdomen - Liver - weight of 5 lb. 1/2 g. fawn colored and fatty, lobules distinctly marked

Spleen - weight of 1 lb. 1/2 g. (weight of) containing thickened and opaque red one quarter of spleen

Small liver spleen about size of a mouse

Kidney - weight of left 7 g. right 6 1/2 g. Cortical substance pink and fatty

Me. Mucosa deposit of fat throughout mucosa. mucosa color and mucosa especially on the appendix epiploica

Mucosa. Large ulcerated throughout their whole extent and much thickened

Cardiac end of stomach much injected. Inflammation and ulceration of

Larynx and upper part of trachea. pus present at upper part of larynx

Robert G. G. M.D.

No 321

No 4

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contused	Register	Ratio	Ward	Division
Q1 st	Pte William Douglas	31	Jan, 31 st 56	7 th May	Murder (cardio)	Uncertain	Loss of life	382	120	11	Medical

History

A Scotchman of 12 years service, of which he had passed eleven years in South Africa - At the Cape of Good Hope he used to complain of pain in the left side of the chest, but it was never severe enough to prevent him from doing his duty. About two months since, the pain became worse but he continued to do duty until a fortnight ago.

Date of admission

When admitted on the 31st January 1856, he complained of cough, difficulty of breathing and pain in the precordial region. On examination with the stethoscope a loud friction murmur accompanying both sounds of the heart was perceptible over almost the entire chest, these murmurs were heard along the great vessels as far as the bifurcation of the common carotid above, and the bend of the elbow below. On placing the hand on the precordial region a peculiar thrill was felt. The pulse was that of aortic regurgitation quick & jerking. The patient experienced a most painful and disagreeable sensation in the chest after meals.

Progress of case

He was very little relieved by treatment, the heart continuing in a very bad state, with constant pain.

Termination

On the morning of the 7th May, he was suddenly seized with a most violent spasm of the chest, accompanied with urgent dyspnoea, the Paroxysm lasted 20 minutes when he died.

Treatment

The Treatment consisted of mercurials, anodynes, blisters and cupping.

Signed. Robert G. G.

Staff Assist. Surgeon.

Post mortem Appearances 24 Hours after Death -

439.

External
Brain -
Thorax.

Body very robust. Ejecta mortis well marked.

Brain - weight 3 lbs 2 oz. much venous congestion of vessels of the surface - about two drachms of fluid in each lateral ventricle. Cerebellum somewhat soft.

Lungs and recent pleuritic adhesions on the left side. 12 oz. of fluid in the left Pleural cavity -
Right ounces of fluid in the Pericardium.

Heart, of great size, weighing 1 lb 13 oz. on its surface appear numerous opaque patches of organized lymph, some of which are of considerable extent, especially on its anterior aspect near its base. The Right Ventricle appear quite healthy, but the capacity of the ventricle is encroached upon by the hypertrophied Atrium ventriculorum. The Left Ventricle very voluminous, its parietes are fully an inch thick, its cavity capacious. The Posterior half of the Mitral valve has entirely disappeared, no vestige of it remaining. the Semilunar valves are greatly thickened, & their surfaces rough & irregular from deposition of atheromatous matter & they are condensed quite patent. The internal surface of the aorta from its origin to near the arch presents the same congested & irregular appearance from a similar atheromatous deposit. At the root of this vessel, extending from its attachment to the border of the Semilunar zone of the Pericardial origin upwards between the two crura of the anterior & left Semilunar valves & implicating the inferior attachment of the first of these valves and also the sinus immediately behind it, is an opening with thick irregular borders communicating with a considerable cavity which extends horizontally along the base of the heart, immediately behind the pulmonary artery so far as the left auricle where it terminates in a blind pouch close to the border of the Appendix. On that portion of the wall of the cavity which separates it from the Pulmonary Artery and which is remarkably thin, consisting apparently only of the inner coat of the vessel is a small round opening capable of admitting the blunt end of a fine good sized probe & communicating with the artery at its origin; this cavity extends also to a considerable distance into the thickness of the Atrium ventriculorum, & its internal surface is throughout very rough & irregular from extensive atheromatous deposition.

Abdomen

Lungs - weight 4 lbs 13 oz. the substance healthy, but complete adema of both.

Liver - weight 4 lbs 13 oz. granular & congested, blood issuing freely from the cut surfaces.

Spleen - weight 7 1/2 oz. healthy.

Kidneys - weight Right 5 oz. Left 5 1/2 oz. both very much congested.

Intestines large & small - healthy.

Signed Wm Parry

Jeff. Mayon

Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Register	Who	Ward	Division
12th Lancers	Left. Milt. J. W. Kinney	38	20 th April 56	8 th May	Stenosis	6 months	England	386	1.	1.	Medical.

History

Sergeant Michael John Kinney aged 38 years, had a total service of 16th years, of which he had passed 2th years at the Cape & in India. He was admitted into Brompton Hospital from St. Mary's on the 20th Feb. 1856, with Catarrhus acutus, the chest was found to be generally clear, the respiration was weaker on right side, the sounds & action of the heart were healthy - he could give no satisfactory account of his case & history as his memory was very bad, but he stated that at the Cape he had Rheumatism from exposure to cold, and afterwards in India lost the use of both arms for a time, & was invalided from Bangalore for Chronic Rheumatism - in 1848, he had venereal & when admitted into Brompton Hospital had the marks of a node on the right clavicle & several small syphilitic ulcers in various parts of the body, a slight eruption on the right side of the scalp & some headache at night. His health improved & the syphilitic symptoms disappeared before he was transferred to Port Pitt for "Stenosis".

State on admission

When admitted on 20th April, his mind was quite gone, he was exceedingly emaciated in body, & quite helpless, he could speak but a few words and he passed his motions in bed, his pupils were dilated & very sluggish - his appetite was excellent and he ate with much relish -

Progress of Case

On 4th May, he had gradually got much worse, he was more emaciated both in body & mind, and was suffering from bed sores, he was much purged, passing watery stools & his pupils scarcely acted, his tongue was brownish & dry, he could not speak and seemed scarcely to understand what was said to him - From 4th to 8th May he rallied a little, but a sudden change came on on the latter date and he quietly expired at 4th past 3 P.M. on the 8th May -

Termination

From the state in which he was admitted, it was evident that all treatment would be of no use, & the rubbing in of Codon oil liniment to the nape of the neck and aromatic confection were the only remedies used -

Treatment

From the state in which he was admitted, it was evident that all treatment would be of no use, & the rubbing in of Codon oil liniment to the nape of the neck and aromatic confection were the only remedies used -

Post mortem Appearances 4th Hours after Death -

External

Body well formed & muscular - rigor mortis well marked.

Cranium

Brain - weight 3 lbs. 14 ozs. Three ounces of fluid at the base - very much venous congestion - the Cerebra veritri were so much softened that they tore off the junction with Base Cerebri in removing the brain. The septum lucidum & Pons were also somewhat soft. the rest of brain firm & healthy.

Thorax.

Heart - weight 10 ozs. perfectly healthy.

Lungs - weight 2 lbs. 7 ozs. they were congested, but the substance of both was quite healthy.

Abdomen

Liver - weight 3 lbs. 5 ozs. generally healthy, but with numerous superficial patches on upper surface, of about a line in depth, the size of a shilling and composed of a yellow cheesy matter.

Spleen - weight 5 ozs. substance very soft.

Kidneys - Right 5 ozs. Left 5 ozs. both perfectly healthy.

There was a very considerable accumulation of fat in the omentum, meso-colon, mesenteric & its appendages - there were several calculi in rectum & descending colon.

The large & small Intestines & Stomach were quite healthy -

Wm. Ridgway

Staff Surgeon 2nd Class -

Regt	Rank & Name	Age	Admitted	Kind	Disease	Contracted	Regt	File	Card	Division
53	Private Robert Bell	27	15 May 56	1st Regt	Phtisis					

History A Scotchman - Cabinet maker. Aged 27 years - total service 7 years - 6^{1/2} of which in India. Sallow complexion, not much emaciated - appears in the last stage of Phtisis, without diarrhoea, most urgent dyspnoea - pulse hardly to be felt, or counted - cough severe, accompanied with the most profuse mucopurulent expectoration - Both lungs anteriorly and posteriorly dull on percussion - especially the left - Bronchial respiration - Pectoriloquy and Gargilllement audible over its whole extent - Heart's action increased sounds normal - The dyspnoea became more and more urgent, and died 1/2 to 1 a.m. 18 May.

Post Mortem Appearances 38 Hours after Death
External Rigor Mortis complete, Body not much emaciated

Cranium Brain 3 lbs 10, healthy

Thorax Heart 11 1/2 of healthy

Lungs Strong adhesions on the left side - none on the right - weight 4 lbs 9 oz - The whole of the substance of the left lung solidified with tubercular deposit - Several vomices in upper lobe - The upper lobe of right lung also solidified with tubercular deposit, numerous tubercles scattered throughout substance of lower lobes -

Abdomen Liver 4 lbs surface marked with lines corresponding with the pressure of the ribs - substance pale - rather granular but firm -

Spleen 12 p oz rather soft -

Kidneys Right 6 p oz. Left 6 oz both quite healthy - Large and Small Intestines healthy, with the sole exception of an irregular dark ulcer the size of a shilling which had penetrated to the peritoneal coat -

Stomach healthy

Robert Speedy
 Staff Assist Surg^r

Age	Rank and Name	Of	admitted	Died	Disease	Duration	Location	Register	Folio	Word	Division
26	Pt. Thos. Rutherford	19	28 March 1856	18 May 1858	Phtisis	12 months	Bermuda				Physic

An English man, Labourer— 18 months service— 10 months of which in Bermuda— Has always had good health since he had the Scarlet Fever 12 years ago— A delicate looking young man of weakly frame and constitution— Says that he has coughs, and that his breathing is very short, has night sweats— Chest narrow and ill formed— Dullness on percussion beneath both clavicles— and roughness of breathing particularly during inspiration— on the 10th May suffered from most urgent dyspnoea & palpitation— Left chest dull on percussion, large crepitations heard over its whole extent— the lung evidently congested, Pulse very quick, on the 14th had a similar attack and complained of pain over the cardiac region— dyspnoea so great that he was obliged to sit up in bed, body anasarcaous, The dyspnoea and violent action of the heart, became gradually worse & oedema rapidly increasing— face pallid, lips blue— and during one of these paroxysms he died 18th May

Post Mortem Appearances 37 hours after death.

External Rigor Mortis passing away— general anasarca
 Cranium Brain 3 lbs 14 ozs. Arachnoid membrane opaque over the Superior & anterior half of the brain— cerebral matter pale, numerous bloody spots on cutting into its substance, which is firm 331 mm in each lateral ventricle, brain altogether presenting a watery appearance

Thorax Heart 18 ozs 1/2— 500 fluid in the pericardium, the pericardial surface of left ventricle studded over with injected patches Right side of heart filled with fibrine, adherent to the tricuspid valves & requiring some force to detach them, the valves themselves reddened and thickened, as also semilunar valves of the pulmonary artery, Left side comparatively healthy
 Lungs 5 lbs, both lungs oedematous throughout, lower part of the upper lobe & the upper of lower lobe left lung hepatized, cut portions sinking when placed in water

Abdomen Liver 4 lb 2 ozs healthy
 Spleen 8 ozs do
 Kidneys 6 ozs 1/4 Right 6 3/4 1/4 Left both healthy— Large intestine congested throughout, and two ulcers the size of a shilling in the Caecum Small intestines slightly congested

Robert Speedy
 Staff Assist Surg.

