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The Report of

“A”

Regraded Unclassified, by
authority of
by C. V. Hill, on 6 May 60

Reviewed By

Date

26 May 1960

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Chemical Corps Research and Development Command
BIOLOGICAL WARFARE LABORATORIES
Fort Detrick, Frederick, Maryland

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have investigated 30 cases of anthrax disease, which could be classified into 3 groups:

- a) Percutaneous infection: I case.
- b) Peroral infection: 9 cases.
- c) Pernasal infection: 20 cases.

- a) Percutaneous infection: 1 case.

Case	Days of Course	Main Pathological changes
1. No 54.	7 days.	Localised cutaneous ulcers and perifocal phlegmons (r-thigh) Some parenchymatous degeneration: Heart: Intense degeneration and interstitial edema. Liver: Hepatitis serosa III, accompanied with some hemorrhagic changes. Kidney: Glomerulo/nephrosis, with vacuolar degeneration of epithliums. Spleen: Splenitis infectiona

- b) Peroral infection:

9 cases were infected perorally with some food stuffs, which contain some quantity of anthrax bacillus and all patients died definitely after several days by acute abdominal symptoms and severe hemorrhagic ascites.

In alimentary canals: ocuured no remarkable changes in stomach and extraordinary severe hemorrhagic changes (fungous swelling of mucous

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membrane with hemorrhagic leucocytic reactions) of intestines, especially at ileocecal portions, lower parts of ileum or sometimes all over the intestinal tracts (upper parts of ileum, duodenum, jejunum or large intestine), accompanied with intense gelatinous (exudative) swelling of mesenterial fatty tissues and following severe hemorrhagic ascites, which caused the death.

Representative records of 6 cases:

Case	Dys of course	Main	Pathological changes

1. No. 318. 3 days. Primary abdominal symptoms:
- Intense hemorrhagic exudative changes of intestines, accompanied with intense hemorrhagic ascites.
- Secondary metastatic changes:
- Lung with slight Alveolitis and some bacterial dissemination.
- Liver with Hepatitis serosa IV and some hemorrhagic reactions (hemorrhages in central zone of acinus).
- Heart with some parenchymatous degeneration and partial hemorrhages.
- Kidney with some parenchymatous degeneration and some exudative changes.
- Supra-renal with diffuse hemorrhages in cortical tissues.
- Thyroid in follicular collapse.

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Spleen: Splenitis infectiosa.

2. No. 26. 3days. Primary abdominal symptoms:

Intense hemorrhagic-exudative changes of intestines, accompanied with intense hemorrhagic ascites.

Secondary metastatic symptoms:

Liver with Hepatitis serosa III and partial hemorrhages in central zone and multiple mil-ary necrosis.

Heart with no remarkable changes.

Kidney with some Glomerulo-nephrosis and intense interstitial edema.

Lung with some pulmonal congestion and some metastatic bacterial dissemination.

Spleen: Splenitis infectiosa.

3. 320. 2 days.

Primary abdominal symptoms:

Intense hemorrhagic exudative swelling of intestines. accompanied with intense hemorrhagic ascites.

Secondary metastatic changes:

Liver with slight Hepatitis.

Heart with some interstitial edema.

Kidney with considerable Glomerulo-nephrosis and slight interstitial edema.

Pancreas with moderate congestion and some perivascular round cell infiltration.

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Supra-renal gland with vacuolar degeneration
and multiple hemorrhages in cortical tissues.
Spleen Splenitis infectiosa.

4. 328. ca. 2 days.

Primary abdominal symptoms:

Intense hemorrhagic exudative changes of intestines, accompanied with intense hemorrhagic ascites.

Secondary metastatic changes:

Heart with intense degeneration intense capillary congestion and some hemorrhagic reactions.

Liver with Hepatitis serosa III.

Kidney with parenchymatous degeneration and some interstitial edema.

Lung with no remarkable changes.

Pancreas with some parenchymatous degeneration.

Supra-renal gland with partial hemorrhages and some parenchymatous degeneration.

Thyroid in intense follicular collapse.

5. 325. ca. 2 days.

Primary abdominal symptoms:

Intense hemorrhagic exudative changes of intestines, accompanied with intense hemorrhagic ascites.

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Secondary metastatic changes:

Heart with intense degeneration and intense interstitial edema.

Liver with Hepatitis serosa II.

Lung with moderate diffuse Alveolitis and some bacterial dissemination.

Kidney with moderate Glomerulo-nephrosis and intense interstitial edema.

Supra-renal gland with intense vacuolar degeneration.

Spleen: Splenitis infectiosa.

6. 17. ca 2 days.

Primary abdominal symptoms:

Intense hemorrhagic exudative changes of intestines, accompanied with intense hemorrhagic ascites.

Secondary metastatic changes:

Heart with moderate degeneration.

Liver with Hepatitis serosa II and intense fatty degeneration.

Kidney with moderate Glomerulo-nephrosis and some exudative hemorrhagic reactions in interstitium.

Supra-renal gland with some binucleated places.

Thyroid in slightly activated state.

Spleen: Splenitis infectiosa.

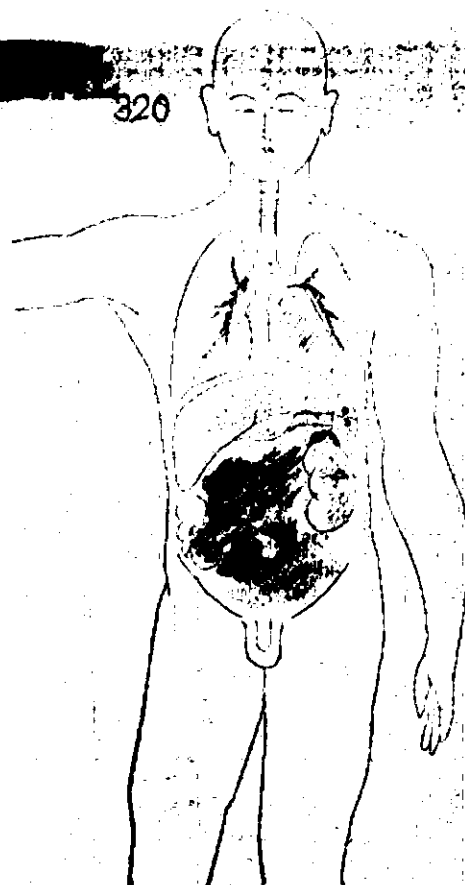
(c) Perinasal infection (see 9. for thin line)

