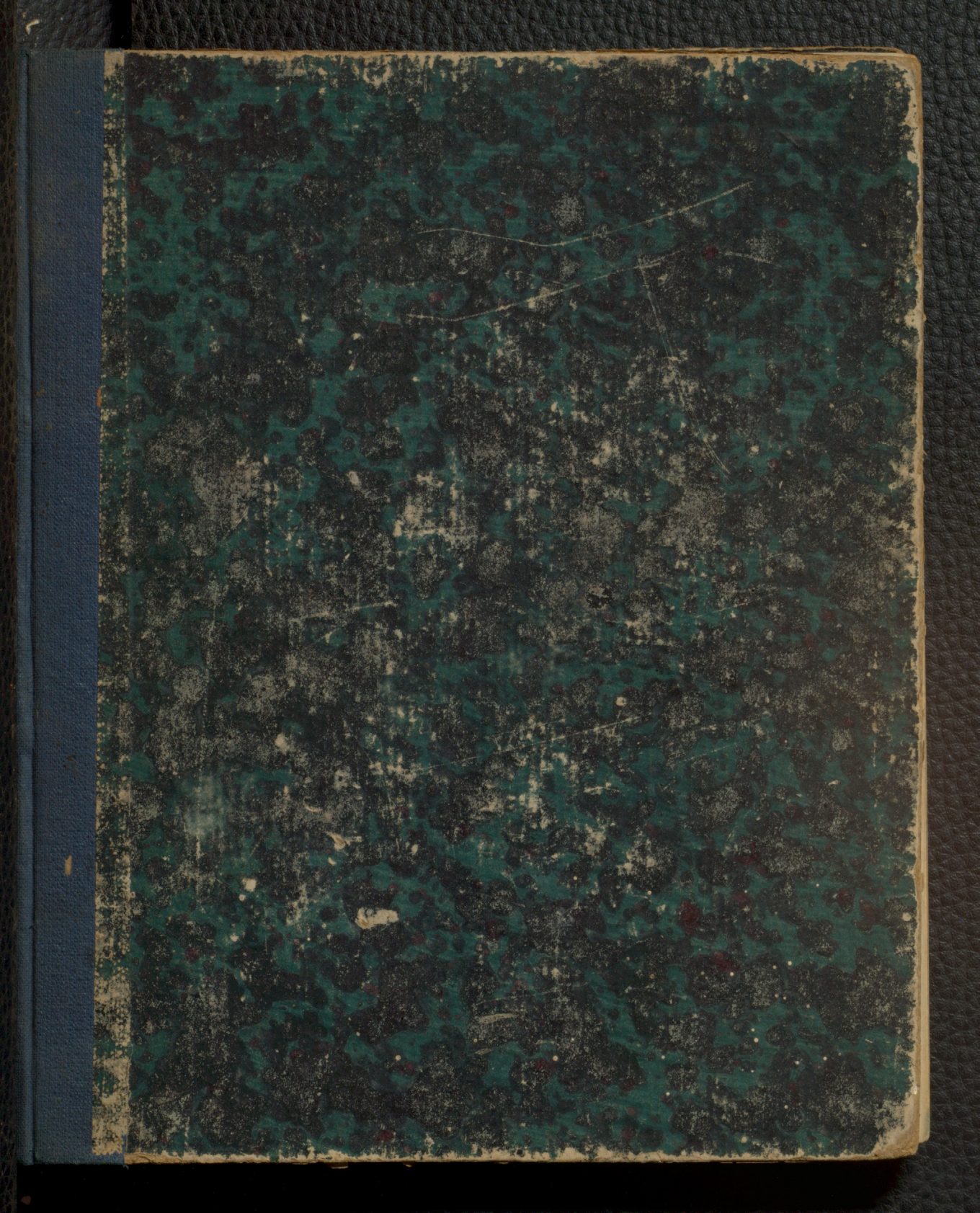
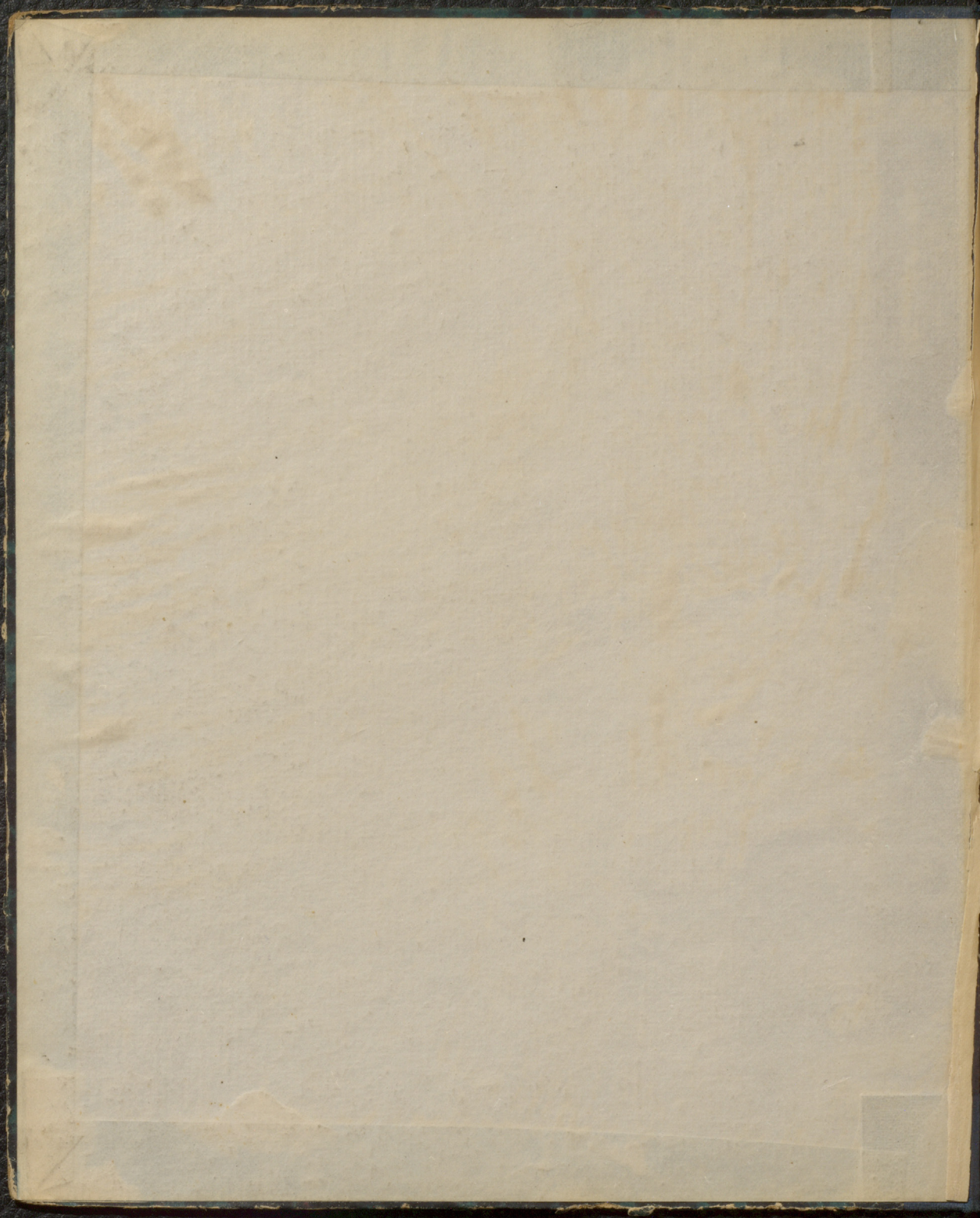






"Pathological Notes."

"Session 1881 - 82. *

"McGill Medical College"

"Montreal."

R. B. Stuthers

Philipsburg.

Que.

* also some 1883 (Jan. - Mar.)

Pathology.

Dr Osler.

Specimen N^o I.

Case of Aneurism of Arch of Aorta.

Sacular dilatation size of orange, & springs from upper portion of Arch and communicates vessel by opening twice size of penny situate - directly - Membrum & carries movement & it. Walls thin; not condensed, as is frequent by the case. Find as in sack & on examining lining wall made of thin layer of fibrin, or stained which is laminated in places but not thickly. Within mouth see wall is continued for short distance in sack, for most part have adventitia & Fibrous tissue outside. No "Media" or Pulvinaria Aorta also diseased - thick Rough & has little elevations ~~thickened~~ irregularities known as Atheroma, quite extensive. Many of the spots present translucent & gelatinous - some opaque. Heart normal. No Hypertrophy. Chief Symp are chiefly Pulmonary, owing to pressure of Sack on bifurcation of Trachea. Had inflammation of Bronchus & capillaries

Secretion & owing to weakness ^{was} ~~hard~~ unable to expectorate
had Catarrhal Pneumonia & cause consolidated
ations at base of left lung, not smooth &
Death ~~uniform~~, "Death was from pressure"
Cause Most due to chronic inflammation of Aorta
- Chronic, ~~Exanthematic~~ ^{Endocarditis}, Strain a common
cause, when pressure increased in Pulmon-
apt to produce it. Inflammation of lining mem
of Mitral orifice, narrowed, find atheroma
Frequently Syphilis a cause of Endocarditis.

No 2.

Specimens No 2.

Case of diverticula on small intestines. Divided
into True & False. 1st True always single, & springs
from Ileum about 3 ft. from valve of I.
It has all coats & times of bowel.

2nd False - may occur in any part of bowel
are usually multiple rarely single, & seldom
have all coats of bowel. Usually mucosa
only. True springs from b. opposite
Mesentery & false from side which is attach-
ed to that organ.

True is remains of foetal structure
 False is merely a hernia of M. M. ^{True} $\frac{1}{2}$ is called
 Meckel's diverticulum who found it in 1812.

Frequently it has cordlike extensions is attached
 commonly to abd wall near navel.

Remains of a duct in foetal life which
 leads from intestine to Umbilicus which has
 become obsolete. The Omphalo Mesenteric duct
 which is ordinarily shut off completely & no trace left

Lack of full development may take place in 4 ways

1st Illium may terminate at navel & so
 no lower bowel. 2nd a very wide opening but
 lower bowel present 3rd Good bowel but opening
 large & navel & it has been cut through
 in cutting cord. - 4th where duct remains as

Diverticulum. 200-300 cases from this of death
 known most dangerous when anchored for
 loop of bowel may pass through & become stran-
 gulated & is worst if attached to abd wall;

Sometimes has Peyer's Patches which have been
 known to ulcerate.

False of different origins Not congenital & are merely distensions. Diverticula bowel yields or gives way at weakened part - This very rare

53 - found in this spec. not usually so many may occur in whole intest. In Cecum & Colon frequently find many small close together - sacular dilatations & may be filled with hard impacted faeces, which may suppurate & thus cause death.

3rd

Third Specimen.

Typhoid Fever Ulcers in Ileum, Large Elongated edges slightly elevated & undermined some isolated. Base formed of submucosa, muscle fibres are exposed in one instance. No redness - Much Pigmentation. Peritoneal surface smooth. The Patient had abscess into Abd. wall in Rectus muscle & Pyaemia - like we had. Kidney complication & Pyaemic Nephritis a result.

No 4 Fourth Specimen.

Of Cancer following excision of primary
Cancer last April, Excised from breast & its
removal followed by secondary Cancerous
growths in Lungs - Kidneys - Intestines
small cancerous deposit which had sharp
edges. Liver marked c Grayish white nodules
which has depression in Centre = cupped surface
Sometimes in life cauliflower cancer in
liver - rounded edges. size of horse chestnuts
& like it when cut across. Puckering in
due to older part becoming fibrous & drawing
edges & so making them hard.

These secondary Cancerous nodules
called "Favi's" - tubercle of Liver.

Saturday Oct 15th Demonstration No 2.
Not present. was called Home;

Saturday Oct 22nd

N^o 5: Case of Latent or Ambulatory Typhoid
patients walk around all time. cases are mild
& suddenly severe pain in abd from perforation
persons usually occupied with work & business
till perforation & then death. Some are reluctant
to go to bed & then not till 2nd week - then case
usually goes hard with him

Dr. Trenton's "Case"

P. aged 63 - till Tuesday in fair health Dream
him at 7 P.M. pulse weak. looked like man
in syncope of Cholera. Nothing per rectum
till 9 P.M. then stool. Wednesday same no feces
abd. painful. another passage of stool
in evening sick 30 hours.

P.M. Examination Intestines

Intestines much congested. Mesen-glands
enlarged & engorged - echymotic or so in them
Jejunum had diverticulae
Ileum had Peyer's patches enlarged &
trumpeted & showed appearance,

of 1st sack of Typhoid patches & rib of arm
 & looks like end of thumb. Intertracing
 ridges covered a thin grayish yellow exuda-
 tion - solitary glands enlarged in whole
 Ileum. Mucosa of gut was greatly congested
 throughout. No ulceration or loss of substance
 only great swelling & distension of Peyer's ps.
 Haemorrhage came from M. M of Ileum
 Spleen not enlarged - but engorged & pulp
 softened.

N^o 6

Case of Aortic Aneurism.

Three sacular dilations - proceeding from
 Arch of Aorta. 1st from ascending part of Arch
 projecting to right & having 3-4 bulbous
 dilations - filled with firm laminated clots
 2nd Sack from post. part of transverse aorta
 forms large rock between arch & Trachea
 compressing latter but not eroding it
 Entire arch dilated Walls thickened & present
 many gelatinous buttons of Atheroma.
 Vessels of Arch not interpermed with.

Intima stained a brilliant red color which in
an organ is associated with inflammation
but here nothing to do with infla. is only a
P.M. inhibition of coloring matter of os
Lining of os uteri & heart when inflamed
is not vivid red color. Livid red not seen
till some days after death. Intima has
attraction for haemoglobin. In a few
cases stained in few hours after death.
Heart little enlarged Valves healthy. Strong
Man. Noticed tumor for 2 months no pulsa-
tion or bruit. No Symp. of thoracic Anemia
Had typical aneurysmal cough, there was an
area of dullness. No tugging on Trachea;

No 7

Specimen No 7.

Case of abscess in broad ligament of Ut
With perforation & purulent peritonitis
Case. A woman about 40 yrs admitted with
& pain in abd. Thought to be a case of Typhoid.
Dr Bell determined the peritonitis. Woman
married had family - had a child a year ago!

Made a slow recovery. Present illness dated
8-10 days before coming to hospital. Feverish
Abd pain didn't lay up long. Lived 4 days
after coming to Hospital.

P.M. I found extensive purulent Peritonitis
2 quarts thick creamy pus in cavity of Perit.
coils of bowels matted & between them pockets
of pus. On searching for cause no perfor-
ation or ulceration could be found.
At sigmoid flexure saw above pelvic brim
& between psoas & pelvic brim - there was a
prominence which when cut was large
abscess size of fist. which was in left broad
ligament - Wall was soft & infiltrated
with pus. Peritonium was in state of purulent
inflammation. Contents of cavity removed
& then found abscess in both broad ligs. Left
larger & filled broad Lig extends as low
as os Ut. & back part of Ut. In right were
3 smaller & accumulated. Fall. Tubes dilated
& suppurating on both sides & left Ovary
was matted to wall of sack.

The Uterus was somewhat enlarged. M. m. thick & baggy as if Chronic Endometritis, & protracted it. Abscess in broad lig. not uncommon & frequently are found here present. Abscess usually result of & follows parturition. In Uterus, an isolated fibroid tumor size of Horse Chestnut in upper part of Uterus fibroid Myometrium made of unstriped Muscle fibres. Here it is undergoing a change is getting soft and don't glisten it is dull opaque yellow in color sometimes liver & calcify & get too changes

Specimen No. VII

No 8

Case of Renal Calculus,

Right Kidney so as to show pelvis in which are 3-4 hard concretions are Renal Calculi lying free in Pelvis of Kidney one about size of large pea very irregular & reddish brown also some smaller. No hist in woman showing renal colic. Large calculus forms large pelvis very ultimately dead

to ~~distention~~ ~~stone~~ of whole Kidney. 5-6 times its original size. Now Extirpation of Kidney for renal calculus is being practised. Mowbray Baker read paper at meeting in London telling of some successful cases.

Specimen No IX

No 9 Case of Pulmonary Phthisis.

On left apex sec. a cavity - size of small apple with distinct mem. = pyogenic mem.

Muscular & fibrous tissue increased about cavity not from pleura, but from trabeculae whole organ is firm Case lasted 18 months.

Angloid degeneration in Spleen - Sago Spleen one in which Angloid matter exists in Malpighian corpuscles.

Angloid degeneration - a common secondary effect of Phthisis & Degeneration occurs in common with suppuration in Phthisis diseases of bone & tertiary Syphilis.

Spleen & Kidneys affected in this case, both present to eye, character of tissue having this degeneration

In spleen only Malpighian corpuscles affected swollen & look like boiled sago grains "hence the name" Organ is not firm as in lardaceous degeneration. In Iodine a test for Amyloid. Iodine stains spleen uniform yellow, if amyloid get iron brown or mahogany brown & these spots are parts infiltrated with amyloid

Livers fatty here as is often case.

Patient died of acute ulceration of ^{Colon} ~~Colitis~~

M. M. rough & small losses of substance

This patient presented interesting Cond of Appendix Vermiformis which was long dark & free floated in abd. free. When slit up end distended & $\frac{1}{2}$ inch from extremity an ulcer $\frac{1}{2}$ inch long in which was small faecal concretion about size of split pea.

Often have faeces in appendix get hard & set up ulceration & abs. even to perforation. Results of perforation of appendix depend on situation. If in peritoneal

No 10

cavity will set up peritonitis & is fatal

Specimen X

Case of Sub Meningeal Extravasation
Man fell from height & struck head
had extensive Meningeal Haemorrhage
Base of skull fractured & Extravasation
into Cerebellum a large Clot.

Saturday Nov 5th 1881.

No 11

Case of extreme dilatation of Bile ducts
from Stenosis of Common duct. Woman came
in Hospital in April & under Dr Ross' care
summer & entered again in Sept & was under
Dr Ross' care. Had chronic jaundice skin
green color, no bile in stools & itching of skin.
Liver enlarged & margin reached to navel.
Jaundice came on gradually & was thought
to be Catarrh. After Liver became large
& wasting of patient led to supposition of
cancer. Pathological condition of Liver
found enlarged but not so much as thought.
Surface smooth. No Cirrhosis. No nodules

Color is deep olive green as in chronic distension of bile passages. On dissection of bile passages found that common duct was pervious - but first $1\frac{1}{2}$ inch at Duodenum was very narrow & had lost its M. M & a good deal of pigmentation.