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Regt.	Rank & Name	Age	Admitted	Died	Disease	Duration	Contracted	Registe.	Folio	Ward	Division
65	Pl. Andrew Casey	20	9th April 1856	30 May 1856	Mania	111 days	9 Febry. 1856	376	239	I	Medical

Hishman - Shumens Institution - enlisted 20 November 1855 - previously a groom - On 13 December last had diarrhoea, with cough and purulent expectoration - he was discharged on 28 December after having recovered from diarrhoea etc - gave no signs of unsound mind, although a very troublesome patient and irregular in his conduct - he now frequently became sick, and on 9th February was admitted into Hospital under observation, as he complained of ill treatment from his comrades, which was unproven. he stated he had been 9 months in St. Bartholomew's, with a tumour in region of stomach, a little to the left and below epistomium - a painful tumour the size of an orange was found, which subsided on much expectoration. On 12 February he became outrageous, abusive and violent; he tried to burn his clothes, his nights were sleepless - the fits of violence became more frequent - Morphine was in vain tried - at back of head there is the mark of serious injury from a fall from a horse - he complains of having been treated with cruelty - large doses of tartar emetic were given, but he became worse, and was transferred to Pat Pitt on 9th April - his symptoms continued unabated - violent and abusive and making use of language the most disgusting, and alleging that his treatment is cruel - he passed everything in bed to give trouble to the S - ordered his appetite was good the expectoration was most copious, but his general health improved since his admission - He required watching by day and by night. On the 11 May Chloroform was tried but discontinued on the 22 as it seemed to have done no good - he went to bed on evening of 29th in his usual state, but at six o'clock on the following morning, the orderly who was attending him, found for the orderly officer who found him insensible - ether and brandy were tried, but he sank at $\frac{1}{4}$ to 10 A.M.

(Signed) J. Ridgway
Staff Surgeon 2nd Class.

Post Mortem Appearances 52 hours after Death.

External - Signs morbi constate - two small ecchymosed patches on right side of forehead - a superficial ulcer of scalp over occipital bone - a small ecchymosed patch over the right sterno clavicular articulation - one over the spine near scapula - a few small ulcers over the sacrum - a narrow ecchymosis, two inches in length, on the upper and outer surface of right thigh - three small scars over head of right tibia.

Ranium - Firm adhesions between the dura mater and arachnoid, in the course of the superior longitudinal sinus, excepting at the anterior third - the arachnoid, on upper part of cerebrium, studded with

depositions of lymph, and opaque - both lateral ventricles filled with slightly discolored fluid.

Thorax.

Two ounces of fluid in pericardium - deposition of lymph, viz - two large patches on anterior aspect of heart - numerous papular shaped depositions on right auricle, and the corresponding surface of the pericardium - some atheromatous, at the commencement of the aorta. Lungs - Firm adhesions between pleura at apex of right form condense - vesical; between pleura of left - A large cavity in apex of each lung, the remaining portions densely infiltrated with tubercle.

Abdomen.

An hydatid cyst, about the size of an orange, on anterior aspect of the liver, extending transversely to the suspensory ligament, and occupying more of the left, than the right lobe.

J. S. Milledas
Staff Surgeon
2nd class.

No. 324 No. 12

Cgt	Name and Name	Age	Admission	Discharge	Diagnosis	Contractions	Regimen	Sp. No.	Sp. No.
34th	Mr. John Shiland	35	18th June 38	19th June 38	Anaemia		385	3	14

Had 16 years previous greater part of which was spent at home, was admitted into H. Ward suffering from Anaemia. He was a man of stout, muscular build and previous to entrance had been in Hospital at Boston suffering from Bronchitis. On recovering from which he was attacked with oedema of legs for which he was sent to Chatham. On entering Hospital here he was suffering from general Anaemia, and there were evident symptoms of fluid in the cavity of the cranium. He was almost constantly asleep and his respiration was stertorous. He was also suffering from Bronchitis. He was ordered to be cupped on the back, a blister to be applied to nape of neck, and he was given Hydrargyrum Cathartica. His legs were also punctured. He continued in a sinking state until the day of the 19th inst when he expired, being the last day from his entrance into Hospital. Post Mortem 20 hours after death.

Body universally atheromatous.

Cranium

Brain, weight of 3 3/4 lbs. Small quantity of fluid in each lateral ventricle. Substance rather pale but healthy.

Thorax

Heart, weight of 1 lb 8 oz. Interior surfaces of opaque yellow fluid in pericardium. Considerable deposition of fat on external surface. External surface unusually pale.

Abdomen

Lungs, weight of 6 lbs 14 both emphysematous.
Liver, weight of 4 lbs 4 oz healthy.
Spleen, weight of 6 3/4 oz healthy.

Kidneys, left, weight of 4 3/4 g. external surface greatly puckered. 453
internally it was affected with Mottled Brightness. Right weight of 2 1/4 g.
externally much puckered. internally a greater advancement of Mottled
Brightness.

Deposition of fat on both kidneys with considerable loss of
uniform substance. Secured only 1/2 year in West India.

Intestines, healthy

13 1/2 in Mediterranean Station
Wm. Aldridge M.D. U.S.A.

N 32.7 13

Age	Rank & Name	Age	Abdomen	Liver	Lungs	Location	Condition	Height	Weight	Notes	Specimen
48	Pl. Jr. Reid	42	18 1/2 in	20 1/2 in	Thick			315	4	14	Medical

Had lived as a volunteer in the 48th Regt for the last 9 months
at the Sea of Night, previous to which he had been in service for 21 years in
different Regts. in Canada, West India and at home. On admission
here he was in the last stage of Mottled. There was general emaciation
and very loud gurgling under each clench. There was
also night sweats and slight diarrhoea. He only survived 36 hours
after entrance into hospital. Treatment, Wine and Cod-liver oil of
Ummia ad libitum.

Post Mortem Examination 2 1/2 hours after death
Weather warm. Body emaciated. Rigid. Mottled Complete.

Brain, weight of 5 1/2 g. adhesion of dura mater to arachnoid
at anterior part of superior longitudinal sinus. The arachnoid
covering upper part of brain generally disclosed. Some of surface
of brain gazed with fluid blood as also the sinus of Sella
Interpretation. No fluid in lateral ventricles. Brain soft.

Heart, weight of 1 1/4 g. Right side gazed with tan like blood.
Valves perfectly healthy. Common semicircular of Aorta rather thicker
than usual. Heart more bulky altogether than natural.

Lungs, weight of 8 1/2 g. Right lung completely broken down by
tubercular deposit and the pleura adherent throughout. The whole
extant. Atrophied also. The heart being pushed over to the right
side by the action of the more healthy lung. Whole of left lung
studded throughout with tubercles upper lobe being solidified and
having a puckered appearance at apex.

Liver, weight of 4 1/2 g. Very friable and fatty.

Spleen, weight of 4 1/4 g. Consisting of both and substance soft.

Kidneys, left, weight of 6 1/2 g. About midway along the concave
border of it was situated a globular projection the size of a
marble, which lay underneath the capsule and was half buried
in the tubuliferous substance. It contained matter of the colour

and consistence of glue, the kidney was lobulated and generally fatty. Right kidney, weight of 64g. fatty degeneration had proceeded to some extent.

Intestines. Tubercular deposit in Caecum and also in the three lower Peyerian patches in Ileum, also small patches of Congestion in lower third of Ileum. Abdominal health, Abnormalities of Stomach. Much Congestion.

Wm. C. Willig M.D. A.C.S.

No. 328 June

Regt	Name & Rank	Age	Admitted	died	disease	duration	Post-mortem	Regt.	File	Rank	Division
4th Regt.	Sergeant John Bell	38	15 May 1848	4 July 1848	Anasarca				10	Medical	

Scotchman, tea dealer, total service 18 years, of which in the East Indies $11\frac{1}{2}$ years, the skin presents a bloodless colour, with a yellowish tinge from bile. There is general anasarca, as well as dropsy of the abdominal cavity, producing much pain, and dyspnoea, urine scanty, high coloured, specific gravity 1020 - no albumen, heart's action feeble and distant, liver enlarged but owing to the distension of the abdomen, the precise extent of enlargement cannot be determined - States that the anasarca first appeared on his voyage from India to England about three months since - The man first suffered from Hepatitis at Serampore in March 1848 - for 12 months prior to his leaving India he chiefly complained of pain in right and left hypochondriac regions loss of appetite, irregular bowels and general symptoms of dyspepsia & anasarca. The early treatment of his case comprised leeches - bleeding - blisters - antacid diaphoretics - diuretics - warm baths &c. &c. While in hospital the jaundiced appearance and the abdominal swelling were variable, sometimes increased and at other times diminished, and not dependent upon any apparent exciting cause, except slight exposure to cold.

On the 25th June about six weeks after his admission the man's symptoms became so urgent that it was deemed necessary to draw off the fluid from the abdomen, which was done while the man was lying on his back in bed with his head & chest slightly raised - Two gallons & three pints of brownish coloured fluid were withdrawn - The swelling of the extremities almost entirely disappeared but the abdominal cavity soon began to refill - On the evening of 3 July the man became delirious & owing to the distress of his symptoms dyspnoea & distension - the abdomen was again tapped when nearly two gallons of less discoloured fluid

than that before drawn were taken away.

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The delirium continued with considerable prostration, and the man died at 1/2 before 6 a.m. July 4th 1856.

The general treatment consisted of Diaphoretics Hydriodate of Potash the local application of Iodine - and supporting diet.

Post Mortem appearances 18 hours after death

External Weather close and warm - rigor mortis incomplete, body very much emaciated, abdomen swollen.

Cranium Brain weight 3lb 5 ozs veins on the surface of brain empty substance of brain generally bloodless, but healthy.

Thorax Heart wt 12 1/2 ozs generally fatty, a considerable deposit of fat on the mitral valve - Lungs wt 3lb 2 1/2 ozs, Both perfectly healthy.

Abdomen Liver wt 5 1/2 lbs, Left lobe adherent to the diaphragm, the enlargement is confined to the right lobe its substance in a far advanced state of granular degeneration.

Spleen wt 15 ozs. Upper surface generally opaque from thickening of a cartilaginous density.

Left Kidney wt 4 ozs, slightly lobulated, fatty, capsule with difficulty torn off. Right Kidney wt 4 1/2 ozs lobulated, appearance more distant than in left, fatty degeneration in a more advanced stage capsule being completely adherent.

Intestines not examined being apparently healthy.

Stomach healthy.

Robert Spencey
Staff Asst Surgeon

Regt	Rank & Name	Age	Admitted	Disch	Dischd	Location	Contract	Regt	File	Mar	Service
76 th	Pl 1 st Lawrence	19	7 th May 55	4 th July 56	London	Levy	385		14		Prison

Previous to admission he had been 107 days in Hospital at Leam, where he had been stationed with 76th Regt. but as the disease was not all allayed by treatment, he was sent to Farnham. On entrance here, he was extremely emaciated, unable to walk and was purged 6 or 7 times a day, passing blood in stools from time to time and suffering great pain particularly along course of colon and hepatic region. The disease remained altogether intractable for about six weeks at the end of which time he was named an alienation, stopping water from the 2nd of Night, which stopped by purging, but he continued in a sinking state until the 4th of the 4th July when he expired. Post Mortem 38 hours after death.

