VOLUME II.

CLINICAL HISTORIES

&

POST MORTEM NOTES

of

One Hundred and Twenty-nine cases, with a

SUMMARISED RESULT

of

each case.

March 1916.
CASE 1.

A.B., female, aged 5. R.H.S.C.

PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE OF POST MORTEM: 21st, October 1913.

POST MORTEM NOTES.

LUNGS: Both lungs contained acute general miliary tubercles of small size, distributed uniformly throughout the substance.

INTESTINE: Numerous tuberculous ulcers, the largest ones being near Ileo-caecal junction.

BRAIN AND MENINGES: Semipurulent fluid at base. Tubercles along vessels at base and sides of brain.

OTHER ORGANS: Generalised tuberculosis.

CERVICAL GLANDS: Much enlarged especially left side, the whole chain of glands being affected. Largest one about 1.2 x 9 x 6 cm.

BRONCHIAL GLANDS: Somewhat enlarged. On section patches of tuberculosis.

MESENTERIC GLANDS: Greatly enlarged, largest ones being about 1.5 x 1 x 7 cm, and near Ileo-caecal junction. Caseation in some and apparently/
apparently the oldest lesions were found here.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: Cultures were obtained from the Cervical, Bronchial and Mesenteric glands, and Spinal Meninges. They all showed characters of the bovine type culturally. Tested on rabbit they were all of high virulence. (Bovine).
CASE 2.


PROVISIONAL DIAGNOSIS: Delirium Tremens. Cardiac Syncope.


CLINICAL HISTORY: No history of illness except that about a fortnight ago patient developed a sore throat. Alcoholism denied by his wife. He spent Saturday at his business and became delirious at 4 p.m. Admitted at 6 p.m. Died at 11 p.m.

POST MORTEM NOTES.


Spleen: Extremely soft and very diffuent.

KIDNEYS: Acute Parenchymatous nephritis with some interstitial changes.

OTHER ORGANS: Nothing of importance to note.

CERVICAL GLANDS: The upper deep cervical glands on left side showed chalky foci of old tubercles. Tonsils enlarged.

BRONCHIAL GLANDS: Cedematous, otherwise normal.

MESENTERIC/
MESENTERIC GLANDS: Not enlarged. Healthy.

RESULT.

Inoculation into guinea-pigs with the calcareous cervical gland gave negative result.
CASE 3.

T.T., male, aged 55. R.I.

PROVISIONAL DIAGNOSIS: Carcinoma of Pylorus.

DATE OF POST MORTEM: 29th. October 1913.


POST MORTEM NOTES.

LUNGS: No excess of pleural fluid. Old adhesion of left lung to pleura. Right lung showed number of white gritty areas in pleura with pigmented fibrous tissue around them. On section, scattered patches of silicosis, general congestion and oedema.

OTHER ORGANS: Nothing of importance to note.

CERVICAL GLANDS: Slightly enlarged, otherwise healthy.

BRONCHIAL GLANDS: Slightly enlarged, deeply pigmented.

MESENTERIC GLANDS: Healthy.

RESULT.

The guinea-pigs inoculated with the cervical, the bronchial and the mesenteric glands did not develop tuberculosis.
CASE 4.

R.D., male, aged 39. R.I. Ward 32.

PROVISIONAL DIAGNOSIS: Lobar Pneumonia.

DATE OF POST MORTEM: 31st, October 1913.

CLINICAL HISTORY: Shivering fit on 14th, October.

Admitted on 19th, October. Clinical sign of consolidation of lower lobe of right lung.

POST MORTEM NOTES.

LUNGS: Both showed very marked congestion. Consolidation in Right Lower Lobe. A patch of fibrous tubercles in upper lobe of left lung near apex.

OTHER ORGANS: General venous congestion.

CERVICAL GLANDS: Somewhat enlarged. No visible sign of tuberculosis.

BRONCHIAL GLANDS: Slightly enlarged. Otherwise healthy.

MESENTERIC GLANDS: Normal.

RESULT.

The guinea-pigs inoculated with the cervical, the bronchial, and the mesenteric glands did not show tuberculous changes.
CASE 5.


PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE OF POST MORTEM: 4th, November 1913.

CLINICAL HISTORY: Patient had been complaining of a headache and increasing drowsiness for one week before admission. Has had a psoas abscess for one year. Since admission increasing drowsiness, transient paralysis on face and ocular muscles. No head retraction; marked Kidneys; Cerebro-spinal fluid increased tension; marked lymphocytosis.

POST MORTEM NOTES.

LUNGS: Left; adherent all over to chest wall. At apex there is fibrous change, small caseous foci and a solitary cavity. Lower lobe congested, well marked oedema and some hyposstatic Pneumonia.

Right; Congestion and oedema. Some scattered tubercles at the apex.

Spleen; Enlarged, soft. Areas of localised old peritonitis on surface. Consistence moderately/
moderately firm, scattered haemorrhages. No obvious tuberculosis.

INTESTINES: Adhesions between coils of lower part of small intestine, between liver and diaphragm and between spleen and parietes. One or two small yellowish caseous foci scattered over peritoneum. Tuberculous ulcers chiefly near ileo caecal valve.


CERVICAL GLANDS: Slightly enlarged. No visible tubercles.

BRONCHIAL GLANDS: Enlarged. On section patches of tuberculous lesions.

MESENTERIC GLANDS: Enlarged, and caseous in some. Most numerous near Ileoc-caecal junction. On section, evidence of tuberculosis.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE/
TYPE OF TUBERCLE BACILLUS: Cultures were isolated from the cervical, the bronchial and the mesenteric glands, and spinal meninges. In cultures they were identical in character, growing slowly, and were of low virulence for rabbit. (Human).
CASE 6.

N.M., female, aged 36. R.I. Ward 27.

PROVISIONAL DIAGNOSIS: Myocarditis, Commencing Pneumonia.

DATE OF POST MORTEM: 5th, November 1913.

CLINICAL HISTORY: Admitted 31st, October 1913.

For 13 weeks before admission patient suffered palpitation, shortness of breath etc. For last 6 weeks, had occasional attacks of tachycardia and dyspnoea. On 5th, November the attack was severe and proved fatal. Patient's throat was tuberculous.

POST MORTEM NOTES.

RIGHT LUNG: Slight puckering at apex, emphysema of upper and middle lobes and margin. Some consolidation of lower lobe.

LEFT LUNG: Similar to right. An infarct at lower lobe.

KIDNEYS AND SPLEEN: Old and recent infarcts.

HEART: Pericarditis, Chronic endocarditis. Dilatation and Hypertrophy.

OTHER ORGANS: Nothing of importance to note.

CERVICAL GLANDS: Normal.

BRONCHIAL/
BRONCHIAL GLANDS: Slightly enlarged, pigmented, otherwise normal.
MESENTERIC GLANDS: Slightly enlarged. No evidence of disease.

RESULT.

The guinea-pigs inoculated with the cervical, the bronchial, and the mesenteric glands did not develop tuberculosis.
CASE 7.


PROVISIONAL DIAGNOSIS: Eclampsia.

DATE OF POST MORTEM: 11th, November 1915.

CLINICAL HISTORY: Fortnight after confinement, patient began to be sick and vomited greenish material. Soon she took fits and became unconscious. Admitted to Hospital in that state and died 15 hours later.

POST MORTEM NOTES.

LUNGS: RIGHT; on section congestion and extremely oedematosus.
LEFT; Similar. No evidence of consolidation.

LIVER: marked fatty infiltration.

SPLLEN: softened and diffuent. Malpighian bodies enlarged.

KIDNEYS: Acute Nephritis.

CERVICAL GLANDS: Apparently normal.

BRONCHIAL GLANDS: Slightly enlarged. No visible change.

MESENTERIC GLANDS: Slightly enlarged. No visible change.

RESULT/
RESULT.

The guinea-pigs inoculated with the cervical, the bronchial, and the mesenteric glands did not contract tuberculosis.
CASE 8.


PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE OF POST MORTEM: 10th, November 1913.

CLINICAL HISTORY: October 19th, 1913, she complained of headache. This continued till 21st, October, when she vomited a great deal. The vomiting continued till the 24th when it ceased. October 24th hip arm and leg twitched, also left side of face. November 3rd, on admission she was very drowsy, pulse 80, temperature 99. Head was retracted. There was a double Kernig. Knee jerks absent. Pallor of both Optic Discs. Cerebro-spinal fluid under pressure and clear. Deposit showed pus. Cultures no organisms. Palpable mass of glands in Abdomen. November 5th, dulness over Right base. Coarse crepitations over entire surface of both lungs. She gradually became weaker and died at 5:50 p.m. November 5th.

POST/
POST MORTEM NOTES.


LUNGS: Lower lobes congested. Practically no tuberculosis. Upper lobes on both sides showed a small number of encapsulated tubercles about 4 mm. in diameter. In addition to these, in both upper lobes there was a recent spread of miliary and submiliary grey tubercles. Pleurae adherent. Pleurisy of right side with a large gland like caseous confluent mass lying over fissure between lower and middle lobes. Trachea and Larynx no apparent tuberculosis.

HEART: Nothing important to note.

LIVER: Chronic venous congestion. No tuberculosis.

SPLLEEN: Slightly enlarged. Numerous yellow caseous tubercles from a hemp seed size up to that of a dry pea.

KIDNEYS: Some congestion. No tuberculosis.

INTESTINES: Numerous small ulcers with congested bases and raised irregular margins in Ileum at side of Peyer's patches. These showed congestion and thickening on serous aspect and were/
were evidently of some little standing but probably of later origin than the tubercles of the mesenteric glands.

**BRAIN:** Dura tense, thin and congested. Convolutions flattened. Slightly sticky tubercles in the Sylvian area on both sides, and usual exudate at bases.

**TONSILS:** Slightly enlarged, surface congested, no distinct tubercles.

**CERVICAL GLANDS:** Upper deep cervical glands on either sides, particularly left, showed old caseation. Middle glands showed enlargement and congestion, and one or two showed a spot of caseous tubercles. Largest glands measured about 1 x .3 x .6 cm.

**BRONCHIAL GLANDS:** All greatly enlarged and caseous with varying degrees of fibrous encapsulation. Infection of root glands apparently less extensive than those of Bronchi, Trachea and Bifurcation glands, the last named being most affected. Largest glands measured about 2 x 1.1 x 9 cm.

**MESENTERIC GLANDS:** Along Iliac and Ascending Colon, glands were enlarged and caseous. Apparently/
Apparently every mesenteric gland was affected. Largest being 1.8 x 1.2 x 1 cm.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.
CAUSE OF DEATH: Tuberculosis.
PORTAL OF ENTRY: Probably Alimentary.
TYPE OF TUBERCLE BACILLUS: Cultures were obtained from the cervical and the mesenteric glands, and the spinal meninges, and they all have the cultural characters of the "bovine" type. Inoculation with the bronchial and tonsillar glands did not give tuberculous infection to guinea-pigs. On rabbit test the three cultures were found to possess a high virulence. (Bovine).
CASE 9.


PROVISIONAL DIAGNOSIS: Mitral Disease.

DATE OF POST MORTEM: 18th, November 1913.

CLINICAL HISTORY: Admitted in a moribund condition on 14th, November 1913 with marked cyanosis. Heart dilated. Mitral systolic and diatolic murmurs heard.

POST MORTEM NOTES.

LUNGS: Left, extensive fibrous scarring with and without pigmentation.

Right, marked emphysema in anterior part of all lobes.

Chronic interstitial change of both lungs.

HEART: Hypertrophy and Dilatation. Old endocarditis especially mitral.

OTHER ORGANS: Chronic venous congestion with some interstitial change.

CERVICAL GLANDS: Not enlarged. Apparently healthy.

BRONCHIAL GLANDS: Slightly enlarged. Otherwise healthy.

MESENTERIC GLANDS: Not enlarged. Apparently normal.

RESULT/*
RESULT.

Inoculation into guinea-pigs with the cervical and the mesenteric glands proved negative. The guinea-pigs inoculated with the bronchial glands died prematurely.
CASE 10.

A.W., male, aged 44. R.I. Ward 18.

PROVISIONAL DIAGNOSIS: Septic Absorption and Shock Following Burns.

DATE OF POST MORTEM: 21st, November 1913.

CLINICAL HISTORY: Admitted to ward on November 12th, suffering from shock, resulting from burns in arms, face, shoulder and legs. Improved slightly at first but later temperature went up and discharges from wounds.

POST MORTEM NOTES.

LUNGS: Right pleura thickened and firmly adherent to chest wall. Right lung intensely congested. Lower lobe and part of upper lobe consolidated. Left pleura adherent to chest wall. Left lung congested, and consolidated at base and posterior part of organ.

OTHER ORGANS: Extreme toxic changes.


BRONCHIAL GLANDS: Slightly enlarged with some congestion.

MESENTERIC GLANDS: Apparently normal.

RESULT.
RESULT.

The guinea-pigs inoculated with the bronchial and the mesenteric glands did not develop tuberculosis; that with the cervical glands died prematurely.
CASE 11.


PROVISIONAL DIAGNOSIS: ?

DATE OF POST MORTEM: 28th, November 1913.

CLINICAL HISTORY: None.

POST MORTEM NOTES.

LUNGS: Right; Congested, no pneumonia, no tubercles.
Left; emphysema anteriorly, otherwise similar to right.

SPLEEN: Numerous calcareous particles, probably encapsulated tubercles from a millet seed size up to about 4 mm. in diameter. Malpighian bodies enlarged.

LIVER: Adhesion between under surface and Hepatic Flexure of colon. Glands at hilum not enlarged.

OTHER ORGANS: No important change.

CERVICAL GLANDS: Some were moderately enlarged on both sides. On section no evidence of tubercles.

BRONCHIAL GLANDS: Moderately enlarged. Bifurcation glands showed some little old tubercles as also the Bronchial on right side.

MESENTERIC/
MESENTERIC GLANDS: Slightly enlarged, but no evidence of tubercles.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the cervical, the bronchial, and the mesenteric glands.
CASE 12.


PROVISIONAL DIAGNOSIS: Acute Obstruction.

DATE OF POST MORTEM: 1st, December 1913.

CLINICAL HISTORY: Admitted November 28th, with symptoms of Acute Obstruction, and in state of collapse. Operation undertaken, but unsuccessful.

POST MORTEM NOTES.

LUNGS: Congestion posteriorly. No sign of pleurisy, tuberculosis or pneumonia.

INTESTINES: Small intestine greatly distended. Large intestine collapse. Obstruction at Ileo-caecal junction by kink of fibrous tissue.

OTHER ORGANS: Nothing important to note.


BRONCHIAL GLANDS: Slightly enlarged. Otherwise normal.

MESENTERIC GLANDS: Several calcareous tuberculous mesenteric glands with scar formation roundabout. Consistence very hard and largest/
largest one being about size of a small marble.

RESULT.

The guinea-pigs inoculated with the cervical, the bronchial, and the mesenteric glands remained healthy.
CASE 13.

B.D., male, aged 58. R.I. Ward 23.

PROVISIONAL DIAGNOSIS: Phthisis Pulmonatic.

DATE OF POST MORTEM: 4th, December 1913.

CLINICAL HISTORY: History of three years duration 1911 shortness of breath, in bed one week. Haemoptysis after rising from bed to work. Was in Hospital four months. 1912, left Hospital, no haemoptysis but continued breathlessness ever since. Re-admitted to Hospital several times with marked dyspnoea. Gradually sinking since November. There are marked signs of cavities in both lungs, and latterly, oedema of legs and back.

POST MORTEM NOTES.

CERVICAL GLANDS: Nothing abnormal to note.

BRONCHIAL GLANDS: Old and partly calcareous glands near root of lungs.

MESENTERIC GLANDS: Not enlarged. No tubercles.

Other post Mortem Notes not recorded.

RESULT.

The guinea-pigs inoculated with the calcareous bronchial glands were free of tuberculosis.
CASE 14.

PROVISIONAL DIAGNOSIS: Carcinoma of Stomach.

DATE of POST MORTEM: 2nd December 1913.

CLINICAL HISTORY: Indigestion for 30 years. For one year and nine months, patient has had flatulence and discomfort after food. For 5 months, she has had definite pain half an hour after food with vomiting. Admitted on 21st August, very emaciated and pale. Stomach not dilated. Diagnosis of cancer of fundus of stomach was made on history and X rays evidence. Vomit contained no free HCl. Patient had signs of partial consolidation in either upper lobes. She got progressively weaker, and had for some time uncontrollable diarrhoea. Died of exhaustion.

POST MORTEM NOTES.

LUNGS: Both were emphysematous, containing bronchiectatic cavities in the upper lobes and numerous scattered areas of caseous tubercle with apparently lobular distribution. Some of these were softened.

STOMACH: Comparatively small. Some chronic catarrh but no tumour. No visible tubercles.

INTESTINES/
INTESTINES: slight dilatation. On separating coils of small intestine, two small perforations were found about 2 to 3 feet above Ileo-caecal junction. Numerous adhesions in the neighbourhood all resulting from peritonitis on serous surface of old tuberculous ulcers. At one part, extensive communications had formed between the neighbouring coils. The ulcers were very typical, some extending right round the bowel.

OTHER ORGANS: Nothing important to note. No tubercles.

BRONCHIAL GLANDS: Not markedly affected. No disease evident to the naked eye.

MESENTERIC GLANDS: Not enlarged and no signs of tubercles.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably Alimentary.

TYPE of TUBERCLE BACILLUS: The culture isolated from the lung was dysgonic and of high virulence for rabbit. (Bovine).
CASE 15.

A.C., female, aged 18. R.I. Ward 33.

PROVISIONAL DIAGNOSIS: Meningitis.

DATE OF POST MORTEM: 5th, December 1913.

CLINICAL HISTORY: Admitted 13th, October 1913.

History of swelling in neck for last six months and vomiting after food for last three weeks. On admission, patient was thin. Some dullness and crepitations at the right base. Two weeks after admission, passed a quantity of altered blood per rectum (No recurrence of this). Gradually became weaker. Temperature between 98 and 101.5. Pulse 100 to 130. November 23rd, complained of headache. This gradually became worse. November 29th, vomited a great deal. December 2nd, she had a fit, mostly right sided and within three hours had eight similar ones. Widal negative.

POST MORTEM NOTES.

LUNGS: Left; congested, pus can be squeezed from bronchi.

Right; Chronic pleurisy, whole lung congested and oedematous. Pus can be squeezed from bronchi.

Some areas of collapse in both lungs. A few scattered/
tubercles in pleura of left side between upper and lower lobes.

INTESTINES: Adherent to abdominal parietes and matted together. Numerous caseous nodules throughout the peritoneum, showing acute tuberculous peritonitis. No evidence of ulceration.

PELVIC ORGANS: Bilateral tuberculous salpingitis. Fallopian tubes enlarged and contained caseous masses.

BRAIN: Opalescent cerebro-spinal fluid in some quantity, especially at base. There was a little exudate in the neighbourhood of the Optic Chiasm. Small tuberculous nodules on the upper surface of the cerebellum and extending up the Sylvian fissure.

OTHER ORGANS: No important change. No tubercles.

BRONCHIAL GLANDS: Small and deeply congested. There was one enlarged gland on the right side which showed grey areas and partly calcareous.

MESENTERIC GLANDS: Enlarged and showed evidence of tuberculosis in practically all of them.

RESULT/
RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably Alimentary.

TYPE of TUBERCLE BACILLUS. Cultures were isolated from the Lung, the mesenteric glands, and the spinal meninges. The guinea-pigs inoculated with the bronchial glands died prematurely. All the three cultures grew slowly in culture, but of low virulence for rabbit (Human).
CASE 16.

C.C., female, aged 56. Chalmers Hospital.

PROVISIONAL DIAGNOSIS: -

DATE of POST MORTEM. 5th December 1913.

CLINICAL HISTORY: Has been getting weak for some months. Saw doctor but nothing could be made out. Got much weaker on day of admission (1.12.13.) Patient very weak and became drowsy and later comatose, but nothing definite could be made out beyond slight abdominal tenderness over lower abdomen. Temperature rose to 103 the day before death.

POST MORTEM NOTES.

LUNGS: Atrophy, emphysematous, with collapse, and congestion on lower lobe. No tubercle. Bronchi slightly congested.

HEART: Small, atrophy: fatty, filled with post mortem clot.

LIVER: Enlarged and soft. On section, very fatty but no tubercle, except on surface as described under.

Spleen: atrophied, congested; tubercle on surface.

KIDNEYS: Small, showed only fatty degeneration, no tubercle.

PERITONEUM/
PERITONEUM: studded throughout with small grey tubercles under the diaphragm and over liver. Adhesion between liver and diaphragm and around stomach and spleen. In the pelvis the tubercles were more numerous and there were older fibrous adhesions of tubes and uterus to colon. The omentum was not puckered up but showed some old adhesions to pelvis.

UTERUS and TUBES: Nothing beyond the adhesion and tubercle on surface. Tubes not thickened; ovaries senile; no tubercle on section.

STOMACH and INTESTINES: Nothing of note beyond a small chronic ulcer in 1st part of duodenum. No tuberculous ulcer anywhere.

THE LYMPH GLANDS including those of Bronchial and Mesenteric showed no tubercle and were not enlarged, except one in Mesentery which was only slightly swollen.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably Alimentary.

TYPE of TUBERCLE BACILLUS: The culture isolated from the peritoneum was dysgonic and of high virulence for rabbit. (Bovine)
CASE 17.

D.C., female, aged 7. R.I. Ward 27.

PROVISIONAL DIAGNOSIS: MITRAL incompetence.

DATE of POST MORTEM: 15th December 1913.

CLINICAL HISTORY: Admitted 28th August 1913.

Rheumatism from May 1913, heart affected and treated. Few days before admission, swelling commenced in feet and ankles and spread all down the body. On admission, oedematous all over, dyspnoea and palpitation. Some crepi-tation and rhonchi; loud mitral systolic: spleen not enlarged. Abdomen distended with fluid.

POST MORTEM NOTES.


HEART: Acute endocarditis of aortic, mitral and tricuspid. Chronic endocarditis also of mitral & aortic.

OTHER ORGANS: Chronic Venous congestion.

BRONCHIAL GLANDS: Both sides enlarged and several calcareous.


RESULT
RESULT.

The guinea-pigs inoculated with the cervical, the bronchial and the mesenteric glands remained healthy.
CASE 18.


PROVISIONAL DIAGNOSIS: Pernicious anaemia.

DATE of POST MORTEM: 26th December 1913.

CLINICAL HISTORY: Increasing weakness for seven months: vomiting for 14 days. Increasing pallor and general weakness: very little shortness of breath. Has been coughing and bringing up purulent sputum for the past few weeks. Blood showed a typical picture of Pernicious Anaemia.

POST MORTEM NOTES.


Left; similar to right.

OTHER ORGANS: Atrophied and fatty changes.

CERVICAL GLANDS: Not enlarged. Apparently healthy.