There was not complete atresia or ~~obstruction~~ only stenosis or narrowing. The upper part of duct "common" dilated & thickened so she could pass nearly to bladder but no orifice to Gall bladder. Bile ducts in Liver were distended & formed long enlarged sacculi admitting 3 fingers in them & they contained a clear mucoid fluid - Walls of dilated ducts are smooth not ulcerated & as a rule thin & periaishyma can be seen ^{throughly} ~~thru~~ them. Dilatations confined to ducts of 1st 2nd & 3rd divisions & don't extend in any degree to terminal ducts or those under capsule of Liver Gall bladder distended. Walls thick. M. ~~M~~ shaggy rough & few gall stones.

Causes of Narrowing.

1st Lodgment of Gall stone which passes into common duct, lodges & produces distension. The usual site of lodgment is just before stone reaches intestine for here the duct is narrower. This distension may be considerable.

2nd There may be stenosis of lumen of canal caused by a catarrhal inflammation of the Duodenum & cicatrix from healing of ulcer. Stricture of duct may exist and be due to ulceration. These may procure narrowing or "atresia" or obstructions.

3rd Pressure from without as from enlarged gland in hilus of Liver.

In this case gall stones formed which suggest the stenosis to inflame & excited by gall stones, or a condition of chronic catarrh - this last supported by report that Patient never had biliary colic & that jaundice came on slowly. The obstruction had produced extreme

suppuration with the distension and the bile passages filled with pus. There may be simple dilatation & no inflam of passages. State of Liver varies generally enlarges at first then shrinks owing to a gradual atrophy of the Liver substance & you would expect ducts to be filled with bile, but rarely find bile usually find a clear viscid secretion.

In some of these cases get severe inter mittent fever. "None in this case"

An Hepatic intermittent fever & occurs with suppuration only and as no pus found in this case there was of course no "Intermittent Fever"

Specimen XII

N^o 12 Case of Gall Bladder containing Stones
Sometimes find bladder completely filled with stones and obliterated. Even if bladder distended from plugging of Cystic duct

Patient may not suffer so intense inflammation —
 If stone too large can't pass through
 duct Stone of $\frac{1}{3}$ inch in dia is largest
 which can pass. Stone size of hen's egg
 can pass into ~~Duct~~ ^{by ulceration}
 Largest known is six inches long —
 Sometimes stone gets in bowel & patient die
 from obstruction in bowel. Stones may pass
 through abd. walls. if get in peritoneum are
 fatal "always" In rare cases has been known
 to ulcerate into urinary bladder caused
 by great distension of Gall bladder & the two
 coming in contact

Composition of Gall Stones

Most of them made of Cholesterol united
 with fragment of bile and lime salts
 some contain Cholesterol alone.

The small ones are made mostly of
 pigment. Others consist of the Carbonate
 of Lime —

Specimen XIII

No 13 Case of Ulcerative Endocarditis
Septum auriculare & Fossa Ovalis
changed and annula Ovalis seems too
small for fossa, so great is the dilatation
and a small Valvular opening seen between
the two Auricles. Ulcerative disease has
in this case attacked a mal formed valve
caused by fusion of two segments
Fusion is congenital for found in foetus
some say acquired but this could scarcely
be. Aneurism on Auricular surface
produced by pressure of blood on ventric-
ular surface acting on point already made
weak by ulcerations.

Saturday Nov 19th 1881-

Specimen XIV

No 14

Specimen of Affection of Semilunar
valves of Aorta caused by fusion of Segments.
Is quite common found in one third of
all cases examined - if open valves see

only two segments & from Vented side see
 nothing abnormal, but from upper or Aortic
 face can see, that behind one segment
 is imperfect separation of sinus of Valsalva
 into two parts by median band which
 terminates at base. In this valve, have an
 illustration of chronic valvular Endocarditis
 = Sclerotic. In single valve is thickened
 button at place of Corpus Aurantia & in the
 united valve it is thick and calcified.
 This patient had murmur at base of heart,
 this state brings about the incompetence
 of valve. This state may be congenital, &
 occasionally we see the occurrence of a
 fourth valve -. Sometimes see little fenestra-
 tion, not abnormal & source of no trouble.
 This patient died of chronic Phthisis & Lung
 shows thickened fibroid structure. Kidneys
 small & atrophic with numerous Cysts
 Tubules scattered through & a measure of
 firmness equaling fibroid Degeneration.

Specimen XV

No 15

Case of Scrophulous Kidney & is
ss. enlarged to 2-3 times natural size
but frequently is normal in size, & on sec-
tion presents numerous saeculi or rounded
spaces filled with purulent and caseous
material, consistence of which may vary
from gray or yellow liquid to fine
dense putty like cheesy or calcareous
mass. If well marked see no renal tissue
in organ, the general disease involves the
Pelvis & haem. Nephritis and Hyalitis, of which
persistent pus in urine is a symptom
This patient died of general Peritonitis
caused by rupture of one of saeculi. &
If pus in urine for long time no fever
and no disease of bladder - it is probably
Scrophulous disease of Kidney - it may
occur and no evidence of tubercular
disease in body elsewhere - & is on one
side generally & other Kidney hypertrophied
2 kinds 1st small the 2nd Large masses -

Specimen XVI

No 16 Case showing lesions of Typhoid Fever
 Patient ill for 17 days & at P.M. found the
 condition of intestines in state which you
 would expect to find at 8-10th day of disease.
 No ulceration only 4-5 patches involved
 & they are in state of medullary infiltration
 large soft swollen and grayish white
 color. Solitary glands prominent.
 Can't be positive in reference to the exact
 lesion of Typhoid Fever. Also Medullary
 infiltration of mesenteric glands &
 enlarged spleen = Acute Splenic Tumor
 Enlargement due to congestion of its vessels
 and on section found is very soft and
 effluent. Enlargement of Spleen in acute
 fevers not same as chronic enlargement of
 Leukaemia for that is hard and fibrous
 Lung shows a small cavity at each
 apex -

Saturday Dec 10th 1881.

To open heart.

~~Before~~ removing make preliminary incisions in situ to estimate the Amt of oo 1st Right Ven. is parallel to & follows septum 2 R Auricle, "first" from tip of apex & midway between the great veins 3. L Auricle begin at apex and continue across widest part - 4 L Ventricle. parallel to the incision for the right only on opposite side of septum. To remove it place thumb on L. Ven. fingers in right and left it up & then cut the attachments which are Below Inferior Vena Cava. On sides the Pulmonary Venu. Above the Superior Cava & Arteries. Can now open into the auricles more by cutting into the veins & for R. Ven. carry the incision round the Heart keeping close to the septum. In cutting from Venu. to the Arteries be careful not to cut

across segment of the valves.

L Ven. to see Mitral valve cut a wedged shape piece out & don't follow septum & do it from inside by inserting knife between the papillary muscles & split the Aortic orifice between & not through the segments of semilunars -

In all malignant diseases we have a tendency to extravasation hence we may have a haemorrhagic form of these diseases -

Specimen XVII

No 17-

From case of Pharyngeal Diphtheria.
Tonsils swollen and covered with a gray green dirty looking exudation. Great congestion of vessels of all the Pharyngeal area, the membrane is confined to the Uvula & Tonsils. folds of Pharynx and the under surface of Epiglottis.
No exudation in the box of Larynx

Specimen XVIII

No 18

From case of Diphtheria. Not so severe as last. Tonsils &c, not so swollen or so covered with the exudation.

No 19

Specimen XIX

Kidneys of same case, showing fat granules of pale color, Spleen Enlarged in 2nd case very little enlarged

See extravasation into lung & spleen show marks of extravasation also

No 20

Specimen XX

Case of Aneurism of Aorta.

Arch of Aorta pressing on left Bronchus & perforating. Death caused by profuse haemorrhage. Sack is very thin & a mass of laminated fibrin formed in it. Was a case of unsuspected aneurism in a woman who had Phthisis. Rare for more frequent in Men. Mode of termination sudden from rupture into left Bronchus & profuse Haem. Sometimes see diffuse aneurismal dilatation of whole arch. This kind rare.

Saturday Dec 20th 1881-
 Medico Legal Post Mortem Examinations
 Method of conducting

Do not rely on memory. Dictate notes on the spot. Questions to be answered are

- 1st Was child born alive
- 2nd If alive was death natural or violent
- 3rd How long since death occurred-

Description of body.

Body that of full sized well developed female infant wrapped in an old shirt with pieces of brown paper and part of an old towel all of which are stained with blood. Cord & Placenta attached - former encircling back of neck of child. Child lies on R side. R chest - side of abd & R side of head on table & R arm partly under side. Blood found over back and esp in region of L Axilla. Covering over skin esp over back and fold is thick layer of Vermix Caseosa. Rigor mortis not present nor signs of decomposition. Skin natural looking Rosy pink in

many parts. Head and hands purplish
and livid. Head well formed. Skin at
back wrinkled and very loose. No ex-
position, skin of left Temporal region
covered with a few thin dried clots of oo-
Fontanelles distinct and small no
overlapping of bones. Distinct edges just
at sutures. Small amount of light brown
hair $\frac{3}{4}$ of inch long. Face somewhat
disfigured. Upper lip protrudes & cheeks
more livid. Eyes closed. Cornea turbid
as far as see, no signs of foreign body in
ear-nose or mouth. No froth about
nostrils. Mouth and tongue clean. No
marks of violence, on neck as finger marks
Verrill coats all skin which looks natural
Thorax well developed full size. Left axilla
large wound skin & tissues & sized there
Abdomen natural. Navel 2 in above pubic
bone & 3 in from Euryform cartilage.

Genitals well formed. Labia majora large. Vaginal orifice large. Mucous flow freely from anus & stains skin in the neighborhood. Legs & feet natural nails well formed those of fingers project beyond tips those of toes do not. Cord attached and measures 25 inches in length & vessels prominent at places. Otherwise natural no attempt to ligature. Placenta attached is circular 6 inches in each Diameter. Membranes are attached to it. Organ looks well formed and healthy. Vessels seen on surface large & full. Polytoidous on Uterine surface, as well marked.

2nd Internal Examination abd first.

Viscera natural. Large Intestines full size & distended with mucous. Sigmoid flexure occupies R. inguinal region. Umbilical vein & arts look natural. Diaphragm moderately convex & on left side corresponds to 5th rib & on right to 6th.

Abdomen found Natural.

Thorax. Lungs of rosy pinkish color
Right more dilated than left which is
somewhat contracted and in contact with
pleura. Right only in contact with
pleura at posterior part. Heart large-
healthy looking pericardium. Thymus
large normal looking. Pericardium has
an excess of fluid & on visceral layer
are minute ecchymoses. A Auricle
contains fluid blood also a little in R & L
Ventricle. Neither chamber is distended.

Right chamber normal. Ductus arteriosus of
large size & looks like a continuation
of Pulmonary artery. Muscle substance
healthy. Nothing abnormal, no heart

Lungs. Look healthy full size pinkish tint
& appear as if inflated float in water
either together singly or in minute pieces.
No part sunk.

The lungs of the dead born may contain air first from putrefaction & the air is then in the interlobular tissue. 2nd from artificial inflation. This last hard to tell - but in this form seldom find all lung equally inflated, & also find air in stomach as well.

Hydrostatic test = Floating of Lung in water

Static test = Relative weight of lung to body.

In Still born $\frac{1}{50}$ Lungs both $\frac{1}{30}$. "No food."

Foramen ovale, still open but closing

Verdict Child was born alive and died respiring -

Cause of Death - "State of Organs"

Suspect Oesophagus & Stomach.

1st Stomach. Contains a little slimy mucus a little fluid no food or curds.

Small Intest. Natural looking Lymph glands in mesentery full size. Duenum contains yellowish soft-pulveraceous material something like altered mucus and bile. Jejunum contains liquid mucus. Large Intest distended with dark green mæconium & appears unusually full. Little in Rectum

Supra Renal Capsules & Kidneys normal looking. Substance of Kidney healthy. Bladder contains no urine. No trace of injury or foreign body. Uterus & ovaries are natural. Spleen full size. no alteration in structure. Liver large and healthy looking. No foreign body in Oesophagus - "Head" Skin of upper & back part oedematous & much oo. No sign of injuries. Vessels of Pia Mater full. No extravasation. Convulsions well formed.

Gained
Death

To prove violence, must show marks - & in this case no signs of any. It is good evidence of natural death & no signs of asphyxia. Simple neglect may cause, especially if a tedious labor. Cord attached might aid in death for the large amt of oo in placenta could escape. Verdict -

Verdict

Death from Natural causes. Infanticide by omission. Not by Commission & if child attended might have lived. No motion for Infanticide in this case -

Saturday Jan 14th 1882
Specimen XXI

No 21.

From case of Pneumonia -

One lung in first stage, passing to 2nd Lung dark firm slightly crepitant portions & ends float showing still air in lung some parts ~~flat~~

It is hepaticized but uniformly over whole lung occurs in isolated patches which join and so whole becomes hepaticized. The other lung has small solid granules which fill air cells Lung is gray & fluid scraped from surface looks like pus from an abscess so this lung is in stage of gray hepaticization or purulent infiltration. See on surface a quantity of cream colored fluid Lymph which has coagulated equals a fibrinous pleurisy & is made of Lymph & Leucocytes. Pleurisy has invaded the lower lobe, which is not implicated in the pneumonia. On surface see air cells filled with little granules & is sometimes called Granular Lung

Specimen XXII

N^o 22 Pneumonia. Case of an old man
who came to Hospital and died in 5-6
hours. Gray hepatization throughout
& Lung also carbonized. Patient walked
about till within 36 hrs of death it was then
for latent - which state is common in
old people & also passes into state of
gray hepatization very rapidly in old.
Stomach & Duodenum of this case,
enormously distended they pushed up
Diaphragm on a level with intercostal
spaces. Heart pushed to left and
tilted up. Lung of left side pushed back
on right side solidified in $\frac{3}{4}$ of its area.
Distension due to group of cords & the inter-
lobular about the fimbriae a distinct
leathery mass on the interior of Stomach.
This condition of Stomach Colon
& Duodenum sometimes seen in
Pneumonia

Specimen XXIII

N^o 23 Heart & Liver in case which died of Diphtheria
& fatty heart was only thing found was
no special clotting. Liver is also very
fatty soft & anæmic.

N^o 24

Specimen XXIV

Case of Tubercular Meningitis with old
Pleuro Pneumonia.

N^o 25

Specimen XXV

Case of Mitral Stenosis, from disease
following Rheumatism, not till 30 years
did it produce sufficient obstruction to
flow of oo from left Auricle. Lungs
were in a state of chronic congestion &
in a state of Brown Induration.

R. Ventricle both dilated and Hypertrophied
R Auricle also very large. R Aur Vent-
orifice is like Mitral. Valves have edges thick
& united and form a continuous curtain
& orifice much narrowed. Mitral Stenosis
common, sometimes strain to which the
valves are liable will produce it

Same Patient had cap of thickened
pleura at apex of L. Lung & an area
of currhosis of lung here it is firm hard
and has dilated Bronchi & commencing
fibroid disease. Kidneys also fibroid

No 26

Specimen XXVI

Case of supplementary Spleen

No 27

Specimen XXVII

Case of Phthisis Cavities in lungs

No 28

Specimen XXVIII

Case of Typhoid Fever

Sloughing & perforation of intestine
Perforation was by sloughing and
not by tearing as is sometimes the
case. Tuberculous ulcers which run
across gut are sometimes torn
in movements of bowels & so
lead to belief of perforation in
case of death ensuing

N^o 29Saturday Jan^y 21st 1882

Specimen XXIX

Measly Pork and Veal

Taenia Solium = Pork worm & is derived
by man from eating Measly Pork.

Taenia Mediocanellata or *saginata* =
beef tape worm & is from eating Measly veal
T Solium has a circle of armed hooklets
& is the armed worm. *T Mediocanellata*
has no hooklets = unarmed worm & is
the more common of the two.

Each worm. is from 15-30 feet long & has
300-400 ripe segments, each segment has
a complete set of sexual organs & can produce
50000 eggs.

These segments in stomach of a calf are
digested by gastric juice & the little
eggshells are dissolved & each embryo
from the egg so left has six hooks

these escape & immediately migrate by
burrowing through tissues and so
reach the different organs.

They come to rest in the muscles & are developed into Measles or Cysticerci or Larvae of Tape worm. Each variety of tape worm has some special animal in which its eggs develop thus Taenia Solium only in pigs, Mediocanellata only in ox. If cysticercus is a small body size of pea and can be seen with eye & causes spotted meat sometimes so many that easy to detect & so few that hard to see them. If uncooked meaty veal eaten by man & we think a single ova enough will produce tape worm. In the gastric juices, the external part is dissolved, and the head passes along into the intestines & fastens itself to the mucous membrane, & then by a process of budding & growth develops into a long organism of from 15-30 feet long 20 a good average.

Nearly fork more, commonly met with
& the worm has thick quadrilateral discs
with hooklets. Thorough cooking
kills the cysticerci.

Whip Worm Whip worm = *Triccephalus Dispar* = a
parasite which inhabits the Caecum of
man. It is not common & it derives
its name from having long lank
like extremity.

N^o 30

Specimen XXX

Cystic Tumor. From chronic gall
bladder or Hepatic trouble.

Tumor is firm hard, & under surface
of liver. In its interior found 35 gall
stones and imbricated gall & equals the
result of a chronic inflammation of
gall bladder & excited by gall stones.

N^o 31

Specimen XXXI

Case of exudation of Lymph on
surface of Lung in Pneumonia

Specimen XXXII

No 32 Case of Phthisis one large excavation at apex with smooth walls & cavity of lung standing & 2^{ndly} Uniform consolidation of all the remaining portion of lung. It is fine dense hard & not crepitant. On section dark & has numerous small grayish-white bodies scattered through it like milium tubercles and are probably peribronchial granules

Specimen XXXIII

No 33 Case of Ovarian Uterine Ligaments All uterine all matted together. Prostitute Aged 32 yrs -

Specimen XXXIV

No 34 Case of Aortic Disease in which Aorta penetrated by an ulcer in heart tissue = Ulcerative Endocarditis. There were no infarcts in Lung but many in Per especially on surface of Frontal Lobes. Woman had Rheumatism as her 1st trouble & toward close of illness an extreme Laryngitis & Pharyngitis like Diphtheria.

Saturday Jan'y 28th 1882

Specimen XXXV-

N^o 35-

Case of Unilocular Ovarian Cyst.

No part of ovary left & has arisen from distension of one of the follicles. It is the most common variety of ovarian cyst, but not the most common of large ovarian tumors. More than one half the women over forty have ovarian cyst.

An Ovarian Cystic Tumor which produces dropsy is entirely different in origin.

Most of tumors are multilocular & do not arise in Graafian follicle, but arise from Epithelial elements left in stroma of ovary. & they consist of a definite stroma having spindle cells & lined with a cylindrical epithelium and its contents generally albuminous & mucoid however it is sometimes fluid. A third form of ovarian Cyst is the Dermoid. So called because it has all the elements of skin & is

really a cutaneous tumor. These are
not uncommon and sometimes grow
to a large size. Dermoid Cysts are
congenital and are not the result
of impregnation as was formerly
supposed. They occur in both Males &
females at all ages & in most situations
Face Thorax. varies &c.