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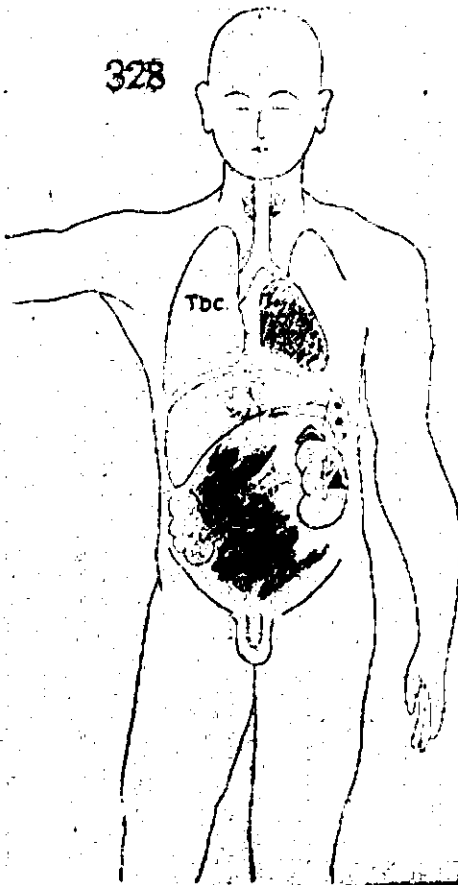
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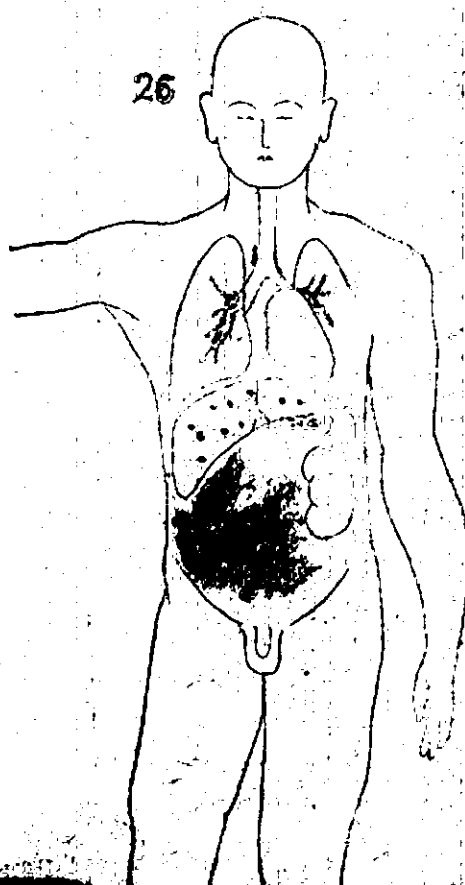
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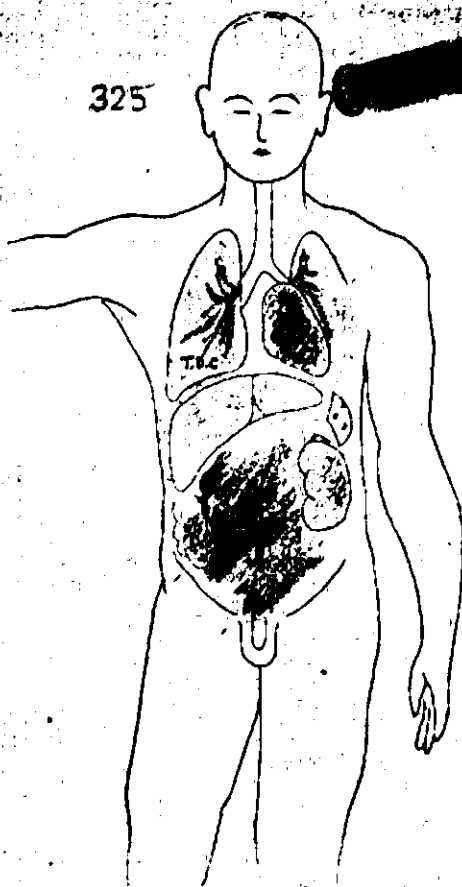


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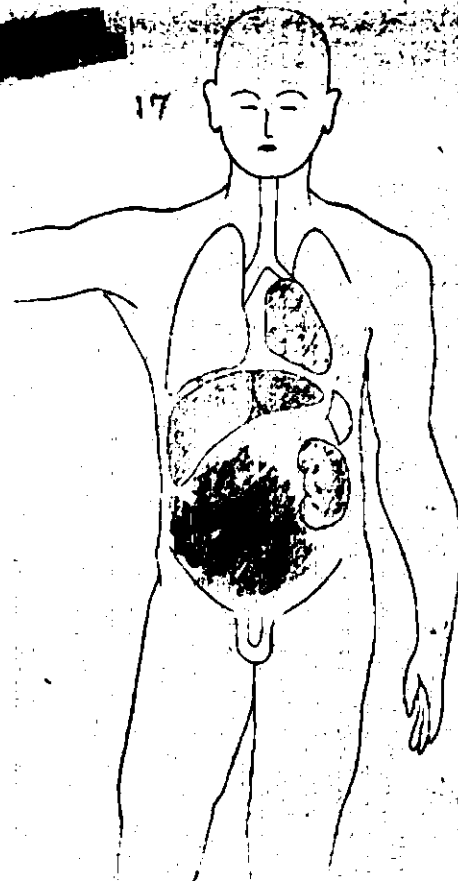


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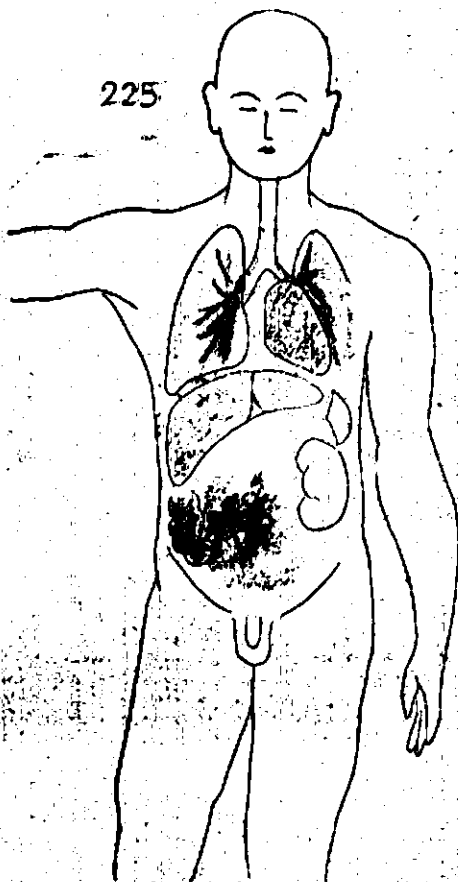
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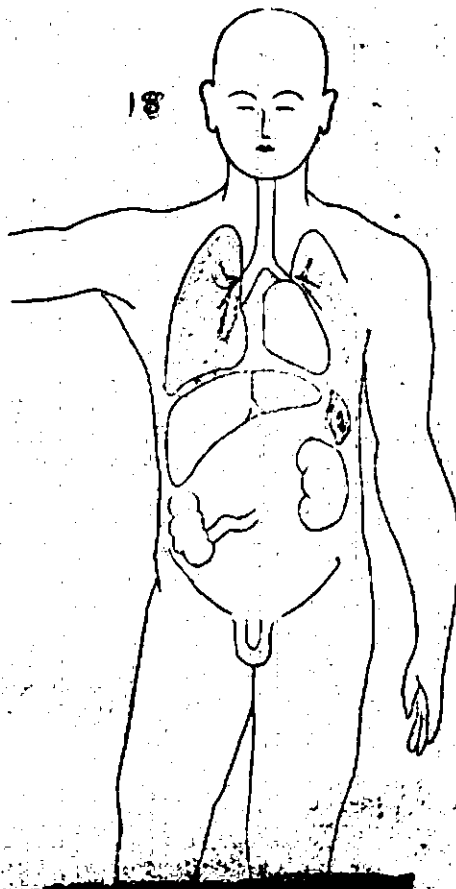
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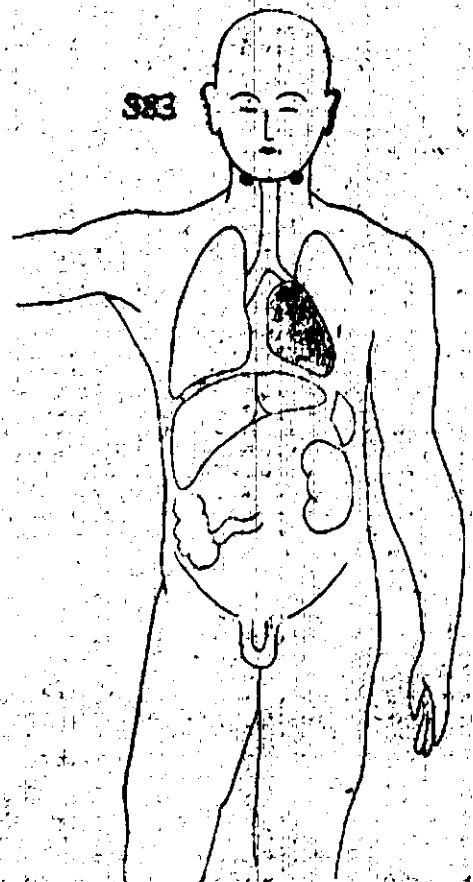
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It occurred suddenly an epidemic of anthrax disease in some prison.

About 20 men in the prison were affected successively with soiled air, who which contained some quantity of anthrax bacillus and died all of them definitely after several days by severe thoracic or abdominal symptoms.

At first they complained of acute Tonsillitis: the tonsil was the main entrance-port.

Then intense hemorrhagic changes, due to anthrax infection spreaded in 2 manners: a) perbronchially and b) sometimes perorally.

a) Perbronchial spread.

Acute tonsillitis caused then acute hemorrhagic Perbronchitis and Mediastinitis, accompanied with intense hemorrhagic exudation in perbronchial and mediastinal tissues, which could be investigated easily by X-ray test clinically.

a) Perbronchial spread.