BRONCHIAL GLANDS: Swollen, root glands partly calcareous.

MESENTERIC GLANDS: Slightly swollen and yellow in colour.

RESULT.

The guinea-pigs inoculated with the cervical, the mesenteric, and the bronchial root glands were free of tuberculosis.
CASE 19.

J.M., male, aged 45. R.I. Ward 3.

PROVISIONAL DIAGNOSIS: Cerebral Haemorrhage.

DATE of POST MORTEM: 30th December 1913.

CLINICAL HISTORY: Admitted comatose. Had a fit at 7.15. when he died before being examined.

POST MORTEM NOTES.

LUNGS: Right; a large phthisical cavity filled with pus and lined by smooth walls. In the lower lobe was a large amount of tubercular interstitial pneumonia. Pleural cavity obliterated by firm adhesion.

Left; a small calcified nodule near apex and some more diffuse superficial thickening near this. The root of lung was congested.

LIVER: greatly enlarged and soft. On section fatty.

Spleen: small and of a mottled colour, with a wrinkled surface.

INTESTINES: Nothing to note.

KIDNEYS: Congestion with pallor and swelling of cortex.

BRAIN: Very oedematous, lateral ventricles appeared distended. No evidence of haemorrhage.

CERVICAL GLANDS: Enlarged but no visible tubercles.

BRONCHIAL GLANDS: moderately enlarged on both sides.
sides. On section numerous small grey tubercles.

**MESENTERIC GLANDS:** One showed much calcification, otherwise normal in appearance.

**RESULT.**

**CLASSIFICATION:** Pulmonary Tuberculosis.

**CAUSE of DEATH:** Tuberculosis.

**PORTAL of ENTRY:** probably respiratory.

**TYPE of TUBERCLE BACILLUS:** The cultures isolated from the cervical and the mesenteric glands, and the lung all grew slowly; but of low virulence for rabbit. (Human). The guinea-pigs inoculated with the bronchial glands died prematurely.
CASE 20.


PROVISIONAL DIAGNOSIS: Stricture of descending colon: peritonitis.

DATE of POST MORTEM: 30th December 1913.

CLINICAL HISTORY: Diarrhoea during the whole of summer of 1913. In August began to have severe pain in lower part of abdomen. The diarrhoea continued until a few weeks ago when her bowels became difficult to move. Two days before admission, began to vomit, and vomited continually until her operation. Admitted on 20th December 1913 and operated on the same night. Stricture of descending colon found. Colon mobilised and tumour brought out on left flank and glass rod passed under. Tumour removed with cautery on 23th December 1913. Cough and spit for nine months.

POST MORTEM NOTES.

LUNGS: Both lungs, particularly left, showed excavation at the apex of upper lobe with more recent extension downwards; and in case of the left lung, there was also a kidney-shaped oldish cavity near the apex of the lower lobe.

Lower/
Lower part of both lobes showed numerous clusters of lymphatic tubercles.

LIVER: enlarged and showed fatty infiltration.
No tubercles and no waxy change.

Spleen: About twice the normal size. No tubercles and no waxy change.

KIDNEYS: marked parenchymatous swelling. No evidence of waxy change or tubercles.

INTESTINES: Covered over with omentum which was fixed down by soft lymph in the pelvis. Some pus over this part and faeculent lymph on lower part of intestine and on middle part of transverse colon. A small perforation found which communicated with the purulent area. Transverse congested areas seen in ileum, upon which were small yellow prominent tubercles. Several chronic tuberculous ulcers in colon, some extending right round the lumen. The perforation of the transverse colon was in the base of one of these ulcers.

BRONCHIAL GLANDS: not tuberculous, though they were firm and deeply pigmented.

MESENTERIC GLANDS: slightly enlarged but no evidence of tuberculosis.

RESULT/
RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: probably respiratory.

TYPE of TUBERCLE BACILLUS: The culture isolated from the bronchial glands and lung was eugonic and of low virulence for rabbit (Human). The guinea-pigs inoculated with a piece of the intestine died prematurely.
Case 21.


Provisional diagnosis: subacute nephritis; mitral incompetence.

Date of post mortem: 5th January 1914.

Clinical history: In January 1913 patient had an attack of influenza. She got puffy under eyes and pain in loin. Also suffered from dyspnoea and palpitation. Whole body began to swell especially the flanks. Pain on micturition: urine scanty: blood pressure 145 mm. Heart enlarged with systolic murmur at mitral area; second aortic accentuated. A few rhonchi and numerous fine crepitations posteriorly. Urine smoky with deposit of pus. Ascites developed and patient gradually got worse.

Post mortem notes.

Lungs: Right; very oedematous. No consolidation but some collapse.

Left; showed collapse of lower lobe and oedema of rest.

Liver: marked atrophy and chronic venous congestion/
congestion.

SPLEEN: capsule and vessels thickened. Pulp very pale.

KIDNEYS: small, capsule thickened and adherent. Cortex atrophied with extreme pallor, vessels slightly thickened.

INTESTINES: Nothing to note.

BRONCHIAL GLANDS: normal in appearance.

MESENTERIC GLANDS: one large calcareous mass about size of a marble at lesser omentum near upper border of pancreas.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric glands remained healthy.
CASE 22.


DIAGNOSIS: Tuberculous Cervical Adenitis.

DATE of OPERATION: 6th January 1914.

CLINICAL HISTORY: Two months ago patient first noticed a small lump on the right side of neck. This has increased slowly and painlessly to its present size and has never been tender to touch. She has had no treatment for the condition, and sought medical advice when the swelling became very apparent. She has had a good deal of trouble with the molar teeth of the lower jaw on the affected side. Duration two months. No tuberculosis in family.

CLINICAL SIGNS: There was a swelling about size of a golf ball in front of sterno-mastoid of the right side. A smaller more diffused enlargement was seen below and anterior to this. On palpation the swelling was felt to be firm, slightly nodular, movable on the deeper structure and not adherent to skin. Numerous discrete glands could be felt in the anterior triangle and one or more immediately posterior to the sterno-mastoid. On the left side was a depressed scar from an old sinus which followed upon the rupture of a tooth abscess.

Several/
Several small discrete glands were also palpable on this side but there was no swelling.

RESULT.

CLASSIFICATION: Tuberculous Cervical Adenitis.
PORTAL of ENTRY: Evidence inconclusive.
TYPE of TUBERCLE BACILLUS: The culture isolated from the cervical glands was eugonic and of low virulence for rabbit. (Human).
CASE 23.
Male, aged 4. Bruntsfield Hospital.

Date of Post Mortem: 15th January 1914.

POST MORTEM NOTES.

LUNGS: Left; numerous sub-pleural tubercles scattered fairly uniformly over surface. On section: similar scattered tubercles.

Right: similar appearance.

LIVER: Tubercular peri-hepatitis; also numerous caseating tubercles throughout liver substance with one or two tubercular abscesses.

SPLEEN: Early tubercles on surface; caseating nodules through substance.

KIDNEYS: Left; swelling of tubules; one or two tubercles.

Right: swelling of tubules; one or two tubercles.

ABDOMEN: On opening it no generalised tubercular peritonitis but numerous tubercles over Spleen and Liver and over peritoneal aspect of diaphragm. Also one or two tubercles on left parietal pleura.

INTESTINES: No ulceration.

HEAD: Dura tense; surface slightly sticky. Brain on removal the usual exudate at base; flattening of/
of convolution and of sylvian fissures; studded with tubercle; pea-sized softening caseous area about middle of Pons. Two caseous areas in the Right Lateral lobes of cerebellum. Left lateral lobe free. Fourth ventricle dilated. Turbid fluid in ventricles and marked oedema of the brain but no caseous nodules.

TONSILS: enlarged; no definite tubercle seen.

CERVICAL GLANDS: At root of neck enlarged and caseous. One on left side near root of neck softened. Another large gland just above root of trachea, size of cherry, completely softened internally with green pus.

BRONCHIAL GLANDS: Left; contained numerous tubercles. Right; more affected; some appeared to be caseating.

MESENTERIC GLANDS: At ileo-caecal angle one gland showed small tubercles.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Evidence inconclusive.

TYPE of TUBERCLE BACILLUS: The cultures obtained from the tonsil, the bronchial glands, the Lung and the Spleen all grew slowly but of a low virulence.
virulence for rabbit (Human). The guinea pigs inoculated with the spinal meninges died prematurely.
PROVISIONAL DIAGNOSIS: Phthisis: Waxy Kidney and Intestine.

DATE OF POST MORTEM: 19th, January 1914.

CLINICAL HISTORY: Four years ago began to cough. Sputum greenish yellow. For last two years patient had sweated a good deal at night and had been very short of breath. Three and a half and also two years ago, had haemoptysis. On the first occasion he passed blood by rectum. For the following three years he noticed blood in his stool when he had a cold. On two occasions the blood was in large quantities. Patient has lost weight for the last four years. In July 1913 his ankles began to swell. Two months ago he once slept on a stone floor, and on the morning following his abdomen was swollen and had remained so since. On admission, bronchial breathing in both upper lobes, high pitch on the right side below 3rd rib. Cracked pot sound in that position. Numerous medium and coarse rales and rhonchi all over chest. Bad cough. Sputum thick and/
and tubercle bacilli found in it. Mitral area 1st sound impure, 2nd sound closed. Arteries thickened. Urine with albumin but no blood. Many hyaline casts were present. Ascites noticed on January 10th. Diarrhoea then developed which was never checked. X-ray (profile) diagnosed a large cavity in upper left lobe.

POST MORTEM NOTES.

LUNGS: Left; some branching scars on the outer and posterior aspects of the upper lobe, and in the substance of the upper lobe there was a considerable number of oldish fibrous tubercles, pigmented with carbon, and most of them showed more recent miliary spread. Generally these were not connected with the scars on the surface. In some cases there was central softening, contents of the spaces so formed were purulent. In one or two cases, the centre was dry and chalky. In addition in the upper lobe and in the upper and outer parts of the lower lobe, there/
there were scattered miliary tubercles, apparently of some little standing.

Right; lung adherent to chest wall by dense almost cartilaginous fibrous tissue, measuring on the average about 3 or 4 mm. in thickness. In some parts this measurement was exceeded. The whole of the posterior half of the upper and lower lobes was converted into a cavity, so that only a thin layer of altered lung tissue remained attached to the thickened pleura. In the case of the upper lobe this extended well forward in the lobe. Of the lower lobe there were numerous submiliary cavities in the anterior part, many of these being bronchiectatic. A similar change was present in the middle lobe though there was less excavation here.

HEART: All the cavities were dilated especially those of right side.

LIVER: Comparatively soft and very fatty. No naked eye evidence of tuberculous or waxy change.

Spleen: Deep purple colour with waxy degeneration. No tubercle.

Kidneys: Both greatly enlarged. Capsules thickened. Cortex/
Cortex widened and pale yellow with numerous opaque yellow spots of fatty change. Waxy reaction present in the Glomeruli and straight vessels.

PERITONEUM: Both surfaces were studded with tubercles, those on the parietal surface being flat, many of them were of size of split pea having a rather diffuse margin.

INTESTINES: Small; coils of these were adherent but the adhesions could easily be separated and then it was seen that the tubercles were also crowded over the mesentery. No tubercular ulceration in any part but there was present waxy change throughout. Large; There were several comparatively small ulcers, which had been developed from submucous abscesses which looked like tubercles, in Caecum and ascending Colon. Waxy degeneration was present in a patchy fashion.

Omentum somewhat thickened, beset with tubercles and drawn up over the stomach to be attached to under surface of liver.

BRONCHIAL GLANDS: Left side; glands at root were slightly enlarged, deeply pigmented but showed/
showed no indication of invasion by tubercles.
Right side; The posterior mediastinal glands below the level of the Bronchi lying close to the lung were enlarged and crowded with recent submiliary tubercles; of those above the Trachea, some were calcified, others pigmented and showed small areas of caseation. The bifurcation glands showed pigmentation and some old calcified tubercles.

MESENTERIC GLANDS: Very few were tuberculous, and these were of recent development.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.
CAUSE OF DEATH: Tuberculosis.
PORTAL OF ENTRY: Probably respiratory.
TYPE OF TUBERCLE BACILLUS: The cultures isolated from the bronchial glands, the Lung, and the diaphragm were eugonic; on rabbit test those from the bronchial glands and the diaphragm were of low virulence (Human). The other culture was not tested.
PROVISIONAL DIAGNOSIS: Nephritis: Pericarditis Pleurisy.

DATE of POST MORTEM: 20th January 1914.

CLINICAL HISTORY: History of Nephritis, Pericarditis, and Pleurisy with effusion.

POST MORTEM NOTES.

LUNGS: Deeply pigmented with carbon, a condition of anthracosis; in upper lobe there were some deep-seated pigmented fibrous nodules. On section: marked oedema and emphysema.

HEART: Hypertrophy and Dilatation: Endocarditis.

LIVER: Fatty infiltration; no marked venous congestion.

Spleen: Congestion of pulp, vessels thickened.

Kidneys: nothing important to note.

CERVICAL GLANDS: Slightly enlarged, otherwise normal.

BRONCHIAL GLANDS: normal.

MESENTERIC GLANDS: slightly enlarged; otherwise normal.

RESULT/
RESULT.

CLASSIFICATION: Latent tuberculosis.

CAUSE of DEATH: Pericarditis and Nephritis.

PORTAL of ENTRY: Evidence inconclusive.

TYPE of TUBERCLE BACILLUS: The culture isolated from the cervical glands was eugonic and of low virulence for rabbit (Human).
CASE 26.

P.H., male, aged 44. R.I. Ward 6.

PROVISIONAL DIAGNOSIS: Bronchitis and Asthma.

DATE of POST MORTEM: 23rd January 1914.

CLINICAL HISTORY: History of chill followed by continuous bronchitic attack, and shortness of breath. Died suddenly from heart failure.

POST MORTEM NOTES.

LUNGS: Right; a few old adhesions over apex. Some increase of fibrous tissue in the upper lobe and in lower lobe considerable congestion and some consolidation.

Left; firmly adherent to chest wall, the lower and anterior parts extremely emphysematous. There was a large area of firm fibrous consolidation surrounding a small (tuberculous?) cavity.

OTHER ORGANS: Chronic venous congestion.

CERVICAL GLANDS: slightly enlarged and pigmented - otherwise normal.

BRONCHIAL GLANDS: slightly enlarged and deeply pigmented. No tubercles.

MESENTERIC: normal.

RESULT.

The guinea-pigs inoculated with the cervical and the bronchial glands remained healthy.
CASE 27.


PROVISIONAL DIAGNOSIS: Pulmonary Tuberculosis and Tubercular Meningitis.

DATE of POST MORTEM: 26th January 1914.

CLINICAL HISTORY: January 1913, throat trouble indefinite, legs weak. Doubtful diagnosis between typhoid and rheumatic fever. Widal negative. Found to be suffering from Phthisis. Physical signs not very definite. Later part of 1913, developed tubercular left tarsus; shortly after New Year, developed squint, headache, fever and signs of tubercular meningitis. Got worse and died. Tubercular tendency in family.

POST MORTEM NOTES.

LUNGS: Both pleural sacs obliterated by adhesions which were easily broken down. Left: showed miliary tubercles with large caseous foci at apex, intervening portions showing congestion and oedema. Right: showed similar conditions.


SPLEEN/

KIDNEYS: enlarged, cortex pale. Numerous caseous masses scattered throughout.

BRAIN: acute tuberculous meningitis. Exudate spread up Sylvian fissure on either side.

CERVICAL GLANDS: enlarged but no tubercles noticed.

BRONCHIAL GLANDS: showed numerous tuberculous patches on section.

MESENTERIC GLANDS: much enlarged and tuberculous.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably respiratory.

TYPE of TUBERCLE BACILLUS: The cultures isolated from the cervical, the bronchial and the mesenteric glands, and the spinal meninges all grew slowly but of a low virulence for rabbit (Human).
CASE 28.

J.F., male, aged 39.                       R.I.

PROVISIONAL DIAGNOSIS: unresolved pneumonia:
aortic disease.

DATE of POST MORTEM: 2nd February 1914.

CLINICAL HISTORY: 10th December patient had his chest crushed, but no ribs were broken. 31st December developed pneumonia. There was considerable haemoptysis for 10 weeks and his feet were swollen. He complained of palpitation and sudden stopping of the heart beat etc. 23th January was admitted, very breathless, very nervous and had some exophthalmos. Systolic and diastolic aortic murmurs. Right side of chest gave a dull percussion note, and breath sounds were faint, accompanied by numerous moist sounds.

POST MORTEM NOTES.

LUNGS: A large quantity of fluid in left pleural sac. On right side, pleura adherent to chest wall.

Left lung showed marked pigmentation. There were hard nodules scattered through the substance under pleura. Well marked congestion and oedema.

Right lung showed chronic pleurisy all over. Scattered/
Scattered interstitial change, pigmentation, congestion and oedema.

HEART: greatly enlarged. Right side markedly dilated. Chronic thickening and vegetations in mitral and aortic valves. An aneurism just above aortic valve contained abundant thrombus and had ruptured into pulmonary artery.

LIVER: considerable post mortem pigmentation, enlarged with chronic venous congestion.

SPLEEN: slightly enlarged and firm.

KIDNEYS: Left showed cysts containing brown material Cortex pale. Capsule stripped well and left a smooth surface.

Right showed pallor of cortex, congestion of medulla and chronic venous congestion.

CERVICAL GLANDS: normal.

BRONCHIAL GLANDS: slightly enlarged and some partly calcified.

MESENTERIC GLANDS: normal.

RESULT.

CLASSIFICATION: miscellaneous; chronic nodular tuberculosis.

CAUSE of DEATH: Aortic aneurism.

PORTAL of ENTRY: Evidence inconclusive.

TYPE/
TYPE of TUBERCLE BACILLUS: the culture obtained from the calcified bronchial glands was dysgonic and of high virulence for rabbit. (Bovine).
CASE 29.

J.C., female, aged 3½. R.I. Ward 3.

DATE of OPERATION: 30th January 1914.

CLINICAL HISTORY: complained of swelling of left ankle and leg. Duration one year.

Mother noticed a slight swelling on outer side of the ankle in January 1913. The child became lame, doctor was called in and put the leg in plaster from foot to thigh. The plaster was changed every six weeks, and each time it was taken off, the swelling was found to be greater. The child was not allowed to walk, but was kept in the open air as much as possible. Bowels regular, no cough, never any pain at any time. Previous health: pneumonia at 16 months; measles at 11 months; whooping cough at 14 months. Good house, plenty of food and fresh air. No tuberculosis in family.

CLINICAL EXAMINATION: healthy, well nourished child, tongue clean and moist: heart sound, lungs sound. There was marked swelling round left ankle joint. She could move the joint freely, however, with no pain. There was considerable lateral thickening of the joint and a peculiar boggy feeling over the outer aspect and/
and on dorsum of foot. Lateral movement was present, with a slight grating sensation; but this appeared to give rise to no pain at all. No enlarged glands in groin. While in ward 30, Von Pirquet's reaction was done twice and was positive both times. Three X rays have been taken. First was said to show well marked thickening of synovial membrane around left ankle joint with some chronic periostitis along lower part of tibia and fibula. 22/11/13. Second was said to show a definite focus of tuberculosis in lower tibio-fibular.

RESULT.

CLASSIFICATION: Tuberculosis of Bones and Joints.
PORTAL of ENTRY: Evidence inconclusive.
TYPE of TUBERCLE BACILLUS: the culture obtained from the diseased tissue of the ankle was eugonic and of low virulence for rabbit. (Human).
CASE 30.

L.S., female, aged 10. R.I.

PROVISIONAL DIAGNOSIS: Splenic Anaemia.

DATE OF POST MORTEM: 5th, February 1914.

CLINICAL HISTORY: Since a year ago had been taking fits. 18 months ago enlargement of spleen was first noticed. Always tired, weak and unable for work. Liver much enlarged. 24 hours before death temperature rose to 104. Became unconscious. Vomited blood.

POST MORTEM NOTES.

LUNGS: Right; small haemorrhage in pleura over lower lobe. Considerable emphysema and congestion with scattered petechial haemorrhages in substance.

Left; similar but showed more haemorrhages, especially in lower lobe.

LIVER: Much diminished in size. Surface coarsely nodular, firm, yellow, raised area on a congested ground. On section, tough, numerous bright orange coloured nodules against a congested fibrous ground.

Spleen: Enlarged. Uniform crimson-like appearance with/
with darker congested patches near the surface.

KIDNEYS: Enlarged, surface smooth. Cortex uniformly swollen and reddish yellow in colour.

INTESTINES: General congestion; slightly scattered haemorrhages in Transverse Colon.

CERVICAL GLANDS: Slightly enlarged. No tubercles.

BRONCHIAL GLANDS: Enlarged moderately with some congestion. No tubercles.

MESENTERIC GLANDS: At lower portion of mesentery greatly enlarged. Some were calcified, a few caseous.

RESULT.

The guinea-pigs inoculated with the cervical, the bronchial, and the mesenteric glands did not develop tuberculosis.
CASE 31.

PROVISIONAL DIAGNOSIS: Acute Bright's Disease.
Mitral Regurgitation.

DATE OF POST MORTEM: 6th, February 1914.

CLINICAL HISTORY: Admitted 3rd, February in state of extreme breathlessness and with cough but no sputum. Marked oedema of face, trunk and legs. Pulse 142. Temperature 97.8, Respiration 40. Gradually became worse, breathing becoming more laboured. Urine contained blood, albumin, hyaline, granular and epithelial casts.

POST MORTEM NOTES.

LUNGS: Left; oedematous, emphysematous anteriorly. Acute Bronchitis.
Right; a few patches of consolidation in upper and lower lobes, the one in the upper lobe had some of the characters of an infarct. In other respects similar to the left.

LIVER: Considerably enlarged. On section, nutmeg appearance but in the central part of the lobule/
lobule was an opaque brick colour spot of pigmentation or necrosis similar to what was sometimes found in uraemia of pregnancy.

SPLEEN: Much enlarged and showed several organised or organising infarcts near the surface. Congestion of pulp, malpighian bodies swollen and pale.

KIDNEYS: Enlarged and thickened. Capsules stripped readily leaving a non-granular but coarsely mottled surface. Subacute nephritis with a few small haemorrhages.

BRONCHIAL AND TRACHEAL GLANDS: Enlarged and oedematous.

MESENTERIC GLANDS: Enlarged and congested.

RESULT.

The guinea-pigs inoculated with the bronchial bifurcation glands were free of tuberculosis.
CASE 32.


PROVISIONAL DIAGNOSIS: Tuberculosis of the Pons.

DATE OF POST MORTEM: 11th, February 1914.

CLINICAL HISTORY: Complete left facial paralysis came on gradually. Two years ago had vertigo, and cerebral vomiting began. Two months ago. Some headache now and again. No convulsions. Numbness in right arm and leg. One year ago, laparotomy and tuberculous glands found.

POST MORTEM NOTES.