Breath warm. Riga Morte incomplete. Emaciation extreme.
 Muscles tightly covering skeleton
 Cranium. Very thin, 3/4 of fluid adheres to brain
 Brain, weight of 1lb 19. Substance watery, otherwise healthy
 Nose. Weight of 57g. very small but healthy both in substance
 and valves. Right auricle filled with yellow coagula
 Lungs weight of 1lb 6g. There are loose adhesions throughout
 the whole extent of pleurae on right side. There are three reform
 Chery masses in the upper lobe of right lung but no bronchi
 The remainder of right lung and left lung perfectly healthy
 On opening the abdomen, the viscera were found in one mass
 mass of ~~small~~ dense, which prevented all attempts to disengage
 them out. The liver was adherent to the diaphragm also - mass
 of tubercular deposit of generally the size of a marble were
 scattered profusely throughout. Large number were lodged
 between the lower surface of liver and stomach. The intestines
 were much attenuated but from the position which does
 not allow to examine the mucous membrane did not appear
 to be much diseased

Wm. W. Williams

Regt	Rank & Name	Admitted	Died	Duration	Contract	Regts	Folio	ward	business
8th Foot	1st Lieut. Burns	29	26 May 54 - 14 July			383	11	Dyspnoea	Cont.

An Irish labourer 18 years 2 months service, of which 9 yrs 6 months
 in India. A fallow thin unhealthy looking man of slight frame
 This man was under treatment for Intermittent fever
 in India in September 1865 - when he complained of palpitation
 of the Heart. Dyspnoea & sense of oppression in the Praecordia
 On examination the impulse of the heart was increased
 both sounds were heard but the first was accompanied by a
 loud Bruit de Soufflet, which extended along the Aorta
 The man on admission into this Hospital complained
 of a sense of tightness and constriction of the chest, and a kind
 of smothering pain over the Praecordia. Had a slight cough
 Praecordia dull over a greater space than natural
 the impulse of the Heart was considerably stronger than usual
 both sounds were accompanied by an exceedingly loud Bruit
 which extended along the course of the aorta but most intense
 over the aortic valves. Pulse at the wrist strong quick and
 jerking. - This man also suffered from chronic dysentery

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of an obstinate - which was not amenable to Treatment and proved the immediate cause of his death, some days previous to his dying the extremities became oedematous & of a slightly bluish colour, at no time did this man suffer much in consequence from dyspnoea or palpitation Died 11 P.M. 14th July

Treatment Sedatives Tonics Astringents, Sinapisms & Plasters of Belladonna to the Præcordial region Stimulants & nourishing diet

Post Mortem 37 Hours after death -

Weather moist & warm, much lightning during the night, Rigor Mortis none whatever, nor had there been any Body much emaciated, Ankles oedematous

Brainum Brain 3 lbs. 9 oz. 2 oz of fluid at base of Brain. Substance of brain very firm and healthy.

Thorax Heart 16 oz $\frac{3}{4}$ There was much hypertrophy of the left side of the heart. The Aorta immediately over the Semilunar valves, was dilated into a capacious pouch measuring 7 inches in circumference at its widest part, the dilatation extending about four inches in course of the Aorta, the coats of which were much thickened, the inner surface of the pouch was covered with an abundant and rough deposit of atheromatous matter. The semilunar valves closed the orifice, and were somewhat thickened with the deposit, a small patch of which was found in the cavity of the ventricle immediately under one of the valves. 3 oz of fluid in the Pericardium

Lungs. Lungs weight with Trachea & Larynx 3 lbs 12 oz. In the left Pleural cavity there were 28 ounces of thick muddy fluid, the Pleura were roughened and reddened in some places of a dark green color. The apex of the left lung was converted into a large Abscess, and was firmly bound down by old adhesions the remainder of the lung was compressed and solidified with tubercular deposit two small bronchi communicated with the Pleural cavity -

The upper lobe of right lung was studded with Miliary tubercles some of which were through the lower lobes.

Abdomen Liver. 4 $\frac{3}{4}$ lbs. Gall bladder distended, substance healthy.

Spleen. 13 ounces. the upper surface was adherent to the neighbouring parts. substance was puffy and of a dark brown color.

Kidneys Left 9 $\frac{1}{2}$ ounces. Right 9 $\frac{3}{4}$ ounces both Kidneys were twice the average size, they were very flabby. the uric were well marked. the corticle substance was very yellow.

Intestines. There were abundant traces of Mesenteric disease the veins of the meso colon & mesentery were much congested, the solitary glands were generally the seat of tubercular deposit, the lower third of Ilium was much congested and there were numerous ulcers. Pyloric patches were ulcerated and honeycombed - The Cecum was one mass of ulceration, which in two different places had penetrated all the coats to the Peritoneum. The disease was less apparent towards the Rectum the lower half of which was comparatively healthy.

AR Ridgway Curator -

Regiment	Rank & Name	Age	Admitted	Died	Duration	Contracted	Register	Folio	Ward	Division
G. 56 th Foot	Sgt. L. Taylor	29	14 th July 1856	2 nd July 1861			172	183	G	Surgical.

Dissate Scrophula.

This man was admitted with swelling on both sides of the neck on the 19th July 18
and laboring under smart feverish symptoms. Skin hot and dry. Pulse quick and full.
Tongue coated with brown fur. Bowels confined. I nuzzled but inclined downwards.
Dose. Appetite bad and had not slept for two nights. Nuxbat statim Pulsat. 3j
- gaudet, et Mittura Tartratis Antimonii 3j per os a quaque hora.
On the 20th the bowels were twice well opened but feverish symptoms were still
unabated. Was still drowsy and heavy. Great thirst and no appetite. Cont. Antimon.
Nuxbat Haustus Effervescentis per os. - On the 21st he was much worse.
Skin still hot. Pupils dilated. Conjunctivae pallid-twitched occasionally at the
red. clothes. Pulse quick but compressible. Very heavy and will not answer when
spoken to. Constitutio Miltura Tartratis Antimonii. Mitt. Con. plastrum Lifting
statim much et adhibetur Enema Terebinthina. During the afternoon remains
in the same state. Blisters sets well but did not cause skin. Enema retained.
N. Tartratis Antimonii gr.ij Aqua. Jambherce 3j Solv. N. Haustus statim sumit.
At the evening still much worse. Pupils dilated. Breathing accompanied by
slight stertor and crepitant rales over whole chest. Mouth dry and jaws
clenched. Pulse small and easily compressible. Bowels not opened.
Cont. Haustus ad antea semis. N. Pulvis Jacobi Peri. Hydrargyri
cum lacta aa gr.ij 10 Fiat Pulvis statim sumendus. Nuxbat 3m Hispanica
(Rubri 3j) omni hora. Sunk gradually and became quite insensible and
died at 12 P.M.

Post Mortem Appearances 12 hours after death.

Body well formed. Ribs Inserted Complete.
 Brain Weight 3 lbs 15 oz. Dura mater adhered closely to the upper surface of Cerebrum.
 Substance of brain congested, - lateral ventricles contained a large quantity of
 bloody serum. Base of Brain much congested. Effusion between Dura Mater & Arachnoid.
 Heart. Weight 12 1/2 oz. External surface of Pericardium dotted with miliar tubercles: interior healthy.
 Lungs. Weight 4 3/4 lbs. Weight of bloody fluid in Pleural cavities: Costal
 Pleura of left side covered with phlogosis deposit. Substance of Lungs normal.
 Liver. Weight 3 lb 5 3/4 oz. Quite healthy.
 Kidneys { Weight 11 oz. Both enlarged and very much congested.
 { Weight 10 oz.
 Spleen Weight 10 1/2 oz. Studded with small foci about the size of a pin.
 Bladder. Greatly distended with urine so as to fill the whole Pelvis. 17 oz of urine
 taken out by tapping. Signed Arch^d W. Ridgway Esq. Physician &c.
 Curator

Regt	Rank	Name	Age	Admitted	Disch	Location	Contracted	Regist	Polis	Rank	Location	Disch
83	Pl. 1st	James	31	15 th Aug 68	22 July			358		14	Indian	Sept 68

Previous to entrance, this man had been in India where he had suffered from the Hepatitis and had been several times in hospital under treatment for that disease. On entrance here he suffered from general anasarca. The abdomen, legs and scrotum were infiltrated with fluid and his urine was highly albuminous. He was ordered Solut. Meri. Sanguinalis. Cam. Sod. Potass. Blister was applied to Umbilical region and legs were punctured, by which treatment he was much alleviated. His general health improved for about one month after entrance, but after that period he commenced to look gradually and he died on the morning of the 22 July at 4 1/2 of clock.

Post Mortem Examination 2 1/2 p.m. after death

Weather very hot. No rigor mortis. Body uncorrupted

Cranium

Brain, weight of 3 lbs 14 oz. 2 g of fluid at base and one half ounce in each lateral ventricle. Substance firm, very pale, otherwise healthy.

Thorax

Heart, weight of 7 1/2 oz. one ounce of fluid in pericardium. Substance flabby, and small in size. Lung, weight of 1 lb 14 oz. Perfectly healthy. 4 1/2 oz of fluid in right pleural cavity. 20 g in left.

Abdomen

Eighty ounces of fluid in Peritoneal Cavity. Liver, weight of 3 lbs 6 oz. External surface lobulated. Cut. like flesh. Spleen, weight of 13 g. perfectly healthy. Kidney, weight of - left 10 1/2 g.

right 9 1/2 g. } Both were advanced stage of fatty degeneration. Considerable deposit of fat in abdominal parietes and in mesentery. Stomach and intestines, perfectly healthy.

Signed: Thos. P. Ridgway M.D. Surgeon
Curator

Regt	Rank & Name	Age	Admitted	Ward	Duration	Contract	Reg ^t Folds	Ward	Remarks
18-	McNinch Golda	22	July 18	Aug ¹ -1 st	9 months	Matta	385-	C	Medical

Seizure Epilepsy

Previous
History

An Irish laborer of 9 months service of which he served in Malta - his first fit occurred 9 months ago while on board ship up to this period he had enjoyed good health - he has had frequent seizures since the first attack - occasionally he would be for a day without an attack - at other times they would be more frequent

Admitted
July 18th

A stout healthy looking man - on his admission had not had a fit for three weeks - when admitted he was suffering from a slight febrile attack which subsided in 24 hours - this attack was attended with no head symptoms - It was stated in the abstract of his case sent from Malta that he was a malingerer and that his attacks of epilepsy were not genuine - I am sure in his first fit on July the 23rd and on once convinced that the symptoms under which he labored were not assumed they were such as would be observed in an ordinary case of Epilepsy they did not strike me as being in the least remarkable - he had another attack of a similar character on the 26th of the month - after that date the seizures became more frequent - sometimes there was a succession of fits with intervals of torpor lasting for several hours - the day on which he died he appeared in perfect health up to 9 P.M. in the evening - when he was seized with a fit which from what I can learn from the orderly officers was very different from his former attacks - he never regained his consciousness afterwards and died in ~~and~~ a comatose state

S. J. O. M. S.

Post-mortem Examination 12 hours after death

External appearance - Rigor mortis incomplete - body stout and muscular

Cranium Sources of bloody serum at the base of the brain considerable subarachnoid effusion: Dura mater Pachymeninx and the arachnoid membrane along the course of the longitudinal sinus thickened and opaque, Pia mater generally congested and the section of the brain presented a number of bloody points substance of the brain healthy - weight - 30^{oz}

Thorax - Head - healthy - weight - 11^{oz} - the large veins of the neck gorged with blood - Mucous membrane of the larynx & trachea much congested - Base & posterior surface of the Rth lung attached

To the diaphragm & thorax by adhesions of old standing -

Structure of both lungs congested but otherwise healthy - weight of
Lungs, trachea, & lungs 3.4

Abdomen

Liver healthy

Spleen very soft and pulpy weighing 5 1/2 ounces

Right Kidney - a small round cyst about the size of a walnut
situated in the superior angle: walls of the cyst of considerable
thickness and closely separated from the structure of the kidney and
having no communication with the tubuli uriniferi - weight 1 1/2 oz

Left Kidney healthy - weight 5 oz. Stomach and intestines
healthy

L. Williamson
Staff Surgeon 2nd Class

No 334 No 20

Regt	Rank & Name	Age	Disease	Admitted	Discharged	Place	Med. Reg.	Height
23	Private Henry Whale	39	Morbus cordis	July 20	Aug 16	3 months	Malta	10 383. 244

Disease. Morbus cordis.