In some cases Peribronchitis caused severe Peribronchiolitis and furthermore in some cases of them intense hemorrhagic leucocytic changes at peribronchiolar pulmonal tissues (lobular multifocal lobular pneumonia).

1. 380. ca. 3 days.

Primary thoracic symptoms:

Acute hemorrhagic exudative Mediastinitis and.

Acute hemorrhagic Peribronchitis (Lymphadenitis haemorrhagica peribronchiale) and Peribronchiolitis.
Moderate diffuse Alveolitis

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2. 396. ca. 3 days.

Primary thocracal symptoms:

Acute Tonslplitis.

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis and Peribronchâ-
olitis. (Lymphadenifis hæmorrhagica peri bronch-
icals).

Diffuse moderate Alveolitis and reactive hemorrha-
gic exudative Pleuritis.

Secondary metastatic changes:

Heart with moderate degeneration and intense
interstitialedema.

Liver with Hepatitis serosa III and some perica-
pillary leucocytes accumulation.

Kidney with moderate Glomerulæ-nephrosis and modera-
te interstitial edema.

Supra-renal gland with intense degeneration and
moderate inter-renal gland with intense degenerat
tion and some locplised hemorrhages.

Thyreoid in follicular collapse, accompanied with
some bacterial metastasis.

Spleen: Spæmitis infectionsa.

3. 412. ca. 3 days.

Primary thoracal symptoms:

Acute Tonsillitis.

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Lymphadenitis haemorrhagica peribronchiale.

Diffuse Alveolitis and multiple hemorrhagic
pneumonic places.

Secondary metastatic changes:

Heart with moderate degeneration and slight mesen-
chymal reaction.

Kidney with slight Glomerulo-nephrosis and intense
interstitial edema.

Large intestine with moderate to submucous congestion
and slight perivascular leucocytes accumulation.

Pancreas with moderate degeneration and some edema.

Liver can not be investigated microscopically.

.....
In one case (No. 405) acute tonsillitis and intense endobronchitis
and successively multiple bronchogenous pneumonia.

4. No. 405. ca. 3 days.

Primary thoracic symptoms:

Acute Tonsillitis.

Multiple acinous lobular hemorrhagic exudative
pneumonia.

Secondary metastatic changes:

Heart with intense degeneration and some interstitial
edema.

Liver with Hepatitis serosa III.

Kidney with slight glomerulo-nephrosis and intense
interstitial edema.

Large intestine with moderate submucous congestion

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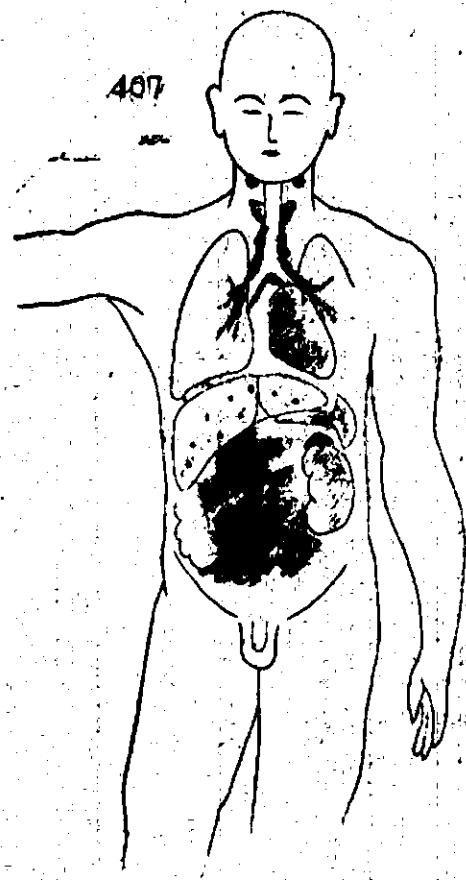
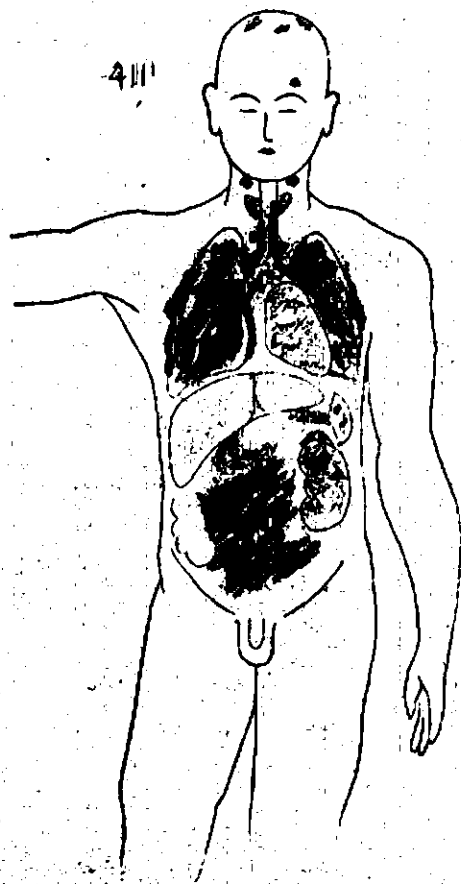
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and some perivascular leucocytes accumulation.

Supra-renal gland with intense degeneration (vacuolar or honeycombed degeneration) and diffuse hemorrhages in cortical tissues.

Thyroid in statical state.

spleen: splenitic infectionsa.



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Pancreas with vacuolar degeneration of parenchymatous cells.

Supra-renal gland with intense (honeycombed) degeneration of parenchymatous cells and some localised hemorrhages in cortical tissues.

Intense hemorrhagic changes of interstitial walls, accompanied with fugous swelling, so as described in case No. 411 and No. 407, could not be determined exactly in the following cases, since I have not received the microscopical slices at issue nor autopsic nodules, causing sometimes severe intestinal symptoms or sometimes not.

.....
Case Course Main pathological changes.
.....

1.401. 2 days.

 thoracic
Primary-abdominal symptoms:

Acute thoracic-hy hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis and Peribronchiolitis.

Lymphadenitis haemorrhagica peribronchiale.

Primary abdominal symptoms:

Lymphadenitis acuta haemorrhagica.

Acute hemorrhagic ascites.

Acute hemorrhagic Enteritis, accompanied with intense fugous swelling of intestinal walls.

Secondary metastatic symptoms:

Liver with moderate degeneration and some mesenchymal reaction.
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~~XXXXXXXXXX~~
Liver ,not investigated microscopically.

Thyroid in follicular collapse.

Spleen: Splenitis infectiosa.

.....

2 400 3 days.

Primary thoracal symptoms:

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis nad Peribronchiolitis.

Lymphadenitis haemorrhagica peribronchiale.

Acute intense Endobronchitis.

Multiple hemorrhagic acinous pneumonic placra.

Primary abdominal symptoms:

Lymphadenitis haemorrhagica acuta mesentericae.

Acute hemorrhagic ascites.

Intestines, can not investigated microscopically.

Secondary metastatic changes:

Heart with moderate degeneration and some mesenchymal reaction.

Liver with Hepatitis serosa II.

Supra-renal gland with intense parenchymatous degeneration.

Spleen: Splenitis infectiosa.

.....

3,404 3 days.

Primary thoracal symptoms:

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis

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(Lymphadenitis haemorrhagica peribronchiale).

Diffuses slight Alveolitis.

Primary abdominal symptoms:

Lymphadenitis haemorrhagica acuta mesentericae.

Acute hemorrhagic ascites.

Moderate submucosal congestion of small intestine.

Moderate submucosal congestion and some perivascular leucocytes accumulation of large intestine.

Secondary metastatic changes:

Heart with moderate degeneration, intense edema and some mesenchymal reaction.

Liver with Hepatitis serosa IV.

Kidney with moderate Glomerulo-nephrosis and some interstitial edema.

Spleen: Splenitis infectiosa.

4.417 ca 3 days.

Primary thoracic symptoms:

Tonsillitis acuta.

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis and Peribronchiolitis.

(Lymphadenitis haemorrhagica peribronchiale).

Acute slight pulmonary congestion.

Primary abdominal symptoms:

Lymphadenitis acuta with slight exudative changes (congestion and some leucocytes dissemination).

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No remarkable ascites.

Small intestine: some inflammatory changes in submucous tissue with edema, slight hemorrhages and some perivascular round cell accumulation.