Specimen XXXVI

N^o 36 Case of Cancer of Oesophagus.

Symptoms in life regurgitation of any thing
swallowed without much pain.

Case. Cancer at Cardiac orifice, was very
narrow, almost closed could pass only a
small catheter. Large Cancerous ulcer, flat
hard firm on greater curvature. The
oesophagus is still complete which shows it
is secondary. The primary is at cardiac
end of Stomach. Oesophagus is
dilated and thickened. Muscular coat
is the one which is thickened

Cancer of Cardiac end is not common as in other parts.

Specimen XXXVII

N 37

Case of Distended Gall bladder

From same case as No 36.

So distended that reached down as low as Art Sup spine. Liver flat and projects from in under the ribs. Could feel the Gall stones in Fundus of Gall bladder which also contained a large mass of secondary cancer which is a rare site but when it does occur it is generally as in this case, accompanied with gall stones -

N 38

Specimen XXXVIII

Atrophy of Liver & Spleen, Very small
From case of Cancer Nos 36 & 37.

N 39

Specimen XXXIX

Case of Stenosis of Larynx from Syphilis & Tubercle. Swelling & infiltration. Epiglottis almost covered by the swelling -

Inside Larynx see false vocal cords
almost eaten away by the ulceration
whole of membrane rough and ulcerated
this seen often in Syphilis than Tubercle

Specimen XL

N^o 40 Case of Caseous Degeneration
of Lymphatics from Phtisis "i.e glands"

Specimen XL I

N^o 41 Cavities in Lung apices from Phtisis -
Only in one Lung in this case & in other Lung
see groups of Tubercle, made of
collections of small tubercle which
progress in one of two ways 1st form
hard-pigmented and don't soften
this is a preservation change,
2 Destruction & Degeneration.

The tubercles aggregate and undergo
Caseous degeneration which often
& produce cavities. Both these changes
may go on in same Lung.

Trachea of this case greatly ulcerated
 & the mucous membrane has numerous
 white patches which consist of a definite
 white membranous exudation on the
 surface, which is Fibinous Compensatory
 or Diphtheritic. But is not a specific
 Diphtheritic membrane -
 In any membrane may have inflammation
 terminating in fibinous membranes
 and exudation -

Saturday Feby 4th 82
 Specimen XLII.

N^o 42 Case of gangrene of Lung. with a history
 of Pneumonia & having very foetid
 expectoration. The lower part of left Lung
 disorganized & lacerated & in clots from
 blood which has escaped from lacerated vessels
 which were in a state of ulceration -

Base of lung in state of Consolidation
 of Pneumonia. Gangrene is the most
 uncommon of all the results of
 Pneumonia.

N 43

Specimen XLIII

Case of Stomach. Man presented no
symp of Cancer in Stom. Had steorra-
ceous vomiting, yet no symp of bowel
obstruction. Found a cancerous mass
in middle zone of Stom & tracing round
whole organ it is a dirty foul sloughing
mass - which does not involve Cardiac or
pylorus. In this kind of soft Cancer
Common to see perforation & in this
case one into Duodenum & one in
splenic flexure of colon which was
the cause of steorraeous vomiting.
In same case see atrophy of Kidneys
Capsule adherent to surface & granular -

Specimen XLIV

N 44

Case of Hemiplegia. State of Heart:-
Heart large, Venis thick No valvular
lesion. But in a state of Non Compensating
Hypertrophy - Caused by disease of Kidneys
or cirrhosis. Find little warty vegetations
on the valves are pedunculated

and grow from Endocardium.

These outgrowths on valves a cause of murmur
& known as state of Warty Endocarditis
3 kinds 1st Sclerotic and Ulcerative 3rd Warty or
Verrucose. Rheumatism a common
cause of 3rd kind & numerous lesions
are produced by the dislodgement of these
wartlike masses & their being carried to
small vessels & so we find multiple
infarctions as result. Spleen has a
large one which is dry but not yet
soft as is sometimes the case.

Infarction also in Kidney they are
yellow triangular and are becoming
light in color. Termination will be in
a scar of which some already seen.
Depression going through same change as
Thrombus & producing fibroid
alterations -

Patient Hemiplegic & in R. Brain
find spot of red softening embolic, in
its origin & confined to base of capsule -

This not apparent till Ventricle found
Generally the softening is of Caudate
Nucleus & extending to Lenticular Nucleus
There is a difference between haemorrhage
into brain & haemorrhagic infarctions and
Emboliisms which produce the red
softenings and are accompanied by
no haemorrhage into sub-^d of brain -

Specimen XLV

N^o 45 Bony growth in Dura Mater on the
left side & in Sylvian fissure
under the ascending frontal Convolut
These bodies are common in the
Falx & Tentorium -

Specimen XLVI

N^o 46

Diseased Arteries -

Case of Atheroma of arch of Aorta in case
of a man who died suddenly caused
sudden death not known - "He had
a fractured Thigh". Part of Aorta is
found calcified which is quite
common -

But here also see two small atheroma-
tous ulcers softening between the layers
& containing a fine brain like substance
Ulcers may perforate Peritoneum -
& often a deposition of fibrine so form
a Thrombus. No special symptoms
from this kind of Ulcer.

Abdominal Aorta in the case
of Hemiplegia numerous flakes
of Atheroma and a round nodular
swelling at the bifurcation, has a
soft and fluctuating feel and it
nearly occludes R Iliac. It is in the
wall of the vessel & is an atheromatous
abscess. In fact but granular fibrin
like that from the Atheromatous abscess.

R. B. Struthers.
N^o 111, 1883.

Saturday Feb 18th 1889.

Specimen XLVII

N^o 47

Specimen of Comparative
Pathology. Glanders in horse.

It is a specific infectious disease & is
communicable to man. In horse has
seat of election in the respiratory
passages & in most cases lesions are
confined here. Has also an important
cutaneous affection = Dermatitis
& horse is said to be Farcièd = Farcy
It is in shape of small tumors under
skin. Anatomical characters are
remarkable & are like Tubercle & syphilis
Lesions in nose appear first & is
a small Tubercle, which is a neoplasm
of round cells size of Leucocytes which
are embedded in a fibrillar stroma &
with this an amount of infiltration
& tubercles may break down & form
definite ulcers

In addition to Tubercled Glands may have extensive areas of infiltration even to Frontal Sinuses. If disease of long standing see cicatrizes which show chronicity of the disease -

Also find glandular ulcers in Trachea in Lungs. Cutaneous Lesion - Farcy - Consist of small specific ^{tubercled} nodules which aggregate & form nodules under skin these may soften & form abscesses which may open & leave ulcers. The disease is contagious infectious and not amenable to Treatment. Two kinds Acute & Chronic Communicable to man as from swine & causes death. In man runs rapid course. Kills in 2-3 weeks with symptoms of Pyemia. Nasal phenomena not marked & cutaneous trouble is most marked Swellings Ulcers & exfoliating. Sometimes Chronic & these cases may recover after has lasted months or years. Acute seldom recovered from.

Specimen XLVIII

N^o 48

Ruinous Mem of Throat. In case where
Anthrax was taken in mistake for
Bronchitis. There was vomiting of food & pain
followed by gastric irritation & great
pain in chest. No redness of throat &
no hoarseness.

P.M. showed entire gullet was of
brownish yellow epithelium looked burnt
Furrows of Stomach shows patches where
effect most marked almost a plug
There was no perforation

Specimen No XLIX

N^o 49

Case of Stenosis of Aortic, Mitral orifice
Stenosis not extreme. Heart hypertrophied
& dilated. Man aged 39 & had Ho. sin. for yrs.
As a child had Acute Rheumat
& since has had shortness of breath on
effort &c.

N^o 50

Specimen L

Aneurism of Aorta

Patient aged 50 & for time before death had some gastric trouble. Dyspepsia not very sick arose at night to attend to call of nature & died at stool.

PM, whole surface much blanched as if from Haem. Stomach large & distended with so 2-3 lbs of clots. No ulceration, congestion or Cancer of M. M. of Stomach - No Cancer in Liver or Duodenum to cause the Haem. Between oesophagus & Aorta a small tumor adhering to both which was a small aneurism of aorta which had become perforated & death the issue. From side of Aorta see a small orifice with healthy looking membrane, about only a little gray & translucent Perforation in Oesophagus within 2 inches of Stomach. Main sack size of billiard ball & had coat of thickened Media & adventitia.

Orifice shows a distinct projection of
Intima of the sack which had ruptured
& in larger sack found a small one -
It was a kind of dissecting aneurism
Also found apex of Lung in a state of
cicatrix from old Phthisis. No atheroma
of Aorta Arterium produced by a
small atheroma which was Acute -
Specimen 1

N^o 51

Atheromatous disease of Aorta is quite
common especially of Abd. Aorta
generally a little found in all
bodies examined over 10 years old

May have soft form or atheromatous abscess
which bursts through the Intima & so
forms an ulcer. No pus in Abscess
but filled with a bran like product

These Atheromatous Ulcers & abscesses
do not give rise to any symptoms

These specimens from an old
man with fracture of Thigh death
sudden & cause not well made out

N^o 52

58

Saturday July 25th
Specimen L. II.

Cyst in the Liver-

Small white firm & peculiarly situated in a groove, or fossa around it & looks somewhat like a navel. On section see it is made of an external thick capsule, white fibrous & laminated & contains a calcareous core, firm white and it is a small, healed Hydatid Cyst, which has resulted from growth of one of the *Taenia Echinoscolex* of dog. One of ~~ova~~ of this parasite in Stomach of man can develop into a Hydatid Cyst which are most common in Liver. These cysts vary in size from walnut to head of child - have a firm dense, external sheath inside of which is the true Cyst each Cyst contains a vast number of these minute Creatures.

In this Parasite we trace the following
from 1st or parent-Cyst 1-2 ^{many} or daughter
Cysts spring & from 2nd 3rd or grand-daughter
Cysts spring which may also separate &
from lining wall of this may be produced by
budding the larva or Hydatid heads
each one of which may in dog produce
the tape worm. If these Hydatid Cysts
grow large in man they produce symptoms
They enlarge Liver & Spleen if situated there
& may run a fatal course by inducing
suppuration & may cause Hepatic
abscess. If small they give rise to no Sympt

Healing-

Contents dry up & become caseous
Lining wall laminated. To determine it
is remains of Hydatid must find hooklets
of a head. Fluid of Cyst is clear non albuminous
& contains Chlorides. To diagnose tap
Cyst & if find hooklets in fluid is
conclusion. Hydatids are very rare
in this Country-

Specimen L III

N^o 53

Suppurative Nephritis, or Surgical Kid-
 Before Bright investigated the Kidney
 this was the only kind of nephritis known
 It is never a primary disease of Kid
 is secondary to one of Pelvis Uterus Bladder
 & occurs in connection with Pyemia,
 Organ is enlarged & points of pus seen on
 removing capsule. On laying open find it
 extends in linear direction toward pyramids.
 This organ is entirely involved no healthy
 substance left. In some cases see little
 abscesses size of pea. & here some size of a
 marble & is larger than generally find.
 This state usually caused by some
 obstruction which is here situated in
 Prostate, In it an Adenoma or new growth.
 The middle lobe is large projects &
 acts as a valve over orifice of bladder
 found also. Catarrhal Inflammation of
 bladder & one small abscess. & no
 Ulceration as is generally the case.

Uterus
 dilated
 largely
 growth =
 Myoma

Cirrhosed Liver Specimen 54

N^o 54

1st It is reduced in size, weight it is short, thick & dumpy 2nd Capsule is thickened 3rd surface is irregular = nodular = Knot Nailed. 4th Feel of the organ is hard dense & cuts with resistance and it is hard and tough to tear

5th A cut section shows a change of color it is greenish yellow.

Color depends on amt of Biliary obstruction & time which it has lasted it is from yellow to olive green.

Cut surface does not present a uniform appearance & see minute little islets of substance, with zone of fibrous tissue around which arises from a definite new growth of tissue, around the lobules. This increase of the fibrous tissue, is the essence of the disease. It is a new growth and when it attains a certain age - it shrinks &

gives the hob-nailed appearance.
This patient had no dropsy in the
Peritoneum. The mucosa of Stomach & Intest
were a little darkened & pigmented from
congestion. & is similar to pigmentation
of the Lungs from Heart's Disease.
One sign of Cirrhosis of Liver is an
enlarged and firm Spleen.

Lungs. Pleurae firmly adher-
ent & in an adhesion find a number of
small milium tubercles as found by the
microscope, are cellular but when
first seen were thot. Due fibrous thick-
ings as are sometimes seen in these
cases.

Specimen L.V.

N^o 55 Tumor Removed from the Neck by
Dr Roddick. It is a Lympho Sarcoma
Maudsley & made of small rounded Lymphoid Corps
March 1st & is rapid growing - some of the cells
& days 1. are undergoing degeneration & some
Operation from Pyemia are smaller than white or Corps.

Saturday March 4th
Specimen L VI

- N^o 56 Casts from a case of Tubular Diarrhoea
or Pseudo membranous enteritis
Passage of a large number of mucus
shreds forming casts of bowel. Mem-
branes are made of mucus with cells & some-
times fibrillated with these & are often
seen in Dysenterical women & Hypochon-
driacal men. These specimens from
an Dysenterical woman who had symptoms
of colic, when membranes passed
they last a long time then recover
Cause is unknown

Specimen L VII

- N^o 57 Larynx & gullet of a man who died
suddenly from suffocation while
eating in a state of intoxication
Tried to swallow piece of meat $1\frac{1}{2}$ x 1 in
Autopsy, 8 hrs after death. Much
fluid in Br & sinuses. No clotting.
vessels gorged

Chest. Heart contained a little or "fluid"
but thought that when Brain opened it
drained away.

Specimen I, VIII.

N^o 58

Another foreign body in gullet -
Piece of bone from a mutton chop and
it is lodged under the Cricoid cartilage
and had perforated the oesophagus.
This patient came to Hospital with oedema
of neck signs of Phlegmon & died from
abscess.

Specimen I, IX

N^o 59

Gun shot wounds. P.M. on J. P. Hayes
who was shot on 25th July by Smith.
Bullet entered the R. lower corner of Umbilical
region, passed through the abd wall &
perforated the transverse colon at the upper
part. Then passed on through Jejunum
in 2 places, passed through mesentery &
perforated the R Iliac artery over
its ~~artery~~ its bifurcation.

Entrance of bullet wound. Exit
larger & ragged. Bullet found
in last Lumbar Vertebra of found
blunt end out having turned
 $\frac{1}{2}$ round. Death was from Haemorrhage
or huge two quarts of coagulated
or found in the Abd
From course of ball concluded he
was in stooping posture (12) Hays
or that weapon directed upward &
to right. Specimen L.X.

N^o 60

Bayonet wound of Artery Subclavia
Bayonet entered from side under
Rib through upper part of L. Lung
& almost severed Left Subclavian
Artery. Death from Haemorrhage
about two quarts or found in
thorax

Specimen LIX

N^o 61

Cerebro Spinal Meningitis

Case of delicate child 13 yrs old & till within 5 days of death was well. Taken sick on Monday pain in head vomiting Fever 103 Constipation irregular pulse. On Tuesday pain in back of head & neck rigid & at times this amounted to Chas. hot oncs. On Wednesday complete Chas. hot oncs pain agonizing & she was kept under chloroform refused food & medicine. On Thursday morning died.

Thought to be a case of Tubercular Meningitis P.M. Meninges inflamed at base, & new granulation of Elymphs and about the optic commissure & Sylvian fissure & on the Hemispheres on each side of longitudinal fissure vessels were engorged - intensely. The vessels contained fluid no central softening. Forams & Septum Lucidum raised up.

Cord also inflamed & the exudation
 confined to the posterior aspect
 & below the cervical find a thick
 exudation under the Arachnoid &
 it was bulged and irregular
 No Tubercles found & this might
 be called a case of Stokes' spotted fever
 Tubercular Meningitis, some-
 times involves the cord & especially
 as in the case of a sailor boy who
 received a fall & died in N. Y.

Session 82-3. 63

Pathological Demonstrations.

By Dr. Osler.

Saturday Oct 14th.

Night knowledge of worked anatomy while a student. for in Country no chance of P.M. So follow A.M. room closely.

Case I.

Case of simple Pneumonia ending in Abscess
Pneum. ends 1st in Resolution. 90% of cases so
end. 2nd in Abscess. 3rd Gangrene.

(4) Fibroid induration 5th Caseation.

Last 4 result fatally.

Abscess. in 3rd stage or that of engorgement
ties is impelled to surface & his looks soaked
in purvis Purulent Infiltration. Look like
abscess. but abscess confined to cord when
rib is broken down. Woman had been
a hard drinker.

Heart of same case - Pericarditis & large
amount of exudation. Layers of Pericard
instead of being smooth were covered in
false mem. or exudation

gluing two surfaces together with numerous
bridges of fibrin exudation = Cor Vilosum
Acute Pericarditis or cur =

1st Acute Pneumonia.

2nd Pericarditis by extension from Lungs &
Pleurae. as in this case

3rd From some Constitutional Dyscrasia. as in
Chronic Bright's Dis. - may be first serious
manifestation = Leuc. Scab. & Pyaemia

4th Idiopathic is exceedingly rare. often cold
& few the exudation is plastic & fibrous.

May be purulent & cavity filled = pus.
Am't of pus may be considerable

5th From wounds of virus -

In case of woman found.

Infla. of inner surface of Dura Mater =
Dura Arachnitis. Meninges of Br are so
subjected to Infla. Meningitis = Infla of Pia Mater.
Most cases result in injury or necrosis &
apex is on outer surface of Dura.
In many Const. Dis a widespread infla of serous
membranes as in Phent. Scab. & Ty

In Pneumonia meningit Br film
affected-

Case II.

Part of Vert-eol of man c fracture of
3rd Dorsal. P was paraplegic. Transverse
process Spine & Body of Vert. Man fell into
P. loses control of bladder. Cant pass ag
at first & when full it constantly runs off.
Tendency to Disl of bladder in this sort of
case & get Cystitis & bladder never fully free -
Cystitis here severe a sloughy false mem & dis
had crept up the Uter & dis had begun in
Ovary. Kid was in state known as Surgical
Kidney - foci of suppuration had begun.

Case III

Chronic Plethoric cavity - involving $\frac{1}{3}$
of Sub of Lung - Bridles pass across
cavity & represent Bronchi & also wand
last to be destroyed - also Tubercles & Ulcers
in Bronch. involving Cyano patch -
Looks like Ty. ulcers.

Same Case. Mary was glad to find about
was Salpingitis or dilation of Fallopian
distension above it contains fluid or
pus.