Private Henry Whale. Sawyer. 23rd Regiment at 39. a strong
healthy looking man. was admitted into No 10 Ward Medical
Division on 20th July 1856 suffering from Morbus cordis.

Prior to admission he was in Hospital at Malta suffering
from the same disease, where he remained five weeks. The
disease becoming aggravated even under the remedies prescribed
(Digitalis and Sulph. ether) he was sent home to be invalided.
On admission complained of pain in the precordial region and
great dyspnoea. Dulness over precordial region more extended
and marked than natural. A loud Murmur de soufflet heard with
sounds of heart, which extended along the course of the Aorta, and
heard loudest over region of Aortic valves. Pulse at wrist strong
and jerking. On the 10th August in consequence of having
caught fresh cold, his breathing became more laboured &
accompanied with severe pain in chest. Mucus rales heard
over both sides of chest. Expectoration combined with
small doses of Antimony were administered and counter-irritation
applied to surface of chest, he gradually improved until
the evening of the 15th when he had a return of the dyspnoea and
pain over region of heart - a draught having been prescribed, he
rested well during the night but awoke at 7 a.m. with a
sensation of suffocation accompanied by vomiting, and expired
before he could be visited by the Medical Officer.

Thos W. Bennett. A. A. S.

Post Mortem 29 hours after death

External weather cold and moist - Body robust and well formed
 Appearance. Rigor mortis complete.

Calvarium very thick - 3 oz of fluid at Base of Brain - Substance of Brain generally soft, numerous bloody points on the cut surface.
 Weight of Brain 3 lbs 6 1/2 ounces

Thorax 3 oz of fluid in Pericardium

Heart much enlarged, the walls of the Left Ventricle considerably hypertrophied; the Aortic valves thickened and covered with Arthromatous deposit; the Aorta dilated into a pouch immediately above the valves. The Aortic walls very much thickened and roughened with Arthromatous deposit.
 Weight of heart lbs 1 3/4.

Lungs The Pleura on Right side firmly adherent. Substance of Lungs quite healthy.

Weight of Lungs 4 lbs.

Abdomen Liver 3 lbs 9 1/2 Slightly granular

Spleen 6 1/2 healthy

Left Kidney 6 1/2 3

Right Kidney 5 1/4 3

Stomach Slightly congested.

Intestines healthy.

J. W. W. W. W.

Staff Surgeon V. M. G.

No 335 402

Regt. Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Place of Death	Med. Reg. No.
73 1 st William Mauley	41	Anasarca	28 July	22 August	25 days	Cape of Good Hope	10 73 3d 47 th

History Private William Mauley, has been 17 years in the service, and has served in Caffiana during 2 Caffir wars, served 9 months in Canada, 8 months in Monte Video, 9th years at the Cape of Good Hope, and the remainder at home. On 30 August 1853 was admitted into Hospital under Anasarca, but was discharged quite well on 17th of following month - On 26 September 1854 was again admitted under Ascites - the effusion at that time being more confined to the abdominal cavity, from that attack he slowly recovered and was discharged to duty on 5th December - On 16th April 1855 he again reported himself sick from the same cause, and was admitted under Anasarca, the effusion at that time being general throughout the whole cellular tissue, and also largely occupying the abdominal cavity. The Urine was found to be highly albuminous.

State on admission On admission into Fort Pitt Hospital 28 July 1856 the abdominal cavity, Scrotum, and the lower extremities were very much distended with fluid.

Progress of Case.

Termination

Treatment

he suffered considerably from Dyspepsia, complained of pain in the right Hypochondriac and Lumbar regions. Appetite bad. Tongue tolerably clean, bowels rather confined. made very small quantities of highly coloured water, slightly albuminous Sp: Gr. 1020. The lungs had every appearance of being healthy. The cardiac sounds though weak were normal. Owing to the anasarcaous condition of the chest it was impossible to determine the exact size of the heart or liver, complained of much pain over region of the latter. The accumulation continuing, on the 31st small lancet punctures were made inside the thighs, from which for several days very large quantities of fluid escaped. at this period the bowels became very confined, and recourse had to be had to castor oil & Turpentine injections per anum, with great relief to patient. On the 12th he vomited repeatedly during the 24 hours for which a blister was applied over Stomach with little or no relief. On the 14th his breathing became more difficult owing to the effusion increasing. On 19th laid little or no attention. Vomiting continued, remained in a comatose state until the 22nd August the day of his death.

The treatment on admission consisted of Purgatives & Diuretics. (Squill & Digitalis with Spoon diet and extras Beef Tea, Fish, Wine and Gin and towards the termination of the disease with carbonate of Ammonia in effervescing draughts, with spoon diet, consisting of Chicken broth, calves Foot Jelly, Wine Brandy, Gin &c. -
Thos L. Bennett
acting apothecary

Section Cadaveris 29 hours after Death.

External

weather cold. great oedema of lower extremities, Scrotum and upper extremities. Abdomen distended with fluid.

Cranium

About 2³/₄ of serous fluid at the Base of Cranium, considerable sub-arachnoid effusion. Section of brain presented a number of bloody points. Lateral, Third, and Fourth Ventricles contained about one ounce of serum. Weight 2 lbs 11³/₄.

Thorax

About 4³/₄ of serum with a few flakes of lymph found in Pericardium. The entire surface of the heart and pericardium coated with a thin, recent granular layer of lymph which was easily scraped off. This layer was particularly thick on the Anterior surface of Left Ventricle.

Heart - very much enlarged, both ventricles dilated, walls of the Right much thinner than natural; walls of the Left thickened and hyperplastic. Muscular substance of heart much softened and easily broken up. Valves healthy. Weight of heart 6 1/2 - 5³/₄.

Tracheal & Bronchial tubes filled with frothy mucus; both lungs attached firmly by numerous bands of old adhesion to the walls of the chest. Structure of the lungs infiltrated with serum but otherwise healthy. Weight of lungs 5 lbs.

Abdomen. lbs 10 of serous fluid in abdominal cavity. The peritoneum both abdominal and that covering the intestines sparse and thickened - omentum shrivelled up, both it and the transverse arch of the colon adherent to the walls of the Abdomen.

Stomach contracted and bound down by the colon and liver - convex surface of the liver universally adherent to the Diaphragm - inferior margin of the liver also adherent to transverse arch of colon Peritoneum covering the liver much thickened and covered with a very old layer of lymph.

Liver. section of liver presented a nutmeg character. Left lobe presented this disease in a very slight degree weight $4\frac{1}{4}$ lbs.

Spleen. adherent to abdominal parietes, section of spleen presented a normal appearance as if from ecchymosis. weight $8\frac{1}{2}$ oz.

Both kidneys presented the 1st stage of granular degeneration, none of the tubuli as yet having been destroyed, external surface rough and irregular and mottled.

Weight of Right Kidney 5^{oz} 3.

Weight of Left Kidney 5^{oz} 3.

Stomach and Small Intestines healthy, mucous membrane of large intestine soft and pulpy and of a dark slate color.

W. M. Wilson

Staff Surgeon 3rd Regt

No. 336 No. 22

Regt. Rank & Name	Age	Disease	Admitted	Died	Duration	Place	Remarks
47	Pte. William Richardson	22	22	25 Aug 1856	12 months	Malta	XIV. 47. <small>Admitted 22 July 1856</small>

History

Private William Richardson 47 Regiment at 22, An Irishman Total service 5 years, of which in Malta 10 months - States that one year ago whilst proceeding to Malta he got wet through on board ship - since which period has complained of palpitation pain in lardiac region - accompanied with Dyspnoea -

Admission

On admission at Fort Pitt. Hospital July 18th 1856 he presented the appearance of a delicate looking man - On examining chest the heart's action was found to be increased, and on taking quiet exercise a loud bruit could be heard over Mitral valve - complained of inability of lying on left side, and subject a good deal to start in his sleep - was troubled with bronchitis and has frequently spat up blood. On applying stethoscope there is every appearance of a cavity at apex of right lung - but which after a few day treatment disappeared, appetite good, Bowels regular. Continued under treatment (Expectorants) with full diet

Proposed for

with every appearance of improvement until the 22nd August when pulmonary symptoms returned and blood was observed mixed with the mucus coughed up - suffered from profuse perspirations every morning and evening, continued to get weaker daily until his death 25th August 1856.

Treatment

His treatment on admission consisted of Expectorants (Squire's kit: ether & Morphine) with Half diet & 1 Gill of wine - Afterwards (Dil Sulph. Acid. & Morphine) Full diet & 2 Gills of wine -

Thos. W. Bennett. a Surgeon

Post Mortem 36 hours after Death.

External Appearance

Rigor mortis passing away - No emaciation - marks of recent cupping over the Pericardiac region - small healthy ulcer on the Internal and Superior third of the left Tibia semi dislocation of the phalanges of both great toes.

Cranium

about 3i of serum at base of brain; a thin layer of fibrous deposit covering the inside of the dura mater, particularly along the course of the longitudinal sinuses and on the left Temporal region - This however appeared to be rather a post mortem appearance than to the effects of inflammation.

Brain, section rather pale, Lateral 3rd and 4th Ventricles contained about 3i of serum, brain otherwise healthy Weight of brain 8 lbs 5^{oz} 3.

About 3x4 of serum in Pericardium

Heart generally hypertrophied - but without any material thickening in its walls. Mitral valves healthy - Aortic valves very rough jagged & irregular and covered with large warty excrescences so as to have entirely destroyed their function, from one of them a large pendulous warty body hung down into the left Ventricle - a small depression or true aneurism about the size of the joint of little finger situated immediately below the left semilunar valve - Aorta quite healthy.

Tracheal & Bronchial tubes filled with bloody frothy mucus mucous membrane of these tubes highly vascular - Both lungs adhered firmly and universally to the walls of the chest - Structure of both lungs highly adenomatous but otherwise healthy Weight of Larynx, Trachea, & lungs 4 lbs 3/4.

Abdomen

61 8^{oz} 3. of fluid in the cavity of the abdomen.

Liver presented a nutmeg character and fatty degeneration Gall bladder filled with thickropy bile weight of liver 4 lbs 3/4.

Spleen much enlarged soft & pulpy weight 2 lbs 1 3.

Kidneys enlarged and both presented the 1st stage of granular

about 3 inches from side to side and $3\frac{1}{2}$ from above downwards.

From the centre of the Wound two openings each about $\frac{1}{2}$ inch in diameter penetrated the Thyrohyoid membrane and entered the Pharynx one situated above the epiglottis and the other below it: the epiglottis having only two small attachments on either side. No artery of importance was found to have been cut across.

Mark of an old cicatrix on left side of the neck just below the recent wound.

Cranium

About 2 oz. of Serum at the base of the Brain a small quantity of Lymph effused on the inner surface of the dura mater covering the hemisphere of the Brain. considerable subarachnoid effusion: section of Brain presented a number of bloody points about 1 oz. of Serum on the lateral third and fourth ventricles Weight of Brain 3 lb. 2 oz.