Secondary metastatic changes:

Heart with intense degeneration and moderate interstitial edema.

Liver with Hepatitis aerea III.

Kidney with slight Glomerulo-nephrosis and moderate interstitial edema.

Supra-renal gland with diffuse hemorrhages in cortical tissues and intense degeneration (necrotic changes) of cortical cells.

Thyroid infollicular collapse.

Pancreas with vacuolar degeneration of parenchymatous cells.

Spleen: Splenitis infectiosa.

.....

5 399 3 days.

Primary thoracic symptoms:

Tonsillitis acuta.

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis.

(Lymphadenitis haemorrhagica peribronchiale).

Slight pulmonary congestion.

Primary abdominal symptoms:

Lymphadenitis acuta haemorrhagica mesentericae.

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Acute hemorrhagic ascites.

Intestines: not investigated microscopically.

Secondary metastatic changes:

Heart with moderate degeneration and some hemorrhagic changes.

Liver with Hepatitis serosa III-IV.

Kidney with slight Glomerulo-nephrosis and moderate interstitial edema.

Supra-renal gland with intense parenchymatous degeneration and intense hemorrhages in Z. reticulatis.

Thyroid in follicular collapse.

Spleen: Splenitis infectiosa.

.....

6. 393 ca 4 days.

Primary thoracic symptoms:

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis

(Lymphadenitis haemorrhagica peribronchiale).

Slight diffuse Alveolitis.

Pleuritis exudative tuberculosa.

Primary abdominal symptoms:

Lymphadenitis haemorrhagico-necroticans mesentericae.

Acute hemorrhagic ascites.

Intestines, can not be investigated microscopically.

Secondary metastatic changes:

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Heart with intense degeneration, intense congestion and slight hemorrhages.

Liver with Hepatitis serosa III.

Kidney with moderate Glomerulo-nephrosis and moderate interstitial edema.

Pancreas with moderate Glomerulo-nephrosis some parenchymatous degeneration.

Supra-renal gland with intense degeneration.

Thyroid in follicular collapse.

Spleen: Splenitis infectiosa.

.....

7. 390 ca 3 days.

Primary thoracic symptoms:

Tonsillitis acuta haemorrhagica.

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis and Peribronchiolitis.

(Lymphadenitis haemorrhagica peribronchialis).

-Moderate-sub

Diffuse Alveolitis with hemorrhagic necrotic changes at some places.

Primary abdominal symptoms:

Lymphadenitis haemorrhagico-necroticans mesentericae.

Acute hemorrhagic ascites.

Moderate submucous congestion of intestines.

Secondary metastatic changes.:

Heart with intense degeneration

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Liver, not investigated microscopically.

Kidney, not investigated microscopically.

Supra-renal gland with multiple miliary necrosis.

8 403 3 days:-

Primary thoracic symptoms:

Tonsillitis acuta.

Acute hemorrhagic Mediastinitis.

Acute hemorrhagic Peribronchitis.

(Lymphadenitis haemorrhagica peribronchiale).

Acute-lobular pneumonia (hemorrhagic leucocytic).

Primary abdominal symptoms:

Lymphadenitis haemorrhagico-necroticans mesentericae.

Acute hemorrhagic ascites.

Moderate catarrh of intestines.

Secondary metastatic changes:

Heart with moderate degeneration and some Endoarteritis of blood-vessels, accompanied with some round cell accumulation.

Liver with Hepatitis serosa III, accompanied with some bacillus in capillaries.

Kidney with slight Glomerulo-nephrosis and moderate interstitial edema.

Pancreas with moderate degeneration.

Thyroid in follicular collapse.

.....

9 409 ca 2 days.

[REDACTED]

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Primary thoracal symptoms:

Tonsillitis acuta.

Acute hemorrhagic Mediastinitis.

Lymphadenitis haemorrhagica peribronchiale.

Peribronchiolitis acuta haemorrhagica.

Severe Alveolitis and some bacterial dissemination.

Primary abdominal symptoms:

Lymphadenitis haemorrhagica mesentericae.

Acute hemorrhagic ascites.

Hemorrhagic fungous swelling of interstitial walls ?

Secondary metastatic changes:

Heart with moderate degeneration and edema.

Liver with Hepatitis serosa III and some bacterial dissemination.

Kidney with slight Glomerulo-nephrosis and some interstitial edema.

Pancreas with moderate degeneration.

Supra-renal gland with moderate congestion and diffuse hemorrhages in Z. reticularis.

Skin(r-thigh) with intense congestion, localised hemorrhages and diffuse wandering cells dissemination in subcutaneous tissues.

10-388 3 days -

Primary thoracal symptoms;

Tonsillitis haemorrhagico-catarrhalis acuta.

Acute hemorrhagic mediastinitis.

Lymphadenitis haemorrhagica peribronchialis.

Endobronchiolitis and Peribronchiolitis gravis.

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[REDACTED]

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Slight diffuse Alveolitis.

Primary abdominal symptoms:

Lymphadenitis haemorrhagico-necrotica.

By

Acute hemorrhagic ascites.

No remarkable changes of intestines.

Secondary metastatic changes.:

Heart with intense degeneration

Liver with Hepatitis serosa II.

Kidney with slight glomerulo-nephrosis and slight interstitial edema.

Supra-renal gland with intense parenchymatous degeneration and diffuse hemorrhages in cortical tissues.

Brain with slight hemorrhages in meninges.

Skin with intense congestion, some localised hemorrhages and some round cell infiltration in subcutaneous tissues (r-upper arm).

Accordingly the primary changes of pernasal infection are thoracic and abdominal symptoms.

Thoracic: Acute hemorrhagic exudative Mediastinitis.

Acute hemorrhagic inflammation of peribronchial lymph-nodulus.

Acute hemorrhagic Peribronchitis and Peribronchiolitis.

Hemorrhagic (leucocytic) pneumonia, acino-lobular.

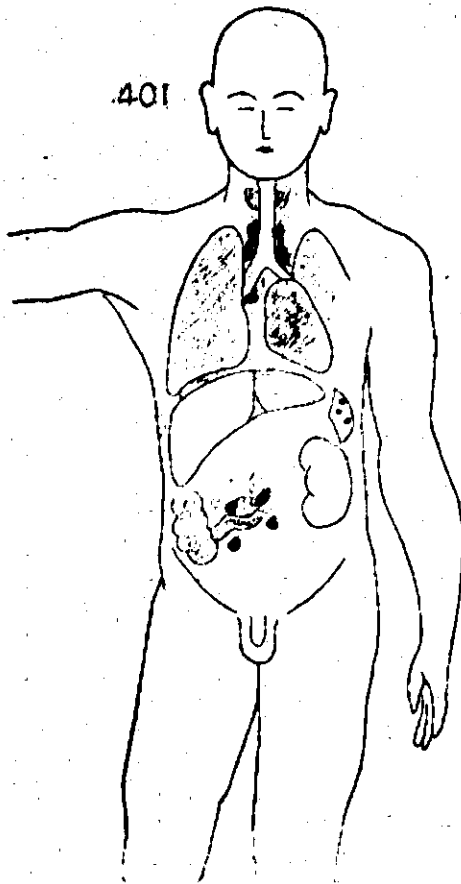
Some times reactive hemorrhagic Pleuritis.