LUNGS: Both showed old fibrous stringy adhesions in patches all over the surfaces.

Left: showed caseous encapsulated tubercles at surface near upper end of lower lobe and about middle of the upper lobe, surrounded by grey lymphatic tubercles. Throughout the lung which was congested, was a considerable number of cluster grey tubercles.

Right: showed general similarity to left. Marked emphysema, more crowded with grey tubercles. No caseous tubercles like those in/
in left lung, but along lower part of anterior border of lower lobe was a cylindrical smooth walled cavity full of porridgy caseous material, probably an encapsulated pleural tuberculosis.

LIVER: Pigmented, congested and some fatty infiltration. No tuberculosis.

Spleen: Congested. No tubercles.

Kidneys: Congested. No waxy change or tubercles.

Brain: Caseous masses in crura cerebri, in upper part of medulla and on left side projecting into pons; also at lower part of left temporo-sphenoidal lobe. That in medulla was of size of a cherry.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably respiratory.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the Lung was eugonic and of low virulence for rabbit (Human).
CASE 33.

P.J., male, aged 59. R.I.

PROVISIONAL DIAGNOSIS: Myocarditis. Pleurisy.

DATE OF POST MORTEM: 13th, February 1914.

CLINICAL HISTORY: Fever and pain on left side of chest eight weeks ago. Since then increasingly short of breath. Admitted very cyanosed and dyspnoeic. Left lung tapped, 45ozs of blood stained serum removed. (Cytology showed lymphocytes and Red Blood Cells). Died suddenly about 8 hours after.

POST MORTEM NOTES.

LUNGS: About 40ozs of fluid in left and 20ozs in right pleura.

Left: Lung heavy, lower lobe partly collapsed, at extreme apex over pleura were some nodules of a cartilaginous consistence. Upper lobe showed extreme oedema. Lower lobe pigmented and collapsed on section. There were a few old calcified nodules in the interior.

Right: Lung, upper lobe contained a retracted area, about size of a walnut, of pigmented fibrous/
fibrous tissue enclosing an old calcareous
tubercle of the size and shape of an almond.
Lower lobe congested and collapsed.

HEART: Outer surface of pericardium showed numerous
yellowish tubercles. Pericardium adherent
throughout and thickened, containing tuber-
cles. Myocardium did not show invasion of
tubercular process.

LIVER: Moderate chronic venous congestion. No
tubercles.

Spleen: Enlarged, soft, and showed acute congestion.
Swelling of Malpighian bodies. No tubercles.

KIDNEYS: Beyond some congestion and interstitial
change, there was nothing to note.

BRONCHIAL GLANDS: Left root glands were enlarged
and contained numerous minute points like
tubercles, and one just behind the root
was partly calcified.

Right root glands were calcified in
some.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE/
CAUSE OF DEATH: Tuberculosis.
PORTAL OF ENTRY: Probably respiratory.
TYPE OF TUBERCLE BACILLUS: The cultures isolated from the bronchial glands, and the pericar-dium were eugonic and of low virulence for rabbit (Human).
CASE 34.


PROVISIONAL DIAGNOSIS: Pulmonary tuberculosis.

DATE of POST MORTEM: 19th February 1914.

CLINICAL HISTORY: Towards end of November 1913 patient developed a chronic cold set in with shortness of breath and occasional pleuritic pain. Progressive emaciation and sweating. These symptoms progressed rapidly, there were physical signs of large cavities in both lungs. Finally carried off by exhaustion from diarrhoea.

POST MORTEM NOTES.

LUNGS: Left; very firm adhesions over pleural sac. Large cavity at apex. On section well marked caseous broncho-pneumonia with fibrous change at root. Right; showed numerous cavities.

LIVER: enlarged, well marked fatty infiltration and chronic perihepatitis. No tubercles.

Spleen: Chronic perisplenitis, adherent to diaphragm soft and pale. On section haemorrhages into substance. No tubercles.

Kidneys: enlarged, soft and pale. Extreme cloudy swelling. No tubercles.

Intestines: Numerous ulcers, small and large, particularly/
particularly in ileum. Many ulcers in slower parts of small intestine, but practically no ulcers in upper part. Ascending part of colon showed several areas of ulceration. These disappeared in transverse colon. There was a small round ulcer in sigmoid flexures.

CERVICAL GLANDS: Several very large glands with caseous foci.

BRONCHIAL GLANDS: Several showed, on section, suspicious tubercles.

MESENTERIC GLANDS: Moderately enlarged but no evidence of tubercles.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably respiratory.

TYPE of TUBERCLE BACILLUS: The culture isolated from the Lung was eugonic and of low virulence for rabbit (Human).
W.C., male, aged 35. R.I., Ward 6.
PROVISIONAL DIAGNOSIS: Injury to back: pyaemia.
DATE of POST MORTEM: 21st February 1914.
CLINICAL HISTORY: Injury to back by a piece of cast iron. Fracture of pelvis found.

POST MORTEM NOTES.

LUNGS: both showed recent fibrinous pleurisy, patchy in distribution. Left lung deeply pigmented. Right lung similar, but less marked; remaining part of lung showed congestion, oedema and marked pigmentation.

LIVER: Cloudy swelling.

SPLEEN: enlarged, pale and on section, areas of haemorrhages. Pulp soft, acute congestion.

KIDNEYS: pale, soft and friable; showed well marked cloudy swelling.

Comminuted fracture of ilium; extreme suppuration in its neighbourhood.

BRONCHIAL GLANDS: not enlarged.

MESENTERIC GLANDS: One was large of size of a small marble, hard and calcareous in character.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric glands did not develop tuberculosis.
CASE 36.


PROVISIONAL DIAGNOSIS: Meningitis.

DATE of POST MORTEM: 23rd February 1914.

CLINICAL HISTORY: Scarlet fever 5 years ago. Good recovery. Four years ago had acute rheumatism and then chronic nephritis. Two years ago had the same trouble. Had epistaxis on several occasions. Two days before admission, complained of pain in knees and arms. Several attacks of epistaxis on evening of the 20th February and had some pain in the left ear. Bowels regular. No trouble with micturition. Semi-conscious on admission. Sign of affection of meninges.

POST MORTEM NOTES.

LUNGS: Bronchitis and consolidation. Middle lobe of right lung emphysematous.

LIVER: Anaemia and cloudy swelling. No tubercles.

SPLEEN: Pigmented, slight recent infarction.

KIDNEYS: Both extremely small and much atrophied. Signs of chronic parenchymatous change.

INTESTINE: No ulceration.

BRAIN: Meninges thickened and tense. No pus or tubercles. Pons showed numerous haemorrhagic points/
points. Cerebrum oedematous.

CERVICAL GLANDS: Right side glands moderately enlarged. Left side glands much enlarged, biggest one being 1.8x1.1x1.8 cm.

BRONCHIAL GLANDS: not enlarged.

MESENTERIC GLANDS: several were moderately enlarged near ileo-caecal valve.

RESULT.

The guinea-pigs inoculated with the cervical, and the bronchial glands remained healthy.
CASE 37.

PROVISIONAL DIAGNOSIS: Mitral Stenosis.

DATE of POST MORTEM: 23rd February 1914.

CLINICAL HISTORY: Admitted 7 days ago with breathlessness, pain in region of heart and palpitation. Pulse very irregular and feeble; sleeplessness. On 23rd February during the early morning patient had a sudden attack of breathlessness and fell back pulseless. Died in a few minutes.

POST MORTEM NOTES.

LUNGS: congestion and some oedema chiefly at lower part.

HEART: chronic endocarditis with mitral stenosis.

LIVER: small well marked chronic venous congestion.

SPLEEN: very small, marked distortion following infarction.

KIDNEYS: small and distorted from infarction.

CERVICAL GLANDS: Nothing to note.

BRONCHIAL GLANDS: Nothing to note.

MESENTERIC GLANDS: several hard calcareous glands at lower part of mesentery.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric glands were free of tuberculosis.
CASE 38.


PROVISIONAL DIAGNOSIS: Emphysema; chronic bronchitis and dilated heart.

DATE of POST MORTEM: 3rd March 1914.

CLINICAL HISTORY: Admitted on February 23rd unconscious. Left pupil dilated and irregular. Right was medium in size. There was no conjugate deviation and no hemiplegia. Reflexes were absent and no response to Babinski. Cheyne Strokes respiration present. Lungs tympanitic, respiration prolonged, bronchitis and some dulness in left subclavian region. Heart enlarged on right side. Urine with albumin and hyaline and granular casts.

POST MORTEM NOTES.

LUNGS: Extensive firm adhesion of pleura on both sides, especially left.

Left lung small and firm. At apex a fairly large cavity with thin walls. On section, tough and with numerous large, firm nodules scattered throughout substance. The walls of the cavity at apex were relatively smooth and showed exposed vessels and bronchi.

Right lung much more voluminous. It showed firm areas scattered through its substance with intervening oedematous areas. On section, the firm/
firm areas were found to be composed of nodules of well developed fibrous tissue.

LIVER: Early chronic venous congestion with several angiomata.

KIDNEYS: pale, cortex swollen, some fatty changes.

INTESTINES: Numerous typical tuberculous ulcers scattered through small intestine.

BRONCHIAL GLANDS: enlarged generally. On section grey patches of tubercles were seen.

MESENTERIC GLANDS: much enlarged. Some were caseous and with infiltrated tubercles.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE of DEATH: Heart Disease.

PORTAL of ENTRY: probably respiratory.

TYPE of TUBERCLE BACILLUS: The guinea-pigs inoculated with the bronchial glands died prematurely; that with the mesenteric glands showed suspicious signs of tuberculosis, but culture could not be obtained.
CASE 39.


PROVISIONAL DIAGNOSIS: Dilatation of right side of heart.

DATE of POST MORTEM: 4th March 1914.

CLINICAL HISTORY: Patient brought up to ward with a diagnosis of alcoholic neuritis and in a state of collapse. Pulse very feeble and rapid. Face cyanotic. History of prolonged alcoholism. Cough brought up some frothy blood stained sputum. Died a few minutes later.

POST MORTEM NOTES.

LUNGS: voluminous; congestion and oedema.

HEART: dilated, cauliflower-like vegetations at mitral.

LIVER: enlarged, very pale, soft and friable.

Spleen: adherent, soft and friable, - some haemorrhages into substance.

KIDNEYS: showed old and recent infarcts. Swelling and pallor of cortex.

CERVICAL GLANDS: one on left side slightly enlarged.

BRONCHIAL GLANDS: a few were slightly enlarged.

RESULT.

The guinea-pigs inoculated with the cervical and the bronchial glands all died prematurely.
CASE 40.

J.G., male, aged 28. R.I. Ward 32.

PROVISIONAL DIAGNOSIS: Cerebral Embolism.

DATE of POST MORTEM: 11th March 1914.

CLINICAL HISTORY: History of rheumatic fever in January 1913. Frontal headache in November and December 1913 and January 1914. On rising in morning he found his right arm and leg were paralysed and could not speak. On admission, right arm and leg flaccid and powerless. Condition improved greatly under treatment. On March 3rd had headache and vomiting. 4th March he said he felt left side also affected and on following date he could not speak or swallow. Died 5 days later.

POST MORTEM NOTES.

LUNGS: both showed emphysema and patches of congestion. Bronchi congested.

HEART: pale vegetations of some standing on tricuspid valves.

LIVER: small in size, thickening of capsule; congestion and fatty change.

Spleen: atrophied and pale.

KIDNEYS: an infarct at upper pole of right kidney.

BRAIN/
BRAIN: A dark thrombus at bifurcation of Basilar artery.

CERVICAL GLANDS: normal

BRONCHIAL GLANDS: normal

MESENTERIC GLANDS: A small calcified gland at lower part of mesentery.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric glands did not develop tuberculosis.
CASE 41.


PROVISIONAL DIAGNOSIS: Pulmonary Stenosis.

Date of POST MORTEM: 20th March 1914.

CLINICAL HISTORY: Patient has always been a blue baby since birth. Six months ago, began to be greatly troubled with breathlessness, and swelling of feet and ankles. Ten days ago became very breathless and oedematous, and markedly livid. Gradually went downhill and died.

POST MORTEM NOTES.

LUNGS: Excess of fluid in both pleurae.

Right; emphysema in upper and lower lobe.
Middle lobe incompletely developed. Some small haemorrhages scattered over pleura.
Left; emphysema of both lobes. Irregular haemorrhages in upper lobe.

HEART: pulmonary valves incompetent, cusps thickened. Aortic cusps distorted and thickened. Cavities dilated especially right.

LIVER: small and, on section, yellow and red patches; venous congestion with degeneration.

SPLEEN: showed scar of infarcts on surface.

KIDNEYS: Right showed a number of minute yellow points/
points with a zone of congestion around and some pale gelatinous-looking areas. 
Left; a large infarct occupying lower 2/3rds of the organ.

BRONCHIAL GLANDS: swollen due to congestion; otherwise normal.

MESENTERIC GLANDS: several were slightly enlarged but showed no evidence of tuberculosis.

RESULT.

The guinea-pigs inoculated with the mesenteric glands were free of tuberculosis.
CASE 42.

G., male, aged 23.

PROVISIONAL DIAGNOSIS: Perforated Gastric Ulcer?

DATE of POST MORTEM: 21st March 1914.

CLINICAL HISTORY: Admitted in a moribund state and died 3 minutes after admission. Taken ill on 28th March with abdominal pain and sickness. On morning of March 20th the pain became intense and he constantly vomited blood.

POST MORTEM NOTES.

LUNGS: Excess of carbon pigment in both. On section greatly engorged with blood.

LIVER: Cloudy swelling and some fatty change.

SPLEEN: Small and flabby.

KIDNEYS: Some general congestion of vessels and pallor of cortex.

ADHESIONS of omentum to an old scar causing strangulation of lower part of small intestine.

MESENTERIC GLANDS: Moderately enlarged and confined to several at the lower part of mesentery.

OTHER GLANDS: Healthy and not enlarged.

RESULT.

The guinea-pigs inoculated with the mesenteric glands remained healthy.
CASE 43.

W.F., male, aged 11. R.I.

PROVISIONAL DIAGNOSIS: Cerebral Haemorrhages.

DATE of POST MORTEM: 23rd March 1914.

CLINICAL HISTORY: Patient admitted for treatment in October 1913 for pain in left arm and side. Spleen was found enlarged. On 21st March in the morning symptoms of cerebral haemorrhage developed and patient died in the evening.

POST MORTEM NOTES.

LUNGS: Moderate amount of congestion and oedema.

HEART: Vegetations at mitral.

LIVER: Cloudy swelling and some congestion.

SPLEEN: Greatly enlarged and firm. An old infarct at upper part.

KIDNEYS: Scars of old infarcts. Cloudy swelling and slight congestion.

BRAIN: A large blood clot over region of Right Sylvian fissure.

MESENTERIC GLANDS: Several were enlarged, biggest one measured 1.7 x 1 x 0.7 cm.

OTHER GLANDS: Normal.

RESULT.

The guinea-pigs inoculated with the mesenteric glands did not develop tuberculosis.
CASE 44.

T.B., male, aged 48. R.I.

PROVISIONAL DIAGNOSIS: Cerebral Haemorrhage.

DATE of POST MORTEM: 25th March 1914.

CLINICAL HISTORY: Lost power of right side of body suddenly and paralysis, including face and tongue, was found. Patient died in the same evening.

POST MORTEM NOTES.

LUNGS: Congestion and oedema. Hypostatic pneumonia at lower lobe of both lungs.

LIVER: Congestion and cloudy swelling.

Spleen: Enlarged and firm; congestion especially at upper part.

KIDNEYS: Congestion both in pyramids and cortex.

BRAIN: A large haemorrhage on left side.

CERVICAL GLANDS: Normal.

BRONCHIAL GLANDS: Normal.

MESENTERIC GLANDS: A calcareous gland of size of a big pea at lower end of mesenteric. Other mesenteric glands normal in appearance.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric glands did not show signs of tuberculosis.
CASE 45.

A.B., male, aged 58. R.I.

PROVISIONAL DIAGNOSIS: Cerebral Haemorrhage.

DATE of POST MORTEM: 6th April 1914.

CLINICAL HISTORY: Fracture of base of skull and died 3 hours later.

POST MORTEM NOTES.

LUNGS: Both, particularly lower lobes, showed haemorrhagic areas with lobular distribution. Rest of the lungs showed congestion and emphysema. In right upper lobe at its lower lateral aspect there was an old calcareous (?) tuberculous) area, surrounded by pigmented fibrous tissue of about the size of a cob nut.

LIVER: Enlarged and pale. On section, fatty change.

SPLEEN: Rather small; vessels somewhat thickened; not markedly enlarged with blood.

KIDNEYS: Small cysts on surface of varying sizes. Cortices swollen, very pale and in marked contrast to the congested medulla.

CERVICAL GLANDS: Normal.

BRONCHIAL GLANDS: Enlarged generally; no evidence of/
of tubercles.

MESENTERIC GLANDS: Normal.

RESULT.

The guinea-pigs inoculated with the calcareous fibrous nodule in the lung did not develop tuberculosis.
CASE 46.

W.F., male, aged 45.

PROVISONAL DIAGNOSIS: Toxaemia, Purpura.

DATE of POST MORTEM: 10th April 1914.

CLINICAL HISTORY: Admitted 4 days ago with Chronic Bronchitis. Sputum free from tubercle bacilli. Abdomen distended and tympanitic; numerous petechial haemorrhages over abdomen and neck. No typical scorbutic history or symptoms. Bronchial breathing over right apex and some dulness at both bases. Numerous rhonchi and crepitations.

POST MORTEM NOTES.

LUNGS: Right; congestion, oedema and partial consolidation, upper lobe being the most consolidated portion.

Left; upper lobe congested and oedematous. Lower lobe consolidated.

LIVER: firm in consistence. Some fatty change.

Spleen: Enlarged and soft. Some chronic perihepatitis.

Kidneys: Firm in consistence; cortex pale with some/
some haemorrhages.

BRAIN: Oedema well marked generally. A large quantity of fluid in subarachnoid space.

BRONCHIAL GLANDS: Near root of left lung. Some showed minute (?) tubercles and one was hard and partly calcified.

MESENTERIC GLANDS: No enlargement and no tubercles.

RESULT.

The guinea-pigs inoculated with the partly calcified bronchial glands did not develop tuberculosis.
CASE 47.

S.Y., female, aged 4. R.I.

PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE of POST MORTEM: 13th April 1914.

CLINICAL HISTORY: Eight days' history of vomiting. Pain in head, (over site of old abscess probably) and fits of spasmodic character involving the right side; gradual onset of stupor. Apparent improvement; irritation of left arm; coma. Epistaxis or haematemesis (probably altered blood swallow from nose). Death from failure of respiration.

POST MORTEM NOTES.

LUNGS: Right; showed numerous miliary tubercles both on surface and on section.
Left; showed some miliary tubercles also, but less in extent.

LIVER: Fatty infiltration. No visible tubercles.

SPLEEN: There was a considerable number of minute grey tubercles throughout the pulp.

KIDNEYS: Left showed some swelling of tubules, and one or two ill-defined miliary tubercles. Right showed a caseous area near surface of one pyramid and one or two caseating
tubercles in the cortex.

INTESTINES: The lowest Peyer's patches showed tuberculous infiltration and some ulceration. Omentum was fixed down near the brim of the pelvis. Numerous caseous areas about the size of a peppercorn in the posterior parts of the peritoneal surface but with few adhesions.

BRAIN: Typical tuberculous meningitis spreading from the base into the sulci; tubercles of choroid plexus; dilatation of ventricular system; oedema of brain.

BRONCHIAL GLANDS: A large caseous and softening lymph gland above right bronchus close to the root of the lung, and a round, firm caseous area in the lower lobe near the root. The glands at root of left lung were very slightly enlarged and showed some miliary tubercles.

MESENTERIC GLANDS: were all enlarged and many of them contained both caseating and grey tubercles.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Evidence inconclusive.

TYPE of TUBERCLE BACILLUS: The culture obtained from the mesenteric glands grew slowly, but for rabbit it was of low virulence (Human).
CASE 48.

J.P., male, aged 41. R.I.

PROVISIONAL DIAGNOSIS: Chronic Bronchitis: Heart Disease.

DATE of POST MORTEM: 15th April 1914.


POST MORTEM NOTES.

LUNGS: Right; over base of lung posteriorly were irregular patches of whitish thickening of pleura. A small similar patch on centre of diaphragmatic surface of the lower lobe. At apex was a number of fibrinous adhesions. On section, tissue felt tough and fleshy; very oedematous and congested, and there was increase of fibrous tissue in places.

Left; over lower and anterior part of lower lobe.
lobe was an area about size of a shilling, where thickening was greater and from which strands of fibrous tissue ran in stellate fashion. On section similar to right.

HEART: Greatly enlarged on both sides. Aortic chronic endocarditis with incompetence.

LIVER: Enlarged; tissue firm with well marked nutmeg characters.

SPLNE: Enlarged and firm; Malpighian bodies stood out very prominently in contrast to the deeply congested pulp. A small recent infarct at lower pole.

KIDNEYS: A few haemorrhagic points on surface. A small depressed scar at upper end of both organs where complete absorption had taken place.

CERVICAL GLANDS: Normal.

BRONCHIAL GLANDS: Root glands of right lung enlarged and showed in one of them a small calcareous nodule.

MESENTERIC GLANDS: Normal.

RESULT

CLASSIFICATION: Miscellaneous; calcareous gland tuberculosis.

CAUSE/
CAUSE of Death: Heart Disease.
PORTAL of ENTRY: Evidence inconclusive.
TYPE of TUBERCLE BACILLUS: The culture isolated from the calcareous bronchial gland was eu-gonic and of low virulence for rabbit. (Human).
CASE 49.

E.S.T., male, aged 5.  R.I.

PROVISIONAL DIAGNOSIS: Acute Nephritis.

DATE of POST MORTEM: 21st May 1914.

CLINICAL HISTORY: History of having been out of sorts for three days previously. Also complained of sore throat. Urine scanty with albumin, blood and epithelial casts. Died suddenly after having been in hospital for 14 days.

POST MORTEM NOTES.

LUNGS: Both congested; marked bronchitis and one or two patches of broncho-pneumonia, particularly in left lung.

LIVER: Chiefly cloudy swelling.

SPLEEN: Normal size; vessels thickened.

KIDNEYS: Both greatly enlarged and thickened; cortex widened and of a general dark salmon colour with minute haemorrhagic mottlings. No marked naked eye evidence of swelling of tubules.

INTESTINES: No important pathological change.

CERVICAL GLANDS: Not enlarged.

BRONCHIAL GLANDS: Moderately enlarged and congested.
congested. Apparently no tuberculosis.

MESENTERIC GLANDS: One single large caseous mesenteric gland on upper part of mesentery.

RESULT.

The guinea-pigs inoculated with the caseous mesenteric glands were free of tuberculosis.
CASE 50.