Saturday Oct 28th -

Endocarditis. Which is gen valvular
we seldom see it any where else.
& it is seldom accompanied by redness.
When see Endo Card of bright red color you
may be sure it is due to R.M. inflammation

- 3 Forms (1) Warty or Verucose Endocarditis
2 Ulcerative. "
3 Sclerotic. "

2 first are acute - 3^d is Chronic -

Specimen is of Verucose & is result of
Acute Dis-ease form occurs in Rheumatism
in Chorea; & in other Corrupted Dis-ease has
acted upon by presence of minute & crescentic
are outgrowths from valves & are like tiny
little warts & always occupy inner surf.
+ form a row of beads within two or three

lines of free edge of Valve & are on Annular Surface of Atrial Valve. They are soft easily removed & are often pedunculated. On Aortic valve these heads are frequently seen & are then on ventricular surface & don't follow curved margin but pass straight across. These Vegetations are definite outgrowths of Endocard.

2nd Ulcerative form

In this form destruction of tissue of valve may be very extensive & may lead to perforation or whole valve destroyed & is accompanied by outgrowths as well.

This much more serious than first & you see Pyemia & like it. Pyemia or Intermittent.

Not improbable that simple form may assume the ulcerative type.

Ulceration may cause destruction of valve

3rd Form is most common.

& is the brown form & produces minor of 10 cases of H.D. is in this form are no definite

Vegetations but process confined to chronic thickening or induration of valves but may be converted into dense hard structures may be united to each other or may be folded & puckered. so as to be only $\frac{1}{4}$ in a cross. This endures a shrinkage.

Often is this form a deposition of lime salts. & is quite incompetent. This may be initiated by watery form of acids & in fact it generally is.

Cancer of Liver.

Might be confused with

Multiple Abscess.

Crude Tubercle.

Granular Tumor

This cancer was secondary to a large Retroperitoneal Tumor was yellow & all the Retroperitoneal glands enlarged. Shape very similar to Kidney. These tumors are very large, weigh 30 lbs. & are called Lobular Cancer.

it originates in lymph glands & growth is
 1st Lymph & 2nd by indur is quite similar
 to Lymph Growth - & is a round called
 Sarcina or Lymph Sarcina.

Chief feature are or were in this case was
 the absolute absence of pain -

Example of Tumor of bones of Skull -

April 58 yrs. healthy. in Jan 82. a tumor on one side
 & a hole in skull on other. this pulsated even that
 the an aneurism. This increased in size
 & produced ~~to the~~ & sphatmos on that side
 Growth infiltrated skin & had boggy feel -
 & increased during day & went down at
 night. Had no cerebral Symp. till near
 end when sleepy & drewy then comatose
 & died skin did not ulcerate.

It is a case of fungus & aematodes of
 Skull. when ulcerate they bleed freely & it
 is soft Cancer & begins in bones. Skull
 ulcerate freely. Did not involve Dura
 mater. & Pulsation due to large size of Art

14
Saturday Nov 11th 1882.

Case of Cerebral apoplexy.

Blood had burst 4 in water.

There was a small aneurism at junction
of Ant-Cerebr & post communicating & force of
it has lacerated substance of Br.

Case of Apoplexy due to a not common
cause. as Aneurism is a rare lesion.

In post-7 years have had 6 instances

Cases are gen some atheromatous
change in coats. Here prob, was an
ulcer & destroyed middle & sub-coats &
aneurism of Ant-coat alone.

These tumours on Vls of Br may occur
in young individuals. & in them
are direct consequence of H. Dis & are
product of embolism.

In most cases of Apoplexy would find lesion
as it is gen one of smaller vls passing
to Corpora Striatā

II. Dr Bullus. Case

71

Case from blow received by explosion
on Richelieu.

Was troubled & weak eye in few weeks -
Had had bleeding & nose & severe headache
on Thursday 2nd he died of Epistaxis w began
while washing -

P.M. no fracture but depression -

Optic plate eroded. & on body of sphenoid
bone eroded away. & small extravasation
on 3rd R. Temporal Convolution -

Not finding Haem in Br. looked further
& found Int. Carotid at Ant. Clinoid
process. ulcerated 2 lines long - Ethmoidal
Cranial & Sphenoidal cells all filled & so

III

4 samples of Calcified Lymph glands -
In glands we see Coexistence Calcification
or are involved in new growth "ie" Tumor -
May be a process of old age. but here
preceded by Inflamm. Bronchial Mesenteric
& Glands of Liver so affected -

IV Black or Melano-Sarcoma.

Seen in eye or skin. Is rare in man
May occur primarily or secondarily in
glands. apt to occur in in horses white
& gray. which have little pigmentation
apt to occur in anus or penis.
Sheath of Penis affected, primarily.
Leads to numerous metastases & here
Lymph glands affected. Gland very black.
Secondary gland growths in Kidneys
in Kidney glands about aorta he
had a murmur.

In Man Liver apt to be affected.

Pigment tends to accumulate of Melanin in
Int. of Cells. It is True Melanosis &
pigment is changed to pigment. & thus
differs from False Melanosis or Carbon
infiltration or Anthracosis.

V Tape worm -

Commonest form in Dogs & Cats.

I. *Taenia Elliptica*.

II. *Ascaris Meylex* or Round worm of Cat.

Taenia Elliptica.

Common in Dogs & Cats.

Larval Condition is found in Body of Louse which has habitat on dog.

Saturday Nov 18th, 1882.-

Case of Diphtheria

Memb from child in whom Dr. Smith operated began as Pharyngeal & soon necessitated Tracheotomy & extending Larynx. Glottis completely closed no air could pass through it. Lower part of Memb became dry & extended to tubes of 2nd dimensions.

Kidney show appearance peculiar to Aph. Cortex is very pale - much more than Pyramids.

Cancer of Stomach.

Close to Pylorus on lesser curvature seen
a flattened & excavated mass with raised
edges. Above deeply excavated pit is a
Cancerous Ulcer of Stomach is in commonest
situation for such. Outside shows firm
Centred mass dense & along lesser curve
is a chain of Enlarged Glands -

Patient admitted under Dr. Molesworth -
He had Enlarged & irregular Liver was
Diagnosed. He had no gastric symptoms.
Had Had Dyspepsia for two months -

Liver enormously Enlarged. Filled abd. side
to side Under Surface Concave.

Nodules felt - hard. Some masses of new
growth are scattered & of 2 size are red
or bile tinged. In centre a distinct depression
It is a typical Case - Jaundice due to
Compression of Ducts either in Liver or at Hilum
Jaundice here only slight & late in Dis-
ease it comes on early.

Bedroom Due to Pressure on Vena Cava by Splenic Vein

Perforated
7/6

Typhoid Fever Specimen.
 Fatal from Haemorrhage.

The only slough is just at the valve -
 & above some Peyer's patches were infiltrated
 but not sloughed. Many solitary glands
 swollen & in stage of Medullary infiltration
 also a state of Emphysema of bowel.
 Here have two other lesions of Typhoid
 swollen Mesenteric glands & Enlarged
 Spleen. Enlarged Spleen gen. found in
 all Fevers. But more in Ty. than any
 other. If we are known & many in almost-
 different. & of dark red color.

III. A case of Vermiformis Anemism,
 & Result from perforat. of mesenteric
 art. by Palisade worm or "Strongylus
Armatus - which in which in young state
 burrow through walls of int. vessels.
 & in this case parasite in Anemism
 amid the Coagula - It is a common
 cause of Colic in Horses.

Portions of Thrombi get dislodged & pass into vessels they plug & constitute emboli. Arteries of Intest are Terminal Arteries have no Anastomoses. so when plugged no collateral circulation - but an infarction. Intest can't lose its power & so force & gas stagnate if only limited part plugged may recover from animal dies - Intest shows intense state of vivid Inflammation.

Cancer of Stomach from page 74 - Kind is Cylindrical Celled Epithelioma in Stom & secondary nodules are same kind

Case of Pneumonia -

Right Lung - It is increased in weight -

II Weight increased -

III Fibrous Membr covering Pleura thick firm & not readily detached.

On Section. Capitate at Ant-edge & lower margin.

On section surface presents
 In ant. part of lung it is grayish not much
 plied but can see some bloody free - it
 Lung is passing into state of gray hepatization
 In post. part - it is more reddish & dryer -
 & surface is distinctly granular -
 due to plugging of air cells & fibrous
 exudation. Air cells are larger in old
 people -

Branchi & vessels are free have
 neither clots or plugs. Glands at
 root of lung are swollen -

Lesion in Pneumonia is filling air
 cells & the fibrous plugs -

Patient was subject of Chronic Arteritis or
 Granular Kidney.

= Chronic Interstitial Nephritis
 Arteritis of Kidney of granular
 or Small Contracted Kid for
 It is smaller. 2nd Capsule is thickened
 & detaches portions of Ribs & it &
 III Surface of Kid instead of being smooth

is granular rough or projecting
In section find its consistency
increased & you can feel it is
tougher & firmer. Look at Cut surface
& find Cortex of organ is reduced.
Pyramids approach near surface
than in healthy. It is pale - looks
turbid. Often there are irregular yellow
areas. Arteries are more distinct than
in health at base of pyramids
& VIII seen scattered through organ
numerous small cysts.

She had no special symptoms of Kid
dis. But P. & kids like these are in bad
state & worthless dis. Esp pneumonia -
Heart of this case hypertrophied -
Left Ventricle enormously thickened

Case of General Anasarca
Admitted Oct 20th

Heart displaced upward & a murmur -
Cyanosis & great Dyspnoea.

was thought to have Arrhythmia Lues
but it was not - had enough to produce
the Anasarca -

Kidneys are firm hard & deeply engorged -
of a fleshy like Beefy kind

Heart - Dilated, large a little & a little
atheroma Right - ventricle is dilated -

Valves all right - would not say Valvular
Dis cause of death -

Cause of death very indistinct

Thought to be some fault in operation
of valves & are in Cases who have suffered
from very excessive muscular action -

This case not known if he had overworked

Saturday Nov-25th 1882.

Snow Storm

Case of Aneurysm of Aorta.

Young man aged 33 & one who was
greatly addicted to exercise - Powerful
athletic man. who gave exhibitions

1 Never had Syph or Rheumat. About a year ago took cough some of his friends suggested nature of trouble when he heard cough Dr Bell examined him & though few signs yet he diagnosed Aneurysm & Cough triggering of Trachea: Aortic Symp.

Now got symp of Aortic regurgitation Had severe paroxysms of cough & one occasion severe Bronchitis. No tumor present externally. Died suddenly ~~Chambers~~ on 24

Anthony, H. large walls thick more than in simple Aneurysm - Aortic valves are diseased as a closed valves are curled & crumpled. Aorta is atheromatous. At junction of transverse & ascending part is an opening into Aneurysmal sac & communicates with aorta & Trachea - Sock size of small apoplexy tract Trachea & $1\frac{1}{2}$ in above bifurc at a rupture into it Sock is lined behind & laminated fibromatous. Descending Aorta is atheromatous.

Causation. He was young & healthy. Overuse of Mus is apt to induce atheroma of vessels. Chief factor in Atheroma is strain & during violent mus & other Act should in 2 ways I Peripheral Act compressed, 2 Mus is tensioned & tension of ~~of~~ ^{for} Act is compressed. II In severe Mus action heart sends to increased force - Sclerotic Endocarditis of valves was produced & same cause & increased vigor of recoil strains valves - hence the trouble. III Myocardium due directly to atheroma it gives to each pulsation a pouch like dilation of some part is produced. Probable that all pathological changes is due to overuse of Muscular System.

Saturday Dec 2nd

Case of Thoracic Aneurism.

Two large Sacks posteriorly one compressed lung. no erosion of Vertebra. Both are filled & laminated fibrin w. was leathery.
L. had probed Heart Ant sup.

Varieties of Aneurism

I Diffuse = few. sacular dilatation

II more common is circumscribed & sacular.

III Dissecting. Last of coat & too passes
1) the coats.

When Aneurism have attained any size they present fibrinous deposit & in other places where current slowed.

Blood is deposited in definite layers.
Condensation is due to pressure & a
Thrombus from this = Broca's Actin throm-
bus

Diagnosis. The signs of intra Thoracic
Aneurism in our case no Aort or ^{subclavian} ~~subclavian~~
only had dullness in L base. Fibrin
beating in L. lung seen perorg. Caught

* group lasted long time
 Atherosclerosis kills in 4 yrs average time $5\frac{1}{2}$ yrs
 or last 10-12 yrs & group all time.

Atherosclerosis of Aorta Chronic Atherosclerosis

See, see Pultrina of Aorta preserved or present-
 ing swellings or whole intima is hard
 calcareous & uneven = Atherosclerosis
 It begins in Pultrina in sub-endothelial
 layer. It consists of few cellular bodies & an
 indurated connective tissue. They proliferate
 & cont. elevat result from them
 1st we may have softening of this new
 material & form brainy looking substance
 & so = a definite atheromatous ulcer
 or 2nd Fatty degeneration &
 3rd Salt of lime deposited in the new
 material.

Process may pass to Media & so get Calcified
 if it does. In smaller Arteries Media Calcified
 in form of annular rings.

Care of Donald M. Hay. Mr Scott Clerk.

Case of Enormous Hypertrophy of Heart
It is general hypertrophy. - Cor^d Pericardium
Pericardium is only adherent, & has
had an antecedent pericarditis.
In R. Chamber find Sup. or of R. Ventricle
Three-fifths ofifice dilated & Auracle is
large. L. Vent. is of enormous size & Hyp is
more marked than dilation chamber
not much increased Mitral valves thick
& opaque. orifice of normal size
Aortic Valves are incompetent all
segments are stiff thickened & spateloid
& find Calcified masses in valves
prevent valves & pressing back against
the walls of Aorta.

Aorta was atheromatous Cause of Hypertrophy
I Mitral Regurgitation.

II Adherent pericard if for yrs is general
Hypertrophy.

II Atheroma of Aorta
Associated Cond.

In chronic Heart Disease are 85
found -

I Lungs always tough rusty brown
colorant with resistance. =

Brown induration = Ch. Congest-w
leads to true pigmentation.

II Spleen is enlarged & indurated

III Kidneys large firm & heavy -
Hard and contain much oo =

Cyanotic Induration. & constant
venous engorgement.

Spots of induration & repeated embolism
found it irregular & punched -

IV Liver enlarged & very firm. =

Cyanotic Induration & venous engorgement
Capsule has some large granules -

Caused Epithelioma of Oesophagus -
to high up & involves lower part of
Pharynx. History of difficulty swallowing
& gas - & possibly a fibrous ^{stricture} throat.

Richard the Sutton Murderer
who committed suicide
He cut a cross jugular & the box of Larynx
& he bled in lungs & died of suffocation.

Saturday Dec 9th.

Case of abscess of broad ligament -
Small & undeveloped Uterus right broad
lig. & sept containing pus & was only $\frac{1}{2}$
inch & Vagina & could have been opened
& Vag or Rectum

Ovaries have small Haemorrhagic tumors
Rectum adherent to U.

No peritonitis. Healthy organs. Vessels
not involved.

Patient aged about 30. Small & undeveloped
& not strong & this summer two attacks
of vomiting & nausea & abd pain.
fasting trouble was the chief
About 26th Inst - lost - fatal illness began
vomiting p. in A in Low ureg fever

no symp pointing to trouble
 Constant fullness of Abdominal
 trouble. No positive diagnosis made
 from kept up & she died of exhaustion.

There can be common cause called
 Para Metritis Pelvic abscess or cellulitis

If not relieved pursue a fatal course
 & complications & they result & cold
 acute infl. & Haematocoele & this a common
 common cause.

Troubles consequent on labor
 Careless use of instruments.

& Appl of HNO₃ but has caused it.
 May originate in Salpingitis

Apoplexy of the Cerebellum.

Young healthy girl aged 19. one morning
 complained of severe frontal H. ache.
 Vomited a little & died in 20 min.

Left Meningeal Haemorrhage.
 On section of Cerebellum seen a large
 clot in centre.

these cases are rare especially in
young. May have been *Melospiza americana*.
Rapidly of death depends on size
& position of ^{clot} ~~the~~ Medulla.

Frequently called on to determine nature
of structure cast & uterus.

Whether product of conception or only
membr of uterine & foetal villi.

Lease to put in water & examine

Often find little Cpts w result & degenerate
of villi & this specimen = a portion
of a fleshy mole.

Under microscope see branching
structure & knob like terminations

Dec. 16th.

I Blighted ovum: dead & 5 scattered villi, remained long time in utero & produced bleeding. Bled 2 months since & lost considerable blood. When ovum blighted it may be retained & withering of Membranes may not soon.

Degener. changes may come on & produce solid fleshy or vesicular.

II Degenerat. of ovum. Its death at 4-5 month. Foetus of some size. Placenta is fleshy & fibroid & few villi. The little ovum is blighted & mass of fetal deformed & mottled flesh. About R. Foot to L. thigh.

III. M. Leeds case. Fibroid uterus. At base of Lung covered & thick pleura it is condensed. It is attached to Diaphragm & to Costal pleura. The kind of pleura is at Diaphragm & the compressed lung & it is small.

On section Pleura is very thick $\frac{1}{4}$ in & passing a fibrous pleura are bands of this along close to pleura is firm condensed & fibroid.

Heart of this case is Hyp. Veno large & thick
valves a little thickened but not enough
to produce incompetence Kid small & fibroid
Capsule opaque & thick Surface is smooth
few little granulations Sub level
tear & removal of Capsule -

Numerous cysts on surface.

On section is firm & hard see Cortex
is greatly reduced only little above Pyramids
Cortical part - opaque & spots in it
Also a little Pyelitis - & It is good & ample
of granular Kid -

Case was puzzling. Ling shows fibroid
Dis of Ling may begin in pelvis -

She had Dupuy's Hyp. H. & Alb in urine. Kid
caused some of this. Had Uræmic group -
Pelvic organs. Bladder Red & all
fused & united by connective tissue & found
mass is filled with Pelvic contents.

Has been given Perithelium = Peritonitis ^{Intest}
Douglas fossa is gone various vessels

* large fleshy mass formed all matted together. several cysts found filled with clear fluid.

Specimen showing Malform of Valves of H. a produces mesenteric & segments are grown together. are fused. They unite at margin form double segment & so form a constricted Malform at the corner nearest to is Aortic valves are subject --

One case seen in 7 months of age. In which when is liable to Ende corditis it is thick firm & calcified.

Case of Typhoid. Woolson's Case in 21-
~~Logan of Mass Staff~~
death at 14th day.

Lesions Out of ulcerat is very slight.

At upper part of Duod. P.P are clear some a little swollen & are not ulcerated. One Ulcer of size near antrum.

Some of patches are swollen & injected.

At lower part of Duod. P.P not affected. About valves a few solitary patches are affected. & free in Caecum also.

Mesenteric glands here swollen Spleen enlarged

Total result - due to Engorgement of Lungs
w were heavy & odden.

Gardner's Case is 24 -

Large liver & some pleurisy
& Acute Tuberculosis - Lr in pleura also
Only few Lr in lung.