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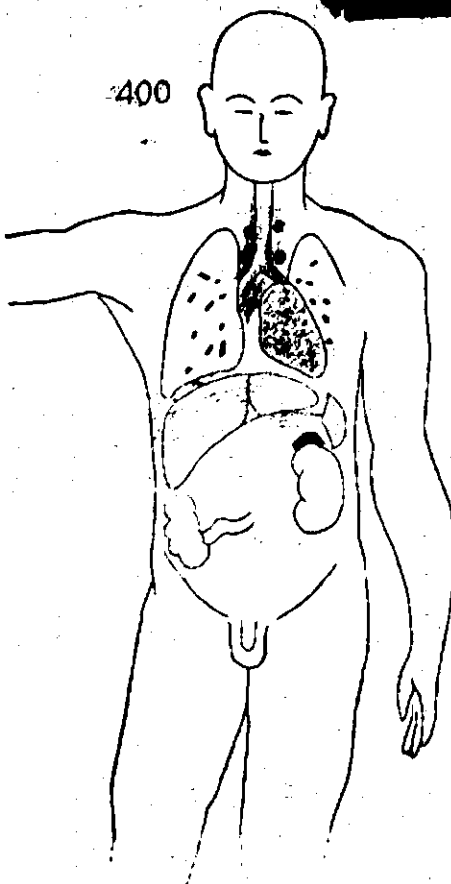
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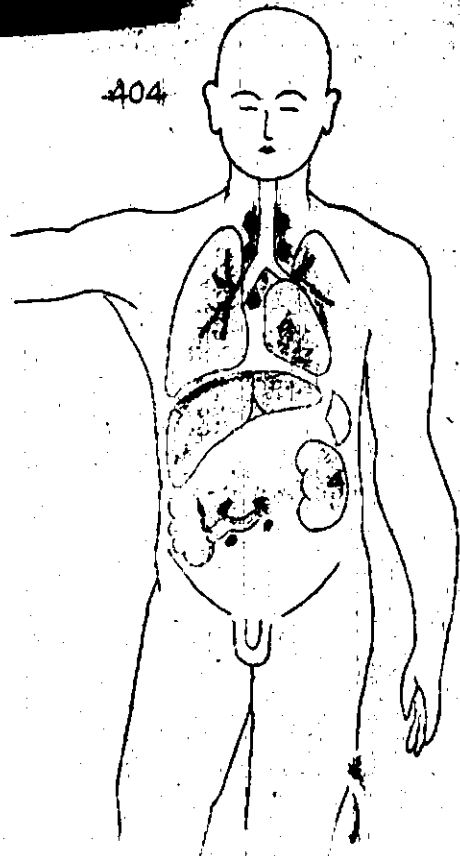
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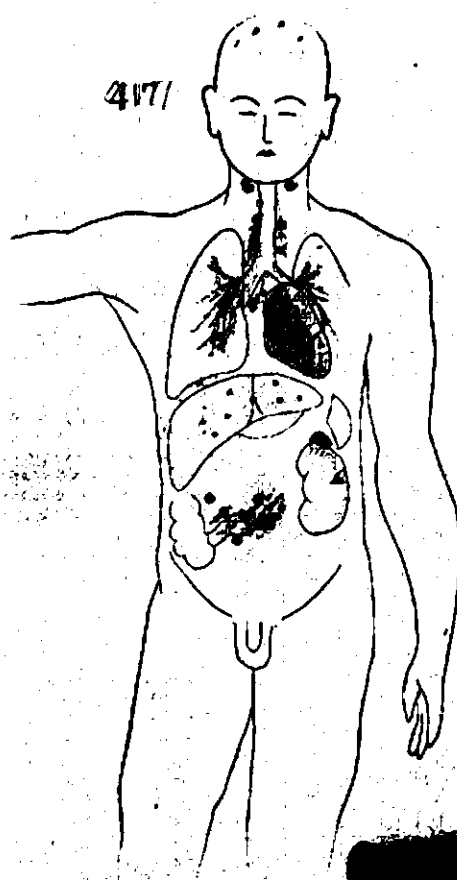
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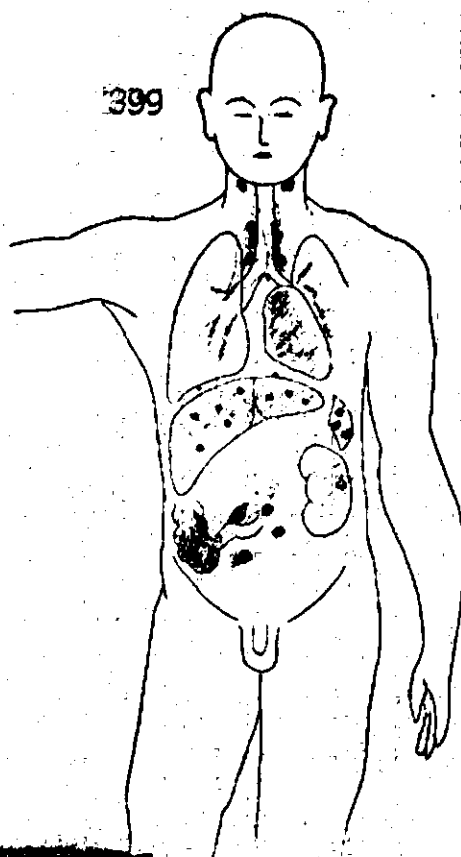
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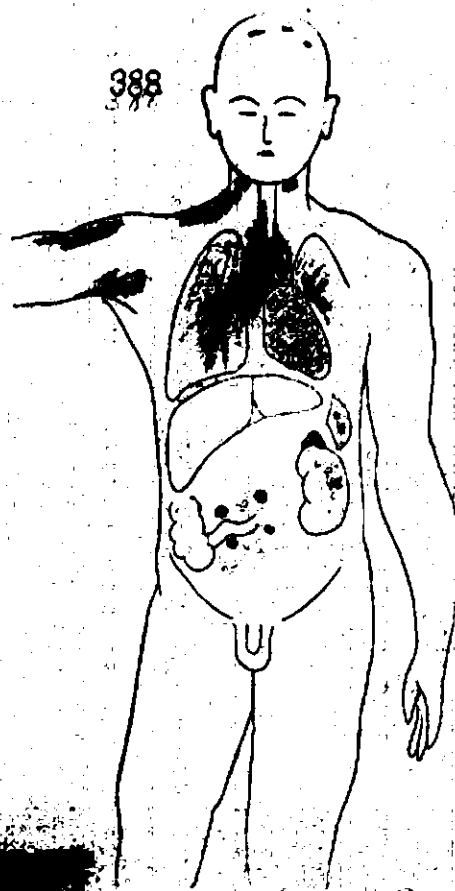
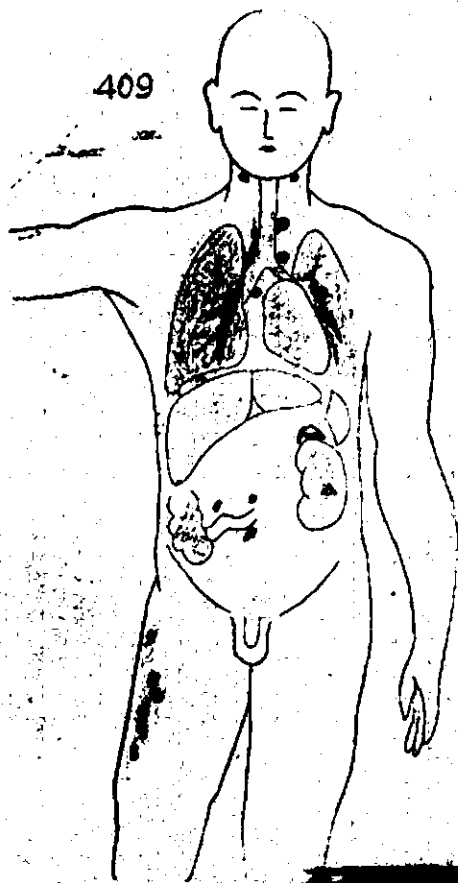
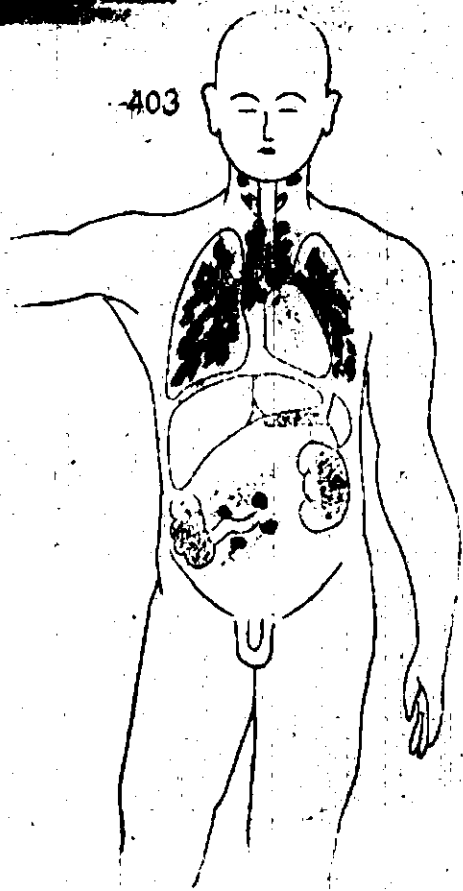
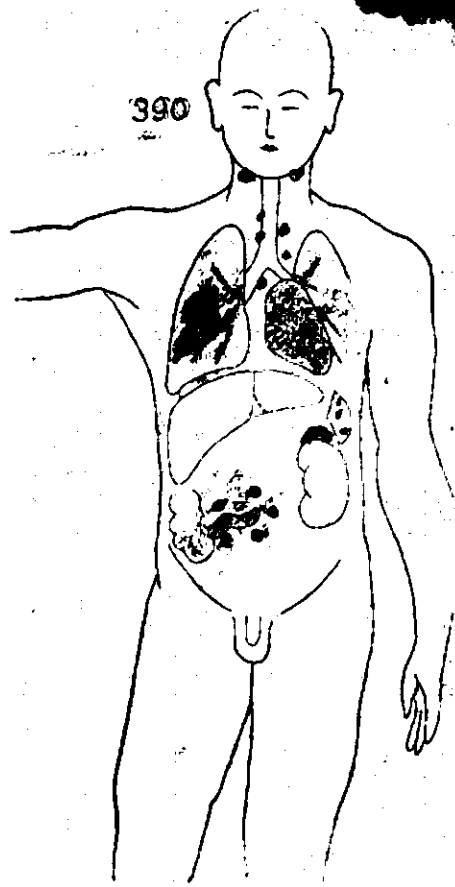
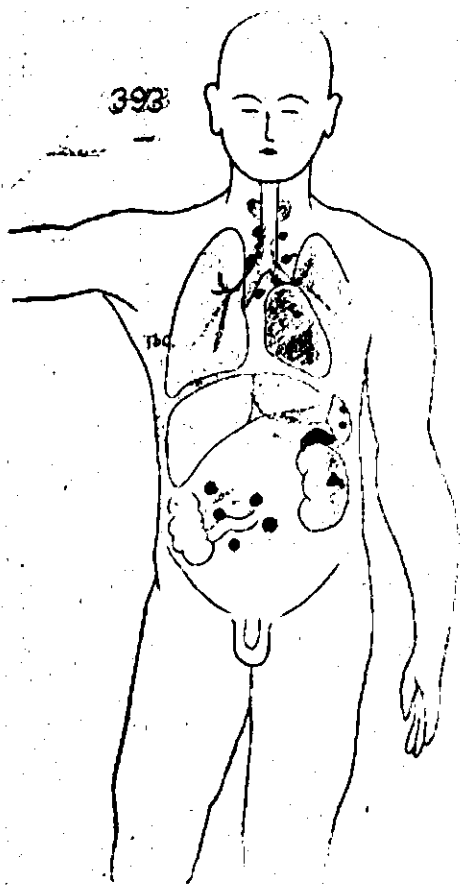
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[REDACTED]