A.M., female, aged 4. R.I. Ward 30

PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE of POST MORTEM: 29th May 1914.


POST MORTEM NOTES.

LUNGS: Left; no pleurisy, nor tubercle in substance, but surface congested.

Right; fairly firm. Pleura adherent to costal wall. There were large flat tubercles on parietal pleura. On section: The lung showed little tubercle. In the middle lobe was a wide area of consolidation which was extensively caseous.

LIVER: Slightly yellow. A few very small tubercles were seen on the cut surface.

SPLEEN: Contained some larger tuberculous areas.

KIDNEYS: No tubercles were seen. Both organs were large/
large and intensely congested, so that the accompanying toxic changes were obscured.

INTESTINES: Nothing to note.

BRAIN: The dura was tense. A small amount of tuberculous deposit was seen extending along the vessels arising from the Sylvian fissures. The structures round the sella turcica were matted together in a greenish gelatinous exudate which involved all the cranial nerves of both sides from the second onwards.

TONSILS: Large and firm and large glands could be traced down both sides of the neck.

BRONCHIAL GLANDS: The glands at the root of the right lung were very greatly enlarged and quite caseous.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.
CAUSE of DEATH: Tuberculosis.
PORTAL of ENTRY: Probably by way of the tonsils.
TYPE of TUBERCLE BACILLUS: The culture obtained from the lung was eugonic and of low virulence for rabbit (Human).
CASE 51.


PROVISIONAL DIAGNOSIS. Colitis.

DATE of POST MORTEM 4th June 1914.


POST MORTEM NOTES.

LUNGS: Small. Both very emphysematous. On section Emphysema and moderate congestion.

LIVER: Small, cloudy swelling and general atrophy.

SPLEEN: Atrophy. Malpighian bodies indistinct.


INTESTINES: Numerous irregular ulcers, with raised congested edges and bases throughout colon. In places, these were single, in others multiple and confluent forming large tracts denuded.
denuded of mucous membrane. The ulceration stopped abruptly at ileo-caecal valve. No ulceration in small intestine.

MESENTERIC GLANDS: Swollen, some pale, and some congested. No evidence of tubercle seen beyond an old calcareous gland immediately under 3rd part of duodenum.

OTHER GLANDS: Normal.

RESULT.

The guinea-pigs inoculated with the calcareous mesenteric gland did not develop tuberculosi.

PROVISIONAL DIAGNOSIS: Lupus Erythematosus.

DATE OF POST MORTEM: 11th, June 1914.

CLINICAL HISTORY: Lupus Erythema for seven years; generalised attacks. Lately has had several attacks of pyrexia, with extension of erythema and albuminuria. Terminal pneumonia (?) last few days. Aortic disease. Chronic Bright's, etc. Probably was syphilitic.

POST MORTEM NOTES.

LUNGS: Right; showed adhesions over pleura. Oedema.

On section; showed considerable congestion and oedema. Pulmonary arteries thickened.

Left; On section; showed congestion and oedema, and small Bronchi contained purulent secretion. Emphysema of margins.

HEART: Aortic Incompetence. Syphilitic Aortitis.

LIVER: Irregular in outline and distorted by numerous depressed scars over both lobes. Left lobe was larger than the right.

Spleen: /
SPLEEN: Enlarged. Showed tags of adhesions over surface. On section: Increased fibrous tissue. Organ was mottled with congested patches and pale pink areas of cellular hyperplasia. No waxy degeneration.

INTESTINES: Collapsed. Some duodenal congestion. Jejunum and Ileum gave a doubtful Iodine reaction. There were small patches of congestion in Ileum. Marked congestion of Caput Caecum. No ulceration of intestines.

KIDNEYS: Right; slightly diminished in size. Surface finely granular. On section: showed fairly uniform atrophy of cortex which was granular. Renal vessels thickened. Small fibroma in pyramid. No definite reaction with Iodine. Left; similar. Peripelvic fat increased. No pyelitis.

BRAIN: Pia oedematous. Vessels of base showed nodular atheroma. Oedema of Brain substance and ventricles. Pus from abscess on Back showed Staphylococcus albus. Glands of Mesentery and along Aorta and Pancreas were swollen and congested.

OTHER GLANDS: Not enlarged nor diseased.

RESULT/
RESULT.

CLASSIFICATION: Latent Tuberculosis.

CAUSE OF DEATH: Heart Disease; lupus erythematosi.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the glands along the Aorta and Pancreas was eugonic and of low virulence for rabbit (Human).
CASE 53.


PROVISIONAL DIAGNOSIS: Peritonitis.

DATE OF POST MORTEM: 12th June 1914.

CLINICAL HISTORY: Pain and swelling in lower part of abdomen two weeks before admission. Admitted 23.5.14. On operation, a double pyosalpinx was found, with general peritonitis.

POST MORTEM NOTES.

LUNGS: Right; showed old and recent pleurisy.

On section: upper lobe contained a large, multiloculated, phthisical cavity. Throughout the rest of the upper lobe were numerous small tuberculous areas. There was some diffuse fibrosis in lower lobe. Very congested. No pneumonic change seen.

Left; pleurisy as on right lung. At apex a smaller phthisical cavity containing a small quantity of soft, caseating material was seen. Miliary tubercles in both upper and lower lobes, and more diffuse and recent consolidation/
consolidation in upper lobe.

LIVER: Not enlarged, very soft, and covered with a thick layer of organizing exudate. On section: showed marked fatty change. No tubercles seen with naked eye.

Spleen: Buried in firm adhesions. Slightly enlarged.

Kidneys: Left; somewhat small in size. On section: very little kidney tissue left. The bulk of the organ was principally made up of multilocular, cystic spaces containing thick creamy, purulent fluid. Lining of cysts rough. Suggested granulated surface. At upper pole was a large caseous mass and a small piece of kidney remaining. Towards lower pole was another caseating area.

Right; enlarged. Capsule slightly adherent. Left a smooth, congested surface over the most of organ. Adherent where it tore off a small portion of cortex. On section: cortex was narrowed. Has a mottled appearance from alternation of bundles of swollen tubules and slightly irregular lines of vessels. Some pyelitis. Abdominal contents were/
were matted together and covered with greenish-yellow, thick, purulent material. Omentum was thickened and attached to pelvis. Contents difficult to distinguish.

BRONCHIAL GLANDS: No enlargement nor macroscopic evidence of disease.

MESENTERIC GLANDS: Small; no evidence of disease.

RESULT.

CLASSIFICATION: Pulmonary tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably respiratory.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the lung was eugonic and of low virulence for rabbit (Human).
CASE 54.


PROVISIONAL DIAGNOSIS: Acute Osteomyelitis of Tibia.

DATE OF POST MORTEM: 12th, June 1914.


POST MORTEM NOTES.

LUNGS: Right; in right pleura there was recent pleurisy over base of lung. On section: there were numerous abscess cavities, some of the size of a hazel nut, which had resulted from the breaking down of infarcts following septic infarction. Similar abscesses/
Abscesses were seen in the other lobes. The main bronchus contained brownish, blood-stained, creamy fluid. Left; showed similar changes over its base, and in it there was a considerable number of similar abscesses, but of smaller size. Otherwise the lung was similar to that on the right side.

Liver: Very slight fatty infiltration and cloudy swelling.

Spleen: Very slightly enlarged, pale, rather soft, and showed numerous small haemorrhages into pulp.

Kidneys: Left; turbid fluid in pelvis. Kidney showed extreme cloudy swelling which had probably proceeded to slight fatty degeneration. Right; similar.

Intestines: Slightly distended with gas; no ulceration.

Brain: Oedema only.

Mesenteric glands: Enlarged, congested, and soft. No evidence of tubercle.

Other glands: Normal.

Result
RESULT.

CLASSIFICATION: Latent Tuberculosis.
CAUSE OF DEATH: Acute osteomyelitis.
PORTAL OF ENTRY: Probably alimentary.
TYPE OF TUBERCLE BACILLUS: The culture isolated from the enlarged mesenteric glands was eugonic and of low virulence for rabbit (Human).
CASE 55.

Mrs N., aged 29. R.I., Ward 33.
PROVISIONAL DIAGNOSIS: Abdominal Tuberculosis.
DATE of POST MORTEM: 17th June 1914.
CLINICAL HISTORY: Admitted on June 6th, 1914, with a history of acute pain in side. Operated on, on December 16th, 1913. A large fluctuating mass found behind uterus with caseous adhesion round uterus. Omentum was a large caked mass above level of umbilicus. Patient did well at first, but during the last month had been gradually getting weaker, having great pain and frequent vomiting.

POST MORTEM NOTES.

LUNGS: showed emphysema anteriorly. Marked congestion and oedema of lower lobe. Recent pleurisy over lower part of both lungs.
LIVER: A very moderate degree of fatty infiltration No tubercles.
SPLEEN: Slightly softened. No tubercle.
KIDNEYS: No marked change or tubercle.
PERITONEUM: Old adhesions between anterior wall and abdominal contents.
CERVICAL GLANDS: Not enlarged or tuberculous.
BRONCHIAL GLANDS: Not tuberculous.
MESENTERIC/
MESENTERIC GLANDS: Several were obviously enlarged and suspected to be tuberculous. On sections yellow in colour and structure indistinct.

RESULT.

The guinea-pigs inoculated with the enlarged mesenteric glands did not show tuberculous infection.
CASE 56.

R.T., male, aged 22. R.I. Ward 3.

PROVISIONAL DIAGNOSIS: Diabetic Coma.

DATE of POST MORTEM: 26th June 1914.


POST MORTEM NOTES:

LUNGS: Both voluminous with emphysema. No bronchitis or consolidation.

LIVER: Large and showed a general yellowish colouration with, in parts, a slightly greenish tinge. Unduly firm.

SPLEEN: Not enlarged; soft; malpighian bodies obscured.

KIDNEYS: Neither was enlarged; surfaces finely granular; considerable amount of fatty degeneration; no other change of importance.

INTESTINES: Very marked congestion; hyperplasia of lymphoid tissue; no ulceration.

MESENTERIC GLANDS: A chain of enlarged glands numbering about twenty, from size of a small pea to that of a marble. On section: yellow but not caseous. No definite tubercle on microscopic/
macroscopic examination.

RESULT.

The guinea-pigs inoculated with the enlarged mesenteric glands did not develop tuberculosis.
J.S., male, aged 45.  R.I.

PROVISIONAL DIAGNOSIS: Malignant disease of lower end of Oesophagus.

DATE of POST MORTEM: 2nd July 1914.

CLINICAL HISTORY: Some months ago difficulty in swallowing; has been losing weight rapidly. X ray showed a stricture above cardiac orifice. Gastrostomy performed.

POST MORTEM NOTES.

LUNGS: Emphysematous: the lower lobe of right lung was voluminous and oedematous: some haemorrhage in its anterior part, but no pneumonia in either lung. Old adhesions in both pleural cavities.

LIVER: Deeply congested and pigmentary atrophy.

SPLNEEN: Moderately enlarged: no important alteration.

KIDNEYS: Deeply congested: marked swelling of tubules.

STOMACH: Malignant ulceration at cardiac orifice.

MESENTERIC GLANDS: Enlarged generally: on section appearance more like that of tuberculosis than that/
that due to infiltration by new growth.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged mesenteric glands.
CASE 58.

W.G., male, aged 10. R.I.

PROVISIONAL DIAGNOSIS: Henoch's Purpura.

DATE OF POST MORTEM: 17th July 1914.

CLINICAL HISTORY: Admitted with tetany and history of vomiting, passage of blood per rectum and colic pain in abdomen. At times there was incontinence of urine and faeces. Purpuric rash on trunk.

POST MORTEM NOTES.

LUNGS: Right: old adhesion over upper lobe, marked congestion: lower lobe areas of collapse alternating with emphysema: some patches of broncho-pneumonia.

LEFT: on the whole similar to right.

LIVER: Cloudy swelling and anaemia.

SPLEEN: Malpighian bodies indistinct: pulp red in colour.

KIDNEYS: One or two minute petechial haemorrhages.

CERVICAL GLANDS: Enlarged: no tubercle.

BRONCHIAL GLANDS: Swollen.

MESENTERIC GLANDS: Enlarged: no tubercle.

RESULT/
RESULT.

The guinea-pigs inoculated with the enlarged cervical and the mesenteric glands did not show tuberculosis.
J.S., male, aged 59.

PROVISIONAL DIAGNOSIS: Pontine Haemorrhage.

DATE of POST MORTEM: 7th September 1914.

CLINICAL HISTORY: Seven years ago had a stroke, followed by paresis of left leg. Two nights ago, was found unconscious: incontinence of urine and faeces.

POST MORTEM NOTES.

LUNGS: A few calcareous nodules in left lung near root. Congestion and oedema in both lungs.

LIVER: Chronic venous congestion.

KIDNEYS: Surface smooth: cortex narrowed and pale.

BRAIN: Dura contained a large quantity of blood clot: on section a softening area surrounded by haemorrhage on left temporal lobe.

BRONCHIAL GLANDS: Left root glands contained a few calcareous nodules.

OTHER GLANDS: Nothing to note.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the calcareous bronchial glands.
CASE 60.


PROVISIONAL DIAGNOSIS: Acute Tuberculous Broncho-Pneumonia.

DATE of POST MORTEM: 16th September 1914.


POST MORTEM NOTES.

LUNGS: Old adhesions over right lobe and lower part of left. Right: extensive superficial haemorrhages over pleura of lower lobe. Emphysema over surface. On section: thickly studded with innumerable tubercles.

Left: similar.

LIVER: Enlarged and studded with numerous tubercles.

SPLEEN: Also studded throughout with tubercles.

KIDNEYS: Right: showed numerous tubercles over surface and cloudy swelling.

Left: similar, with in addition extensive caseation of pyramids: pallor of tissue around.

BRONCHIAL/
BRONCHIAL GLANDS: Generally filled with tubercles.

MESENTERIC GLANDS: Several were caseous.

RESULT.

CLASSIFICATION: Generalised tuberculosis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Evidence inconclusive.

TYPE of TUBERCLE BACILLUS: The cultures isolated from the lung and the mesenteric glands were dysgonic and of high virulence for rabbit (Bovine).
CASE 61.

J.S., female, aged 12. R.I.

PROVISIONAL DIAGNOSIS: Myelitis.

CLINICAL HISTORY: Ill for 5 days. Illness began with fever and sickness, weakness of arms and later of right leg. Died of respiratory failure.

POST MORTEM NOTES.

LUNGS: Left: congested, no pneumonia.

Right: some haemorrhages in lower lateral aspect: lobular distribution: no pneumonia.

LIVER: Enlarged.

SPLEN: Congested.

KIDNEYS: Congested: recent swelling of tubules.


CERVICAL GLANDS: Normal.

BRONCHIAL GLANDS: Pigmented, otherwise normal.

MESENTERIC GLANDS: Enlarged generally, no evidence of tubercle.

RESULT.

The guinea-pigs inoculated with the enlarged mesenteric glands did not develop tuberculosis.
CASE 62.

W.C., male, aged 13. P.I.

PROVISIONAL DIAGNOSIS: Osteomyelitis.

DATE OF POST MORTEM: 2nd October 1914.

CLINICAL HISTORY: Headache, followed by collapse and fever; later vomiting and pain in left hip; delirium at times and vomiting becoming more frequent. Died apparently from toxaemia.

POST MORTEM NOTES.

LUNGS: Acute congestion throughout.
LIVER: Marked cloudy swelling.
SPLEEN: Enlarged, soft and diffuent.
FEMUR: Left: intense congestion of marrow with some gelatinous change towards lower end. A small recent abscess cavity at diaphysis.
Right: intense red reaction of marrow with a few haemorrhages.
MESENTERIC GLANDS: Enlarged generally: no evidence of tubercle.
OTHER GLANDS: Nothing to note.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged mesenteric glands.
CASE 63.

J.G., female, aged 25. R.I.

PROVISIONAL DIAGNOSIS: Meningitis.

DATE OF POST MORTEM: 1st October.

CLINICAL HISTORY: On September 14th, 1914, patient developed a bad headache, frontal and occipital, with vomiting on taking food. This gradually got worse and the headache continued. No stiffness of body noticed before admission, on September 24th. On that date patient was in a semi-comatose state. Pupils dilated and with marked stiffness all over body. Patient very restless. There was slight chest trouble, but nothing to speak of until September 30th, when signs of lobar pneumonia appeared. Temperature had been swinging since admission. Pulse averaging 50.

POST MORTEM NOTES:

LUNGS: Right: pleura was studded all over with minute grey tubercles with some small haemorrhages: also patches of emphysema. On section: scattered minute tubercles throughout. Rest of lung congested and showed small scattered haemorrhages and little areas of emphysema.

Left:
Left: similar, but showed some collapse along posterior anterior border.

LIVER: Rather small; intense congestion; very few doubtful minute tubercles.

SPLEEN: Small, soft, and showed many minute tubercles over the surface. Pulp congested; malpighian bodies indistinct.

KIDNEYS: A few tubercles on surface; congestion of cortex and pyramids and a few tubercles along lines of vessels.

INTESTINES: Nothing to note.

UTERUS and APPENDAGES: Nodular mass about size of pigeon's egg at right uterine tube of a caseous character: also one of small size at left uterine tube.

BRAIN: Minute grey tubercles at base of pia and also extending out along Sylvian fissures and over Cerebellum.

CERVICAL GLANDS: One at root of neck with a caseous focus.

BRONCHIAL GLANDS: Swollen and pale in parts but no caseous areas as regards root glands: those along Bronchi had tubercular lesions of a somewhat old nature.

MESENTERIC GLANDS: Pale but not enlarged.
RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably respiratory.

TYPE of TUBERCLE BACILLUS: The culture isolated from the lung and bronchial glands was eugonic and of low virulence for rabbit (Human).
CASE 64.

A.M., female, aged 3½ years. R.H.S.C.

PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.

DATE of POST MORTEM: 14th October 1914.

POST MORTEM NOTES.

LUNGS: Emphysema at margins. On section: numerous small collapsed areas with patches of emphysema in vicinity. No tubercles in substance. Parietal pleurae of both sides covered with numerous scattered tubercles.

LIVER: Very fatty: no tubercles to be seen.

Spleen: No tubercles.

KIDNEYS: Some cloudy swelling: no tubercles.

INTESTINES: Small intestine matted together by omentum. Several ulcers present in lower part of ileum and a large ulcer in caecum just above ileo-caecal valve. Adhesion between omentum and parietal peritoneum. Numerous scattered tubercles.

BRAIN: Several small haemorrhages over parietal lobe of both sides and under pia. Thrombosis of the straight, longitudinal and lateral sinuses/
sinuses of both sides. A small nodule about size of a pea was present in the interpeduncular region.

CERVICAL GLANDS: Enlarged: no definite tubercles.
BRONCHIAL GLANDS: Tuberculous and enlarged.
MESENTERIC GLANDS: Numerous large caseous glands especially at lower part of mesentery.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.
CAUSE of DEATH: Cerebral Thrombosis.
PORTAL of ENTRY: Probably Alimentary.
TYPE of TUBERCLE BACILLUS: The culture obtained from the mesenteric glands was dysgonic and of high virulence for rabbit (Bovine).
CASE 65.

W.A., female, adult.  R.I.

PROVISIONAL DIAGNOSIS:

DATE of POST MORTEM: 15th October 1914.

CLINICAL HISTORY: None.

POST MORTEM NOTES.

LUNGS: Right: a few caseous foci scattered over surface: well marked congestion and oedema.

Left: some scarring of the apex: in upper part of lower lobe were some hard nodules scattered throughout the substance. At anterior border of upper lobe there was a small abscess and below this was a small consolidated area from which pus could be expressed.

LIVER: Pale, soft and friable: considerable fatty change.

SPLEEN: Pale and soft: scattered haemorrhages with one or two hard nodules in the substance.

KIDNEYS: Pale, soft and friable: a small apparently septic infarct.

BRAIN: Several abscesses surrounded by areas of haemorrhages.

BRONCHIAL GLANDS: One at the root contained a caseous focus.

OTHER/
OTHER GLANDS: Nothing to note.

RESULT.

The guinea-pigs inoculated with the caseous bronchial glands remained free of tuberculosis.
CASE 66.

J.L., male, aged 54.

PROVISIONAL DIAGNOSIS: Thoracic Aneurism or Tumour.

DATE of POST MORTEM: 27th October 1914.

CLINICAL HISTORY: Admitted 23.9.14 complaining of shortness of breath, pain in left shoulder and cough. Six months ago severe cough began for no apparent reason: also pain behind left shoulder. Pain and cough got worse: lost weight rapidly. X ray showed marked aneurismal dilatation of Aorta and mottling of lungs. The area of cardiac dulness was generally increased. Marked dulness over left scapular region: bronchial breathing all over.

POST MORTEM NOTES.

LUNGS: Left: emphysema along anterior border: congestion and oedema, and pus could be expressed from smaller Bronchi.

Right: more voluminous and consolidated at base, also congestion and oedema.

Both lungs showed cicatrisation at apices, with one or two calcareous nodules.

LIVER/
LIVER: Congested and some fatty change: a large nodule of tumour.

Spleen: Enlarged and congested.

Kidneys: Somewhat enlarged: several cysts: some fatty change. The Mediastinum was full of large masses of growth.

Bronchial and Cervical Glands: Enlarged and seemed to be infiltrated with growth.

Mesenteric Glands: Nothing to note.

RESULT.

The guinea-pigs inoculated by calcareous nodules of the lung did not develop tuberculosis.
CASE 67.


PROVISIONAL DIAGNOSIS: General Tuberculosis.

DATE OF POST MORTEM: 21st October 1914.

CLINICAL HISTORY: Admitted on June 17th 1914.

Suffering from a dry pleurisy. This cleared up, but a tuberculous knee developed. This was treated and he was sent to the Convalescent House. In a week he was back suffering from vomiting and tenderness in the lower part of abdomen, tuberculosis in abdomen was suspected. Within the last week he complained of very severe pains in his back and neck: comatose for three days before he died.

POST MORTEM NOTES.

LUNGS: Both showed emphysema of upper lobes and margins: general congestion: no tubercles and no consolidation.

LIVER: Enlarged and soft: lobules swollen and indistinct: no distinct tubercles.

SPLEEN: Slightly enlarged, soft and showed a few tubercles on surface: congestion of pulp: Malpighian/
Malpighian bodies distinct and throughout substance were many small tubercles.

KIDNEYS: Swollen surface smooth and showed a number of small grey tubercles: on section: congestion of vessels and many small tubercles in cortex and medulla.

INTESTINES: Nothing to note beyond some congestion at lower end of ileum and in caecum, and in mucous membrane of the latter were a few small tubercles.

BRAIN: At base there was a gelatinous thickening of pia-arachnoid and a few minute tubercles in this and extending over cerebellum and into Sylvian fissures. Cord: indistinct small tubercles.

CERVICAL GLANDS: Not enlarged: no tubercles.