Liver large & yellowish color is anemic
edges rounded & firm & full. Cuts & is white
It is fatty - intensely so. All albs are filled
with fat.

On section of one kidney -

Kidneys a little firm & Corroded.

Liver also contains & cess of fibroid tissue.

Saturday January 13th

I Cystic Kidney. case of horse
Cystic Kid 3 forms

I Simple large cysts are not infreq
cyst & size of walnut to that of apple

II Congenital Cystic Kidney is the
Cystic Kid proper. Kid = a mass of cysts
& organ may attain 5-6 times the
ord weight. & Carrying them for yrs
this case lasted 4 yrs & had been healthy
w former large cyst & taken for
Ovarian Dis

III Cystic Kid in connection to
atrophy are numerous & small
as pea or cherry. & whole organ
may be filled with them This
cond is most common.

Must disting. Cyst & Compression &
obstruct of Uterus & & Pyelitis & Stricture
Cyst in Kid

- II Fusion of Kid. with each side &
grow together. two pelvis & two ureters
- III Stone thro Kid a band across
vertebral Col & occurs in men in 100
cases. Two sets of urals. & has no influence
on health.
- IV Col. Mortis invagination
in children esp of kind of Cerebral
Cause as in adults we find that
numerous portions of small ~~intestine~~
bowel has invaginated this esp
common in Basilar Meningitis
& arises & meg & excessive action
of bowel. 12 peristaltic action.
They are not red or inflamed or
lymph. are not adherent & can
be readily with drawn
If interrupted part be sloughy and
has lymph or is inflamed & part
interrupted part may slough
& come away for healing

V Tuberculous Ulcer of Intest.
 To give secondary or follow the findings
 In early stage P.P. solitary glands
 are enlarged & rough.

Ulcers tend to pass round bowel
 transverse & Long axis of gut
 in old cases bowl may be surrounded
 Base of the ulcer is filled in & the
 matter & muscular coat not so
 exposed as in the ulcer & Edges are
 rarely undermined are rather
 shelving. & if look at printed
 syng find out it an eruption of
 Tubercles

Larynx also extremely ulcerated
 & catarrh in Lungs.

Case of Woman in Ward 24.

Mr W G Henry's Case. Died during the
 holidays. 1882-3-

VI Another case of ulcerat is caused
 Pleuro-pneumonia were tube for last
 5 yrs of life Case in Ward 32. ~~Cyano~~
 ob Larynx

VIII Extensive Diphtheritic deposition
in Larynx & Trachea.

Smog showed Mucous in Bronchi
& abundant enough to form definite casts.

XIII Large Thoracic Aneurism.

Very large Tumor above Sternum
& large Aneurismal Sack from arch
of Aorta Ant wall formed by skin-
incision of Sternum & upper ribs
Fatal result - no bursting etc.
no good result - compression of tumor.

Scalated Aneurism. Orifice
small & at junction of ascending
with transverse portion.

IX Carcinoma Disease of Bronch
gland. Child died of the meningitis
Cont'd Bronch gland

I Impregnation & Carbon in them
II Carcinoma

III Calcification

III Suppurative. not common. a definite abscess 1/10 of sph & h. Bronchus & compressed oesophagus. Was found in case of *Obtusus*

May perforate Bronchus. Trachea. Oesoph. Pleura or Aorta.

X. Case of Tuberculosis in Cattle.
Left to Dr Osler. he must inspect.
From Belvoir Milk & Meat of the cattle
cause *Tu* in man.

Common to see *Tu* in Cattle in
Lungs glands lymph etc. before in solid
glands are round firm nodules
some have caseated & so calcified
Tu in cattle often undergoes Calcifi-
cation mostly same as in man
only more common this.

This case. had *Tu* in Liver
Flesh not fit to be eaten.
milk bad for use.

Saturday Feby 3rd 1883

I Specimen from child who died suddenly in mother's arms & apparently asphyxiated. Found no m in Larynx. Child prob died of Spasmodic sudden edema. Catarrh of Glottis had existed several days. Folds of glottis were very loose. Sudden edema rare in child but so after Scarlet Fever.

II Enlarged Spleen. = Ch spleen tumor Acute sp. tumor occurs in Fevers of all sorts. Ch found in acute or some form of to dissemperment. This case of Leucocythæmia It has retained its shape with no changes in it. Beside increase in size sp. a little harder & more resistant. Wt 7 lbs. or weigh 12-15" & weigh 16 1/2 lbs.

In this case the organs as follows
 Lymph glands of abd of Mesentery &
 Retro Peritoneal glands enlarged.
 Solitary glands of Intest affected
 Peyer's glands not enlarged.
 Bone marrow was serripurulent.
 Blood vessels largely distended & Cots-
 dark brown & consistent. Looked
 like chocolate. Cots no peculiar
 & look puriform from lots of white-
 oo cells.

We may have from Lymphatic Leuk
 Affection of bone marrow is remark-
 able & thought to be so forming.
 Case a young man: in everything
 & had retinal changes = localized
 collections of white oo cells in course
 of retinal vessels = Leukemia Retinitis
 Liver also greatly enlarged &
 proceeded from infiltrat of Leucocytes
 into tis about Lobules & also in
 Lobules 1/1 Cap & liver cells.

Link amie Tumors found are
like new growths in substance of
organ.

Process consists of simple hypertrophy
of elements of organ & meshes
of reticulum filled with cells.

Parasitic X also found also in these
cases rare, called Charcot X also & comb
not known. You can always find
in decomposing bone masses
are thought to be Kallied Tumor &
They so occur in situation in cases
of Bronchial Asthma.

III Specimen without History
Case of body was snatched.

Brain. under lower frontal lobe
a tumor size of horse chestnut
looks like Sarcoma.

With no paralysis for 10 or 12
forward & force on motor track

IV Total case of Diphtheria
 & Glans Membr lining Epiglotis
 & tubes forming casts.
 Larynx strong but membr extended
 down to Bronchi but not in them.
 Trachea firm at base & partly collapsed
 but could be inflated.

V Pneumonia in Horse.
 Difference between upper & lower part
 shows when cold & when not. It is a
 case of Pleuro Pneumonia for now
 are spreading in city as a Catarrh
 of nose & throat w/ extend down.

VI Specimen from horse.
 Great of Stomach in great
 curvature. Mucous fragments w/
 shows ch. Color of ch. Infl.
 & seen in Rostal Obstruction & Catarrh
 & Infl of Retin. organs Color induced
 by atterd ~~inflammation~~ ^{Hæmoglobin} or Melanin.

VII Lungs from Case of Chronic Phthisis
In Hospital 3 months. Died suddenly.
Large emphysema, Pleura thickened & rough
space 1/4 Lung & Diaphragm.
Lung sw condensed - as if had been
permeated effusion.
Perforation of pleura & Pleural Cavity
at upper part.

Saturday July 24.

I Case of Diphtheria Pharynx, nostrils & tonsils
by engaged. If nostrils involved more
swelling & risk of disability & constitutional
implication.

II Organs from two cases of Phthisis.
I young man died of profuse haemorrhage
Lungs emphysematous & aneurism
in apex & ant in ant lobe no blood in
there. But in small cavity of upper
also a small projecting aneurism.
There intracavitary rupture of aneurism.

or ulcer of art in wall of cavity causes the profuse Haem. Give the art on wall an early obliterated.

II Dissect & examine. Scarcely any normal pulmonary tissue only a little is left. Lung is riddled & covered with tubercles. Tubercles undergo 2 changes Caseous & II Fibroid. Of these 2 Caseous is worse to possess or I Sw.

Same case & inside. The dis of Intest & Mesentery. = 2 tubes mesenteric if included they cretely grey. The lip of the tube = firm hard Caseous masses. Intest largely involved esp in Jejunum. Ulcers not regularly oval are transverse ragged edge base full of Pus & the one peritoneal coat. In these is extruded into ulcers & they are red. Ulcers may pass round whole gut. Caecum & part of colon very extensively involved. Caecum ulcerated & thin P. had sp. resistant of Diarrhoea

Spleen had free L. No special Wand-
Larynx.

III Fibroid Tumor of Uterus.

Large double fetroid removed by Dr Lenn-
holm. P. died on 5th day. Ovaries not-
involved. No adhesions. It is solid but
had blood cysts very large & double the size.
They grow very large no. 56 tho are
really Myomas. Unstriped Mus Fibros.

IV P. M. on Dr Roddicks care of Ovariotomy.
No peritonitis. Shimp unhealthy.
It was tied & removed. Duty ichman
in lower pelvic cavity. P. died on 3^d day.

V Organs of Horse. w. died of Agشية & Haemot-
mes, or Plethora. Bloody urine sweating
& pauses of hindquarters. Dis = Plethora
for thrush due to overfeeding. This not true
occurs in horses who remain in stable
for few days over fed. Rapid 1 1/2 - 2 hrs
or often begins. Many cases mild &
recover.

Prof Bollinger called it Toxic Haemoglobinuria
 Urine dark then gave only Haemoglobin
 in scrap as well. Kidneys are affected
 cortices swollen. Epi of Tubules granular
 & cloudy swelling. Tubule casts.

in Kids greatly swollen & congested -
 Gt amount into on on of bladder &
 intestines. This quite common
 Pathology ~~the~~ disease.

State of Mus is differ & normal.
 Look as if boiled or parboiled

Mus fibres are in state of degeneration.

VI

Cat with stone filled & round worms
 Saper's Myster.

VII

Stone passed from Bladder
 looks like ord pebbles lines of quartz
 in it. & they never were formed there
 Herpison vouches to it.
 Must have been placed there

Saturday March 10th

I Membr Croup. In young Case. Died 10 Mo.
Thick mucus in Larynx & Trachea.
Dr Ross diagnosed Foreign body.

II Diseased Placenta. A case of Ch. subacute
Infl of Decidua. Chorion &c. Villi are fatty
These cases frequently cause Abortion
"Nutshell" McMillan's case.

III One form of Ch. Bright's Dis.
In Ch. Intestinal Nephritis they seldom
have anasarca. But ship of L. & H. & Act.
Thick Arterial sclerosis after the
undiscovered of reduction of lungs
apoplexy. Infl of serous Membr.
Ch. Parenchymatous Neph. Large white Kid
Kid enlarged & very large Capsule is thin &
stretching & readily removed. Surface is
smooth, firm is pale. May be mottled
i.e. spots of engorgement,
Very large stilted veins are distinct

Can see on surface small spots of opacity
when this is opaque & due to accumulation of
of Epi debris in tubules & capsulae.

Cortex swollen & creamier & opaque white
areas plainly to be seen -

Pyramids are fine material shown
more so than cortex, white spots &
filling convoluted tubules full of granules &
swollen cells & fatty degeneration.

Chief Trouble is a filling of tubules & the
degenerated cells & degeneration. Trouble is highly
Tubular. When cases last long are
get interested trouble & if Olive long
get reduction of size & firmness
to history of acute attack.

Kid is very fatty.

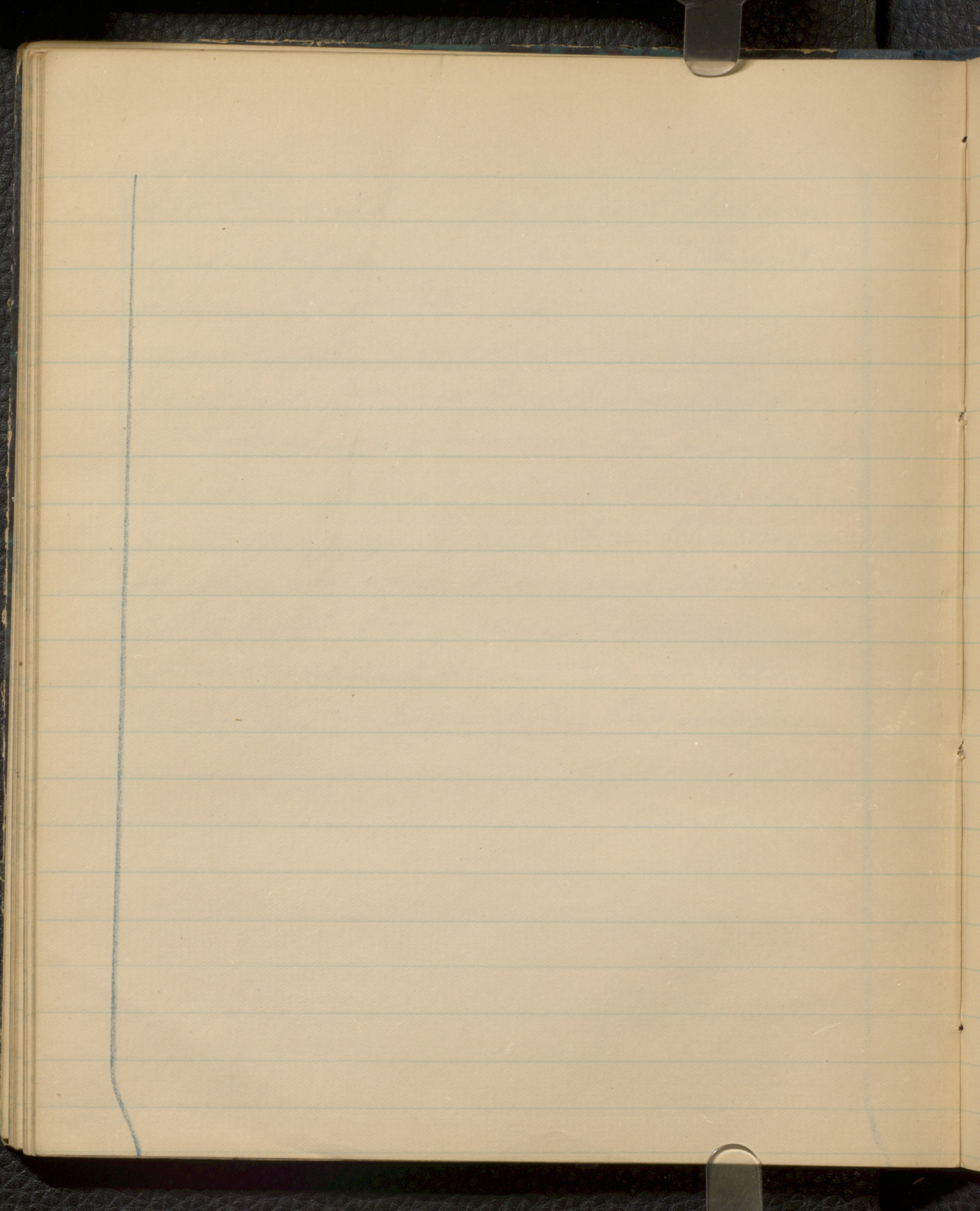
Patient had Chylous fluid in peritoneum
Reason not known.

No obstruction of lymphatics found.

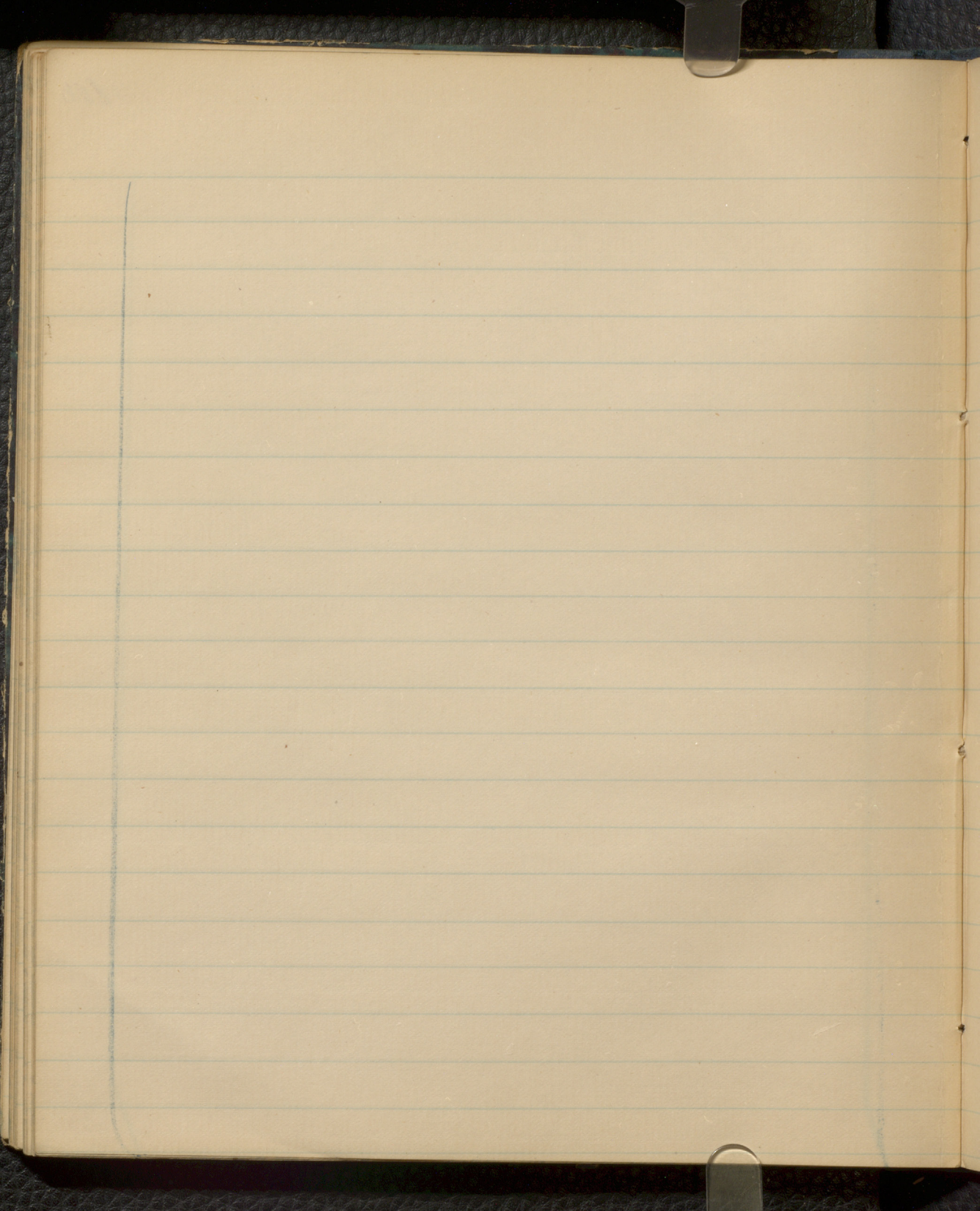
Uterus had wall thickened No Infl.
Walls were simply thickened.

Acute Tuberculosis. Phipps Case
A McDonald. Reported by Hopkins.
Lungs stuffed - Milking L. large & small.
This is congested.