[REDACTED]

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Abdominal:

Acute hemorrhagic inflammation of intestines, accompanied with fungous swelling of intestinal walls.

Acute hemorrhagic inflammation of mesenterial lymph-nodulus.

Acute hemorrhagic ascites.

Then Anthrax bacillus, intruded metastatically into various organs, especially liver, spleen, ³lung or some cutaneous tissues etc.

The most particular secondary symptoms are as follows:

Heart with intense degeneration, sometimes accompanied with some hemorrhagic reaction or interstitial edema.

Liver with intense Hepatitis serosa, sometimes accompanied with some hemorrhagic changes (hemorrhages in central zone of acunuses) or multiple miliary necrosis (or knots) formation.

Kidney with intense parenchymatous degeneration, sometimes accompanied interstitial edema.

Spleen with splenitis infectiosa, namely our so-called

Angio-folliculitis haemorrhagico-exsudativa. and

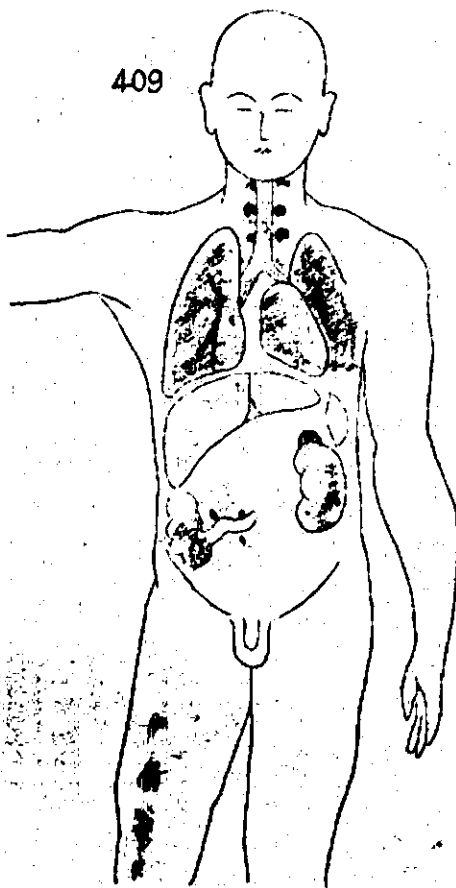
Fasciculitis haemorrhagico-exsudativa.

Cutaneous tissues: I have investigated some metastatic localised erythema in 2 cases of all examined 10 cases.

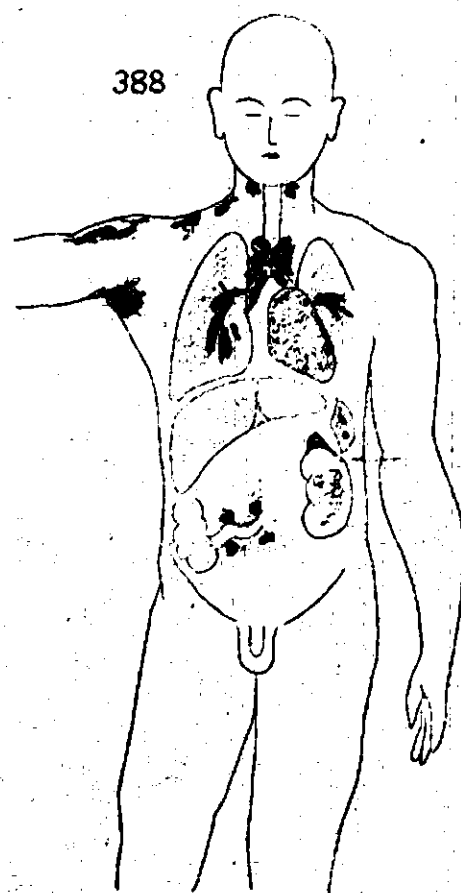
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17.

Entrance-port. 38 years old. 8
Peroral infection.

Days of course. Ca 2 days.

Heart. Regeneratio myodardii.

Aorta. No remarkable changes, macroscopically.

Tonsil. Slight smu mucous congestion.

Pharynx. No remarkable changes, macroscopically.

Bronchus. No remarkable changes.

Lung. No remarkable changes.

Liver. Hepatitis serosa II, with intense fatty degeneration.

Stomach. No remarkable changes.

Small-Intest. Intense hemorrhagic-leucocytic inflammation with
fungous swelling of mucous membrane, due to Anthrax-
infection.

Large-Intest. Intense hemorrhagic-leucocytic inflammation with
fungous swelling of mucous membrane, due to
Anthrax-Infection;

Kidney. Considerable Glomerulo-nephrosis (glomeruli in
degenerative form), with some polar changes.
Nephrosis I (at some places III), with
interstitial edema and some localised

[REDACTED]
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hemorrhages.

Spleen. Angio-folliculitis exsudativa,
 Spleno-Fasciculitis exsudativa.

Lymph-node, Intense follicular congestion and Lymphadenitis
Mesenterial : caseosa tuberculsa.

Pancreas. missed.

Supra-renal. Considerable atrophia,
 Ruining processes of Z. reticularis with
 some leucocytes in capillaries and
 some round cell infiltration in Z. reticularis.

Thyreoid. Struma colloides nodosa levis and
 slight activated state.

Pituitary B.

Testicles Atrophia testis III.

Brain. Not invetigated.

Skin.

Muscles. No remarkable changes.

29 years old. 8

Entrance port. Peroral infection.

Days of course. ca 2 days.

Bronchus. No remarkable changes.

Lung. Stasis pulmonum with slight Bronchiolitis.

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fascioulitis exsudativa

Other organs. Can not be investigated, microscopically.