BRONCHIAL GLANDS: Slightly enlarged: no tubercles

MESENTERIC GLANDS: Enlarged and pale, and at Ileo-caecal angle several were larger and caseous.

RESULT.

CLASSIFICATION: Tuberculous Meningitis.

CAUSE of DEATH: Tuberculosis.

PORTAL of ENTRY: Probably Alimentary.

TYPE of TUBERCLE BACILLUS: The culture isolated from the mesenteric glands was dysgonic and of high virulence for rabbit. (Bovine).
CASE 68.

W.C., male, aged 3. R.H.S.C.

PROVISIONAL DIAGNOSIS: Pneumonia.

DATE OF POST MORTEM: 14th, October 1914.

POST MORTEM NOTES:

LUNGS: Two small patches of recent pleurisy at base of right lung. Left pleural cavity appeared healthy; broncho-pneumonia of right lung, most typical at the base and apex; large areas of consolidation. Left lung congested and showed areas of emphysema along free borders of the organ; no areas of consolidation and no broncho-pneumonia patches.

Liver: Cloudy swelling.

Spleen: Nothing to note.

Kidneys: Cloudy swelling.

Brain: Appeared healthy.

Cervical glands: One or two enlarged glands; not definitely tuberculous.

Bronchial glands: Healthy.

Mesenteric glands: Some enlarged, but nothing definitely tuberculous.

RESULT/
RESULT.

The guinea-pigs inoculated with the enlarged mesenteric glands were free of tuberculosis.
CASE 69.

**E.A., FEMALE. AGED 7½.**

**R.I.**

**PROVISIONAL Diagnosis:** —

**DATE OF POST MORTEM:** 5th, November 1914.

**CLINICAL HISTORY:** Came in a day ago blanched, after having vomited two soup-platefuls of blood. After admission, vomited 22 ounces of blood and died. Liver and spleen both enlarged during life.

**POST MORTEM NOTES.**

**LUNGS:** Emphysema of upper lobe and margins; congestion and oedema in rest.

**LIVER:** Enlarged; surface extremely irregular, there being large, projecting nodules and intervening depressed areas. The liver is tough. On section: these were large, pinkish grey areas with fibrous tissue and mottled yellow areas.

**SPLEEN:** Much enlarged and firm; congestion of pulp, Malpighian bodies small and indistinct; no Iodine reaction.

**KIDNEYS:** Surface smooth, cortex pale and yellow in colour, and slightly swollen.

**INTESTINES:** A considerable amount of partly altered blood/
blood in lower end of Ileum and in large intestines. The Peyer's patches and solitary follicles were moderately swollen.

BRONCHIAL GLANDS: Not enlarged.

MESENTERIC GLANDS: Enlarged but not tuberculous.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged mesenteric glands.
CASE 70.

R.M. male, aged 28. R.I.

PROVISIONAL DIAGNOSIS: LOBAR PNEUMONIA


CLINICAL HISTORY: Definite history of rigor while at work on Thursday 29th October. Took to bed the following day, pain having developed in left side. Admitted 1st November 1914. Temperature 103; Pulse 120; Respiration 36. Leucocytosis which gradually increased. Marked dulness at left base. Bronchial breathing with coarse crepitation. Impairment of right base as well. Previous history of bladder trouble.

POST MORTEM NOTES:

LUNGS: RIGHT; emphysema of middle lobe and margins, and fibrous scarring in pleura between upper and middle lobes; no pleurisy. On section: congestion and oedema throughout especially in lower lobe; Excess of carbon pigment. Bronchi congested and contained thin blood stained secretion.

Left/
Left: Upper lobe was covered with recent fibrinous exudate, and showed congestion of surface vessels; it was firm and retained its shape, but anterior margin was emphysematous and not consolidated. There were also adhesions between upper and lower lobes. On section: upper lobe consolidated and moderately friable. Light grey and dark grey consolidated patches alternating with pinkish, congested areas. On pressure a greyish purulent fluid exuded.

LIVER: Slightly swollen and soft; on section: swelling of lobules which were also pale pink in colour with some yellow mottling.


KIDNEYS: Left; on section: only a fibrinous shell and septa remained, enclosing white caseous and semifluid contents. One of the loculi had ulcerated through towards pancreas, but the caseous contents were limited by fibrous adhesions.

Right; surface smooth and mottled; cortex/
cortex narrowed, very soft and pale yellow colour. Towards outer surface were many yellow mottlings. Pyramids congested. A nodular mass at lower pole of left kidney and an adhesion between kidney and pancreas. On incising adhesions there escaped caseous material and creamy pus. Right Ureter dilated; left not. Bladder extensive erosions with congestion and small haemorrhages over posterior and inferior parts of its walls.

INTESTINES: Nothing to note beyond post mortem changes.

BRAIN: Congestion of surface vessels. No meningitis; on section: oedema and congestion of all vessels in the brain substance.

CERVICAL GLANDS: Not enlarged; no tubercles.

BRONCHIAL GLANDS: Not enlarged; no tubercles.

MESENTERIC GLANDS: Slightly swollen and oedematous; not enlarged. Glands along Aorta and Pancreas were swollen and oedematous, and in former case some were enlarged as well. None showed any tuberculous lesions.

RESULT.

CLASSIFICATION/
CLASSIFICATION: Tuberculosis of the Genito-urinary tract.
CAUSE OF DEATH: Pneumonia.
PORTAL OF ENTRY: Evidence inconclusive.
TYPE OF TUBERCLE BACILLUS: The culture isolated from the enlarged glands along the Aorta and Pancreas was eugonic and of low virulence for rabbit (Human).
CASE 71.

W.K., female, aged 12. R.I.

PROVISIONAL DIAGNOSIS: Rheumatic Pericarditis; also Acute Lobar Pneumonia.


CLINICAL HISTORY: Had been in Hospital six times before with Rheumatic affections of the heart. She came in four days ago semi-conscious, with high temperature (103.2); pulse over 140. A few typhoid like spots on trunk. Leucopenia, 4500. Cerebro-spinal fluid normal.

POST MORTEM NOTES.

LUNGS: LEFT; Showed some collapse, also some haemorrhages at the apex under the pleura. There was some cicatrisation at the apex. On section: congestion generally.

Right; showed a partial division of the lower lobe into two. On section: some congestion. A small calcareous nodule at the apex of the size of a small pea.

HEART: Enlarged; some haemorrhages and recent Endocarditis at Mitral.

LIVER/
LIVER: Cloudy swelling; very little chronic venous congestion.

Spleen: Chronic venous congestion.

Intestines: Congestion of vessels; some shedding of epithelium.

Cervical glands: Not enlarged.

Bronchial glands: Slightly enlarged, one being calcareous of the size of a pea.

Mesenteric glands: Not enlarged.

Result.

The guinea-pigs inoculated with the calcareous nodule in the bronchial gland did not develop tuberculosis.
CASE 72.

B.C., female, aged 28.

PROVISIONAL DIAGNOSIS: Cerebral tumour, (Gumma).

DATE of POST MORTEM: 17th November 1914.

CLINICAL HISTORY: Patient showed commencing failure of sight in January 1914. This had progressed till the present when she became totally blind. Her speech was slightly affected. Eyes examined and showed Optic Atrophy and specific changes. Temperature rose suddenly on Saturday night to 104. Cheyne-Stokes breathing. Temperature dropped to 96.6 at eleven next day. Died in the same evening. Temperature 102.8. Patient comatose all the time.

POST MORTEM NOTES.

LUNGS: Left; Nothing obvious: on section: some pigmentation. Upper lobe showed in greater part oedema and congestion: lower part consolidated. Lower lobe was tough, partially collapsed and showed congestion and some oedema.

Right: chronic pleurisy over greater part of surface. Upper lobe, on section, showed some congestion and oedema. Lower lobe similar.

LIVER/
LIVER: A number of minute curious, opaque, white spots shining through the capsule. On section: pale, somewhat soft and rather friable in consistence; there was apparently considerable fatty change; no reaction with Iodine.

Spleen: Greatly enlarged and showed scattered areas of thickened capsule. On section: numerous pale areas scattered through substance more or less uniformly. No reaction with Iodine.

Kidneys: LEFT; small and firm in consistence; cortex narrowed.

RIGHT; larger than left, (compensatory hypertrophy) and somewhat congested. No narrowing of cortex.

Intestines: At hepatic flexure there showed an area of ulceration with fibrous change in thickened wall.

Brain: Superior longitudinal sinus contained post mortem clot; vessels of pia congested. There was slight bulging on right side, involving parietal area of occipital lobe. An area of softening in left occipital lobe: another area on right occipital lobe but less marked.
CERVICAL GLANDS: Enlarged and pale; no tubercles.

BRONCHIAL GLANDS: Enlarged and pigmented; no tubercles.

MESENTERIC GLANDS: Very slightly enlarged; no tubercles.

GLANDS: In Retro-peritoneum and Gastro-hepatic omentum greatly enlarged, some of the size of a pea, others slightly larger. No distinct evidence of tubercles.

RESULT.

CLASSIFICATION: Latent Tuberculosis.

CAUSE OF DEATH: Undetermined.

PORTAL OF ENTRY: Probably alimentary.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the enlarged retroperitoneal glands was dysgonic and of high virulence for rabbit (Bovine).
CASE 72.
W.R., male, aged 77.  R.I.

PROVISIONAL DIAGNOSIS: Cerebral Haemorrhage.

CLINICAL HISTORY: Previously healthy; suddenly felt ill while standing three days ago; had fits in quick succession, about twenty in all, involving only the left side from head to foot; partially comatose; bronchi clogged causing final exhaustion.

POST MORTEM NOTES.

LUNGS: LEFT; Some emphysema at anterior border; lower lobe marked congestion and oedema.
RIGHT: some emphysema at anterior border of upper lobe; marked congestion and oedema in rest.

LIVER: Pale, soft and friable; some fatty change.

SPLEEN: Small, soft and on section: some fibrosis.

KIDNEYS: Cortex narrowed; increase of peripelvic fat; surface finely granular.

BRAIN: No evidence of haemorrhage; diffuse thickening of pia; considerable quantity of cerebrospinal fluid; substance soft and oedematous.

BRONCHIAL/
BRONCHIAL GLANDS: LEFT; Some calcareous and enlarged; deeply pigmented generally.
RIGHT; deeply pigmented.
Other glands healthy.

RESULT!

The guinea-pigs inoculated with the calcareous bronchial glands did not show tuberculous infection.
CASE 74.

C.S., female, aged 2½. R.H.S.C.

DATE OF POST MORTEM: 20th November 1914.

POST MORTEM NOTES.

LUNGS: LEFT; recent fibrinous pleurisy over both lobes which were congested and showed numerous grey broncho-pneumonic patches with Bronchiectasis in addition; they were most marked in the lower lobe; no evidence of tubercles.

RIGHT; recent interlobar and diaphragmatic pleurisy; organ congested, congestion being most marked in the upper lobe which also showed patches of emphysema. Broncho-pneumonic patches and Bronchiectasis were present throughout but most marked in lower lobe.

LIVER: Some patchy fatty change, especially marked near the surface; no sign of tubercles.

SPLAEN: Pinkish in colour; Malpighian bodies not enlarged; no evidence of tubercles.

KIDNEYS: Cloudy swelling; no sign of tubercles.

INTESTINES: Healthy; no ulceration or other marked change.
change.

**BRAIN:** Slight venous congestion of meninges; no haemorrhage, thrombosis or sign of tubercles.

**MESENTERIC GLANDS:** Not markedly enlarged except in the case of one group of 3 or 4 glands which were massed together and were quite caseous.

**RESULT.**

**CLASSIFICATION:** Miscellaneous; caseous gland tuberculosis.

**CAUSE OF DEATH:** Broncho-pneumonia.

**PORTAL OF ENTRY:** Probably alimentary.

**TYPE OF TUBERCLE BACILLUS:** The culture obtained from the caseous mesenteric glands was dys-bacillary and of high virulence for rabbit (Bovine).
CASE 75.

J.J., male, aged 1 5/12.  R.H.S.C.


POST MORTEM NOTES.

LUNGS: The outer and diaphragmatic surfaces of the left lung showed chronic pleurisy and at its base the lung was adherent to the diaphragmatic and costal pleura. There was no pleurisy on the right side.

LEFT; numerous small yellowish caseating patches of consolidation which here and there had become or were becoming confluent; only the apex was relatively free from disease. At the base there was a triangular area of confluent caseating pneumonia, yellowish in colour, which was co-extensive with the enlarged caseating gland mentioned above.

RIGHT; appeared healthy except for one or two areas of Broncho-pneumonia, probably tuberculous, which were scattered and scanty with large areas of apparently healthy lung tissue lying between them.

LIVER/
LIVER AND SPLEEN: No tubercles, but in one or two places, the tuberculous process was beginning to affect them by direct extension from adherent tuberculous glands in their vicinity. No scattered tubercles were to be found in them.

KIDNEYS: No tubercles; some congestion of the pyramidal zone.

INTESTINES: Nowhere were there any peritoneal adhesions; numerous subperitoneal tubercles, lying in the wall of the small intestine, projected into the lumen of the gut; there was no ulceration in the neighbourhood of these intramural tubercles, although some small superficial erosions of the mucous membrane were to be found at places. There was no deep ulceration nor was there any thickening of the peritoneum overlying these areas. Innumerable small tubercles dotted over the peritoneum, parietal and visceral, in every region, including the layers of the mesentery, the great and the lesser omentum.

BRAIN: No evidence of meningitis, tubercles or other morbid/
CERVICAL GLANDS: Two retropharyngeal glands which were caseous and enlarged to size of a small walnut; one had become considerably softened at its upper part and on section yellow tuberculous pus poured from its upper pole. The cervical glands were enlarged, most notably on the left side; one of the carotid groups of glands on this side being enlarged to the size of a large walnut. All were firm and caseous.

MEDIASTINAL GLANDS: The posterior glands were enlarged but not so markedly as those of the neck. Enlarged glands could be traced down from the prevertebral region of neck into the posterior mediastinum and thence into the abdomen.

BRONCHIAL GLANDS: Enlarged, more so on the left side. The glandular affection in the neck appeared, from the size, caseation and fibrosis of some of the enlarged glands, to have been of longer duration than those elsewhere.

MESENTERIC GLANDS: Enlarged, especially in the intermediate zone of mesentery. The other abdominal glands showed general enlargement, many of them/
them in addition being quite caseous—the
gastric, hepatic, mesenteric, lumbar, and sub-
lumbar glands down to those in the region of
the rectum. The glands lying higher in the
abdomen showed more change than those lying
towards, or in, the pelvis.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.
CAUSE OF DEATH: Tuberculosis.
PORTAL OF ENTRY: Probably by way of the Cervical
glands.
TYPE OF TUBERCLE BACILLUS: The culture obtained
from the mesenteric glands was eugonic and of
low virulence for rabbit (Human).
CASE 76.


PROVISIONAL DIAGNOSIS: Obstruction.

DATE OF POST MORTEM: 2nd December 1914.

CLINICAL HISTORY: Admitted after having been treated outside for Gastric Influenza for weeks. For last ten days abdomen had been distended. Beyond that nothing definite known. Had a motion the day before death, that is the day on admission. Next day died suddenly.

POST MORTEM NOTES.

LUNGS: Adherent at apices; showed cicatrisation and small hard caseous nodules surrounded by fibrous tissue.

LIVER: Small, raised, translucent areas covering surface; no obvious tubercles in substance; pale soft and friable.

SPLIEN: Enlarged and soft; on section showed haemorrhage; pulp generally pale.

KIDNEYS: Pale and soft; no obvious tubercles.

INTESTINES: Intestinal coils covered with minute grey tubercles. Omentum was drawn up and greatly/
greatly thickened and on section infiltrated with grey tubercles. No tuberculous lesion of gut although wall was uniformly thickened.

MESENTERIC GLANDS: Enlarged and pale; no obvious tubercles.

OTHER GLANDS: Not apparently enlarged or tuberculous.

RESULT.

CLASSIFICATION: Abdominal tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The cultures obtained from the mesenteric glands and the peritoneum were eugonic and of low virulence for rabbit (Human).
CASE 77.

D.V.R., male, aged 34. Chalmers Hospital.

DATE OF OPERATION: 2nd December 1914 and 13th January 1915.

COMPLAINT: Warty growth over metatarso-phalangeal joint of left big toe. Also small inflammatory foci along inner aspect of left foot.

PRESENT ILLNESS: Commenced first in 1886 when he was six years old. Once he accidentally stood on a mussel shell which broke, and the pieces went into his left foot. This he thought causal. Since then always been troubled with it, and could not take part in games as did other boys. It also very slowly got worse, and patient got into habit of walking with foot inverted so that he walked on the outer border of the sole of his foot. Operated on twice in Belgium, and had pieces of diseased tissue removed in 1900 and 1902, since 1903 he has been unable to wear shoes or boots, but has been in the habit of using slippers. Walking made pain much worse, and it shot up to knee. On commencement of war he was called up to join the Heavy Artillery, and was in siege of Antwerp/
Antwerp. During the retreat the walking made his foot much worse therefore he was discharged temporarily. Nothing to note in Family and previous history.

OBJECTIVE CONDITION: Warty growth over dorsal aspect of left metatarso-phalangeal joint of big toe. Also few inflammatory foci in skin around (very like apple jelly nodules). On inner aspect of sole of foot there was a circular patch of about 2 inches in diameter which was studded with similar inflammatory foci. Infected tissue tender on palpation. Von Pirquet's reaction negative. Bones appeared healthy when examined by means of a radiograph.

OPERATION 2nd DECEMBER 1914.

Progress 3rd December: very comfortable.

12th " : wound healed by 1st intention.

30th " : getting up; condition of foot in statuo quo.

OPERATION 13th AND 25th JANUARY 1915.

Progress 30th January: Patient can walk about much easier.

4th February: Much improved; able to wear boots; pain still in foot.

RESULT/
RESULT.

CLASSIFICATION: Diseases of the skin.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the diseased tissue round the ankle was eugonic and of low virulence for rabbit (Human).
CASE 78.

A.E., female, aged 24.

PROVISIONAL DIAGNOSIS: Acute Nephritis.

DATE OF POST MORTEM: 11th December, 1914.


POST MORTEM NOTES.

LUNGS: Firm adhesion all over left side; adhesion on right side at apex.

Left; well marked chronic pleurisy, especially over upper part; shrunken, especially upper lobe; on section: well marked interstitial change with bronchiectasis. Areas of lymphatic spread tubercles over the rest of the organ.

Right; more voluminous; showed numerous nodules/
nODULES OF CONSOLIDATION, ESPECIALLY IN UPPER LOBE; ON SECTION SHOWED CASEOUS FOCS SURROUNDED WITH FIBROUS TISSUE; INTERVENING LUNG SHOWED SOME CONSOLIDATION AND OEDEMA, AND FROM BRONCHI PURULENT FLUID COULD BE EXPRESSED.

LIVER: Enlarged, pale and fairly firm; had a dry glistening appearance with typical waxy reaction.

Spleen: Greatly enlarged and pale; had a glistening appearance; on section, well marked waxy reaction.

KIDNEYS: Left: enlarged, firm and pale. Cortex swollen; well marked waxy reaction. Right: enlarged and similar to left.

INTESTINE: In lower part of small intestines were numerous transverse ulcers with raised margins. One had perforated.

BRAIN: Well marked oedema; no tubercles.

BRONCHIAL GLANDS: Root glands of both lungs showed chronic tubercles, with fibrosis.

OTHER GLANDS: Not affected on naked eye examination.

RESULT
RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE OF DEATH: Acute Nephritis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the bronchial glands was eugonic and of low virulence for rabbit. (Human.)
CASE 79.

M.B. female, aged 52.  R.I. Ward 33.

PROVISIONAL DIAGNOSIS: LYMPHADENOMA.

DATE OF POST MORTEM: 14th, December 1914.

CLINICAL HISTORY: Swollen glands on left side of neck; grew slowly with very little pain. There had been no fluctuation in size. Since the glands started she felt a little shortness of breath. Glands in chain, varying in size from a pea upwards behind right sterno-mastoid; also in right supraclavicular and axilla; also in left side but more distinct.

POST MORTEM NOTES.

LUNGS: Both small; emphysema of upper lobes and margins; congestion throughout and oedema.

LIVER: Small and soft; some fatty change; one or two minute white points in substance.

SPLEEN: Small and soft; congestion of pulp and atrophy of Malpighian bodies. No nodules.

KIDNEYS: Small and soft; general congestion and cloudy swelling.

GLANDS:/
GLANDS: On both sides were large firm masses of glands, some discrete, others adherent. They extended up to posterior triangle and down to mediastinum. On section, pale grey with yellow mottlings and some light brown areas. At bifurcation of trachea the glands were enlarged, firm and pigmented with carbon. Those at roots of lungs were similar. Glands along Aorta were not enlarged.

RESULT.

The guinea-pigs inoculated with the enlarged cervical glands failed to develop tuberculosis.
CASE 80.

A.W., male, aged 9 9/12. R.H.S.C.

DATE OF POST MORTEM: 20th, December 1914.

POST MORTEM NOTES.

LUNGS: Right; many Tardieu's spots were seen over the whole superficial extent of the lung. There was a small patch of organising pleurisy at the lowest part of the anterior surface of the upper lobe, the patch being about 1" x 1" in size. No tubercles.

Left; some Tardieu's spots were seen over the upper lobe. Organising pleurisy was present over the inner surface of the upper lobe. The lower lobe was bluish in colour, collapsed and firm to touch.

HEART: Extreme dilatation of all its chambers; recent vegetation in Tricuspid and Aortic valves.

LIVER: Some fatty change and much congestion.

SPLEEN: Enlarged, firm and very dark in colour; appearance suggested chronic venous congestion.

KIDNEYS: Cloudy swelling and some congestion of the pyramids, especially towards cortex.

INTESTINES/
INTESTINES: No tubercles; nothing to note.

MESENTERIC GLANDS: Many were enlarged; some also caseous.

OTHER GLANDS: Nothing to note.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged and caseous mesenteric glands.
CASE 81.

J.S., male, aged 1.7/12. R.H.S.C.

DATE OF POST MORTEM: 22nd. December 1914.

POST MORTEM NOTES.

LUNGS: Pleura was healthy on both sides of chest; no signs of pleurisy.

RIGHT: apex congested; congestion of upper lobe; otherwise normal.

LEFT: base congested; rest of lung seemed healthy; no evidence of tuberculosis or pneumonia.

LIVER: Slight cloudy swelling.

Spleen: Somewhat enlarged, darker than usual; appeared to be congested.

KIDNEYS: Somewhat paler than normal; some cloudy swelling.

INTESTINES: Appeared healthy; no congestion or ulceration.

BRAIN: Oedematous; superficial vessels rather congested; no signs of inflammatory exudate nor of tubercles.

MESENTERIC GLANDS: Some enlarged caseous. (tuberculous?) glands.

OTHER/
RESULT.