Thorax

One ounce of Serum in the pericardium: a large opacity which spot on the Anterior aspect-surface of the right-ventricle Heart healthy weight 9 oz.

Trachea and Bronchial tubes contained a quantity of purulent matter. Right Lung adhered to the walls of the chest by recent-effused lymph: a very large irregular cavity in the apex of the superior lobe and numerous others of a smaller size in the posterior part of this lobe and also that of the inferior - almost the whole of this being with the exception of its anterior margin was infiltrated with tubercular matter condensed and sinking in water. Left Lung adhered firmly and universally to the walls of the chest by adhesions of old standing: a small cavity in the apex and a few milinary tubercles surrounding it; lung generally oedematous but otherwise healthy weight of largest trachea and lungs 11 lb 12 oz.

Abdomen

A deep ulcer on the convex surface of the right lobe of the liver having some resemblance to an old cicatrix structure of liver healthy weight 3 lb $3\frac{1}{2}$ oz.

Weight of Spleen $5\frac{1}{2}$ oz.

Right Kidney $5\frac{1}{2}$ oz.

Left . . . $5\frac{1}{2}$ oz.

Healthy

Stomach and Intestines Healthy

J. W. Thomson
Staff Surgeon R.C.

Regt	Rank & Name	Age	Disease	Admitted	Died	Duration of Disease	Ward
88 th	Private Patrick Campbell	21	Phthisis	June 9 th	Sept 9 th		15

He stated that his health was good until April 1855 when he was attacked with Fever (while in the Crimea) - on convalescing from which he was sent down to Scutari with pains in the limbs and debility, and that after remaining there some weeks he was evacuated home on the 23rd of July. In November he joined his depot at Winchester and on the 21st of January 1856 he was admitted into Hospital complaining of Dyspnoea - pain in the chest, cough with mucus purulent expectoration and night sweats and from all which symptoms he was still suffering when admitted into this Hospital on the 9th June last.

On examination his chest there was found slight dullness under both clavicles - on the right lung over the upper lobe there were numerous crepitations and absence of the respiratory murmur; on the left side the respiratory murmur was extremely harsh - his cough night sweats and other symptoms continued to increase up to the morning of the 9th Sept when he died at 2 o'clock A.M.

His treatment consisted in expectorants - cod liver oil - together with wine and generous diet.

Seco post mortem. 3 1/2 hours after death.

External appearance

Rigor mortis passed away. Body much emaciated. Left leg oedematous.

Cranium

About an ounce of serum at the base of the brain: considerable subarachnoid effusion: brain healthy weight 3 lbs.

Thorax

About an ounce of serum in the pericardium, an opaque white spot on the anterior surface of the right ventricle: heart healthy weight 9 3/4. Trachea & bronchial tube filled with purulent matter. Right Lung adhered firmly to the wall of the chest by adhesions of old standing: structure of this lung thickly studded with tubercles and crude tubercles and numerous small cavities especially in the apex. Structure of the superior and middle lobe condensed and sinking in water. Left Lung connected to the walls of the Thorax by a few old bands of adhesion the superior lobe and upper half of the inferior also studded with tubercles and crude tubercles none of them having advanced to supuration. Weight of Larynx Trachea and Lungs 3 lbs 12 1/4. On removing the lungs from the thorax the anterior surface of the bodies of the first four dorsal vertebrae were denuded.

of pericardium and carious and about 4 oz of pus mucus found in the posterior mediastinum. 478

Abdomen

Liver healthy Weight 2 lbs 5 oz. Spleen healthy Weight 7 oz
Kidneys healthy Weight of right 1 oz Left 1 oz 2 drs

Stomach

healthy; mucus membrane of the Stom highly vascular and several long patches of ulceration at its termination. Mucus membrane of the whole course of the large intestines very extensively ulcerated particularly in the ascending and transverse colon the ulceration being very irregular deep and excavated

L. M. Mearns
Staff Surgeon D.C.

339 No 25

Age	Name & Rank	Age	Disease	Admitted	Died	Duration of Disease	Place of Burial	Regiment
88 ⁺	Pl. Wm. Halloran	20	Catarrh & Chronic	2 Sept 1858	24 Sept	16 months	Matto D.	389

An Irish Soldier of 10 months service, the major part of it in Matto. his health was good up to six months ago - when he was admitted into Hospital at Matto with Chest affection - his symptoms at this time were cough - profuse expectoration - night sweats - dyspnoea with flying pains about his Chest - at one time had a severe attack of haemoptoei expectorating one half pint of blood -

Present

He is a thin, miserable, Phthisical looking lad - Complaining of Cough - dyspnoea, and pains in his Chest - the pain he refers chiefly to the posterior part of left Lung -

Condition

Physical signs

Chest flattened - does not expand fully on taking an inspiration.

Percussion - dull generally - more especially over left Chest.

Auscultation - Respiratory murmur very hoarse under both clavicles -

Bronchophony corresponding. Some small crepitation is audible over the base of left lung posteriorly -

Progress of Case

After the application of a blister, and the use of good nutritious diet, he appeared to improve for three or four days, when from exposure to cold or some other cause, he was again seized with pain at the base of left lung. Similar symptoms set in, with dyspnoea, hacking cough, and furred tongue - these were accompanied by expectoration of a very Phthisical character - large crepitation, mucous rales, and very loud bronchophony were audible over the whole of the left lung posteriorly - he continued in this state for some days taking a fair amount of nourishment - his symptoms being a short, hacking cough - breathing of a tubular character - expectoration thick and purulent, and profuse perspiration - at this time he was seized with a severe attack of diarrhoea which reduced him considerably, the was relieved by astringents, and he appeared to rally for a time - but he was

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tridentally getting weaker daily, his breath and expectoration began to have a very offensive, almost gangrenous odour. He died at 11 P.M. on the 24th of September.

E. Macgill M.D.

Staff. Asst. Surgeon

Sectio Cadaveris 27 hours after death

External appearance
Cranium

Body somewhat emaciated. Rigor mortis incomplete.

Throat

Pia Mater much congested: section of brain presented a number of bloody points: lateral ventricles contained about 3 or 4 ounces of serum. (10 ounces of serum in the Pericardium: Surface of the heart and pericardium covered throughout with a thick layer of lymph about one line in thickness: Muscular substance of the heart flabby: Valves quite healthy. Weight 8 ounces. Right Lung healthy. 39 ounces of dirty brown colored fluid in the left pleural cavity. Lung collapsed. pleura covering it coated with a honey comb deposit of plastic lymph: Structure of lung congested. Weight of larynx, trachea and lungs 2 lb 9 oz.

Abdomen

Liver healthy. Weight 4 lb 13 oz. Spleen 7 oz. Kidneys healthy. Weight of right 7 1/4 oz. left 5 1/4 oz. Stomach and small intestines healthy: several patches of congestion on the mucous membrane of the large intestine.

W. Wilson
Staff Surgeon 2nd C

Age	Name	Age	Disorder	Admitted	Died	Duration of Disease	Place of Discharge	Remarks
55 th	Dr. Richard Holloway	38	Laryngitis Chron	26 th August 1855	Sept 26 th 1855	31 Days	Quarried	14 388

Previous History

An Englishman, a Laborer by occupation, has been fifteen years and nine months a Soldier, four months of which he served in the Crimea. He remained at Home was first admitted into Hospital in July 1855 for Laryngitis where he remained one month and was readmitted on the 24th of August 1856 in consequence of his throat becoming worse. about twelve years since he was in Hospital with Chancre and Bubo but does not recollect if he took Mercury.

Condition on admission
General signs

On admission he appeared weak and emaciated complaining of difficulty of breathing and great pain in the throat on swallowing his food. On percussing the chest resonance was heard over both lungs at apex. on applying the stethoscope very little air was heard to enter the lungs on the upper and anterior portions of chest. Slight respiration was heard laterally on left side and low down no respiratory breathing in the lower lobe of right lung anteriorly. loud roughened respiration heard over the upper posterior clavicular region. Sonorous rales over the upper posterior middle portions of chest which became less defined lower down and entirely lost at the lower lobes of the lung. Heart's action weak but normal.

Throat

Externally there was no appearance of Tumor or any other enlargement internally the posterior part was slightly congested the lungs extending downwards. Tonsils were not enlarged, on inspiring he made a loud crowing sound. Suffered from Dyspnea and Cough.

Progress of symptoms

The symptoms mentioned above continued much the same until about the 23rd of September when he changed for the worse the difficulty of breathing increased. he made a louder sound on inspiration but there was no pain of the Throat on examination, the respiration of the anterior portion of his chest partly masked by his breathing and not heard at all inspirally. Suffered from cough and difficulty of expectoration which was of a thickropy character, on percussion over the region of the Liver it was found to be greatly enlarged but there was no pain on Palpation, pulse weak, bowels regular, skin Hot. appetite indifferent. He continued getting gradually worse and on the day of the 23rd his breathing was performed with great difficulty, the Head being thrown backward to admit more air into the lungs the sound of respiration not audible, countenance bore an anxious expression pulse weak and fluttering, he gradually got worse towards evening respiration being performed with great difficulty and now rallied but died on the morning of the 24th at half past seven O'clock being perfectly conscious all the time. Counted irritation to the chest and throat, the administration of expectorants and Stimulants, generous diet and wine.

Treatment

J M Beatty, A.S. 98th Regt

Section cadaveric 30 hours after death. (was the cool)

External appearance
Cranium

Body somewhat emaciated. Upon mortis incomplete Arachnoid membrane opaque along the course of the longitudinal sinuses. Section of Brain presented a number of bloody points. 2 drachms of serum in each lateral ventricle. Weight of brain 3 lbs 3 oz

Throat, Larynx

Chorda vocalis destroyed by extensive ulceration especially at the posterior part lining the surface of cricoid cartilage. Mucous membrane of the trachea vascular. Right healthy, left adhered firmly and universally to the wall of the chest. Structure Oedematous. Weight of Larynx, trachea and lungs 3 lbs 3 oz

Lungs

Abdomen

Liver enlarged. Structure firmer than usual. Weight 6 1/2 lbs

Spleen

Healthy. Weight 11 oz

Kidneys

Right exhibited the second stage of fatty degeneration weight 7 3/4. Left in the third stage of granular degeneration weight 7 3/4

Stomach and Intestines

Healthy

C W Williamson
Staff Surgeon R.C.

Age	Name	Age	Disease	Admitted	Discharged	Duration of Disease	Place of Discharge	Ref. No.
65	Wm. Warburton	34	Dysent. Chronic	Sept 10	Sept 24	11 months	Cornica	7 1/3 205

Explosionman Labourer 16 years & 2 months service 10 months of which in the Cornica the rest at home. Was in Hospital in the field before Sebastopol with inflammation of the kidneys subsequently from this cause he had general dropsy at which time also he complained of difficulty of breathing. he had likewise an attack of dysentery.

When admitted into Fort Pitt in August had a swelling in the back which was opened a short time afterwards & has continued to discharge a large quantity of pus up to the present time. About a fortnight ago he was seized with an attack of dysentery. The stools at first consisting of a gelatinous substance mixed with blood at the end of three days they became much more frequent & assumed the appearance of coffee grounds. Each movement of the bowels was accompanied with a good deal of tenesmus at the same time he had occasional fits of vomiting and he has been getting rapidly weaker every day.