26.

25 years old. 8

Entrance port. Per-oral infection.

Days of course. ca 3 days.

Heart. No remarkable changes.

Aorta. No remarkable changes, macroscopically.

Tonsil No remarkable changes, macroscopically.

Bronchus. Slight edema and slight hemorrhages in submucous tissues.

Bronchilolus. Slight catarrh.

Lung. Stasis pulmonum with some metastatic bacterial dissemination.

Liver. Hepatitis serosa III, with partial hemorrhages in central zone and multiple miliary necrosis (some lymphocytes-accumulation).

Stomach. No remarkable changes, macroscopically.

Small-Intest. Intense hemorrhagic-leucocytic inflammation with fungous swelling of mucous membrane, due to Anthrax-infection.

Large-Intest. Intense hemorrhagic-leucocytic inflammation with fungous swelling of mucous membrane, due to Anthrax-infection.

[REDACTED]

[REDACTED]

Kidney. Slight Glomerulo-nephrosis (glomeruli in acute congestion with some degenerative changes).
Nephrosis I with slight or intense interstitial edema.

Spleen. Sngio-Folliculitis hemorrhagico-exsudativa.
Spleno-Fasciculitis. exsudativa.

Lymph-node.
Mesenterial: Lymphadenitis haemorrhagico-necroticans.

Perbronccial: Considerable follicular congestion.

Pancreas. Intense degeneration of parenchymatous cells.
(some of them, vacuolar).
Considerable congestion.
Vacuolar degeneration of island-cells.

Supra-renal. -

Thyroid. -

Pituitary B. -

Testicles. Can not be investigated microscopically.

Brain. Can not be investigatd microscopically.

Skin.

Muscles. No remarkable changes, macroscopically.

[REDACTED]

ca 25 years, old. ♂

Entrance-port. Per-cutaneous infection.

Days of course. ca 7 (page 1)
ca 2 days.

Heart. Intense degeneration. Atrophia and some interstitial edema.

Aorta. No remarkable changes.

Tonsil. No remarkable changes, macroscopically.

Pharynx. Slight catarrh with some congestion and some round cell infiltration in submucous tissues.

Bronchus. Slight edema in mucous and submucous tissues.

Lung. Slight congestion, macroscopically.

Liver. Hepatitis serosa II-III, with some partial hemorrhages in central zone of acinuses.

Stomach. Slight catarrh.

Small-Intest. Slight catarrh-macroscopically.

Large-Intest. Almost normal.

Kidney. Slight Glomerulo-nephrosis (glomeruli in degenerative form), with slight polar changes.

Nephrosis I with rather atrophic tubular epithelium and at some places some vacuolar degeneration.

[REDACTED]

[REDACTED]

Spleen,

Missed.

Lymph-nodes.

Not investigated microscopically.

Pancreas.

Slight congestion and slight degeneration of
parenchymatous cells and island-cells.

Supra-renal.

Considerable congestion and slight some hemorrhages
in cortical tissues.

Vacuolar or honeycombed degeneration of cortical cells,
some ruining process of Z. reticularis.

Thyroid.

Slight activated state.

Struma celloides diffusa.

Pituitary B.

-

Testicles.

Atrophia testis III.

Brain.

Not investigated, microscopically.

Skin.

Diffuse phlegmonal.

35 years old. 6

Entrance-port. Per-oral infection.

Days of course. 2 days.

Heart. Considerable degeneration.

Aorat. No remarkable changes, macroscopically.

Tonsil. No remarkable changes, macroscopically.

Pharynx. Considerable congestion and some round cell infiltrat.

Bronchus. Considerable congestion (some leucocytes in capillaries) and slight edema in submucous tissues.

Lung. Bronchiolitis catarrhalis.

Edema et stasis pulmonum.

Liver. Hepatitis serosa III.

Stomach. Considerable congetion in submuocus tissues.

Small-Intest. Fungus swelling of mucous membrane, with intense hemorrhagic-leucocytic reaction.

Large-Intest. Considerable catarrh.

[REDACTED]

[REDACTED]

Spleen. Angio-Folliculitis haemorrhagico-exsudation.
 Spleno-Fasciculitis exsudativa.

Lymph-node.

Mesenterial. Pericapsulitis hiaemorrhagica and considerable
 follicular congestion.

Pancreas. Considerable congestion and slight edema.
 Considerable degeneration and some atrophie of paren-
 chymatous cells.
 Considerable degeneration of island-cells.

Supra-renal. Considerable congestion and diffuse hemorrhages in
 cortical tissues with considerable degeneration.

Thyroid. In slight activated atated.
 Struma colloides diffusa levis.

Pituitary B. -

Testicles. Atrophie testis III.

Brain. Considerable congestion (some leucocytes in
 capillaries) and slight edema.

Skin. No remarkable changes.

318.

ca 30, years old. ♂

Entrance-port. Per-oral infection.

Days of course. ²Days.

Heart. Degeneratio myocardi. Considerable congestion and some partial hemorrhages.

Aorta. No remarkable changes, macroscopically.

Tonsil. No remarkable changes, macroscopically.

Pharynx. Intense congestion and some hemorrhages in submucous tissues.

Slight round cell (some of them, leucocytic)-accumulation in submucostissues.

Bronchus. No remarkable changes, macroscopically,

Lung. Bronchilolitis catarrhalis.

Stasis levis and some bacterial dissemination.

Liver. Hepatitis serosa III-IV, with slight hemorrhages in central zone of acinuses.

Stomach. Slight catarrh and considerable congestion in submucous tissues.

Small-Intest. Intense hemorrhagic-leucocytic inflammation, due to Anthrax-infection.

Large-Intest. Slight congestion (can not be investigated macroscopically)

~~CONFIDENTIAL~~

Kidney. Slight Glomerulo-nephrosis (glomeruli in acute congestion. Some of them in hyaline cirrhosis.). Nephrosis I (or III at some places), with considerable interstitial edema and some round cell accumulation.

Spleen. Angio-folliculitis haemorrhagico-exsudativa.
Spleno-fasciculitis exsudativa.

Lymph-node.
Mesenterial. Lymphadenitis haemorrhagico-necroticans and
Periadenitis haemorrhagica.

Peribronchial : Lymphadenitis tuberculosa obsoleta.

Pancreas. Slight congestion and some slight hemorrhages.
Slight degeneration of parenchymatous cells and island
-cells.

Supra-renal. Partial hemorrhages in Z. glomerulosa and Z. fasciculata.
Intense degeneration (ruining process) of Z. reticularis,
accompanied with diffuse hemorrhages.

Thyroid. Acute disfiguring (follicular collapse).

Testicles. Atrophia testis III.

Pituitary B. -

Brain. -

Skin. No remarkable changes.

~~CONFIDENTIAL~~

320.

ca. 20 years old. †

Entrance-port. Per-oral infection.

Days of course. 2 days.

Heart. Slight degeneration, Considerable atrophica and some interstitial edema.

Aorta. No remarkable changes, with some stasis of peria-adventitial tissues.

Tonsil. No remarkable changes, macroscopically.

Pharynx. Slight congestion and slight edema. Diffuse round cell (mainly plasma cells) accumulation and slight hyperplasia of lymphatic apparatus in submucous tissues.

Bronchus. No remarkable changes.

Lung. Slight Congestion, macroscopically.

Liver. Hepatistis serosa I-II.

Stomach. Slight catarrh and considerable congestion in submucous tissues.

Small-Intest. Intense hemorrhagic-leucocytic inflammation with fungous swelling of mucous membrane, due to Anthrax-infection.

Large-Intest. Considerable catarrh.



Kidney.

Considerable Glomerulo-nephrosis (glomeruli in acute exudation), with considerable polar changes. Kephrosis I, with slight (at some places intense) interstitial edema (Nephritis serosa).

Spleen.

Angio-Folliculitis haemorrhagico-exsudativa.
Spleno-Fusculitis exsudativa.

Lymph-node.

Mesenterial. Lymphadenitis haemorrhagica. macroscopically.

Peribronchial: Considerable follicular congestion.

Pancreas.

Considerable congestion and some perivascular round cell (some of them, leucocytic) infiltration and some edema.

Cloudy swelling of parenchymatous cells.

Intense congestion and considerable hyperplasia of capillary endothel-cells in island.

Supra-renal.