CLASSIFICATION: Miscellaneous; caseous gland tuberculosis.

CAUSE OF DEATH: Undetermined.

PORTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the caseous mesenteric glands was dysgonic and of high virulence for rabbit (bovine).
CASE 82.


PROVISIONAL DIAGNOSIS: Tuberculous Enteritis.

DATE OF POST MORTEM: 24th December 1914.

CLINICAL HISTORY: Bloodlessness, six months.
Nausea and malaise, four months. Vomiting, two weeks. Diarrhoea, dull pain in abdomen, burning pain at anus, six weeks. Great emaciation, vomiting and diarrhoea during stay in hospital.

POST MORTEM NOTES.

LUNGS: Old adhesions over right apex and whole of left pleura.

RIGHT: emphysema of upper lobe; on section: general oedema.

LEFT: emphysema of upper lobe; intense congestion in lower lobe and grey patches of recent broncho-penumonia.

LIVER: Soft and small; on section: general pallor and yellow mottling; no tubercles.

Spleen: Small and soft; on section: congestion of pulp; Malpighian bodies prominent; no tubercles/
tubercles.

KIDNEYS: Small and soft; on section: cloudy swelling of cortex; no tubercles.

INTESTINES: Several ulcers in Jejunum, one being within two feet of duodenum. These showed considerable contraction and extended round the gut. In Ileum there were more ulcers, the largest being next Ileo-caecal valve, and at lower end there was intense congestion. These ulcers were more ragged and deeper and had congested, swollen, irregular edges. On peritoneal aspect were adhesions and a few indistinct tubercles. Colon: here ulceration was much more extensive; the ulcers were mostly oval with erosions into muscular layers and congested edges. In the Hepatic Flexure there was confluence of ulcers forming a large, ragged area; so also in Rectum.

CERVICAL GLANDS: Not enlarged nor tuberculous.

BRONCHIAL GLANDS: Pigmented; no tubercles.

MESENTERIC GLANDS: Enlarged and many were caseous.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE/
CAUSE OF DEATH: Tuberculosis.

POSTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the bronchial glands was eugonic and of low virulence for rabbit (Human). The guinea-pigs inoculated with the mesenteric glands died prematurely.
CASE 83.

W.D., male, aged 12.

DATE OF POST MORTEM: 25th December, 1914.

POST MORTEM NOTES.

LUNGS: Left: showed the presence of a few isolated tubercular nodules in its upper lobe. In lower lobe there was a well marked tuberculous pneumonia which seemed to have spread along a Bronchus at upper part of the lower lobe, for the change was much more marked here than elsewhere, and was distinctly demarcated from the lung tissue below. The formation of the nodules in this area was of the broncho-pneumonia type.

Right: similar, but here the middle and lower lobes were equally affected with the caseating tuberculous broncho-pneumonia.

LIVER: Showed five to six tubercles in its gastric surface; they measured about \( \frac{1}{4} \) inch in diameter. The capsule was somewhat thickened and adherent to diaphragm in its upper surface. On section: no evidence of tubercles. Under the diaphragm were several flattened caseous masses.
masses which in some cases were beginning to extend into liver substance.

**Spleen:** Capsule thickened and adherent to diaphragm. Several flattened caseous masses lying just below the capsule; on section: no tubercles were found in the substance.

**Kidneys:** Appeared healthy; no tubercles.

**Intestines:** Adhesions to abdominal wall generally; loops were so matted together that separation was impossible; transverse mesocolon was studded with numerous small tubercles; surfaces of intestine, where they were non-adherent, were seen to be studded with small round tubercles; here and there, occasional pockets containing tuberculous pus were formed between contiguous loops of intestine.

**Brain:** No definite tubercles; some small round bodies, suggestive of lymphatic cysts or possibly tubercles, in pia-arachnoid at region of cerebello-pontine angle.

**Cervical Glands:** Not markedly enlarged; no tubercles.

**Bronchial Glands:** Posterior mediastinal glands and root glands were enlarged and caseous and formed/
formed a sequence with the deep cervical glands which were similarly but less affected.

**MESENTERIC GLANDS:** The glandular enlargement here became more marked and in a more advanced condition than elsewhere.

**RESULT.**

**CLASSIFICATION:** Abdominal Tuberculosis.

**CAUSE OF DEATH:** Tuberculosis.

**PORTAL OF ENTRY:** Probably Alimentary.

**TYPE OF TUBERCLE BACILLUS:** The culture obtained from the mesenteric glands was dysgonic and of high virulence for rabbit. (Bovine.)
CASE 84.

J.A., male, aged 17. R.I.

PROVISIONAL DIAGNOSIS: —

DATE OF POST MORTEM: 14th, January 1915.

CLINICAL HISTORY: Admitted 1 ' 1 ' 15. Had been ill one month. Discharged as unfit for soldier. Had passed blood from bowel and had also vomited blood before admission. One week before admission complained of a sore throat. This had all the appearances of being specific, though bacteriological examination negatived this. Liver and spleen enlarged; tenderness over right Rectus.

POST MORTEM NOTES.

LUNGS: Left pleural sac contained a slight excess of clear serous fluid. Right pleural sac was obliterated by adhesions which were fairly easily broken down.

Left: extreme oedema.

Right: chronic pleurisy all over; some haemorrhages; well marked oedema and several nodules showing recent lymphatic spread of tubercles.

LIVER/
LIVER: Considerably enlarged; numerous minute irregularities on surface. On section: pale brown appearance with numerous minute opaque, yellow foci scattered over it.

SPLEEN: Greatly enlarged, moderately firm in consistence. On section: pale red appearance and showed scattered somewhat translucent areas suggestive of lymphadenoma. No Iodine reaction for Waxy.

KIDNEYS: Fairly well marked Iodine reaction.
Left: enlarged, fairly firm and pale; no great swelling of cortex.
Right: similar.

INTESTINES: Ileo-caecal valve showed an area of ulceration, the bowel being very friable and tearing at that point.

BRAIN: Beyond oedema, there was nothing to note.

BRONCHIAL GLANDS: Several of these and some of the Mediastinal glands were enlarged and showed grey tubercles.

MESENTERIC GLANDS: Enlarged but not markedly so; no tubercular changes. Some glands in the Retroperitoneum were greatly enlarged and showed a pale yellowish translucent appearance.
appearance; no caseous foci.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the lung was eugonic and of low virulence for rabbit (Human). The guinea-pigs inoculated with the retroperitoneal glands died prematurely.
CASE 85.

D.W., male, aged 41. R.I.

PROVISIONAL DIAGNOSIS: Tuberculous Pyelonephritis and Surgical Kidney; vesicular and urethral tuberculosis.

DATE OF POST MORTEM: 18th, January 1914.

CLINICAL HISTORY: Three and a half years ago admitted to Hospital and Nephrectomy was performed for a large tuberculous Kidney; returned last December with multiple tubercular foci in the bladder; had multiple tubercular strictures of the urethra; nephritis set in and he died with great lumbar pain.

POST MORTEM NOTES.

LUNGS: Old fibrinous adhesions at right & left apices and also at left base.

Right; well marked emphysema throughout. On section: emphysema and congestion.

Left; emphysema in upper lobe. On section: marked oedema in lower lobe.

LIVER: Small; On section: congestion and cloudy swelling; lobuli indistinct.

SPLEEN:
SPLEEN: Malpighian bodies indistinct; there were a few minute tubercles throughout the substance.

KIDNEYS: Left; enlarged, surface with many abscesses. Cortex swollen, greatly congested and showed pale areas in which were a number of small opaque yellow nodules. Pyramids congested and at upper and lower pole there was caseation and ulceration extending into pyramids. Pelvis and calyces extensively congested and showed a few small tubercles. Right testis enlarged, soft and the epididymus was converted into a caseous cavity. Left testis; fibrosis and tubercles in epididymus and through the body.

INTESTINES: Collapsed; no tubercular ulcers.

GLANDS: None of them were enlarged or tuberculous.

RESULT.

CLASSIFICATION: Tuberculosis of the Genito-urinary tract.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: Undetermined; the guinea-pigs inoculated with the tuberculous tissue died prematurely.
CASE 86.

R.F., male, aged 11/12.              R.H.S.C.

DATE OF POST MORTEM: 18th January 1915.

POST MORTEM NOTES.

LUNGS: Right; apex uniformly consolidated and of a grey brown colour; lower part of upper lobe showed emphysema. Lower lobe consolidated throughout and of a reddish brown colour, evidently one of acute pneumonia. Middle lobe emphysematous.

Left; Both lobes congested with patches of emphysema on their superficial aspect and free borders; no evidence of tuberculosis.

LIVER: Slightly enlarged and showed a pale yellowish colour throughout, probably from fatty change. No congestion and no tubercles.

SPLEEN: One or two minute tubercles on surface, apparently affecting the peritoneum over the organ only, as no tubercles were found in the substance.

KIDNEYS: Pale, and distinction between cortex and pyramids not well marked; no tubercles.

INTESTINES: Coils of small intestine were inseparably united by adhesions due to the advanced tubercles/
tubercles affecting the whole peritoneum; large intestine similar, the tubercles appeared to affect the peritoneal covering only. No ulceration.

BRAIN: Nothing of note.

BRONCHIAL GLANDS: Nothing of note; no tubercles.

MESENTERIC GLANDS: Enlarged and caseous.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE OF DEATH: Pneumonia.

PORTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the mesentric glands was dysgonic and of high virulence for rabbit (Bovine).
CASE 27.

E.D., female, aged 3.  R.H.S.C.

DATE OF POST MORTEM: 18th January 1915.

POST MORTEM NOTES.

LUNGS: Both were oedematous; fine Broncho-pneumonia was present in each of them and in all the lobes, but in each case the lower lobe was more affected. The anterior margins of the upper lobes of both organs were emphysematous.

LIVER: Pale with some yellowish fatty looking patches throughout the organ.

SPLEEN: Slightly enlarged and firm in texture; Malpighian bodies not especially prominent.

KIDNEYS: Outer surface pale in colour. On section: each was found to have a reddish tissue filling up the pelvis; cortex and medulla pale but otherwise nothing to note.

INTESTINES: Healthy; no congestion, no ulceration and no tubercles.

BRONCHIAL GLANDS: Not enlarged; no evidence of tuberculosis.

MESENTERIC GLANDS: Enlarged; but not caseous; pale in/
in colour and more or less homogeneous on section.

RESULT

Inoculation into guinea-pigs with the enlarged mesenteric glands gave negative result.
CASE 38.

D.S., male, aged 33/12. R.H.S.C.


POST MORTEM NOTES.

LUNGS: Right: lower 2/3 of upper lobe consolidated and in a state of grey hepatisation; upper 1/3 deeply congested but contained air, and margin sharply demarcated by the light coloured consolidated lung lying below it. Lower lobe showed a similar area of consolidation at its lowest portion posteriorly. Rest of organ including middle lobe engorged with blood. Left: acute congestion but no consolidation.

LIVER: Pale yellow in colour; some fatty change.

SPLEEN: Pinkish in colour; slightly enlarged; otherwise healthy.

KIDNEYS: Cloudy swelling.

INTESTINES: No ulceration nor any morbid change.

BRAIN: No meningitis, either acute or tuberculous.

CERVICAL GLANDS: Not enlarged and no tubercles.

BRONCHIAL GLANDS: Not enlarged and no tubercles.

MESENTERIC GLANDS: A dozen or so enlarged glands, most of which were pale in colour and evidently tuberculous in nature, although no/
no caseation was present. One or two of the glands, however, were pink in colour and evidently acutely enlarged.

RESULT:

The guinea-pigs inoculated with the enlarged mesenteric glands were free of tuberculosis.
CASE 89.

P.S., male, aged 41. R.I.

PROVISIONAL DIAGNOSIS: Empyema.

DATE OF POST MORTEM: 26th, January 1915.

CLINICAL HISTORY: Admitted on Saturday 23rd, January 1915, having been recommended by doctor for surgical treatment of empyema. Patient suffering from marked dyspnoea and later in the afternoon 65 ounces of fluid was withdrawn from left pleural sac and gave slight relief. Patient remained more or less in status quo until 6 p.m. 25.1.15 when he suddenly collapsed and died in a few minutes.

POST MORTEM NOTES.

LUNGS: Left pleural sac filled with blood stained fluid of a somewhat sticky character and pleura was thickened and covered with a layer of fibrinous exudate. The pleura over both lobes and also the parietal pleura was about a ⅛ inch thick and surface was ragged and congested. Whole pleura, visceral and parietal, was removed with the thoracic organs and formed/
formed a huge sac in which the effusion during life had been located.

**Left:** completely collapsed and on section airless; some caseous foci in upper lobe and one of these about size of hazel nut was softened and broken down. Rest of lung showed a good many miliary tubercles.

**Right:** voluminous and showed a large number of scattered tuberculous foci which were of varying size. Towards lower border posteriorly there was an infarct.

**Liver:** Somewhat enlarged, pale, soft and friable; fatty change. Lobular structure could not be made out and minute streaky patches of congestion were observable. A few miliary tubercles scattered throughout organ.

**Spleen:** Enlarged and showed patches of chronic thickening of the capsule; fairly soft consistence; on section: congestion and miliary tuberculosis; no evidence of waxy change.

**Kidneys:** Slightly pale, otherwise normal, but with numerous minute scattered tubercles.

**Intestines:** Distended and discoloured; numerous areas/
areas of constrictions in the small intestine could be observed from the outside. At these points the covering peritoneum contained small yellow tubercles. Large bowel had a dark purple colour obviously from containing blood. In small intestine there were a large number of typical tubercular ulcers extending down from beginning of Ileum to the Ileo-caecal valve. Transverse in direction and had an irregular margin and floor. These ulcers and the surrounding parts of the intestine were infiltrated with blood.

BRONCHIAL GLANDS: A large mass of caseous glands in the bifurcation of the trachea and this was partly calcified.

MESENTERIC GLANDS: A large number of large soft mesenteric glands and from one of these pus was expressed on section.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably respiratory.

TYPE/
TYPE OF TUBERCLE BACILLUS: The culture isolated from the lung and pleura was eugonic and of low virulence for rabbit (Human).
CASE 90.
J. N., male, aged 1 1/12.

PROVISIONAL DIAGNOSIS: INTUSSUSCEPTION.

DATE OF POST MORTEM: 1st February, 1915.


POST MORTEM NOTES.

Signs of intussusception of lower intestine.

OTHER ORGANS: Nothing to note.

MESENTERIC GLANDS: Enlarged throughout but with no evidence of tuberculosis. Some of them were slightly congested as well.

RESULT:

The guinea-pigs inoculated with the mesenteric glands did not develop tuberculosis.
CASE 91.

Mrs. C., aged 49.  

PROVISIONAL DIAGNOSIS: DIABETES MELLITUS.

DATE OF POST MORTEM: 3rd February, 1915.

CLINICAL HISTORY: Died the day after examination after 4 hours coma.

POST MORTEM NOTES.

LUNGS: Right; small in size; emphysema of upper lobe and margins. On section: extreme oedema and marked congestion.

Left: There were some scattered small tubercles over upper lobe. On section: throughout lower part of upper lobe there were scattered white patches of tuberculous Bronchopneumonia with some cavity formation. More anteriorly in that lobe there was a large cavity, the walls of which were covered in parts with caseous material under which there was a congested smooth lining ridged by projecting vessels and septa.

LIVER: Small and dark in colour; general congestion and lobules indistinct.

Spleen: Small and soft; pulp very pale and had a yellowish/
yellowish red tinge; malpighian bodies indistinct.

KIDNEYS: Right; rather small; surface pale; cortex small and light yellow in colour; some congestion in cortical and medullary vessels. Left; similar.


BRAIN: Engorgement of superficial vessels; oedema throughout and congestion of grey matter.

BRONCHIAL GLANDS: Glands at root of lungs not enlarged or tuberculous; those along trachea showed calcified nodules; some of the bifurcation glands showed calcification.

MESENTERIC GLANDS: Enlarged and white in colour; no tubercles.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE OF DEATH: Diabetes Mellitus.

PORTAL OF ENTRY: Probably respiratory.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the lung was eugonic and of low virulence for rabbit. (Human).
CASE 92.

F.R., female aged 7. R.H.S.C.

DATE OF POST MORTEM: 2nd February, 1915.

POST MORTEM NOTES.

LUNGS: Both showed marked oedema, otherwise healthy except for a slight degree of Emphysema at their free margin.

LIVER: Soft and slightly smaller than usual; anaemic; no waxy change; yellow in colour and fatty degeneration.

Spleen: Increase of fibrous tissue throughout; no waxy change; malpighian bodies difficult to identify and appeared to be atrophied.

KIDNEYS: Both very pale, fatty change; no waxy reaction.

INTESTINES: Empty and thin walled; no ulceration and no inflammatory change.

BRAIN: Oedematous; no meningitis.

CERVICAL GLANDS: Markedly enlarged; in some cases they were matted together by adhesions. On section: no caseation but a pale oedematous homogeneous, rather fleshy appearance.

Tonsils/
Tonsils similar.

BRONCHIAL GLANDS: All markedly enlarged. On section: all of a very pale whitish yellow colour and were homogeneous in appearance, cut easily and did not possess any excess of fibrous tissue and showed no caseation. Mediastinal glands on the whole similar.

MESENTERIC GLANDS: Enlarged and massed together; varied in size from that of a hazel nut to that of a small walnut; pale and homogeneous in structure, no caseation.

Axillary, Inguinal and other glands were similarly affected.

RESULT.

The guinea-pigs inoculated with the cervical and the mesenteric glands did not develop tuberculosis.
CASE 93.

D.W., male aged 20. R.I.

PROVISIONAL DIAGNOSIS: Congenital Syphilis.


CLINICAL HISTORY: Suffering from Congenital Syphilis
with lesions of eyes, ears and larynx.
Suddenly died after laryngoscopy.

POST MORTEM NOTES.

LUNGS: Old adhesions over right pleura and also over
outer aspect of left pleura.
Right; covered with old adhesions and
haemorrhages amongst these; the lung was
mottled red in colour and showed congestion
and a little oedema.
Left; small, emphysema of margins; on section:
similar to right but paler, and over the
posterior part of the lower lobe there was
a scar and strands of fibrous tissue running
through the substance.

LIVER: Small; on section, dark in colour, lobules
swollen and congested.

Spleen: Slightly swollen; malpighian bodies visible
and pale. Pulp congested.

Kidneys:
KIDNEYS: General congestion, surface smooth, minute haemorrhage points in pelvis.

INTESTINES: Wall thin, small lymphoid follicles rather prominent.

CERVICAL GLANDS: Enlarged and pale.

MESENTERIC GLANDS: Somewhat enlarged and pale.

OTHER GLANDS: Normal.

RESULT.

No tuberculosis was produced in the guinea-pigs inoculated with the cervical and mesenteric glands.
CASE 94.

D.B., male aged 8. R.H.S.C.

DATE OF POST MORTEM: 8th February, 1915.

POST MORTEM NOTES.

LUNGS: Both pleural cavities contained a yellowish green fluid; both lungs showed some general collapse especially right.

Right; old pleurisy at anterior free margin of upper lobe; recent pleurisy over all the lobes, deposits being free, granular and green in colour.

Left; old pleuritic adhesions between upper and lower lobes. No recent pleurisy. Both lungs showed no consolidation or evidence of tuberculosis.

LIVER: Somewhat enlarged, firm, pale in colour with numerous small opaque spots of irregular shapes and white in colour over its surface and throughout its substance.

SPLICEEN: Enlarged, somewhat fibrinous deposits in capsule; firm in consistence. Several flat nodules on its capsule. On section: numerous homogenous areas, mostly bile stained, were found;
found; these were firm and varied in shape.

**KIDNEYS:** Somewhat enlarged; in cortex were numerous wedge shaped areas like infarcts.

**INTESTINES:** Nothing to note.

**BRAIN:** Nothing to note.

**CERVICAL GLANDS:** Moderately enlarged, especially those of left side, some to size of hazel nut. On section: more or less homogeneous in appearance except one near sterno-mastoid muscle which, on section, showed one or two minute yellow caseous looking foci.

**BRONCHIAL GLANDS:** Enlarged to size of hazel nut and on section slightly pigmented with carbon and showed, here and there, one or two yellow spots which might be due to a tuberculous process; these spots were deeper in colour than the rest of the gland, which like all the other lymphatic glands was stained a pale yellow colour with bile. Glands in mediastinum were also similarly enlarged.

**MESENTERIC GLANDS:** Moderately enlarged; no caseation; three of them were calcified. Glands along aorta were enlarged, firm and elastic but with no caseation.

RESULT.
RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE OF DEATH: Undetermined.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the spleen was eugonic and of low virulence for rabbit. (Human). The guinea-pigs inoculated with the bronchial and the mesenteric glands did not develop tuberculosis.
CASE 95.

W.A., male, aged 37.

PROVISIONAL DIAGNOSIS: Sarcoma of Mesenteric glands.

DATE OF POST MORTEM: 10th February 1914.

CLINICAL HISTORY: Had a laparotomy done; abdomen full of glands; no other special lesions made out. Was troubled with an intractable diarrhoea which nothing seemed to benefit.

POST MORTEM NOTES.

LUNGS: Enlarged, and showed emphysema at margins and old adhesions between lobes. On section: uniformly black and showed considerable oedema and congestion.

LIVER: Enlarged; surface smooth and substance moderately soft and pale green in colour.

Spleen: Much enlarged and firm; pulp dark; Malmighian bodies enlarged and deep in colour.

KIDNEYS: Cortex pale pink and slightly swollen; regular and no thickening of vessels.

INTESTINES: Nothing to note beyond congestion and some oedema.

MESENTERIC GLANDS: A great mass of enlarged glands
in mesentery and also along Aorta; also nu-
merous white nodules along Colon, in Omentum
and over visceral peritoneum; on section:
soft and white in colour with pink mottlings.
Enlarged glands could be traced up to post-
erior mediastinum and to root of neck.

RESULT.

No tuberculosis was produced in the guinea-
pigs on inoculation with the enlarged mesenteric
glands.
CASE 96.

T.H., male, aged 22.

R.I.

PROVISIONAL DIAGNOSIS: Acute Broncho-pneumonia; tuberculous.

DATE OF POST MORTEM: 18th February 1915.

CLINICAL HISTORY: Has apparently had pulmonary tuberculosis for about 2½ years. About 3 weeks ago he became suddenly acutely ill and on admission on 6th February exhibited all the signs of an acute pleuro-broncho pneumonia. Tubercle bacilli were found in sputum and many pneumococci and other organisms. Improved slightly at first, then got worse and finally died.

POST MORTEM NOTES.

LUNGS: Both pleural cavities obliterated by old fibrous adhesions.

RIGHT; at apex adhesions were extremely firm and lung tissue was lacerated by removal. On section: at apex was an elongated old tuberculous cavity with caseous lining and dense fibrous tissue outside this. Several bronchi communicated with the lower part/
part of the cavity. In lower part of upper lobe was a much smaller but chronic cavity. Lower lobe was congested and showed small grey patches of recent tuberculous bronchopneumonia; there was definite consolidation around the obviously tubercular area.

