THE

BUFFALO

Medical and Surgical Journal.

EDITORS:

THOS. LOTHROP, M. D.   A. R. DAVIDSON, M. D.

P. W. VAN PEYMA, M. D.

VOL. XXIII.

AUGUST, 1883, TO JULY, 1884.

size, due to direct pressure of the gravid uterus, which leaned way over to right side and did not press at all upon left ureter; right kidney enlarged, fatty, and contained some tubercles (first stage of parenchymatous nephritis). There were no tubercles to be found anywhere in the child, although careful search was made. This case was anatomically interesting. The uterus was very thin, not more than 1–2 mm. thick. The internal os was not open and neck not dilated. In the right ovary was the corpus luteum of the child, with its wrinkled, stellate border. The ureters could be traced down through the base of the broad ligament to their outlet into the bladder, an interesting point in pregnancy.

Diagnosis: Direct cause of death asthenia, from tuberculosis of meninges, lungs and kidneys.

NO. 59—GENERAL TUBERCULOSIS OF PERITONEUM, LIVER, KIDNEYS, MENINGES, LUNGS AND MEDULLA OBLONGATA.

Buffalo General Hospital, August 2—D. Bisantz, male, æt. 33; dead twenty-two hours. Body emaciated; teeth good; no enlarged glands; no sign of cicatrix on penis; a few copper-colored patches size of pea on both legs.

Head: Calvarium thin; dura mater on left side normal; on right side under surface a slight old pachymeningitis and numerous excrescences, soft and yellow, from size of millet seed to four lines in diameter; on pia mater, over right hemisphere, also numerous of these yellowish excrescences, some protuding externally, others going deep into the white substance of the brain (seven of these were the size of hazel nuts, with soft, mushy, yellow interior; brain softened about them; all united by thin pedicles to pia from which they sprung). Both lateral ventricles enlarged, ependyma softened, contained blood-tinged serum. Pia and arachnoid everywhere thickened, but contained no unusual amount of serum. Pons normal. Very minute miliary tubercles on pia in fossæ sylvii. A hard, white tumor, size of hazel nut, in right side of medulla oblongata, close to

pons varolii, including anterior pyramid and olivary body of right side. Cerebellum normal.

Chest: Depressed on right side externally. In right pleural cavity two litres of serum full of fibrin; lung completely atalectatic and pushed up to apex of chest; pleura covered with fibrin. In left lung numerous cheesy tubercles from size of pin's head to that of pea and larger; no adhesions. Chronic bronchitis. Pericardium so adhered by old inflammation that it was impossible to remove it from heart; heart small; muscle normal; valves all normal; aorta dilated and covered everywhere on intima with smooth protuberances; just in front of aorta ascendens, at junction with the arch, a sacculated aneurism some 5 cm. in diameter externally, with thick stratified walls, and would hold about 12 ccm. of blood; the opening into this was 1 ½ cm. wide.

Abdomen: Spleen enlarged and soft. The peritoneum, both visceral and parietal, everywhere covered with myriads of millet-seed growths; the omentum a perfect mass of these. Liver full of miliary tubercles. Chronic catarrh of stomach. Both kidneys enlarged, cyanotic and hard, each containing several small tubercles. Bladder and ileum normal.

Diagnosis: General tuberculosis of peritoneum, liver, kidneys, lungs, meninges and medulla ablongata. Farther, chronic bronchitis, gastric catarrh, pleurisy with effusion, chronic pericarditis, acute hydrocephalus internus and cyanotic induration of kidneys.

Remarks: This man was treated in the hospital where I was resident in 1879 for a fractured tibia and fibula. At that time he had no sign of tuberculosis. He was found this time unconscious in the street and paralyzed on the right side, and was carried to the General Hospital. No further history is given. He recovered consciousness in the hospital for a short time and seemed to improve, but finally succumbed comatose.