On the 23rd of September the pulse could hardly be counted the extremities were cold & congested so that it was found necessary to give him Brandy & ammonia as well as Dover's powder & Opium. Transferred to the Medical Division. He was then cold the pulse could scarcely be felt. The surface of the body was blue. He did not complain of any pain, but gradually sank & died on the morning of the 24th at 12 o'clock. He was given Dover's powder & some wine.

(Signed) Wm Beatty. M.D. 85th Regt

Relio Cadaveris 25 hours after death

External appearance.

Body stout & well formed.

Cranium.

Brain healthy weight 3 to 5 ounces.

Thorax.

Heart healthy weight 12 ounces. Slight atheromatous deposit in the aorta immediately above the semilunar valves. A few old bands of adhesion connected both lungs to the walls of the chest. Trachea congested but healthy weight 5 to 11 oz.

Abdomen

An abscess about the size of a walnut filled with healthy looking purulent matter situated at the anterior and upper surface of the right lobe. Substance of the liver firm & granular weight 4 to 4 1/2. Spleen Structure very hard cutting like liver; very firm adherent between its upper surface and the diaphragm. Kidneys Right in a state of granular degeneration affecting the whole of the cortical structure of the gland and obliterating the central pyramidal bodies weight 2 3/4 oz. Left comparatively healthy. The vessels only commencing weight 2 oz. Stomach healthy. Lower third of the ileum congested. Mucous membrane of the whole course of the large intestines destroyed by ulceration more particularly the caecum & ascending colon.

N^o 342 N^o 28

Regt	Name	Age	Disease	Admitted	Died	Duration of Disease	Where Contracted	Ward	Regt	Folio
2 ^d B ⁿ R ^g	Pte John O. Donald	30	Rheumat. Chron	Sept 6 th	Oct 23 rd	8 Months	Crimea	10	309	42

An Englishman. Service 9 years 9 Months. 2 years of which at the Ionian Isles. Crimea 6 Months. was admitted into Scutari Hospital on the 16th May 1856 with Aneurism of right leg (Popliteal) which has disappeared under the treatment of pressure. Was Invalided home. Symptoms on Admission into Fort Pitt. Much emaciated. Chest contracted. Clavicles prominent. Complaints of palpitation of the Heart and difficulty of breathing and also of pain in his joints. his appetite very variable. and constant thirst. Auscultation. The respiration is natural on left side on right it is somewhat roughened and resonance of voice audible. Heart's action strong and quickened. No bruit is perceptible with either sounds of the Heart. Complaints of cough and dyspnoea on taking the slightest exercise and principally of a Sensation of numbness in right leg. Suffers from pain in the abdomen shooting from left hip to groin and occasionaly of pain along the spine. Bowels inclined to be relaxed. Tongue covered with white fur indented at the edges. pulse small and wing. Progress of the Case. the pain in lower part of abdomen diminished, as also difficulty of breathing. but Complaints of considerable pain in the left Inguinal Region, which continued until about a week previous to his death, was able to walk about of late. Appetite improved. dyspnoea not so bad, and was gaining strength. On the 17th October 1856 went to St Marks. Returned same day very weak and complaining of much lassitude and on the following morning spat a little blood. He improved a little after that and at the evening visit previous to death did not seem worse.

(Signed) Henry J. Rose S.A.S

Section Cadaverous 35 hours after death

Weather cool. Rigor Mortis Not passed away

Body Much emaciated

Brain healthy. weight 3 lbs

About one ounce of Serum in the pericardium. Heart small but healthy. weight 7 1/2.

External Appearances

Cranium

Thorax

Slight thickenings of the margin of Semilunar valves especially in the vicinity of the sesamoid bodies. Considerable atheromatous deposit in the coats of the aorta extending downwards to its bifurcation into the two Iliacs. A very large aneurism arising from the back part of the abdominal aorta by an opening of about 3 inches in length and one in breadth the tumor extending upwards to opposite the fourth dorsal and downwards to the fourth lumbar vertebra. Laterally or on the left side it formed a large tumor which pushed the spleen and left kidney forwards. The aneurism had caused absorption of the diaphragm and had burst into the base of the left lung. Posteriorly the tumor had also produced absorption of the last dorsal and three upper lumbar vertebra. The intervertebral cartilage remaining comparatively entire. The sac contained about two pounds of old fibrinous coagula and some black coagula of recent formation. A small aneurismal prolongation about the size of an egg protruded on the right side of the aorta opposite to the one of larger size on the left.

An aneurism about the size of pullet's egg on the popliteal artery situated at its division into anterior and posterior tibial. The aneurismal sac was formed in the head of the soleus muscle and was filled with firm old fibrinous coagula. One portion of which was soft consistence. The opening between the artery and sac was closed and the artery itself obliterated for an inch in extent. Left bronchial tubes contained fluid blood and coagula. Mucous membrane of Larynx and Trachea healthy. Right lung connected to the walls of the chest by adhesions of old standing. Structure oedematous but otherwise healthy. Weight of Larynx. Trachea. and Lungs 3 lbs 1 3/4 oz. Liver. Structure soft and friable. Gall bladder filled with very thin fluid bile. Weight 3 lbs. Spleen very small. Weight 3/4 oz. Kidneys healthy. Weight of right 5 oz left 6 oz. Stomach and intestines healthy.

W. M. Morrison.
Staff Surgeon D. C.

Regt.	Name	Age	Disease	Admitted	Disch.	Where contracted	Rank	Regt.	Vol.
38 th	John Webster	19	Scorbutus	Oct ^r 25 th	Oct ^r 25 th	Fort Pitt	15	387	128.

An Englishman, was admitted into this Hospital on the first of October with Syphilis consecution, at which time he was very weak and emaciated - During the first fortnight he improved very much - taking at the time Nitric Acid and Phos.

On the 15th he complained of loss of appetite and a sore mouth followed in a few days by diarrhoea and pains in the stomach (which continuing up to the 24th) together with a quick small pulse - brown dry tongue, hot skin and other febrile symptoms he was admitted into 15th board Medical Division -

When seen at the morning visit of 25th he had a pulse at 135 a hot dry skin - brown tongue - bowels very much opened - pupils dilated and a continuous expression of great pain and anxiety - he remained in bed with his knees drawn up to relieve the tension of his abdomen which was extremely tender giving great pain on the slightest pressure - not even being able to bear the weight of the bed clothes -

At about four o'clock of the same evening the orderly perceiving a change had taken place in him for the worse sent for the orderly officer - but he died before any further assistance could be given him at half past four - His treatment while in the Surgical Division consisted in small doses of James' Powder - Liqueur Annon - in Acetates and Aromatic Confection with small doses of Opium to check the diarrhoea -

When admitted into the Medical Division he had a large Blister placed over the abdomen and Calomel - Opium and Linnæ from every three hours -

Signed W. W. Britton
Asst. - Asst. Surgeon

Lectis Cadaveris 19 hours after death -
 Lugather cool - Rigor mortis complete - Marks of
 Blister over the abdomen - body thin and spare
 cicatrices of Syphilitic ulceration on the arms
 and forehead - About an ounce

Cranium.

of serum at the base of the cranium considerable
 sub-arachnoid effusion - vessels of the pia-mater
 congested - section of the brain presented a num-
 ber of bloody points - Heart Healthy -

Thorax.

apex of the left lung adhered to the walls of the
 chest by adhesions of old standing - Structure
 of the lung healthy - weight 2^{lb} 3^{oz}.

Abdomen.

Thirty five ounces of muddy cream colored fluid
 mixed with flakes of lymph found in this cavity.

Peritoneum generally, but more particularly
 that covering the convolutions of the duodecim
 times highly vascular - convex surface of the
 liver coated with a thin layer of lymph -

Structure soft and friable - veins much congested
 weight 3^{lb} 15^{oz}. - Spleen much enlarged
 structure firm and congested - weight 13^{oz}.

Kidneys healthy - weight of right 4^{oz} - of left 5^{oz}.

Mucous membrane of the stomach slightly vas-
 -cular - Jejunum healthy - Several large irregular

ulcers with thick everted edges scattered along the
 whole course of the ileum but particularly towards
 its termination where there was found a large
 ulcerated patch of several inches in extent completely
 surrounding the gut - the mucous and muscular

coats on several of the ulcers were completely dis-
 -troyed and perforation had very easily taken
 place - The peritoneum corresponding to

these ulcers was thickened and coated with
 lymph - Large intestines healthy -

J. M. Watson
 Staff Surgeon R. A.

No. 344

1836

Regt. Name & Term	Age	Disease	Admitted	Died	Duration of Disease	Where Discharged	Where Regt. Hal.
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72	P ^{te} Robert McKinnon	25	Phthisis Pulmon.	11 th Novemba	19 th Novemba	3 years	America XIV 388 152.
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He was a Scotch labourer of 52 years service, of which one year in America, 8 months in Malta and the rest at home. He states that he always enjoyed good health till 3 years ago, when in America he caught cold and was seized with severe cough and hæmoptoe. He then went under treatment, was salivated, and after a stay of three months in hospital was invalided to England. On his return home, he went to his duty, but was now completely well; he was in hospital at Penang for 7 days, and at Cullinny for 2 months. The chest affection gradually became worse, and the breathing short. About 12 months ago he was sent to Malta, and was in hospital 3 months out of the 8 which he passed there. While in Malta, the symptoms referable to chest became much aggravated, he spit much blood, and suffered from diarrhoea. From Malta, he was invalided to England, and on his passage home, for the first time passed blood in his stools. He was admitted into hospital at Portsmouth on the 26th August 56, suffering from acute dysentery, & phthisis. From Portsmouth he was sent to Fort Pitt hospital to be invalided and discharged, and on his admission here on the 11th Nov. the following were his symptoms and condition. He was much emaciated, and complained of great debility. He had a severe cough, and a copious expectoration, which consisted of half blood, half mucopurulent matter. The cough was very troublesome, and he complained much of the laching pains, which it caused in his chest and back. The respiration was very short and hurried. His bowels were very loose, and were acted upon every hour during the first 11 hours after his admission. The dejections were dark coloured, very offensive and contained blood. He complained of no pain in his bowels, but he seemed on purpose of the abdomen. There was no straining or scalding on going to stool. No difficulty or pain in micturition. Pulse 120. Tongue raw and clean. Thirst great. Appetite indifferent. He complained of pain in his back and loins. Perspired much at night. On examination of the chest, he was found extremely emaciated, and the breathing was very shallow and much accelerated. Dulness was discovered under the left clavicle, but both lungs sounded generally well on percussion. On auscultation, loud crepitation and bronchophony were heard over the upper lobes of both lungs. The cardiac sounds were weak. He stated that his mother was alive, and that his father died suddenly, of what disease he knew not. Nov. 12th Bowels were opened 4 times during the 24 hours. The stools were more consistent, of a dark colour and very offensive odour; they contained little blood. The bloody and purulent sputa continued. Appetite gone. No great much. There is pain present on pressure of the abdomen. Nov. 14th Blood had disappeared from the stools, but they were still morbid and very fetid. Pulse 130. No change in the sputa. Appetite gone. Slept pretty well. His body emitted a very disagreeable odour. Nov. 16th No improvement. Has become weaker. Bowels are again more loose. The dejections are sometimes solid, sometimes fluid. On manipulating the abdomen, a gurgling sound is heard, especially on the left side, from the motion of fluid. The abdomen is somewhat enlarged, and there is an obscure sense of fluctuation. Sputa profuse and nearly free

from blood. Murmurs rales and gurgling are still heard in the apices of both lungs but the debility has become so great that he cannot bear much examination - Sleeps little. Nov 17th - Becomes gradually worse. Breaths very hard but as blood is passed fresh as yesterday. Pulse at wrist is almost imperceptible. Feet are swollen - Does not complain of any pain. Lies on left side; moans much. Nov. 18th Debility gradually increasing. He now passes feces and urine involuntarily as he lies in bed. Cough has become deep, and he allows the sputa to flow out of his mouth, without making any effort to keep himself clean - His pulse is very small & weak. Nov. 19th Gradually sank, and died at 8 o'clock this morning.