Left: adhesions especially dense over apex. On section: there was at outer part of apex an old chronic cavity similar to that in right. Throughout lower lobe was general congestion and scattered small clusters of tubercles, especially on outer and posterior aspects. In lower margin there were fibroid areas with some encapsulated tubercles.

LIVER: General pallor of lobules; no tubercles seen.

SPLEEN: Malpighian bodies appeared swollen and pale pink; amyloid reaction with Iodine.

KIDNEYS: Cortex considerably diminished; no waxy reaction and no tubercles.

INTESTINES: Mucous membrane pale; doubtful waxy reaction; no ulceration.

BRONCHIAL GLANDS: Glands at bifurcation of trachea and root of lungs were much enlarged, congested and oedematous. One showed an old calcified/
calcified nodule.

MESENTERIC GLANDS: Rather prominent and pale yellow in colour; no naked eye evidence of tuberculosis. Glands along Aorta not enlarged.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The cultures isolated from the lung and the bronchial glands were eugonic and of low virulence for rabbit (Human). The guinea-pig inoculated with the mesenteric glands did not develop tuberculosis.
CASE 97.

J.M., male, aged 18. R.I.

PROVISIONAL DIAGNOSIS: Fractured skull.

DATE OF POST MORTEM: 22nd February 1915.

CLINICAL HISTORY: History of injury to skull; broncho-pneumonia set in and patient died 2 weeks later.

POST MORTEM NOTES.

LUNGS: Right; emphysema of upper and middle lobe; general congestion, and considerable number of small grey areas of broncho-pneumonia.
Left; emphysema throughout; broncho-pneumonia not evident, otherwise similar to right.

LIVER: Pink in colour with yellow mottlings; lobules indistinct.

Spleen: Small, soft and atrophy.

KIDNEYS: General atrophy of organs.

BRONCHIAL GLANDS: Slightly swollen and pigmented.

MESENTERIC GLANDS: One or two calcified glands in Ileo-caecal angle.

RESULT.

The guinea-pigs inoculated with the calcified mesenteric glands were free of tuberculosis.
CASE 98.

M.M., female, aged 2 10/12. R.H.S.C.

DATE OF POST MORTEM: 23rd, February 1915.

POST MORTEM NOTES.

LUNGS: Some old pleurisy of both lungs; no tubercles. Right: apex showed several white caseous tubercular nodules, varying in size from sub-miliary to millet seed and appeared to be of bronchopneumonic type. Cavities of the grey bronchopneumonic patches and some bronchiectases in upper lobe, and fine grey bronchopneumonic patches in lower lobe. Left: upper lobe showed numerous cavities throughout its whole extent, some containing caseous material and pus. Lower lobe showed several grey patches of bronchopneumonia, also numerous small cavities containing yellow material simulating caseous matter.

LIVER: No tubercles.

Spleen: Several miliary tubercles on surface and in substance.

Kidneys: Beyond two white points on surface of cortex/
cortex under capsule suggesting submiliary tubercles, there was nothing to note.

**INTESTINES:** Jejunum and Ileum: numerous ulcers, most of them showed thickening of the serous coat overlying them, and here too on the serous surface, in the majority of cases, numerous small white tubercles; elsewhere it was free from these. The ulcers were relatively chronic, at four points adhesions had taken place between different loops of bowel and in every case an ulcer was found in the gut at these sites. The Ileum near Ileo-caecal valve was extensively ulcerated. Large intestine: ulcers were also seen in different parts.

**BRAIN:** One or two minute tubercles along some of the smaller vessels on the under surface of the right occipital lobe anteriorly. Tubercular tumours measuring \( \frac{1}{4} \)" and \( \frac{1}{2} \)" were found on the left occipital lobe and in the pericentral gyrus of the left side respectively. On section: several of the Sulci in the immediate vicinity were found to contain three or more small miliary tubercles;
in addition small grey submiliary tubercles; were found dotted over the surface of all the lobes of the Cerebrum. No tubercles were seen on Cerebellum.

CERVICAL GLANDS: Slightly enlarged; no caseation.
BRONCHIAL GLANDS: Not enlarged or very slightly; no caseation.

MESENTERIC GLANDS: Enlarged, mainly those of the intermediate zone, and of size of an ordinary bean. On section: a few of them were found to show areas of caseation, while others were pale and homogeneous in colour and texture.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.
CAUSE OF DEATH: Tuberculosis.
PORTAL OF ENTRY: Probably Alimentary.
TYPE OF TUBERCLE BACILLUS: The cultures obtained from the mesenteric glands and the brain were dysgonic and of high virulence for rabbit (Bovine).
CASE 99.

R.D., male, aged 60. R.I.

PROVISIONAL DIAGNOSIS: Malignant Tumour of Mediastinum.

DATE OF POST MORTEM: 2nd, March 1915.

CLINICAL HISTORY: For eight years has had difficulty in swallowing. This difficulty had greatly increased, till now he could only swallow fluids. Gastrostomy performed.

POST MORTEM NOTES.

LUNGS: Both showed emphysema.

Left: showed two white opaque areas of growth, one of which was softening and showed pleurisy over it. Intervening portions showed oedema and congestion.

Right: showed at apex areas of caseation surrounded by fibrous tissue.

LIVER: Pale, soft and friable.

Spleen: Slightly enlarged, soft and pale.

EPITHELIOID of OESOPHAGUS.

BRONCHIAL and MESENTERIC GLANDS: Nothing to note.

RESULT:
RESULT.

CLASSIFICATION: Miscellaneous; chronic nodular tuberculosis.

CAUSE OF DEATH: Malignant Tumours.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLI: The guinea-pigs inoculated with the fibro-caseous nodules of the lung developed tuberculosis but no culture was obtained owing to an accidental contamination.
CASE 100.


PROVISIONAL DIAGNOSIS: Delirium Tremens.

DATE OF POST MORTEM: 5th, March 1915.

CLINICAL HISTORY: Admitted on 2nd, March, very excited. Pulse rapid, respiration slightly rapid. On 3rd, March, temperature rose to 105.4. Died on the following morning. He showed no physical signs of chest trouble.

POST MORTEM NOTES.

LUNGS: Left pleura obliterated by firm adhesions; right also showed scattered adhesions, particularly anteriorly.

Left: Deeply congested and oedematous.

Right: In the upper part of the upper lobe was a fibroid area of old tubercle, with a cavity; remainder of organ was oedematous.

LIVER: Pale, soft and friable; some fatty changes.

Spleen: Small, dark in colour and chronic venous congestion.

KIDNEYS: Pale, soft and friable.

BRAIN: Markedly oedematous; no tubercles.

BRONCHIAL GLANDS: A calcareous gland at root of right/
right lung.

MESENTERIC GLANDS: Normal.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE OF DEATH: Delirium Tremens?

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the lung was eugonic and of low virulence for rabbit (Human).
CASE 101.

J.M., male aged 67.  R.I.

PROVISIONAL DIAGNOSIS: Arterio-sclerosis.

DATE OF POST MORTEM: 10th, March 1915.

CLINICAL HISTORY: Was in good health till a year ago; then shortness of breath, palpitation and pain over heart; had bronchitis later on; retention of urine followed and malaena two days before death.

POST MORTEM NOTES.

LUNGS: Collapse of lower two posterior parts; emphysema of anterior margins; cicatrisation with fibrosis at apices; caseation at lower part of left side; rest of upper lobes showed oedema, and lower parts collapse.

LIVER: Pale, soft and friable.

SPLEEN: Atrophy and soft.

KIDNEYS: Markedly diminished in size; tough, pale, on section, narrowing of cortex and roughening of surface.

GLANDS: Nothing to note.

RESULT/
RESULT.

The guinea-pigs inoculated with the caseous tissue of the lung did not develop tuberculosis.
CASE 102.

W.F., male, aged 38. R.I.

PROVISIONAL DIAGNOSIS: Mitral Incompetence; Kidney Disease.

DATE OF POST MORTEM: 10th, March 1915.

CLINICAL HISTORY: Ill for four years. Liver found greatly enlarged and causing great pain. Albumin in urine. Before death brought up a good deal of red blood, presumably from lung.

POST MORTEM NOTES.

LUNGS: Right; apex adherent; calcified nodules in it and old strands of fibrous tissue running through it; lower lobe was mottled and showed congestion and oedema.

Left; marked emphysema of upper lobe; on section; congestion and oedema, and two large infarcts in the upper part of the lower lobe.

LIVER: Small; chronic venous congestion.

SPLEEN: Small, very firm and chronic venous congestion.

KIDNEYS: Right; an old infarct at middle of outer border/
border.

Left; several old scars; chronic venous congestion.

INTESTINES: Slight congestion at Duodenum.

BRONCHIAL GLANDS: Enlarged at left side.

OTHER GLANDS: Normal.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged bronchial glands.
CASE 103.

J.W., male, aged 72.

PROVISIONAL DIAGNOSIS:

DATE OF POST MORTEM: 15th March 1915.

CLINICAL HISTORY: Illness dated from last December, when he complained of waterbrash. In January he began to have pain in the region of the stomach and also vomited about an hour after food. Has been getting steadily thinner; great difficulty at micturition.

POST MORTEM NOTES.

LUNGS: Both were small.

Right: recent pleurisy over the upper lobe and emphysema at the margins. Consolidation of the lower part of upper lobe being grey and granular. There were scattered patches of bronchopneumonia in lower lobe.

Left: emphysema of upper lobe and puckering at apex; and old caseous and calcified and encapsulated tubercular area near apex. Lower lobe congested and oedematous, and mottled with grey patches of bronchopneumonia/
bronchopneumonia.

LIVER: Atrophied and congested.

Spleen: Much atrophied and showed a calcified patch in its capsule.

Kidneys: Small, pallor of cortex and general uniform atrophy.

Intestines: Atrophied and collapsed.

Glands: None of them were enlarged or diseased.

RESULT.

CLASSIFICATION: Pulmonary Tuberculosis.

Cause of Death: Undetermined.

Portal of Entry: Probably Respiratory.

Type of Tubercle Bacillus: The culture isolated from the lung was eugonic and of low virulence for rabbit. (Human).
CASE 104.

J.B., female, aged 14.

R.I.

PROVISONAL DIAGNOSIS: Mitral Stenosis and Incompetence.


CLINICAL HISTORY: Previous history of scarlet fever, rheumatism and chorea; few years later followed by various symptoms and signs of heart affection.

POST MORTEM NOTES.

LUNGS: Haemorrhages into substance of organs; left lower lobe collapsed, upper lobe congested and oedematons.

HEART: Diseases of the Mitral valve.

LIVER: Enlarged, dark purple in colour; chronic venous congestion and oedema.

Spleen: Enlarged, firm and showed well marked chronic venous congestion.

KIDNEYS: Well marked chronic venous congestion.

MESENTERIC GLANDS: Several were enlarged and one calcareous.

OTHER GLANDS: Normal.

RESULT/
RESULT.

The guinea-pigs inoculated with the calcareous mesenteric gland did not develop tuberculosis.
CASE 105.

E.W. female, aged 23.  

PROVISIONAL DIAGNOSIS: Thickened right pleura.

DATE OF POST MORTEM: 26th March, 1915.

CLINICAL HISTORY: Illness began with pneumonia of right side, eight weeks before admission; total duration of illness eleven weeks. Had no crisis; empyema was suspected and aspirated twice but no pus found. On admission there was dullness, absence of breath sounds and greatly diminished vocal resonance over right chest behind and below scapular spine. Right pleura explored; no pus found. Patient was then pregnant and after birth of a seven months' child temperature and physical signs were such as to suggest an empyema; but twice tappings with large needles produced no pus. Loss of weight and sweat a good deal; no tubercle bacilli found in sputum; leucocytes 8,200. Patient gradually went downhill and died.

POST/
POST MORTEM NOTES.

LUNGS: Right pleura obliterated with old thick adhesions.

Right: Both visceral and parietal layers were studded with yellow tubercles. Over the upper lobe the layers were fused, but over the lower lobe they were separated by a pale gelatinous clot and some unabsorbed blood. Lower lobe congested and collapsed; upper lobe likewise.

Left: Emphysema of upper lobe; slight collapse of inferior border; on section: congestion and oedema.

LIVER: Normal size; soft; over the surface were many minute tubercles. On section: pallor and yellow mottlings, but no visible tubercles.

SPLEEN: Not enlarged, some tubercles and fibrinous exudate on the surface. On section: general congestion of pulp.

KIDNEYS: Normal size; on section: cloudy swelling and congestion.

INTESTINES
INTESTINES: Large; lengthy and distended.
      Small; Collapsed.

CERVICAL GLANDS: Slight congestion.

BRONCHIAL GLANDS: Showed small tubercles.

MESENTERIC GLANDS: Not enlarged; pale and yellow on section. Those glands at Ileo-cecal angle were enlarged in several cases with small caseous tubercles.

RESULT:

CLASSIFICATION: Pulmonary Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The culture obtained from the bronchial glands was eugonic and of low virulence for rabbit. (Human).
CASE 106.

R.L., male, aged 28.  R.I.

PROVISIONAL DIAGNOSIS: Acute Bronchitis; Congestion of left lung.

DATE OF POST MORTEM: 26th March, 1915.

CLINICAL HISTORY: Suffering from a chronic cold for some months past; severe dyspnoea at beginning of the month. No physical signs; intense cyanosis and oedema.

POST MORTEM NOTES.

LUNGS: Right; Small and distorted; lower lobe collapsed and fibrosed; on section: oedema and congestion; marked bronchitis.

Left: Small and distorted; lower lobe collapsed; marked bronchitis.

LIVER: Small and much distorted; chronic venous congestion and fatty change.

SPLEEN: Small; two small old calcified nodules in substance.

KIDNEYS: Small; cloudy swelling and chronic venous congestion.

INTESTINES: Congestion of mucous membrane.

BRONCHIAL GLANDS: Old calcified masses at right root glands.
glands.

OTHER GLANDS: Normal.

RESULT.

The guinea-pigs inoculated with the calcareous bronchial glands remained healthy.
CASE 107.

D.M., male, aged 18.

PROVISIONAL DIAGNOSIS: Epilepsy.


CLINICAL HISTORY: Fits about 20 in a day, consisting of rhythmic clonic movement of the whole body; unconscious till death.

POST MORTEM NOTES.

LUNGS: Right; small and emphysematous; considerable congestion and oedema, especially lower lobe which also showed some collapse. No definite consolidation.

Left: similar.

LIVER: Small, soft and dark.

SPLEEN: Small and soft; pulp red; malpighian bodies small.

KIDNEYS: Rather small; cortex swollen and pale yellow in colour; pyramids congested.

BRAIN: Several oval areas, one about 4 cm. across, hard to touch, white in colour and replaced grey matter on surface. An old caseous gland near head of pancreas.

OTHER/
OTHER GLANDS: Nothing to note.

RESULT.

No tuberculosis was produced in the guinea-pigs on inoculation with the caseous gland near the pancreas.
CASE 108.

M.S., female, aged 22. R.I.

PROVISIONAL DIAGNOSIS: Tuberculous peritonitis.

DATE OF POST MORTEM: 9th April 1915.

CLINICAL HISTORY: Underwent an operation for appendicitis (tuberculous) and suddenly leg became painful and oedematous; patient gradually collapsed.

POST MORTEM NOTES.

LUNGS: Right; very pale and anaemic; at the lower border of lower lobe there were two haemorrhagic infarcts. On the pleura were some fine fibrous points which suggested tubercles. No other indication of tuberculosis in lung. Left: there were two small infarcts at the lower border of lower lobe; the lung was intensely pale and anaemic, and contained extremely little blood; no oedema or any sign of tuberculosis.

HEART: Small in size; pericardium white and opaque; no tubercles.

LIVER: A few small miliary tubercles on the surface. On section: moderate fatty degeneration and also/
also a few miliary tubercles.

SPLEEN: Somewhat small and moderately firm. Malpighian bodies were hardly visible to the naked eye. No miliary tubercles seen.

KIDNEYS: Capsule stripped off easily leaving a smooth surface. No tubercular nodules seen.

INTESTINES: Jejunum; there were two ulcers, each of which had reached the serous coat and had perforated, but in the lower of the two the escape of the contents had been prevented by adhesions of a recent fibrinous type. Ileum; numerous ulcers towards the lower end especially. These were in the form of a ring extending round the whole lumen of the bowel. They had this form even when they were of about the width of \( \frac{1}{4} \) inch. There was one large ulcer near the lower end of the large intestine.

PERITONEAL CAVITY: On opening abdomen there was a considerable amount of turbid, yellow fluid in pelvis and flanks. A considerable amount of flaky, yellow lymph between coils of intestines. The ridge of the lower border of Omentum was slightly adherent to a coil of/
of intestine at the posterior brim of the pelvis of the right side. Before dissecting out the structure, a thrombus extending from the Common Iliac vein of the left side to the External Iliac and to the Femoral vein for about 6 inches, a small perforation had formed near the site of the wound. Another small perforation, 6 inches above Ileo-caecal valve, at the site of a tuberculous ulcer. No general tuberculous peritonitis.

BRONCHIAL GLANDS: No indication of tuberculosis.

MESENTERIC GLANDS: Moderately enlarged and caseous.

RESULT.

CLASSIFICATION: Abdominal Tuberculosis.

CAUSE OF DEATH: Tuberculosis; Thrombosis.

PORTAL OF ENTRY: Probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The cultures isolated from the lung, the spleen, and the liver were all dysgonic and of high virulence for rabbit (Bovine).
CASE 109.

M.T., female, aged 51.

PROVISIONAL DIAGNOSIS: Tuberculous abscess over rib and Tuberculous Synovitis of Wrist.

DATE OF POST MORTEM: 20th April 1915.

CLINICAL HISTORY: Duration of illness 3 years.

Admitted 22-3-15, with a tuberculous abscess over rib and tuberculous synovitis of wrist. On 14th April patient went off her head and later in the day became comatose with stertorous breathing. She had suppression of urine and a catheter specimen revealed no albumin or sugar, but a slight trace of pus. She got gradually worse and was unconscious all day on Saturday. Died the following morning.

POST MORTEM NOTES.

LUNGS: Small adhesions over both apices.


Left: In inner part of apex was an irregular/
irregular cavity with caseous lining, communicating with ascending bronchus; around were several smaller cavities with haemorrhages in their walls and caseous contents. Scattered around were grey patches of tuberculous bronchopneumonia. In lower lobe were a few scattered small tubercles, general congestion and oedema of the lobe.

**LIVER:** Small, right lobe elongated and constricted at its middle. On section: lobules were swollen, pale and congested, and one or two circumscribed areas resembling adenomata. There were a very few tubercles on the surface.

**Spleen:** Normal in size, soft and showed a few small tubercles over the surface. On section: pulp was of a uniformly pink colour.

**Kidneys:** Normal in size, surface smooth and congested. There were a few small cysts on the surface and one or two indefinite tubercles. On section: Superficial cortex narrowed, deep cortex relatively larger; marked pallor of tubercles. There were a few projections around openings of ureters in/
in Bladder somewhat resembling tubercles.

INTESTINES: Nothing to note. No ulcers.

BRAIN: Pia-arachnoid was opaque at base and showed many small indefinite tubercles scattered throughout. One or two large tubercles over occipital lobe. On section: in occipital lobe there were little caseous areas in substance. Spinal cord: no obvious tubercles.

CERVICAL GLANDS: Not enlarged nor tuberculous.

BRONCHIAL GLANDS: On section: indefinite tubercles.

MESENTERIC GLANDS: Not enlarged nor tuberculous.

RESULT.

CLASSIFICATION: Generalized Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The cultures isolated from the lung, the meninges, and the rib were all eugonic and of low virulence for rabbit. (Human.)
CASE II0.

E.G., female, aged 59.

PROVISIONAL DIAGNOSIS: Alcoholism; Influenza.

DATE OF POST MORTEM: 25th, April.

CLINICAL HISTORY: Admitted 22nd, April; was recommended as a cerebral case with low delirium.

On admission no delirium but very confused and unable to answer questions. Nothing to note in Nervous system, chest and abdomen.

POST MORTEM NOTES.

LUNGS: Left pleural sac showed adhesions towards apex and also base.

Left; scattered tubercles, more marked and larger in upper lobe; intervening portion of lung showed congestion and oedema.

Right; pigmentation and some emphysema along anterior border. On section: minute tubercular foci scattered throughout it with oedema and congestion in the intervening parts.

LIVER: Small, pale, very soft and friable; showed some small areas with overgrowth of fibrous tissue. No obvious tubercles.

SPLEEN/
SPLEEN: Adherent to Omentum and diaphragm; not enlarged; somewhat soft and showed scattered tubercles in its substance.

KIDNEYS: Small, pale, soft and in parts showed numerous scattered tubercles.

BRAIN: No obvious tubercles.

BRONCHIAL GLANDS: The right bronchial glands were especially large and showed grey tubercles as well as calcification. The Mediastinal glands were enlarged, pigmented, firm and in places calcified.

MESENTERIC GLANDS: Not obviously enlarged; retroperitoneal glands enlarged, firm and showed caseous foci.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Undetermined, probably tuberculosis.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The Culture isolated from the spleen was eugonic and of low virulence for rabbit (Human). The guinea-pigs inoculated with the bronchial glands did not develop tuberculosis.
CASE 111.

J. J., male, aged 32.

PROVISIONAL DIAGNOSIS: Tuberculous chronic pleurisy.

DATE OF POST MORTEM: 28th April 1915.

CLINICAL HISTORY: Illness began with pneumonia in November 1914. Three weeks later developed pleurisy with effusion in right side. This was twice tapped (50 and 10 ounces obtained). Guinea-pigs were injected with fluid with negative result for tuberculosis. Has been twice tapped since then: also left pleura a week ago when 25 ounces were obtained. No tubercle bacilli were found. Fluid not purulent. Dullness over both lungs posteriorly especially towards bases. Heart dilated, circulation had failed lately: much oedema and cyanosis. Respiration very much embarrassed. Patient flushed and perspired at night: temperature remittent throughout.

POST MORTEM NOTES.

LUNGS: Left pleura contained a large quantity of fluid with flakes of lymph. Right pleura showed adhesions anteriorly.
anteriorly and at base with thickening of a curious caseous appearance.

**Left:** on section: oedema, congestion and scattered lymph spread tubercles. No large areas and no cavities.

**Right:** thickening of pleura especially over lower lobe with small tubercular foci in the thickened pleura. Substance of lung showed oedema but no tubercular foci. Tubercles could be seen extending inwards along space between the lobes, but not into the lung itself.

**LIVER:** Tuberculous perihepatitis; pale, soft and friable. Some small caseous nodules in substance.

**SPLEEN:** Enlarged and showed tuberculous peri-splenitis. On section: substance congested; several yellow caseous foci scattered throughout.