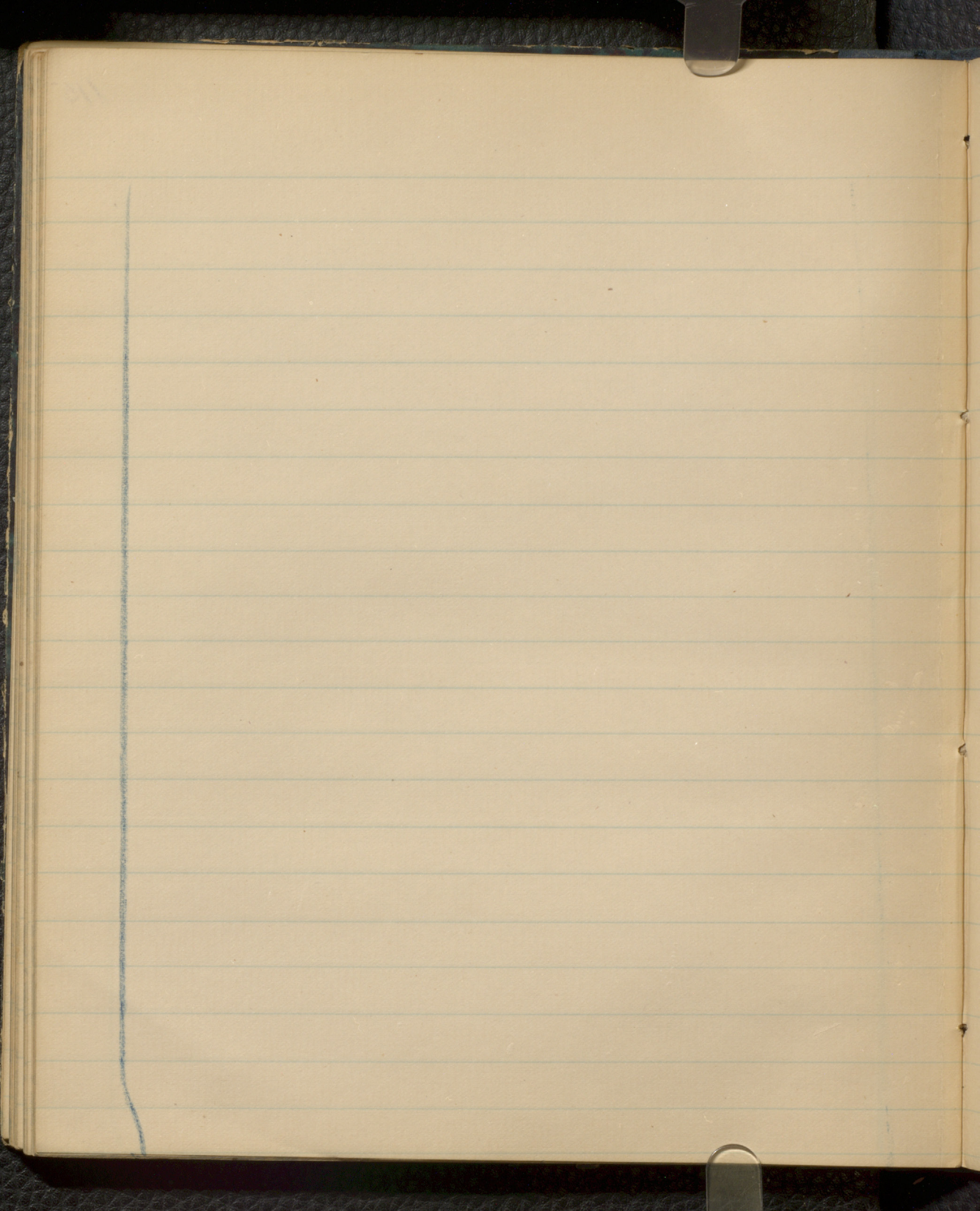
Localized case on apex.
No effect of Lungs L. in Kidney is
splenic ~~or~~ peritoneal
No Boon signs. Head not fixed.
In many cases of acute L. after morning
of acute values. This case little dullness
for last days. The masses run together
very much, firm & solid & soft-
dullness - Cases of L. Pneumonia



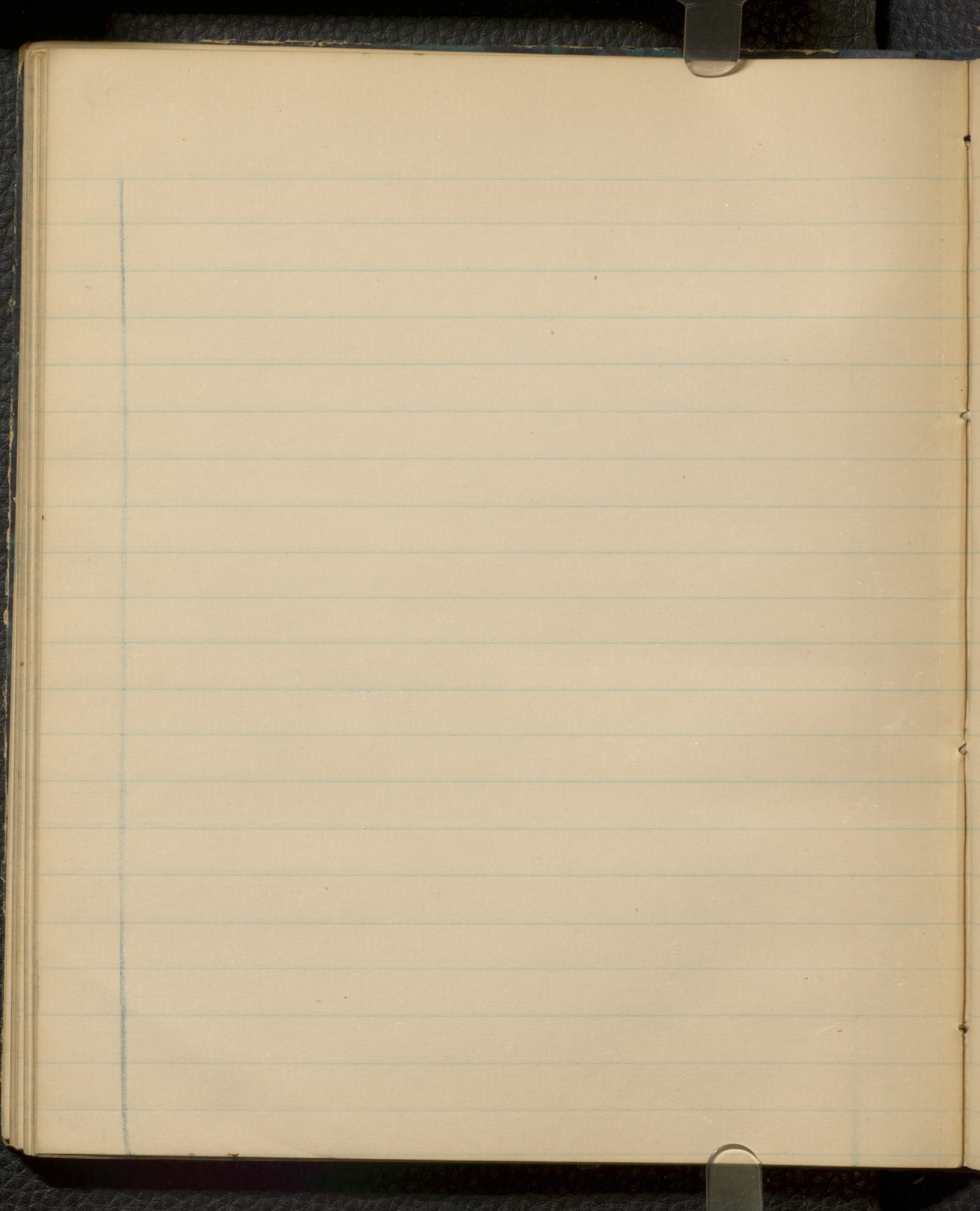
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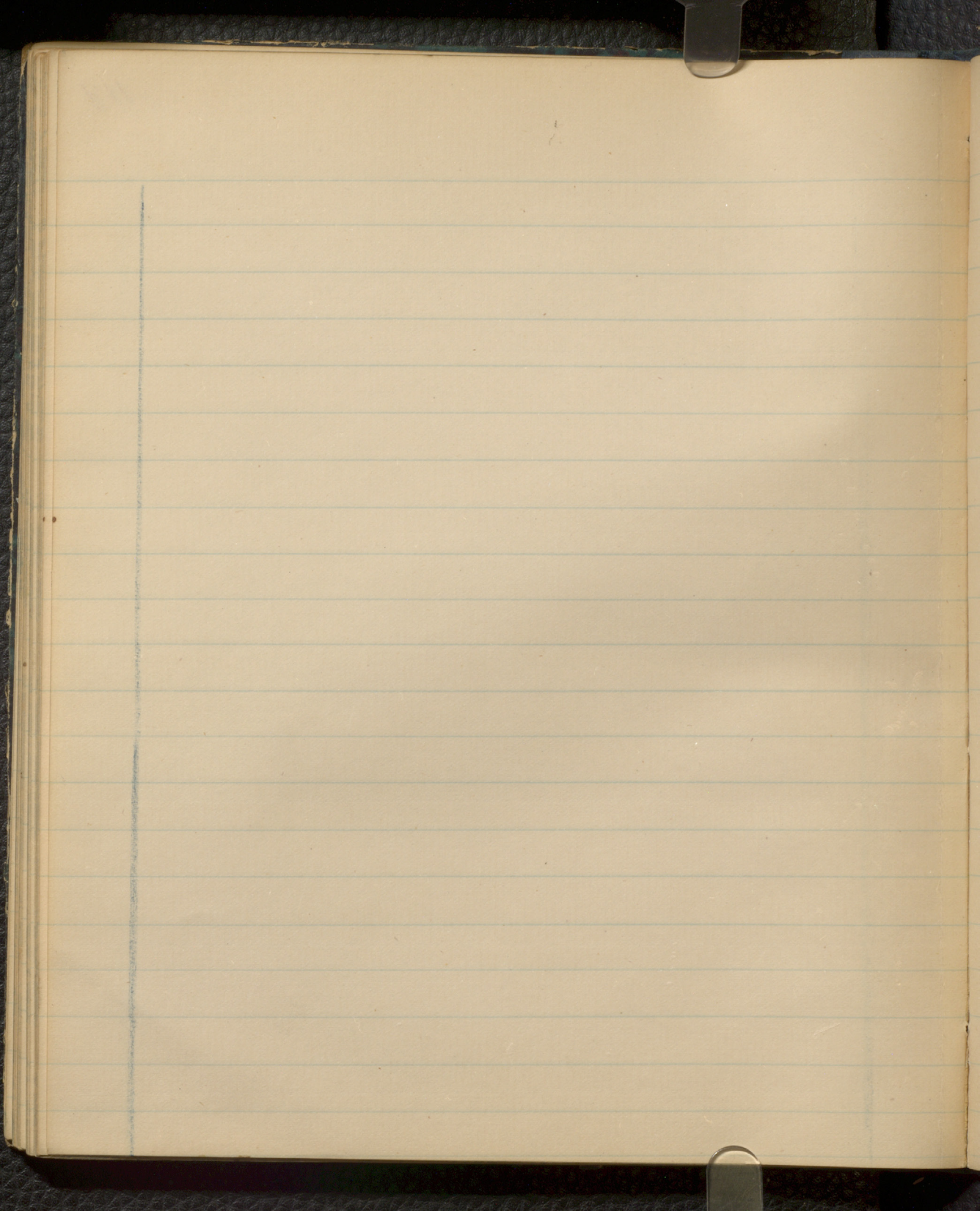