Treatment - Counterirritants, refrigerants, astringents, sedatives and narcotics, with stimulants and farinaceous diet, comprised the treatment. Phlebotomy and opiate enemata were also prescribed.

James Thompson M.D.

Int Pitt Hosp. 19th Nov. 186.

Asst. Asst. Surgeon -

Section Cadaveris, 28 hours after death -

Weather cool.

External

Appearances

Cranium

Rigor mortis not passed away. Body much emaciated - About one ounce of serum at the base of the Brain. Vessels of pia mater somewhat congested. Section of Brain presented a number of bloody points. About the usual quantity of serum in the lateral ventricles. Weight of brain 2 lbs. 14 oz.

Thorax

The pericardium contained about one ounce of clear serum - An opaque white spot on the origin of the pulmonary artery. Heart somewhat enlarged, and filled with black coagula and fibrinous clots. Weight of heart 11½ oz.

Trachea and Bronchial Tubes filled with purulent matter. Mucous membrane of the air passages highly vascular. Apices and posterior surfaces of both lungs adhered firmly to the walls of the chest by adhesions of old standing. Superior lobe of the right lung thickly studded with milium and coarse tubercles, many of them having advanced to suppuration - Several large cavities in the apex. Middle and inferior lobes also thickly studded with milium tubercles, but free from cavities. Anterior margins of the lung emphysematous - The left lung was in precisely the same state as the right. Weight of lungs 4 lbs. 9½ oz.

Abdomen

Four ounces of clear serum in this cavity. Gross surface of the right lobe of the liver connected to the diaphragm by adhesions of long standing. Structure of the Liver healthy. Weight of liver 3 lbs. 9½ oz. Gall Bladder contained a small quantity of thin bile. Spleen healthy. Weight 7 oz. Kidneys healthy weight of each 4½ oz. Stomach and Small Intestines healthy, with the exception of about 2 inches of the termination of the ileum, where the mucous follicles were found enlarged & filled with purulent matter, the surface of several of them having become ulcerated. Mucous membrane of the whole course of the large Intestines very extensively ulcerated, more particularly in the caecum & ascending colon. The ulcers were very irregular, and their edges thickened & indurated, & at one point they surrounded the whole of the lumen. The mucous membrane of the remainder of the large Intestines was highly vascular & studded with small irregular ulcers.

W. M. Thompson, Asst. Surgeon

No. 345
 No. 31
 Regt. Wm. M. Smith, 1st Regt. Dragoon
 Admitted 14 Nov. 1856
 Discharged 19 Nov. 1856
 I. J. C. Corp. & William M. Smith 21 Phthisis Pulmonalis 14 Nov. 1856 19 Nov. 1856 7 months Guinea No. 11 390 89

Corp. Wm. M. Smith, 1st Regt. Dragoon, belonging to the Land Transport Corps admitted into this hospital 14 Nov. 1856. Had been ill about six months, 1st from Fever & Dysentery in Guinea after that chest affection which terminated fatally in Phthisis Pulmonalis on the 19th Nov. at 4.45 PM in 8 Road, Fort Pitt, Chatham. A Scotch labourer, service 19 Nov. 13 of which were spent in Turkey and Guinea the remainder at home. He was always strong and never ill until the beginning of May when attacked with Fever and Dysentery which appears to have been the commencement of the fatal disease.

He was admitted into this hospital in the last stage of Phthisis Pulmonalis suffering severely from Cough, expectoration, great emaciation & debility. On examination the movements of the chest were contracted & quiet. There was dulness over the whole chest and on applying the ear nothing could be heard but loud mucous rales, Bronchophony & every symptom of Emphysema. His nights were restless from coughing & excessive perspiration which left him very feeble and at last nature seemed entirely worn out and he expired on the 19th Nov. at 4.45 PM. Treatment consisted in St. Mowbray's Tonic & Linnæus' dietetics & support by a good nursing diet including Wine, chicken &c. &c. &c.

Robert Mowbray
 Fort Pitt, Nov. 21st 1856. Deputy Asst Surgeon

Post Mortem Appearances seen in the Case of Corp. Wm. M. Smith 31 hours after death.

Major Mowbray not present at autopsy.

Ext. & Apparent.

Cranium.

Thorax

Body much emaciated - extensive marks of coughing on the left knee joint which is slightly enlarged. About 3i of serum at base of Brain. Membranes and substance of Brain congested. Weight 3 lbs. 7 1/2 oz. 3 iii of serum in Pericardium. Right cavity of heart filled with dark coagulated brown clots. Heart healthy. Weight 9 3/4 oz. Upper part of both lungs adhered to the walls of chest by old adhesions. Right Lung. Supr. lobe thickly studded with tubercles in all stages and vomica of various sizes one capable of containing an egg in the apex - portions of this lobe condensed and ^{crumbly} in water. Middle & Inf. lobes thickly studded with millary ^{small} tubercles but none advanced to suppuration. Left Lung. in same state as right. Weight 4 lbs 13 oz.

Abdomen

Liver. Convex surface adherent to the Diaphragm by old adhesions. Gall Bladder containing a small quantity of bile. Stomach healthy.

Spleen healthy. Weight 7 1/2 oz.

Kidney. Right 6 1/2 oz. Left 7 oz. - both healthy.

Stomach healthy.

Intestines, portions of small highly vascular but no ulceration except at the termination of Meckel's where there were a few small ulcers. Mucous membrane of large intestine soft & pulpy - slightly vascular but no ulcers.

Left Knee.

Left Knee. Reflected portions of synovial membrane of a purple color from chronic Inflammation. Numerous serophulous deposits about the size of peas of a soft cheesy ^{consistence} situated external to synovial membrane around the margin of cartilage.

W. Mowbray
 Deputy Asst Surgeon

N^o 346M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}

The Subj^{ct} dying 55th Reg^t. Died suddenly here this morning 24th Nov^r at (3 1/2 A.M.) at St. Mary's Barracks I was sent for about that time and found him quite dead. It appears that he has been doing his ordinary duties since his arrival here about (3 weeks since) and has never complained to me. But he had I find had some cough and dyspnoea - apparently in part of asthmatic character. He was as well as usual last night and got up in the night to go to a party, in which place he was heard coughing and expired before he could be brought into his room. No blood was expectorated or vomited and the countenance did not indicate death by suffocation. His wife informs me that he has been ill for years and with what she terms Asthma; (I have not seen the man before excepting on the daily parade with reference to his health) He has been liable to much expectation; but as he was strong up to the moment of his death, I conclude the expectation must have been idiopathic & bronchitic (more probably than to pure idiopathic) and that bronchitis probably dependent on Marles Cancer, it would account for the asthmatic symptoms.

M^{rs} M^{rs} M^{rs} M^{rs}M^{rs} M^{rs} M^{rs} M^{rs}

Section Posterior. 33 hours after death. Nigger Mark's passing away.

External Appearances. Body stout and muscular.

Cranium. About one ounce of fluid at base of the brain. Vessels of Pia Mater very much congested. Section of Brain presents a number of bloody points. Structure of brain healthy. Weight 3^{1/2} lbs.

Thorax. 4 3/4 of serum slightly tinged with blood in the pericardium. Heart somewhat enlarged and the right ventricle dilated, a large quantity of frothy matter deposited beneath the serous membrane covering the right side of the heart. Mitral and the semilunar valves of the Aorta healthy. Extensive atheromatous deposit in the coats of the Aorta. One curvature about the size of a large orange - arising from the right and anterior surface of the Arch of the Aorta below the origin of the innominate. It has contained a very large fibrinous coagulum and adhered anteriorly to the membranous part of the sternum which was partially absorbed. Posteriorly it was firmly attached to the lower part of the trachea - The mucous membrane corresponding to this part was ulcerated but there was no direct communication between the two. The cartilaginous rings remained entire. Laterally the sac was attached to the inner and outer membranes of the trachea and bronchial tubes of a deep purplish colour and highly congested. The wall above and the anterior surface of the trachea adhered to, exposed one ring of the trachea but did not extend to any greater depth. The tubes were filled with frothy purulent matter.

Right lung. Posterior half gorged with serum with serum but otherwise healthy.

Left lung adhered firmly and universally to the parietal of the Chest, by adhesions of low standing - the lung itself gorged with serum to a greater extent than the right. The large portion of the structure of the inferior lobe condensed from grey hepatization & swollen in water.

Abdomen. Liver healthy - Spleen healthy. Kidneys healthy. Abdominal organs generally congested. Stomach & intestines healthy.

Lungs ——— $\frac{1}{2}$ — $\frac{1}{4}$ H.
 Lungs ——— 3 13/4. *measured*
 Right Medial ——— 5 1/4
 Left Medial ——— 6
 Spleen ——— 6 3/4.

G. W. Wilson
 Staff Surgeon U.S.A.

Regt.	Rank & Name.	Age	Disease	Admitted	Disch.	Location of Discharge	Where Discharged	How Discharged	By	File
9 th	P. Robert Wilson	36	Catarrh	23 rd Nov	23 rd Nov					

History. On Statement of Laboratory of Salter's Complains of great deal emaciated. Suffered 1 1/2 years of which in West Indian Export in West Indian 10 years, in Guinea 10 years, the remainder at home. Admitted from Portsmouth on the 23rd where he had been in Hospital 9 days. Was previously in Hospital in Gibraltar since Aug. 1/56. It is abstract stated that he has been suffering for a length of time from almost complete deafness and was on this account appointed Nurse, but since his return from the Guinea he has been attacked with Rheumatism which renders him unfit for his duty. He was treated in Gibraltar with Iodine Lotion, Dover's Powder &c. and the warm bath, which appeared to relieve him for a time. On his admission to this Ward he complained of pains in lumbar region and shoulders the enlargement of the joints. His pains in pressing the pains in lumbar region much aggravated by standing in the erect position, on examination there were no marks of Rheumatism, nor deformity nor tenderness, had marks of cupping on right lumbar region. Stated he was cupped here, when he had yellow Fever in the West Indies. Chest small and much emaciated, had several marks of cupping on right mammary and infraclavicular regions, since these were produced about 9 years since, for a severe pain he had in these regions, the abdominal sounds on percussion on auscultation. Heart sound normal, had no cough, nor pains in chest, Tongue appeared Brown on sides, Appetite impaired, Passed 1/2 meal. Passed urine sufficiently quantity to have a dose of Linseed Medicine and his back to be rubbed with Liniment.

24th This morning he complained of much pains in lumbar region, the liniment produced a slight eruption, his Bowels were fully opened, Tongue clean and

Section Cadaveris, 23 hours after Death -

External No Rigor Mortis. Body, slightly emaciated. Left foot redematous. General appearance redematous of right lower extremity, with numerous large hard blotches covered with phlyctenulae. On incising these patches, the whole of the cellular tissue underneath infiltrated with pus. The cellular tissue of another in same state - The bone muscles and tendons appear healthy.

Brain - The usual quantity of serum at the base of the Brain, and in the ventricles. Weight of Brain 3 lbs. $\frac{1}{4}$ oz.