**KIDNEYS:** Pale, soft and friable; a few small caseous foci.

**INTESTINES:** No ulceration.

**PERITONEAL CAVITY:** Peritoneum showed adhesions, very firm between Liver and Spleen and parietes. Capsules/
Capsules of both these organs thickened and caseous. There were small tubercular foci scattered throughout peritoneum covering small intestine, and infiltrating Omentum which was shrunken.

BRONCHIAL GLANDS: Nothing to note; glands in Mediastinum, particularly of right side, formed a caseous mass.

MESENTERIC GLANDS: Slightly enlarged, but not obviously tuberculous.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The Cultures obtained from the lung and the spleen were eugonic and of low virulence for rabbit (Human).
CASE 112.

J.S., female, aged 21.

PROVISIONAL DIAGNOSIS: Uraemia.

DATE OF POST MORTEM: 29th April, 1915.


POST MORTEM NOTES.

LUNGS: Emphysema of upper lobes; scattered haemorrhages in pleura over lower lobes. On section: intense congestion and oedema, with haemorrhages in places.

LIVER: Congestion and cloudy swelling.

Spleen: Soft and congested.

Kidneys: Congestion and cloudy swelling.

Intestines: Nothing to note.

Brain: Haemorrhage on frontal lobes; rupture of the anterior communicating artery of the right anterior cerebral artery.

Bronchial glands: At root of right lung there was an old calcareous gland.

Other glands: Nothing to note.

RESULT/
RESULT.

The guinea-pigs inoculated with the calcareous bronchial gland did not develop tuberculosis.
CASE 113.


PROVISIONAL DIAGNOSIS: Tuberculous Meningitis.


CLINICAL HISTORY: Duration of illness - since 14th April. Symptoms - headache, vomiting, stupor, Kernig's sign, slight head retraction, strabismus, unconsciousness.

POST MORTEM NOTES.

LUNGS: No adhesions over surface. There were a few small tubercles scattered over pleurae. Emphysema of upper lobes and margins. On section: scattered small tubercles throughout both lungs. Elsewhere much congestion and oedema.

LIVER: Soft; on section: much congestion; lobules swollen and showed some fatty degeneration.

SPLEEN: Not enlarged; soft. On surface were many small tubercles. On section general congestion of pulp and many small tubercles throughout.

KIDNEYS: Both showed congestion of all vessels, pallor of tubules, and a few indefinite grey/
grey tubercles on the surface and on section.

INTESTINES: No tubercles and no ulceration, but a few localised, congested areas in lower end of small intestine.

BRAIN: Congestion of surface vessels. Around base was much gelatinous exudate, and extending upwards along vessels in Sylvian fissures, and over Cerebellum were many small tubercles. On section: much oedema of brain and considerable excess of fluid in ventricles.

BRONCHIAL GLANDS: Along lower part of Trachea, were enlarged and firm and showed caseous deposits, becoming confluent in some places. At bifurcation of trachea and roots of lungs were much larger and more caseous, firm glands, one or two closely applied to large pulmonary vessels, but no gross invasion visible.

MESENTERIC GLANDS: Glands along abdominal Aorta and in mesentery were slightly oedematous, but showed no tubercles.

RESULT/
RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The cultures isolated from the bronchial glands, the spleen, and the meninges were all eugonic and of low virulence for rabbit. (Human).
CASE 114.


PROVISIONAL DIAGNOSIS: Typhoid fever - Widal.


POST MORTEM NOTES.

LUNGS: Right pleural sac showed a large number of small grey tubercles scattered all over, mainly/
mainly parietal pleura. Lower border attached to diaphragm and, on separating, great numbers of tubercles were seen. Small grey tubercles were seen on pleural apex. Right; Somewhat collapsed, especially area of lower border. This area showed an immense number of tubercles and areas of caseous pneumonia. A few tubercles scattered through rest of lung. Left; Congested crepitant, and showed a few grey tubercles.

LIVER: Small, adherent to diaphragm over both lobes; scattered tubercles could be seen, and the organ was soft and friable.

SPL EEN: Bound down to diaphragm by firm adhesions; showed numerous tubercles on the surface and, on section, numerous scattered tubercles. Not enlarged.


BRONCHIAL GLANDS: At the right side greatly enlarged and caseous.
MESENTERIC GLANDS: Somewhat enlarged, showing no distinct evidence of tuberculosis. Mesentery showed miliary tubercles on surface.

RESULT:

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The cultures obtained from the bronchial, and the mesenteric glands were dysgonic and of high virulence for rabbit. (Bovina).
CASE 115.


CLINICAL HISTORY: An ulcer with raised edges and rather carcinoid outline, situated at lower third of front of right leg. It began six years ago, and healed up in about two months. Three years ago it broke down again but healed in three or four months with wet dressings. Broke out about a year ago.

RESULT.

CLASSIFICATION: Disease of the Skin.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from a scraping of the diseased tissue was eugonic and of low virulence for rabbit (Human).
CASE 116.

W.H., male, aged 47. R.I. Ward 32.

PROVISIONAL DIAGNOSIS: Cardiac Failure.


POST MORTEM NOTES.

LUNGS: Some fluid in upper part of both pleurae and oedematous adhesions over the lower parts. Right; adhesions as noted; emphysema of apex and margins. On section: marked oedema and congestion; especially the former. Left; similar; in the lower lobe posteriorly there was a small area of fibrosis.

HEART: Greatly enlarged; pericarditis; dilatation of valves with vegetation of Aortic.

LIVER: Enlarged; capsule thickened. On section: lobules were swollen and ill defined and there was some patchy venous congestion.

Spleen: Not enlarged; an old adhesion over lower pole/
pol. The surface was studded with small grey tubercles. On section: pulp congested and contained many small tubercles.

KIDNEYS: Right; enlarged, capsule adherent, surface finely granular and there was a number of small cysts. On section: along lines of vessels and pyramids, there were several white points.

Left: similar on the whole.

INTESTINES: Congested and covered with stringy mucus.

BRAIN: Oedema.

BRONCHIAL GLANDS: Swollen, congested and oedematous.

MESENTERIC GLANDS: About four feet below duodenum, there was a rounded, cystic body about the size of a tennis ball. On section: contents resembled milk; wall was thin and had glistening lining to which adhered yellow particles not unlike cream.

RESULT.

The guinea-pigs inoculated with the spleen and the caseous cyst did not develop tuberculosis.
CASE 117.


PROVISIONAL DIAGNOSIS: Acute Endocarditis.

DATE OF POST MORTEM: 22nd, July 1915.

CLINICAL HISTORY: On 5th, July 1915, patient suddenly developed a very bad cough with great dyspnoea and was immediately admitted to Hospital. No lung signs. Double murmurs in all areas. Temperature went up but was better for a few days. Took a fit and died almost immediately.

POST MORTEM NOTES.

LUNGS: Congestion and oedema.

HEART: Greatly enlarged. Small recent vegetation in Aortic and Mitral valves.

LIVER: Enlarged; chronic perihepatitis.

SLEEN: Firmly adherent to surroundings, somewhat soft and friable, and dark in colour.

KIDNEYS: Both enlarged and showed chronic venous congestion.

BRONCHIAL GLANDS: Glands in Mediastinum enlarged, congested, but showed no evidence of tubercles.

OTHER/
OTHER GLANDS: Normal.

RESULT:

No tuberculosis was produced in the guinea-pigs on inoculation with the enlarged bronchial and mediastinal glands.
CASE 118.


PROVISIONAL DIAGNOSIS: Genito-urinary tuberculosis.

DATE OF POST MORTEM: 13th, September 1915.

CLINICAL HISTORY: Had been ill for four years. On admission, patient was very ill. There were tubercle bacilli in abundance in the urine, and there was much cystitis. Patient had much pain over Kidney and bladder regions, especially two days before death. Three days ago patient became obviously worse. Later, began to vomit and it was noticed that he passed much altered blood by the bowel. He died suddenly with extreme air hunger, but he had previously been so pale that the diagnosis of fatal haemorrhage was very uncertain.

POST MORTEM NOTES.

LUNGS: Old adhesions over apex of right upper lobe and over left apex.

Right: a chronic phthisical cavity in the outer part of apex with clusters of small tubercles found. Lower lobe showed congestion.

Left: also a chronic cavity at apex, with somewhat/
somewhat chronic tubercles around. A small patch of firm, grey tubercles at the root of lower lobe.

**LIVER:** Small; congestion and cloudy swelling.

**SPLAEN:** Flabby and congested.

**KIDNEYS:** Right; enlarged; On section: substance was destroyed and there remained only loculi filled with caseous material. The pelvis was obliterated and filled with caseous material, and the upper part of the cortex was fibroised and almost obliterated.

Left; Enlarged but smaller than right; capsule stripped fairly readily; showed tubercles on surface. On section: several cavities filled with caseous material, some of it calcified and having an irregular, caseous wall. The upper pole of the kidney was less involved and showed a number of tubercles scattered throughout. The cortex was swollen and congested.

**INTESTINES:** Patchy congestion in large intestine; several tuberculous ulcers at the caeco-colic sphincter; also in the ascending colon.

**BRONCHIAL GLANDS:** All enlarged, especially those
at the roots.

MESENTERIC GLANDS: Several were hard and of old calcareous glands; biggest one about size of pea. Glands in retroperitoneum and along Aorta were enlarged, being pale and soft, but not definitely tuberculous; largest one being about size of bean.

RESULT.

CLASSIFICATION: Generalised Tuberculosis.

CAUSE OF DEATH: Tuberculosis.

PORTAL OF ENTRY: Evidence inconclusive, probably Alimentary.

TYPE OF TUBERCLE BACILLUS: The cultures isolated from the Mesenteric and retroperitoneal glands, and the lung were dysgonic and of high virulence for rabbit (Rovine).
CASE 119.

PROVISIONAL DIAGNOSIS: Acute Incompetence and Stenosis.


HEART: Bruit at Aortic Mitral and Tricuspid; became gradually worse and fluid in pleural cavities withdrawn eight times. Albuminuria.

POST MORTEM NOTES.

LUNGS: Adhesions of both apices, and at lower and outer part of right lung. Emphysema of both upper lobes. Collapse of inferior borders and of left lower lobe. On section: oedema and chronic venous congestion. At left apex was a fibro-calcareous nodule of size of pea.

HEART: Much enlarged; all chambers dilated; Aortic valve incompetent.

LIVER/
LIVER: Small and firm. On section: Atrophy and well marked chronic venous congestion.


KIDNEYS: Small; capsule adherent; surface irregular in places and showed a few small cysts. On section: slight general atrophy of the cortex, with pallor of the tubules, and congestion of the pyramids.

INTESTINES: Chronic venous congestion of mucosa, and chronic catarrh.

GLANDS: None of them were enlarged or showed signs of tuberculosis.

RESULT.

CLASSIFICATION: Miscellaneous; chronic nodular tuberculosis.

CAUSE OF DEATH: Heart Disease.

PORTAL OF ENTRY: Probably Respiratory.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the calcareous nodule of the lung was eugonic and of low virulence for rabbit.

(Human.)
CASE 120.

C.B., female, aged 64. R.I. Ward 3.

PROVISIONAL DIAGNOSIS: Exophthalmic Goitre.

DATE OF POST MORTEM: 29th September, 1915.

CLINICAL HISTORY: Patient's attention had only been recently called to condition. Had not much tachycardia or tremor. Typical eye signs. Has had occasional difficulty in breathing before admission. Took suddenly ill on 28th and died possibly from laryngeal spasm.

POST MORTEM NOTES:

LUNGS: Emphysema. Left pleural sac dry; right entirely obliterated by adhesions. Left: showed congestion at base and a fibro-caseous mass in the upper lobe.

Right: One or two other hard nodules were present; on section: congestion; the surface showed chronic pleurisy.

LIVER: Much congestion.

Spleen: Enlarged and showed chronic venous congestion.

KIDNEYS/
KIDNEYS: Chronic venous congestion.
BRONCHIAL GLANDS: Nothing to note.

RESULT:

The guinea-pigs inoculated with the fibro-caseous mass of the lung did not develop tuberculosis.
CASE 121.

H.G., female, aged 35.

PROVISIONAL DIAGNOSIS: Empyema.


CLINICAL HISTORY: Duration of illness seven months; shortness of breath; pain in left side; swelling of legs; cough and spit with blood. Five children all died in childhood.

RESPIRATORY SYSTEM: Movement impaired, breath sound faint over lower lobe with crepitations. Left pleural cavity aspirated 50 ounces, the fluid being sero-purulent; 23rd August 5 ounces of pure pus taken from left pleura. Operated for empyema August 26th.

POST MORTEM NOTES:

LUNGS: Excess of fluid in both pleural sacs. Right filled with turbid fluid. Upper part of left lung adherent to chest wall in front and above. Lower part of lung free. Adhesions all over left side except a small area laterally. Adhesions very firm. Lungs collapsed, especially left.

LIVER: Dark plum colour; congestion; "Nutmeg" liver.

SPLEEN/
SPLEEN: Enlarged, firm and chronic venous congestion.

KIDNEYS: Left: firm, dark red in colour, and showed chronic venous congestion; an old infarct also several old infarcts undergone absorption.
Right: Smaller than left; infarcts showed on surface; numerous areas of depression and cicatrisation.


BRONCHIAL GLANDS: Enlarged and deeply congested; also a large calcareous gland, the size of a bean. No other signs to note.

MESENTERIC GLANDS: Enlarged and deeply congested; a smaller calcareous gland in mesentery.

RESULT.

CLASSIFICATION: Miscellaneous; chronic nodular tuberculosis.

CAUSE OF DEATH: Empyema.

PORTAL OF ENTRY: Evidence inconclusive.

TYPE OF TUBERCLE BACILLUS: The culture isolated from the calcareous bronchial gland was eugonic and of low virulence for rabbit. (Human.)
CASE 122.

A.W., male, aged 38.  R.I.  Ward 23.

PROVISIONAL DIAGNOSIS: Cystitis with general septic infection.

DATE OF POST MORTEM: 14th, October 1915.

CLINICAL HISTORY: Admitted 9.10.15. First complaint of pain at micturition. Has been confined to bed since July. Has had rigor lately. Urine contained pus cells. Gas passed by urethra and rectum.

POST MORTEM NOTES.

LUNGS: Right; the apex showed signs of an old pleurisy with fibrous adhesions. Below this the pleura generally was white and somewhat thickened; over the lower lobe it was congested; marked emphysema affecting the lower part of the upper lobe and anterior part of middle lobe. On section: much congested and small areas were consolidated. In addition there was a very large crop of miliary tubercular nodules distributed over the substance of the upper and middle lobes. In the apex several/
several old tubercular cavities surrounded by walls of grey-black fibrous tissue were discovered.

Left; apex was also adherent, the lung being torn in the process of removal; emphysema of the anterior part of the upper lobe. It also contained old tubercular cavities of fairly large size (2" x 1"). The remainder of the lung was studded all over with innumerable tubercular nodules.

LIVER: Congestion more marked than that of spleen; also marked cloudy swelling; no naked eye evidence of tuberculosis.

SPLEEN: Enlarged and much congested; general enlargement of Malpighian bodies; these presenting a purplish-grey appearance. No obvious naked eye appearance of tubercular infection.

KIDNEYS: Right; larger than normal, and the cortex was pale, with fatty degeneration. There was no naked eye evidence of tuberculosis. Left; the cortex pale and swollen; it had also a few points of haemorrhage where it seemed probable the tubercle bacillus had found/
found a nidus.

**INTESTINES:** Small; numerous ulcers which had in many instances completely destroyed the mucous coat. Others were not so advanced. Under the peritoneum numerous tubercles were found. Large; several tubercular ulcers were discovered here also. For the most part they were grouped together in the region of the caecum. Their appearance varied to some extent, but the majority were slit-like.

**BRONCHIAL GLANDS:** With suspicious tubercles.

**MESENTERIC GLANDS:** Enlarged; no definite tubercles.

**RESULT.**

**CLASSIFICATION:** Pulmonary Tuberculosis.

**CAUSE OF DEATH:** Tuberculosis.

**PORTAL OF ENTRY:** Probably Respiratory.

**TYPE OF TUBERCLE BACILLUS:** The cultures isolated from the bronchial and the mesenteric glands were eugonic and of low virulence for rabbit (Human).
APPENDIX OF CASES.

This embodies 6 consecutive cases, 3 of adults and 3 of children. The Bronchial Glands from each case were systematically dissected out and inoculated into 3 guinea-pigs and, at the same time, a careful search for the presence of any fibrous or caseous nodules in the lungs was conducted. None of the guinea-pigs so inoculated developed tuberculosis, and, excepting 2 adult cases that of Nos. 123 and 125 in which two fibrous nodules in each case were demonstrated, no such lesions were discovered.

As a control, a case that of No. 129 which showed nodules of an undoubted tuberculous nature was also studied.

Details of the result of this investigation are given in the text.
CASE 123.

Mrs. P. aged 62. R.I. Ward 5.

PROVISIONAL DIAGNOSIS: Cancer pressing on Common and Hepatic Duct.

DATE OF POST MORTEM: 18th October, 1915.


POST MORTEM NOTES:

LUNGS: Right; slightly congested and oedematous, and some emphysema at the margins.

Left; On the whole similar.

LIVER: Yellowish-green in colour. Showed a solitary cyst in the left lobe; numerous small areas of growth in the substance; not well defined. Gall Bladder dilated and filled with Bile. Cystic and common ducts dilated.

KIDNEYS: Bile-stained.

PANCREAS: /
PANCREAS: Large, very firm, and infiltrated with fibrous-looking growth, more especially about the middle.

INTESTINES: Showed a nodule of growth at ampulla of Vater, the size of a pea. A smaller nodule in mucous membrane higher up.

GLANDS: Were not generally enlarged. No evidence of tubercles.
CASE 124.

Mrs. T. aged 36. R.I. Ward 14.

PROVISIONAL DIAGNOSIS: Acute Peritonitis.

DATE OF POST MORTEM: 16th October, 1915.

CLINICAL HISTORY: Patient took ill on Tuesday last. Very ill on Thursday. Operated on, on Friday. Nothing found on inspecting stomach. Pouch of Douglas was drained. intestines inflamed and there were signs of peritonitis, but nothing much abnormal. Patient died yesterday 17th. Temperature normal. Abdomen was distended, and patient complained of wound greatly and pain in right side.

POST MORTEM NOTES.

(Provision for abdominal examination only.)

LUNGS: Both were very congested and oedematous; otherwise nothing to note.

ABDOMEN: General peritonitis. No rupture of bowel. Appendix healthy. Stomach healthy. Uterus and appendages and bladder healthy. Small intestine greatly distended, but this became less marked on passing down. No point of obstruction.

GLANDS OF ABDOMEN: Not enlarged.
CASE 125.

W.M., male, aged 49.  R.I. Ward 7.

PROVISIONAL DIAGNOSIS: Fractured Base.

DATE OF POST MORTEM: 19th October, 1915.

CLINICAL HISTORY: Injury to head and died same evening.

POST MORTEM NOTES.

LUNGS: Nothing to note.

LIVER: Normal.

Spleen: Normal.

KIDNEYS: Normal.

INTESTINES: Normal.

BRAIN: Fracture of skull; extensive haemorrhage and laceration of brain.
POST MORTEM NOTES.

LUNGS: Right: patches of Bronchopneumonia about 3 mm. in diameter were found here and there especially at the lower lobe. Less marked at the upper and middle lobes. Some areas of collapse were seen especially at margins and more marked at upper lobe.

Left: Similar to right with the exception that in this the Bronchopneumonia was even more marked.

HEART: Some Endocarditis.

LIVER: Somewhat solid, especially the right lobe; on section: some congestion.

Spleen: Somewhat congested.

KIDNEYS: Well marked foetal lobulation; slight amount of congestion was evident.

GLANDS: Mesenteric glands were not enlarged.

BRONCHIAL: Somewhat congested in appearance, largest ones about size of a pea.
CASE 127.

J.W., aged 6 weeks. R.H.S.C.


POST MORTEM NOTES.

Permission in this case was granted for the removal of the stomach and lungs only.

LUNGS: Right: pink in colour; emphysema of no marked degree at the margins of all the lobes. Three or four patches of congestion with a certain amount of inflammation of the bronchioles were found near the root, the biggest one approaching the size of that of a pea. No evidence of tuberculosis. Left: similar to the right in all respects, with the exception that in this only one patch of congestion was noticed at the lower lobe near the root and of the size measuring about 3 x 2 mm.

BRONCHIAL GLANDS: Were about the size of millet seed.
CASE 123.

C.H., aged 1 year and 1 month. R.H.S.C.

DATE OF POST MORTEM: 22nd December, 1915.

POST MORTEM NOTES.

LUNGS: Left; the lower lobe was practically consolidated with patches of Broncho-pneumonia. Upper lobe showed only some emphysema. Right; lower lobe similar to left but not so extensive, upper and middle lobe showed emphysema.

HEART: Acute Endocarditis.

LIVER: Much enlarged and very pale in colour. On section; the pallor was marked.

Spleen: Enlarged and congested.

KIDNEYS: Showed toxic changes. The cortex was pale and swollen. The Malphigian bodies were sharply outlined.

GLANDS: The Bronchial glands were slightly enlarged on both sides, largest one about size of a pea.
Case 129.


PROVISIONAL DIAGNOSIS: Mitral Incompetence; Hypostatic Pneumonia.

DATE of POST MORTEM: 8th November, 1915.

CLINICAL HISTORY: July, 1915. Shortness of breath on exertion: severe cough. September, 1915. Weakness and general debility and loss of appetite. October, 1915, swelling of left leg, with great severity of above symptoms. Patient, during stay in Hospital, was too ill to permit of any exhaustive examination. Incontinence of urine and faeces.

POST MORTEM NOTES.

LUNGS: Right; old adhesions over upper lobe, and emphysema of borders of middle and lower lobes. On Section: upper lobe showed numerous scattered fine areas, about size of a small pea; these were grey in colour and almost gritty to the feel. The middle and lower lobes showed congestion and oedema and there was a certain degree of hypostatic pneumonia of base.

Left/
Left; similar but to a less degree.

LIVER: Pale and greatly enlarged and under the capsule could be seen areas similar to those in Spleen.

Spleen: Very greatly enlarged; firm and solid and through capsule could be seen numerous small, yellow areas. On section: pulp congested, while scattered near surface were nodules varying in size from a pin head to a small pea; these were yellow and almost caseous-looking in the centre.

KIDNEYS: Slightly enlarged; pale on section and showed a few minute yellow areas.

INTESTINES: Descending Colon greatly distended but the remaining portions of bowel contracted.

BRONCHIAL GLANDS: Enlarged, deeply pigmented and in part caseous.

MESENTERIC GLANDS: Not enlarged. The retroperitoneal glands, especially those around the coeliac axis and head of pancreas, formed large, caseous masses; those around the bifurcation of the aorta pressed on the left iliac veins.