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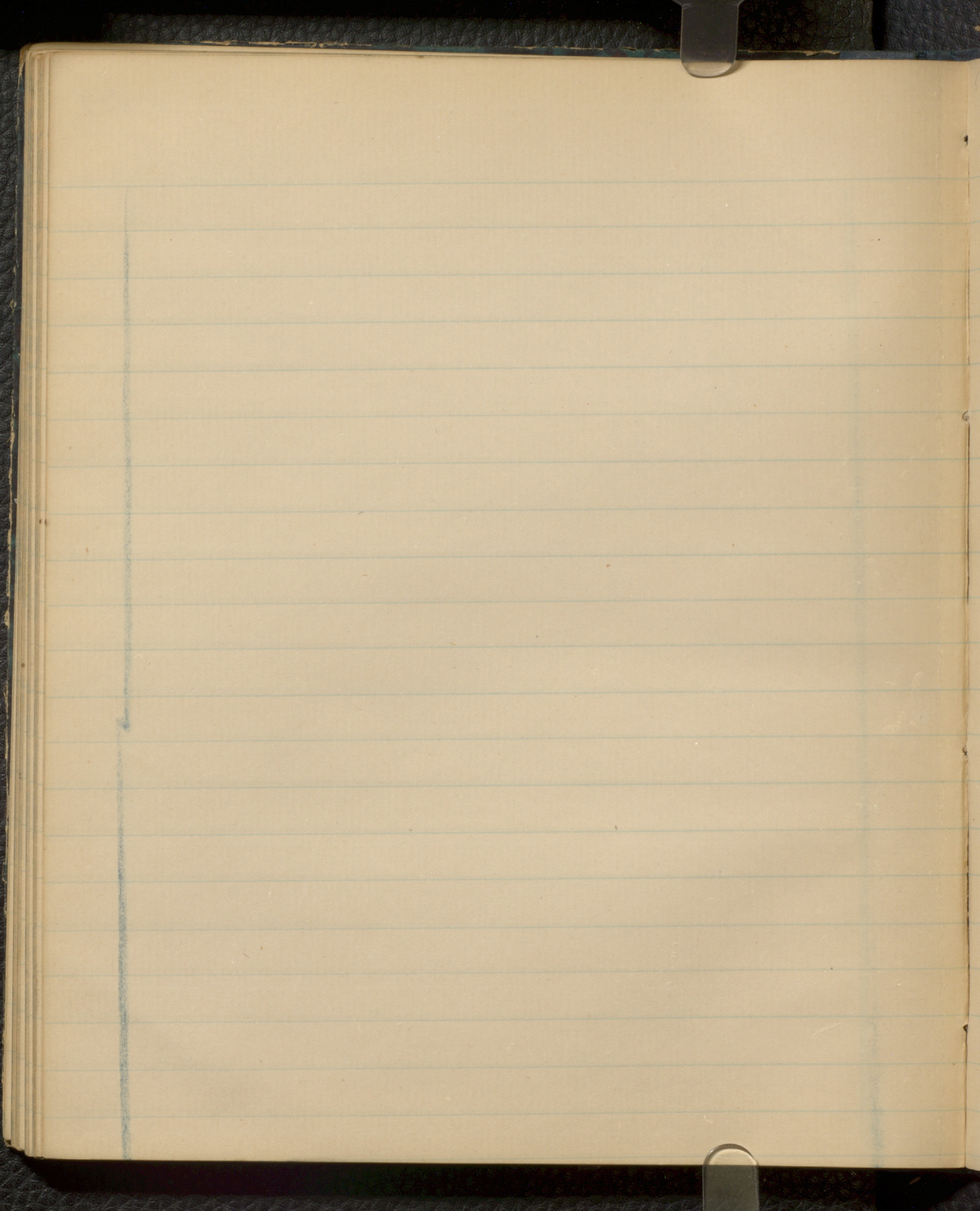
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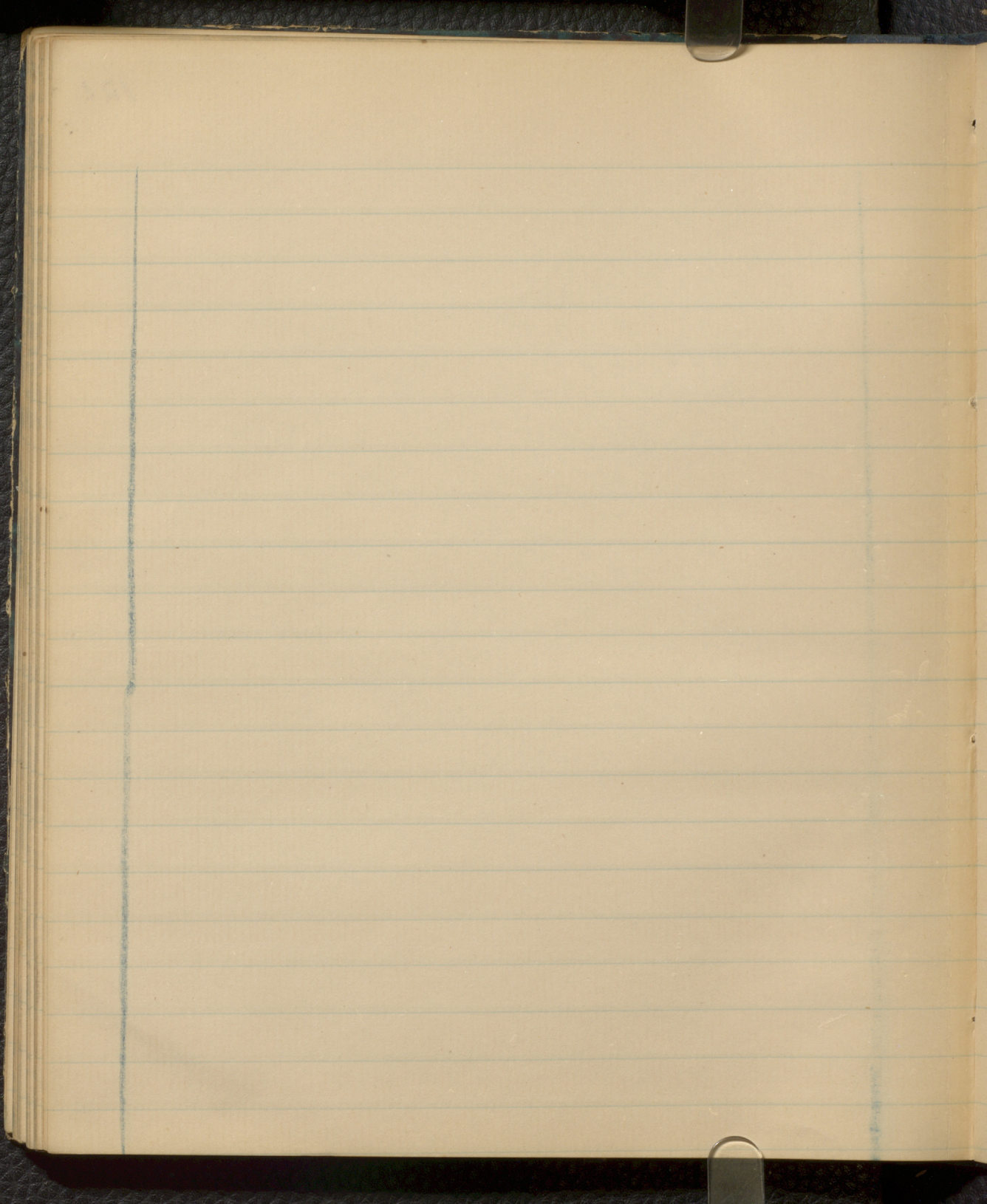
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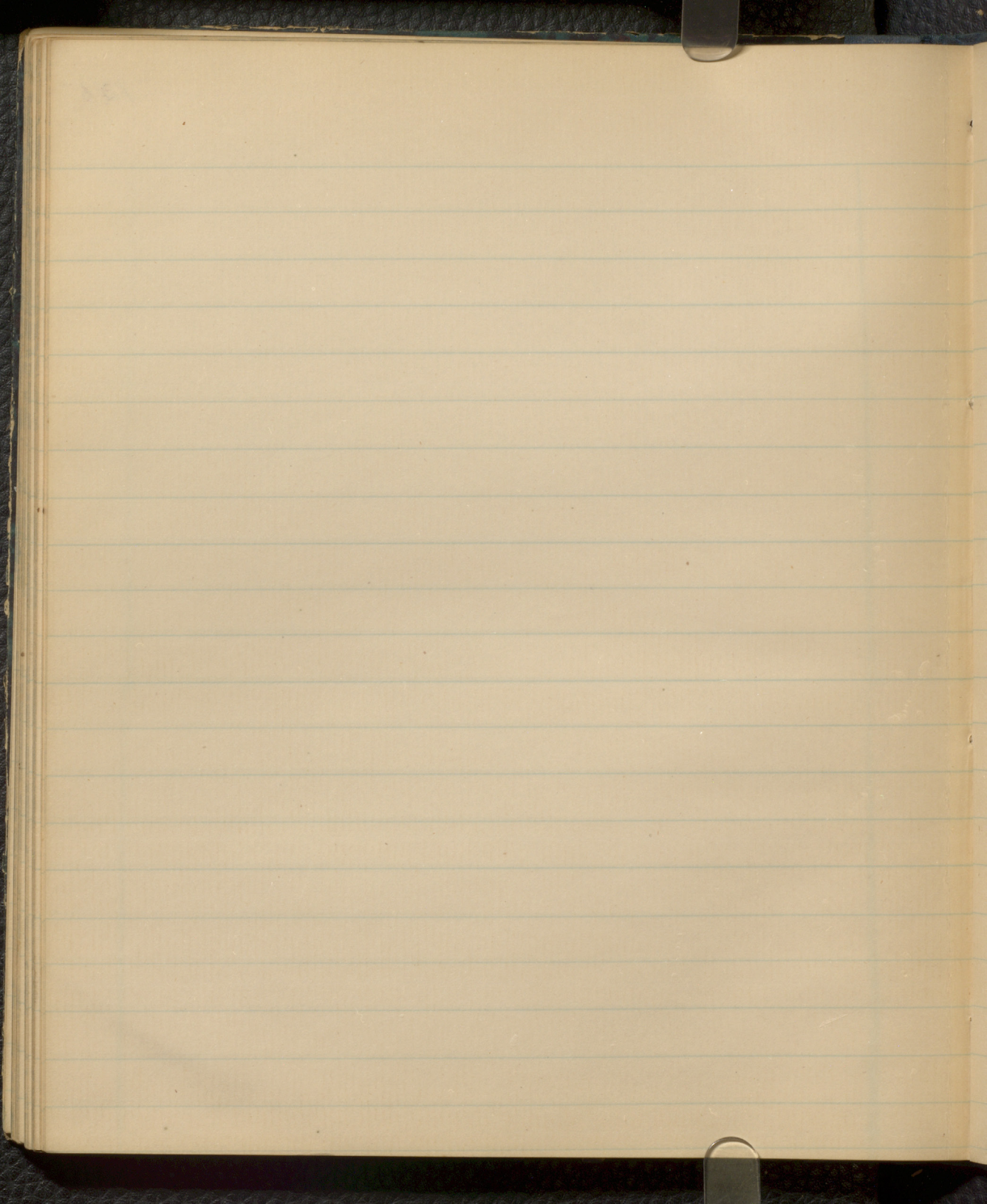
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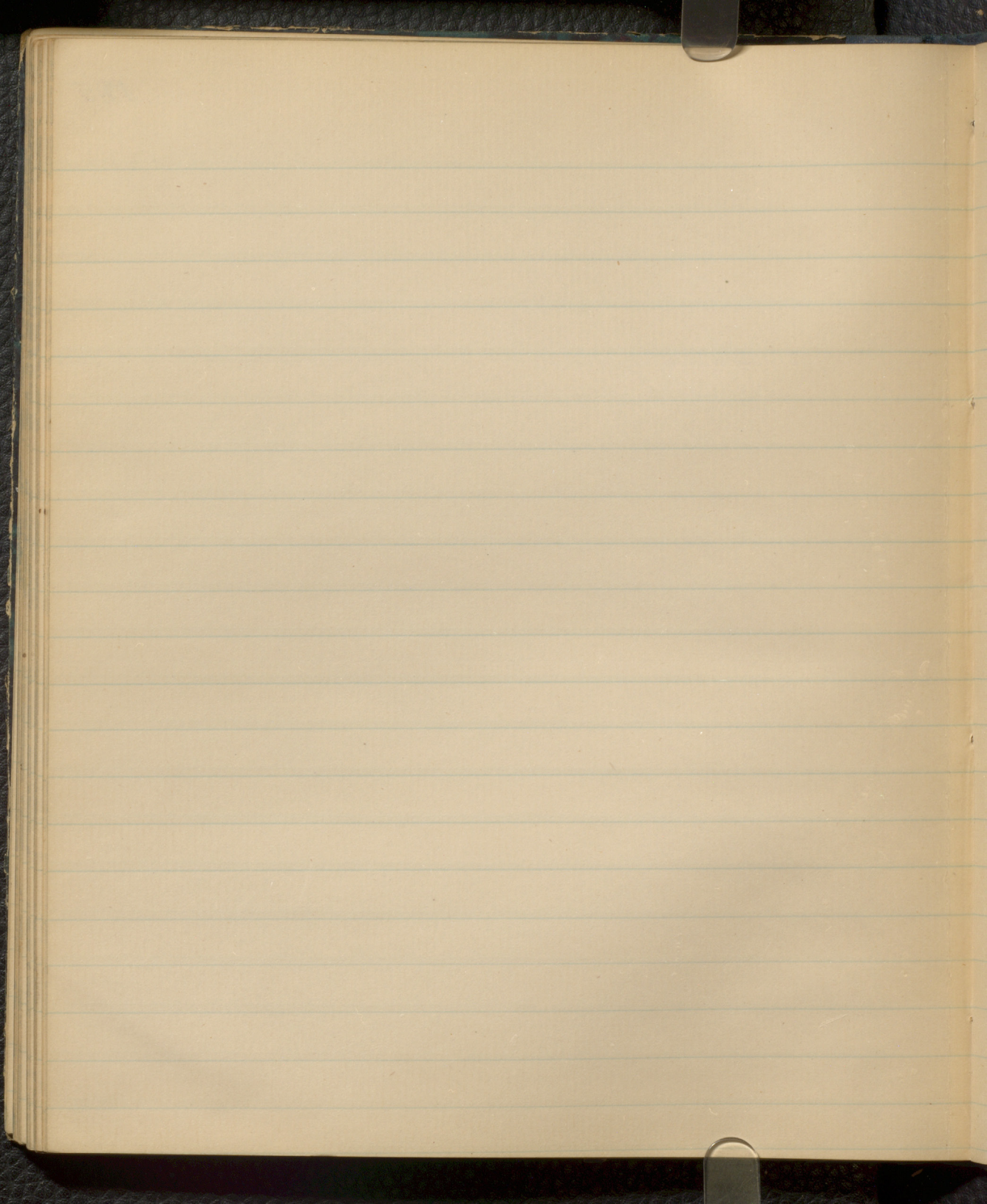
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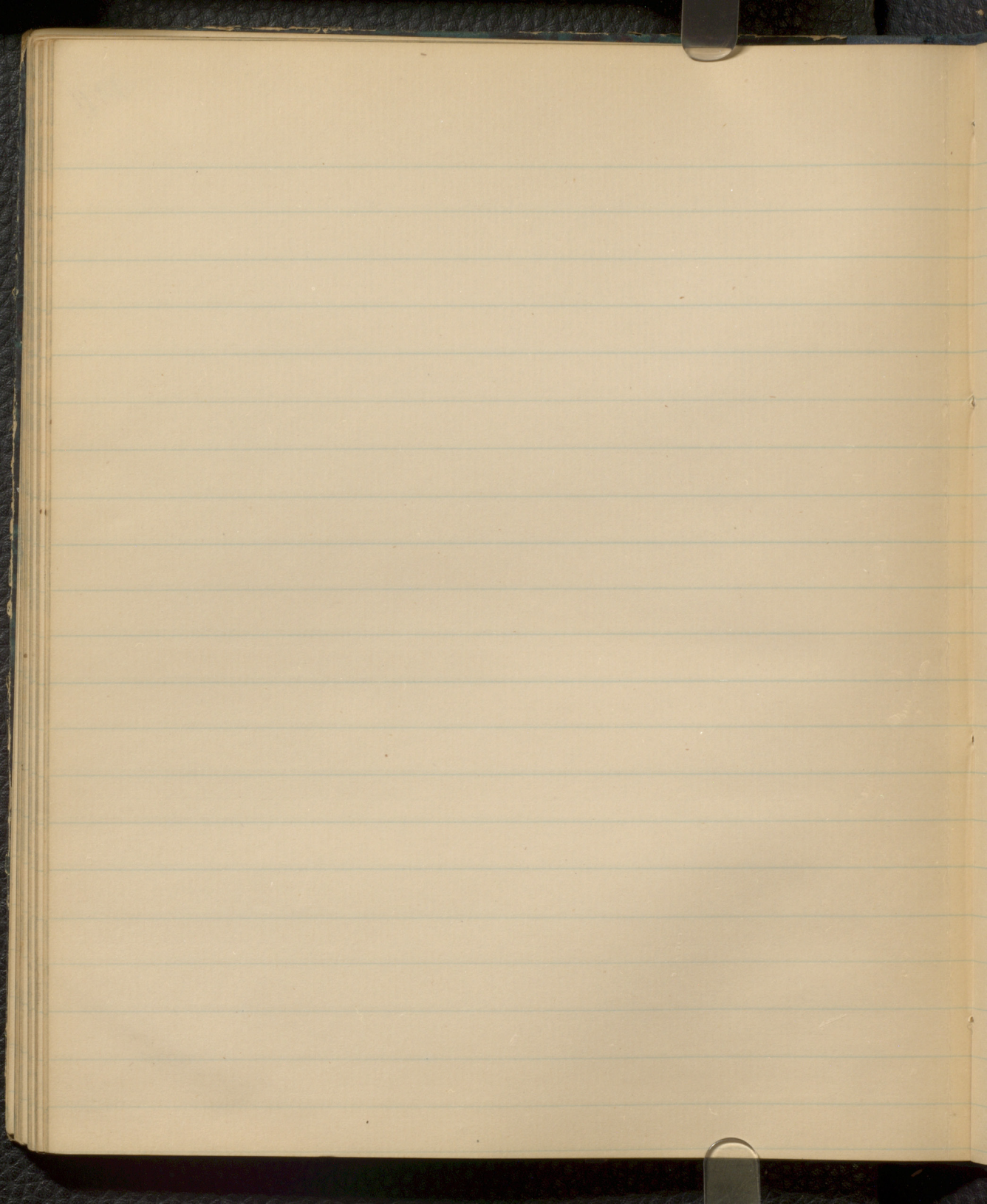
123