Thorax - In the right pleural cavity there were 17 oz of serum - The left pleura was connected to the walls of chest by old and strong adhesions - Structure of lungs healthy - Weight 2 lbs. $7\frac{1}{4}$ oz - Heart healthy, and in its right side contained white fibrous masses - Weight $10\frac{1}{2}$ oz. The pericardium contained the usual quantity of fluid -

Abdomen This cavity contained 13 oz. of a deep yellow and fleshy serum - The omentum was drawn upwards and contained a considerable quantity of granular yellow fat - Liver healthy - 4 lbs. 13 oz. - Spleen healthy 11 $\frac{1}{4}$ oz. - Kidneys large and showed extensive granular degeneration; external surface rough and irregular, and of a pale cream colour; the cortical portion was much increased in extent, and the tubular had almost disappeared - Right kidney, weight 13 $\frac{1}{2}$ oz. - Left kidney, weight 14 $\frac{1}{2}$ oz. - Testicles appeared healthy; they were not examined.

W. W. Wilson
Staff Surgeon R.N.

Regt	Rank Name	Age	Disease	Admitted	Died	Duration of disease	Place of death	Regt	Regt. No.
93	Pte. Robert Wilson	36	Cataracts, Chronic	22 Nov 50	25 Nov 50	3 days	Liberal		39/125

A Scotchman, a labourer, of yellow complexion, a good deep emaciated, service 17 $\frac{1}{2}$ years, of which in West India 3 years, in Mediterranean 4 $\frac{1}{2}$ years, in Crimea 2 $\frac{1}{2}$ years, the remainder at home. Admitted from Portsmouth on the 22^d, when he had been in hospital 9 days, was previously in hospital in Gibraltar, since August 50. His chief complaint is that he has been suffering for a length of time from almost complete deafness, and has on the account appointed Surgeon. But since his return from the Crimea, he has been attacked with Rheumatism, which renders him unfit for his duty. He was treated in Gibraltar with Iodine, Potash, Dover's Powder &c. and the pain which appeared to relieve him for a time. At his admission to the hospital he complained of pain in lumbar region and shoulders, no enlargement of the joints, no pain on pressure, the pain in lumbar region was much aggravated by standing in the erect position, on examination there were no marks of treatment, no deformity, no tenderness or swelling, had marks

Regt.	Rank & Name	Age	Service	Admitted	Died	Duration of Disease	Where	Remarks
9 th	1 st Lt. Lazarus Abraham	29	photo. pulmon. 8 th Nov.	29 th Nov.	1856	14	Sierra Leone	388 145

He was a native of Poland, and a shoemaker by trade. 2^{1/2} years since, of which three months in Turkey, and 1^{1/2} years in the Guinea. States that in June last, when on board ship returning from the Guinea, he first went sick with venereal disease, which he contracted in the Guinea. He landed in Portsmouth on the 18th July, and remained in hospital there till 15th Sept. when he was invalided to Chatham. He went into Brompton Hospital on his arrival, where he continued till 28th Oct. when he went into St. Mary's Barracks, and stayed till his admission here on the 8th instant. On his admission he was very pale and of cachectic and broken down appearance. He complained chiefly of pain in the head, of cough and dyspnea, and from the latter symptoms with his general appearance his disease was called phthisis pulmonalis, without any examination of chest having been made. He had a slightly ulcerated throat. The pain of head was very severe, especially at the occiput; it had existed 3 months, and he found most relief when quiet and in bed; the least motion aggravated the headache. The chest sounded dull on percussion, and in the upper portions of both lungs bronchial respiration was heard. The cardiac murmurs were normal. Pulse 80. Abdomen large and flabby. Parents alive. Under the use of quinine and iron, with counterirritation to the nape of the neck, the pain of head gradually became less, and the ulceration of throat healed. On the 17th Nov. he went to St. Mary's Barracks to be examined by an invaliding Board. On the 21st he first complained of pain in the upper half of right leg, and of a general sensation of chilliness & cold. The pulse was quick and tongue coated. He vomited his food and complained of constant nausea and flatulency. The throat was better & he had little headache. The leg gradually became very tense, painful, white and shining, and the tumefaction extended up the thigh and downwards to the foot, till the whole limb was equally affected, and here and there over the femoral vessels, red spots made their appearance. No glands or hardened chords could be felt. The left testicle became enlarged and the left foot oedematous. His bowels were rather loose and profuse and once occurred. On the 26th he complained of no pain, but the scrotum had begun to swell on a sloughing appearance over a portion of its surface of the size of a crown piece. Urine and feces natural. Tongue became brown and dry, he complained of nausea, took nothing into the stomach; had occasional hiccup. He gradually became worse, the limb became cold, vesicles appeared on its surface and sphacelus commenced. He was treated with Bark, ammonia, opium, camphor, & with creosote and efferecing Daugl's Salty. The limb was enveloped in moist sponge and he was laid on an air bed. Wine and Brand's were also prescribed, of which he took both. Gradually sank and died at 1.30 P.M. Nov. 30/56. I. M. S. Barracks, Chatham. A. A. V.

must. Suffered him very much, in the Evening the pains became worse, he referred it there to the right hypochondriac region. The Medical Officer on duty was called to see him and ordered a mustard poultice to be applied on seat of pain, this very much relieved him, and he expressed himself as much better at the Evening visit, I ordered him a draught Containing 35 Minims. Solution of Muriate of Morphine, the Medical Officer on duty again saw him at his evening visit when he expressed himself as continuing better. At 5 1/4 A.M. the orderly heard some one in a fit and on rising found it was the patient, he immediately went for the Medical Officer on duty who found him on his arrival in a moribund state. he died some after.

Ed Macmillan M.D.

Staff Asst. Surgeon.

Section Cadaveris. 30 hours After death. Body Muscular.

External
Appearance

Extensive marks of suffusion over right side of Chest.

Cranium

Membranes & substance of Brain pale and bloodless Structure healthy weight 3 3/4.

Thorax

About 1 1/2. Truncus in Pericardium; a considerable quantity of fat deposited beneath the serous Membrane covering the right side of the heart; Valves healthy weight of heart 4 1/2. Very extensive Albuminous deposit in the coats of the whole course of the Aorta: Arch of Aorta very much dilated and its internal Surface very much irregular and corrugated. An Aneurism about the size of an egg arising from the right side of the descending Aorta, about 2 inches below the origin of the left Carotid; The Aneurismal sac extended behind the right Bronchial tube but no rupture of the sac had taken place. An Aneurism arising from the anterior surface of the Abdominal aorta at the origin of the Celiac axis the opening between the Aorta and sac, was about 1 1/2 inches in length and about 1 inch in width. The sac itself was about the size of an orange and extended upwards and penetrated the diaphragm, rupture taking place into the posterior mediastinum and right pleural cavity. Blood was extensively extravasated along the course of the Abdominal Aorta in the substance of the Diaphragm and below the serous membrane of the Pericardium in the posterior mediastinum and rupture finally taking place into the right pleural cavity at the base and root of right lung: the right pleural cavity contained 2 of black coagulated blood and 2 of serum. Left lung adhered to the wall of the chest by old standing adhesions. Functions of both lungs healthy weight of lungs 2 1/2.

Abdomen

Visible healthy weight of liver 2 1/2 Spleen 3, 1. Right Kidney 5 1/2 left 4 3/4. Stomach and intestines healthy.

W. M. M. M. M.
Staff Surgeon &c

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 of Capping on right caproscapular region, stated he was capped here when he had yellow fever in the West Indies. Chest small and much emaciated, had several cracks of Capping on right brachyax and apicalaricular regions said these were produced about 9 years since, for a severe pain he had in these regions. No abnormal sounds on percussion or auscultation. Heart sounds normal. Has no cough or pain in chest. Tongue furred. Stools confined. Appetite impaired. Takes 76 beats, passes urine in sufficient quantity. I gave a dose of Roce medicine, and he back to be rubbed with irritating Liniment.

24th This morning the complaints of much pain in lumbar region, the Liniment produced a slight eruption, the Stools were truly opened, Tongue cleaning moist. Capped him over lumbar region. In the evening the pain became worse, he referred it then to the right hypochondriac region, the Medical Officer on Duty was called & saw him, ordered a mustard plaster to be applied on seat of pain, this very much relieved him, and he expressed himself as much better. At the evening visit, I ordered him a Drought containing 35 Minims, Colation of Mucilage of Tragacanth, the Medical Officer on duty again saw him at the evening visit. When he expressed himself as continuing better. About 5 1/2 a.m. the orderly heard some one in a fit, and on rising found it was this patient, he immediately went for the Medical Officer who found him in a comatose state, in a brown band state. He died soon after.

J. Macgill M.D.

Step. M^{rs} Longdon

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Regt.	Rank and Name	Age	Disease	Admitted	Died	Duration of Illness	Time Expired	Age
47	Pte Thomas Molloy	25	Phthisis Pulmonalis	24 th Aug. 56	Nov. 30 th 56	11 months	14	38 70

He was an Irish Labourer, of 2 years and 4 months service, of which 15 months in the Crimea. Stated on his admission that he always enjoyed good health till in the Crimea 3 months ago, when he caught cold and has never since been well. He had a severe cough with a sanguineous purulent expectoration, was much emaciated and suffered much from night sweats. He had frequently spit much blood. Singling respiration was heard in the upper part of left lung, and loud wheezing breathing all over the right. He had a rapid pulse, slept badly, had not suffered from diarrhoea. For a time he seemed to improve under the use of cod liver oil and generous diet. From the slightest exposure however he caught cold, and during one of these attacks, the right lung became much more affected. The expectoration became very profuse and purulent, and gurgling audible in the right lung also. He became gradually weaker, and his feet and ultimately the greater part of his body became anæsthetic. Cough increased, and was more and more harassing, and his appetite, which up to this time had been good, failed. He became very hectic and

his tongue red and stuffed of its epithelium. Breathing became more and more difficult, so that he could breathe only in a sitting posture. He gradually sunk and died at 6 A.M. 30th November, 1856. By cupping locally, with Iodine, and the internal use of cod liver oil, expectorants, anastics, stimulents and emollients, with attention to diet formed the treatment.

Lab Pitt hospital
Dec. 1st 1856.

Emil Brumbyman mss
h. a. 8

Sectio Cadaveris. 30 hours after death.

External Appearance Ribs not puffed away. Body unaltered. Lower extremities slightly redematous.

Grass Mechanics and Substance of the Pisum much improved. Weight 2 lbs. 14 g.
Thrax The sances of Stem in the Penicardium. Frut healthy, weight 4 1/2 g.

Trachea and Bronchial Tubes filled with soft mucopurulent matter - a small ulcer at the posterior angle of left vocal cord.

Membranes of the Bronchial tubes congested. Both lungs adhere firmly and universally to the walls of the chest by adhesions of old standing. Right Lung. Superior and Middle Lobes thickly studded with tubercles in various stages of advancement, and numerous large cavities - inferior lobe contained milky and solid tubercles - posterior margin of the lung emphysematous. Left Lung, in nearly the same state as the right, but the tubercular degeneration not so far advanced. Weight, 3 lbs 7½ oz.

Woman Eighteen ounces of serum in the cavity. Liver very much enlarged, and exhibited fatty degeneration - Weight 6 lbs. 10 1/2 oz. Spleen healthy weight 6 1/4 oz. - Kidney, presented granular degeneration, some of the tubular portions having become atrophied. Weight of right Kidney 9 1/4 oz. of left 8 1/2 oz. - Stomach and Small Intestines healthy. Mucous follicles in the large Intestines enlarged and contained soft sacculous matter. Several small irregular ulcers in ascending Colon -

