(script)

Dec. 30 19

From A. G. Gibson
to Sir William Hale White

CUSA17/130.129 1/4

27 Banbury Road,
OXFORD

6.8.20

Dear Sir William,

It is Lady Osler's wish that you, as one of Sir William Osler's physicians, should have a copy of these notes. She also desires that we should regard them as a private document.

With kind regards,

Yours sincerely,

A. G. GIBSON.

Autopsy on the body of Sir William Osler, Bt. on

30.xii.19 at 2.30 p.m. at Norham Gardens, Oxford.

The body is that of a well-made man not markedly emaciated. Superficial fat present in moderate amount. Rigor mortis is well marked. An old scar is present on the middle of the R. tibia at the site of a slight projection on the anterior border.

A recent granulating operation wound along the line of the 9th rib a portion of which has been removed. The wound about 6" long extends forward to the posterior axillary line.

A recent small sutured incision over the left basilic vein (intravenous saline).

Hypostasis is present in the dependent parts of the body.

Cavities.

Except in the region of the wound the lung is in contact with the parietal pleura. A few slight adhesions between the base of the left lung and pleura which otherwise lies naturally.

The pericardium is normal and contains about 2 cc. of clear straw-coloured fluid.

The right lung is free as regards the upper two-thirds of the upper lobe and thepleurae both visceral and parietal are natural. There are some oedematous adhesions between the upper lobe and the pericardium.

Oedematous and highly vascularised adhesions lie for a considerable distance above the empyaema cavity. These are easily broken down between thoracic wall and lung, but those between lung and diaphragm are much firmer and in attempting to separate the lung a small cavity in the lung was opened up containing about 2.3 cc. of thick creamy pus. More posteriorly the diaphragm had to be removed with the lung.

Abdominal cavity. - natural except for a left inguinal hernia admitting the finger for about 2 inches.

Lungs.

Left: some recent slight fibrinous pleurisy on the diaphragmatic surface; a small pleural scar at the upper apex. Otherwise externally natural.

On section. Oedema of both lobes, no evidence of bronchitis or alteration in arteries, veins or bronchi, no enlarged glands.

Right: completely adherent to diaphragm but where separation has been effected is a small cavity with dark greyish brown walls

suggesting a recent pyogenic membrane. A large pyogenic membrane with tags of lymph covers the greater part of the posterior aspect of the lower lobe. The lung has been cut in stripping it off from the vertebral column to which it was firmly adherent. The upper boundary of the pyogenic membrane is practically the interlobar fissure of the lung. Haemorrhagic granulations extend upwards, and anteriorly from this line for a distance of 3" in some places. The middle lobe is not marked off from the upper lobe. Towards the base of the lung in the surface of the pyogenic membrane is a small haemorrhagic area 1½ cm. across which does not seem to be connected with any large vessel.

On section, the upper lobe is normal except for slight oedema, and a small scar at the apex. The lower lobe shows numerous small abscesses from 5 mm. to 2cm. across, some of which contain brownish thin pus, others in an earlier stage show a haemorrhagic infiltration without breaking down: a few of these cavities appeared to be smooth-walled. Many of the bronchi are dilated and show thickened walls. Creamy pus can be expressed from some of the bronchioles.

Dense adhesions bind together the two lobes.

The artery and vein are normal, the bronchus inflamed.

Heart

Normal in size but very flabby. Pericardium normal.

Pulmonary and Tricuspid valves normal. Mitral admits 3 fingers. Tricuspid 4. Aortic valves thickened, mitral shows atheroma of the anterior leaflet. Endocardium everywhere normal. Muscle dark brown soft, slightly friable, no fatty infiltration.

The anterior branch of the left coronary artery is atheromatous calcified and narrowed. The right coronary is atheromatous but not constricted.

The base of the aorta shows some fatty infiltration of intima; there are two calcified plaques in the concavity of the aortic arch, elsewhere in the aorta, fatty infiltration only. Tongue, tonsils, pharynx and larynx normal. Some frothy mucus in the trachea which is reddish increasing in intensity towards the bifurcation. Two medium sized lymphatic glands at this bifurcation, one of which is sclerosed and the other anthracosed.

Thyroid small but normal.

Spleen.

Very flabby, about normal in size. A few pinhead thickenings in the convex surface of the capsule and one raised opaque tubercle which is not calcified. On section the pulp is diffluent.

No enlarged mesenteric or other abdominal glands.

Suprarenals.
Left: normal.
Right: medulla softened.
Cortex normal.

Kidneys.
Left: slightly smaller than normal. On section the cortex which is injected is not diminished. A small ischaemic patch is seen on the outer border and slight arteriosclerotic atrophy towards the lower pole. The capsule strips easily leaving a smooth uniformly granular surface with the exception of a few depressions from arteriosclerotic atrophy.

Right. About normal isn size. On section paler than the left. The calices are slightly dilated and arteriosclerotic atrophy shows slightly. Scattered evenly in the cortex are pin-point, buff-coloured uratic deposits. The capsule strips readily leaving a smooth granular surface.

Testicles. normal.

Liver: smaller and softer than normal; on section brownish red, dry, friable, lobules not easily distinguished. No gross disease no gall-stones.

Pancreas: normal.

Stomach. small and large intestines, normal externally; appendix retrocæcal, long and atrophic.

Brain.
The pia-arachnoid is slightly adherent tothe dura over the vertex and the dura again to the calvarium. The falx cerebri and tentorium cerebelli thickened. Frontal lobes large, squarish ind transverse outline. Atheroma of the basilar arteries and circle of Willis. No external abnormality. Preserved for further examination.

Interior of the cranial cavity natural.

R. Pleural cavity. About 2 cm. below the external wound is a haemorrhagic area about 4 cm. x 3 cm. attached to which is some recent blood clot. No bleeding point found.

From above downwards the pleura shows the zones, normal, haemorrhagic, granulations and pyogenic membrane noticed on the external aspect of the lung.