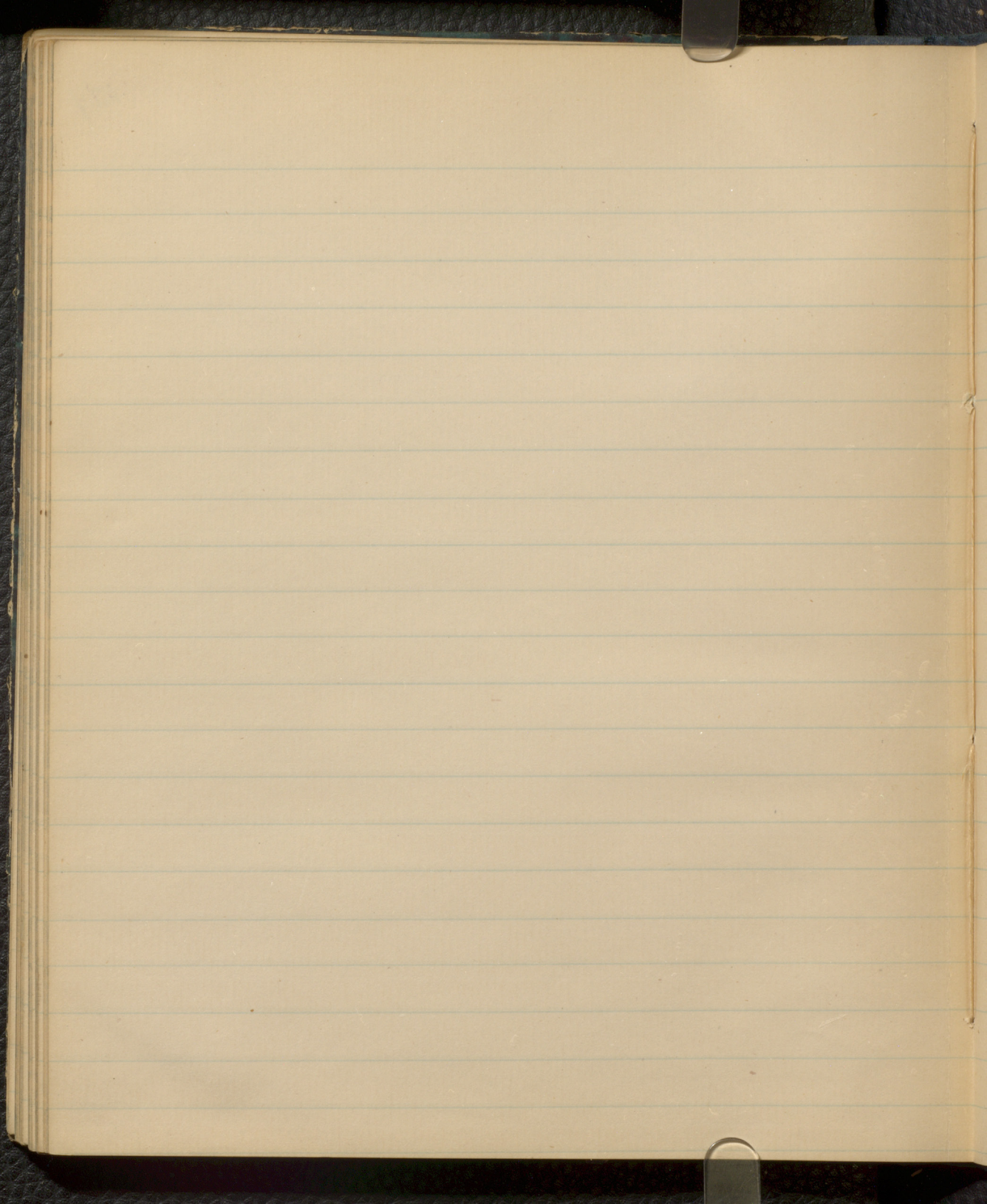
125



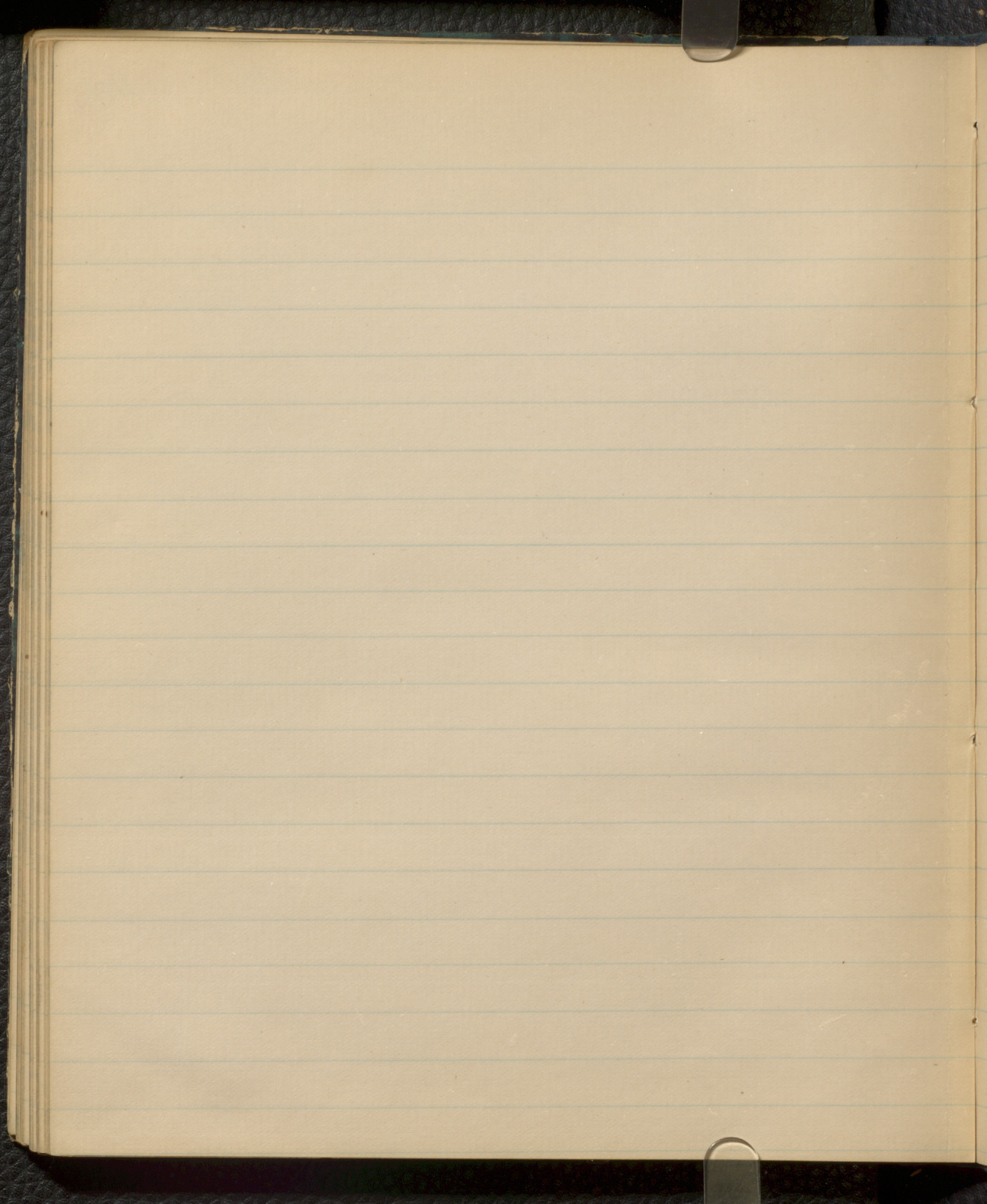
127



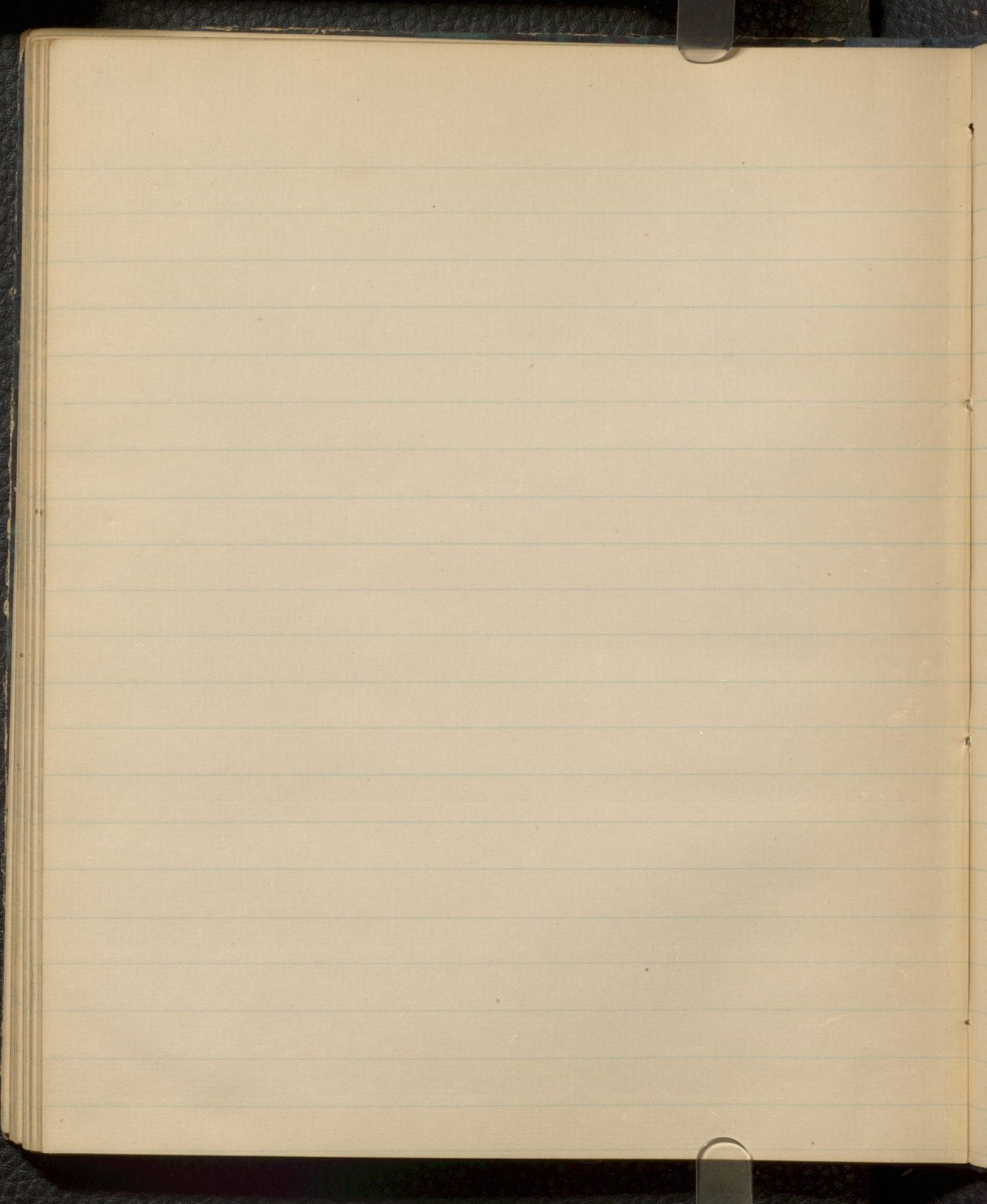
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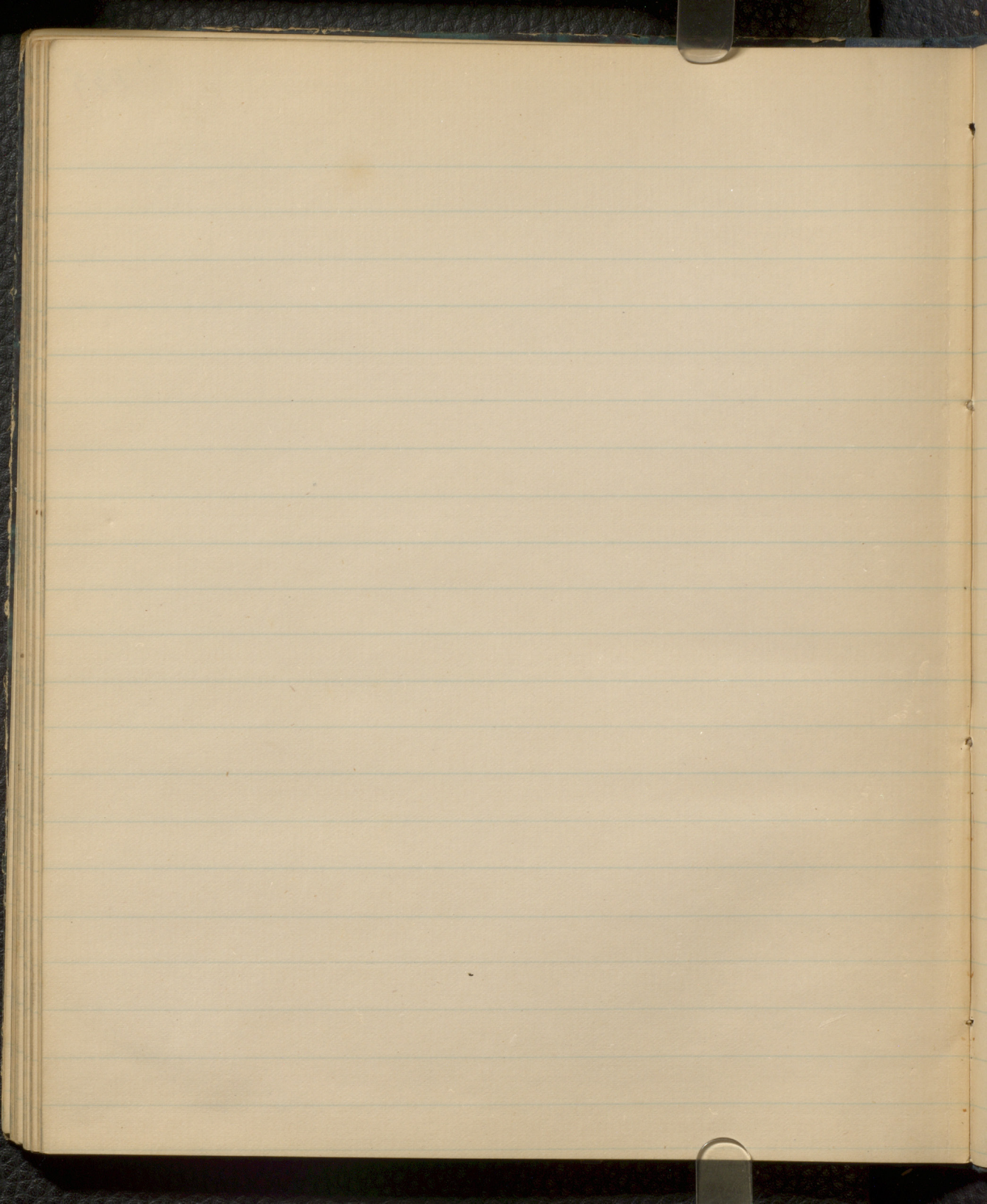
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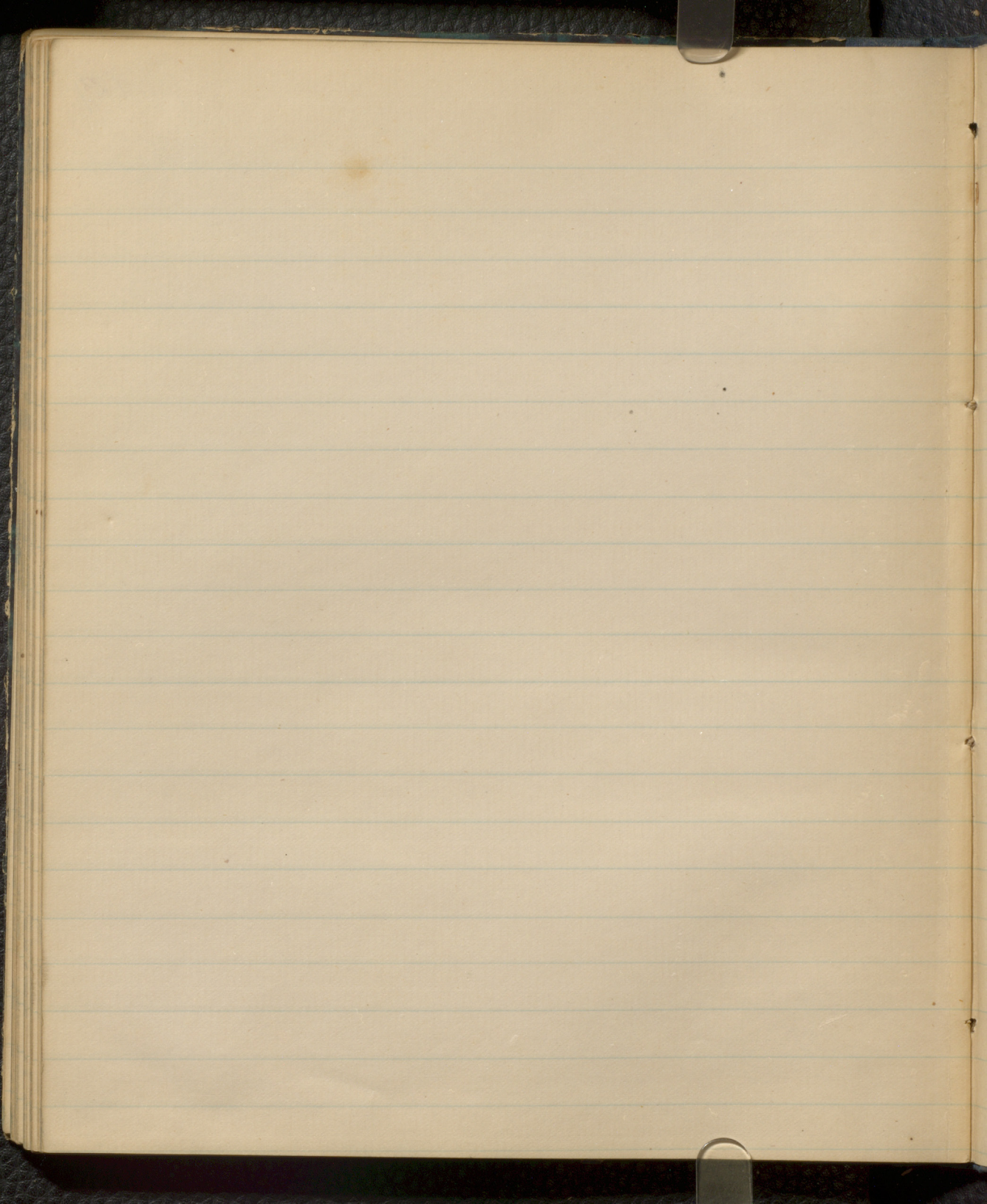
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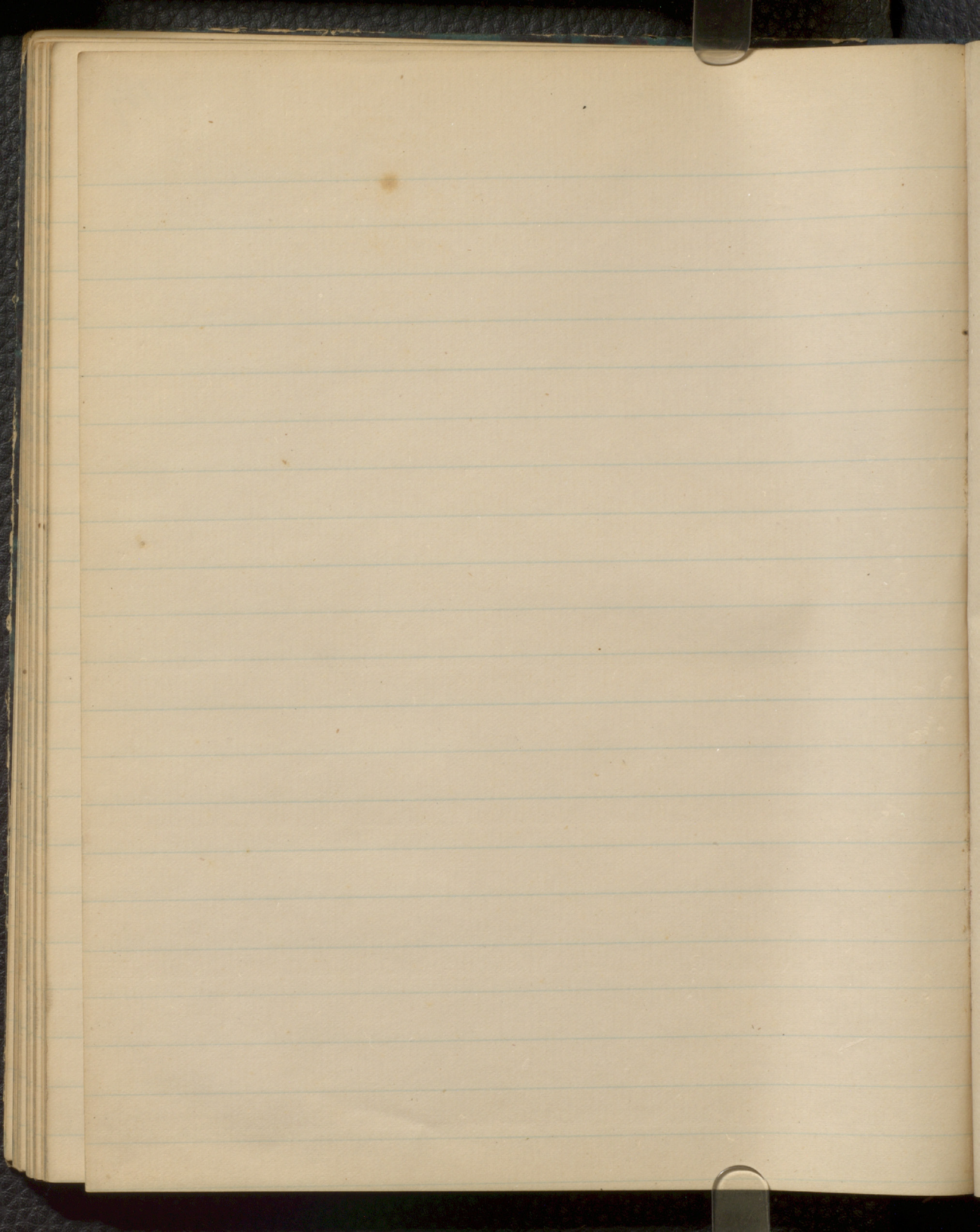
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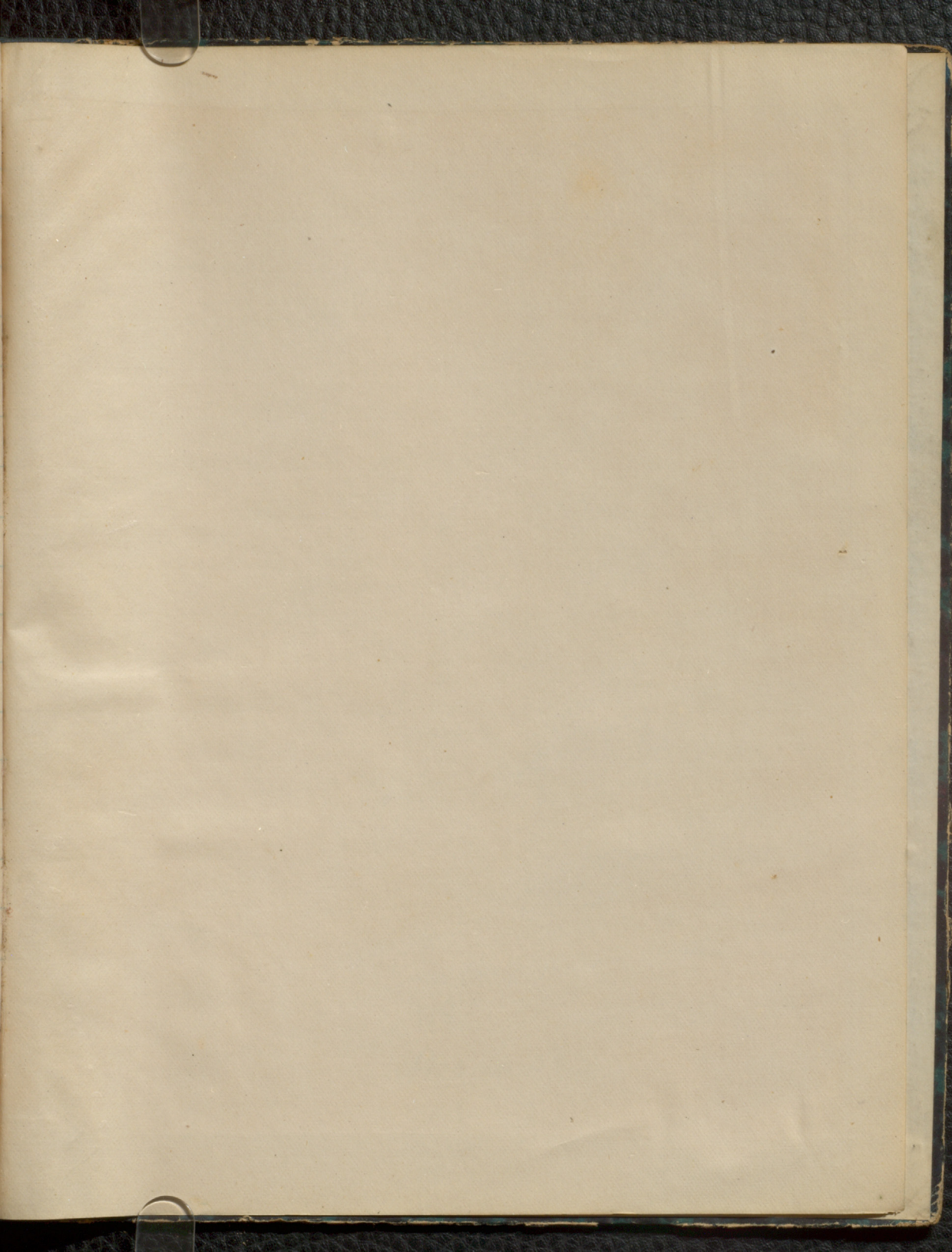


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