Atrophia. Vacuolar degeneration of parenchymatous cells. Multiple hemorrhages (with bionecrotic changes of adjacent parenchym. cells).

Some round cell accumulation in Z. reticularis.

Thyroid.

Statical stats.

Strume colloides non-proliferativa.

Pituitary B.

Testicles.

Atrophia testis II.

[REDACTED]

[REDACTED]

Brain. No remarkable changes.

Skin. No remarkable changes.

[REDACTED]

about 25 years old. 6

Entrance-port. Per-oral infection.

Days of course. about 2 days.

Heart. Intense degeneration and considerable stroph.
intense interstitial edema and some myocytes.

Aorta. No remarkable changes.

Tonsil. No remarkable changes.

Pharynx. No remarkable changes.

Bronchus. Slight congestion and some leucocytes-dissemination
in submucous tissues.

Lung. Bronchiolitis catarrhalis.
Stasis et edema pulmonum and some bacterial
dissemination.
Acinous-nodose tuberculosis.

Liver. Hepatitis serosa II.

Stomach. No remarkable changes.

Small-Intest. Intense hemorrhagic-leucocytic inflammation with
fungous swelling of mucous membrane, due to
Anthrax-infection, Macroscopically.

Large-Intest. Catarrh and considerable congestion in submucous
tissues.

[REDACTED]

[REDACTED]

Kidney. Considerable Glomerulo-nephrosis (glomeruli in acute stimulated state with some degenerative changes). Nephrosis I, with intense interstitial edema with slight polar changes.

Spleen. Angio-Folliculitis haemorrhagico-exudativa.
Spleno-Fasciculitis exudativa.

Lymph-node.

Mesenterial : Lymphadenitis haemorrhagico-necroticans.

Pancreas. -

Supra-renal. Intense vacuolar degeneration of cortical cells.

Thyroid. -

Pituitary B. -

Testicle. Atrophia testis II.

Brain. Slight stasis of meninges.

Slight edema of brain.

Cerebellum. Considerable congestion, slight hemorrhages and some edema in meninges and cerebellum.

Skin. No remarkable changes.

~~CONFIDENTIAL~~

328.

32. years old. 6

Entrance-port. Per-oral infection.

Days of course. ca 2 days.

Heart. intense degeneration and intense congestion, accompanied with slight hemorrhages. (many leucocytes in capillaries).

Aorta. No remarkable changes.

Tonsil. No remarkable change.

Pharynx. No remarkable changes, macroscopically.

Bronchiolus. No remarkable changes.

Lung. Acinous-nodose tuberculosis and no remarkable changes else.

Liver. Hepatits serosa III.

Stomach. No remarkable changes, macroscopically.

Small-Intest. Intense hemorrhagic-leucocytic inflammation with fungous swelling of mucous membrane, due to Anthrax-infection.

Darge-Intest. Catarrh and considerable congestion in submucous tissues.

Kidney. Slight Glomerulo-nephrosis (glomeruli in acute

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[REDACTED]

[REDACTED]

congestion with some degenerative changes), with slight polar changes.

Nephrosis I, with considerable interstitial edema and slight cirrhosis of capillary walls in medullary tissues.

Spleen.	Angio-Folliculitis haemorrhatico-exsudativa. Spleno-Fasciculitis exsudativa.
Lymph-node. mesenterial.	Lymphadenitis haemorrhagico-necroticans.
Pancreas.	Considerable congestion and some edema. Atrophia and slight degeneration of parenchymatous cells. Considerable degeneration of island-cells.
Supra-renal.	Partial hemorrhages and some degeneration of cortical tissues. Vacuolar degeneration of medullary cells.
thyroid.	Acute disfiguring (follicular collapse).
Pituitary B.	-
Testicle.	Atrophia testis I.

Brain. No remarkable changes, macroscopically.

Skin. No remarkable changes, macroscopically.

383.

ca. 40 years old. ♂

Entrance-port. Per-oral infection.

Days of course. ca. 3 days.

Heart. Intense degeneration and intense edema.

Aorta. No remarkable changes.

Tonsil. Tonsillitis catarrhalis acuta, with
slight superficial ulcers and some swollen germinati
centres of lymph-nodulus.
Slight congestion (some bacterial masses in capillari
in follicular tissues.
Considerable congestion in submucous tissues.

Other organs. Cannot be investigated microscopically.

27 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. about 8 days.

Heart. Intense degeneration.

Aorta. No remarkable changes and slight congestion of peri-adventitial tissues.

Tonsil. Tonsillitis haemorrhagico-catarrhalis acuta.
 Ctarrh and some superficial ulcers.
 Remarkable swelling of generative centres with some swollen reticulum cells and plenty leucocytes.
 Considerable congestion, edema, multiple hemorrhages and some leucocytes-dissemination in follicular and submucous tissues.

Pharynx.

Bronchus. Intense disturbances of mucous tissues with considerable congestion and some round cell infiltration.

Bronchiolus. Endobronchiolitis and Peribronchiolitis gravis with Lymphadenitis acuta in peribronchiolar tissues.

Lung. Slight Alveolitis and alveolar congestion.

Liver. Hepatitis serosa I-II.

Stomach. No remarkable changes, macroscopically.

Small intestine

[REDACTED]

Small-Intest. Atrophic glandular cells. No remarkable changes else.

Large-Intest. No remarkable changes, macroscopically.

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fasciculitis. exsudativa.

Lymph-node.

Mesenterial: Lymphadenitis haemorrhagico-necroticans.

Peribronchial: Lymphadenitis haemorrhagico-necroticans.

Kidney. Slight Glomerulo-nephrosis (glomeruli in acute stimulated form).

Nephrosis I, with slight interstitial edema.

Pancreas. -

Supra-renal. Considerable congestion and some diffuse hemorrhages.

Honeycombed degeneration in Z. fasciculata.

Round cell accumulation in Z. glomerulosa.

Supra-renal.(2). Considerable atrophica.

Intense vacuolar degeneration in Z. reticularis.

Considerable edema and diffuse hemorrhages in cortical tissues.

Vacuolar degeneration of medullary cells.

Thyroid. -

Pituitary B. -

Testicle. Atrophica testis I.

[REDACTED]

[REDACTED]

Brain. Slight congestion.

Cerebellum. Considerable congestion, slight pericapillar
hemorrhages and edema in meninges and cerebellum.

Skin. upper arm (r) :

Intense congestion, necrotic ruins of capillary
walls, some localised hemorrhages and some round
cell(some of them, leucocytic) infiltration in
submucous tissues.

389.

ca 25 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Considerable degeneration.

Aorta. No remarkable changes.

Tonsil. No remarkable changes, macroscopically.

Pharynx. Can not be investigated macroscopically.

Bronchus and
Bronchiolus. Bronchitis and Bronchiolitis catarrhalis,
with intense Peribronchiolitis.

Lung. Slight Alveolitis or Slight pulmonal edema.

Liver. (can not be investigated microscopically.)

Stomach. No remarkable changes, macroscopically.

Small-intest. Considerable catarrh.

Large-Intest. Catarrh and considerable congestion in submucous
tissues.

Kidney. (can not be investigated microscopically).

Spleen. missed.

Lymph-nodus. Considerable congestion and some hemorrhages in
Mesenterial : follicular tissues.

[REDACTED]

[REDACTED]

Peribronchial : Lymphadentis haemorrhagico-necroticans gravis totalis.

Pancreas. -

Suprarenal. Considerable atrophie and severe degeneration of parenchymatous cells.

Considerable edema and diffuse hemorrhages in Z. reticularis.

Thyroid. -

Pituitary B. -

Testicule. Atrophie testis ll.

Brain. -

Cerebellum. -

Skin. e

25 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Intense degeneration and some congestion.

Aorta. No remarkable changes and slight congestion of peri-adventitial tissues.

Tonsil. Tonsillitis acuta haemorrhagica.

Bio-necrotic swelling of mucous membrane.

Intense congestion in follicular and perifollicular tissues. Some hemorrhages in perifollicular tissues.

Remarkable swelling of germinative centres with some localised hemorrhagic places.

Intense congestion in submucous tissues.

Bronchiolus. Bronchiolitis acuta catarrhalis.

Lung. Slight Alveolitis and slight Stasis et edema pulmonum.

Hemorrhagic-necrotic changes at some places.

Leber. can not be investigated microscopically.

Stomach. No remarkable changes.

Small-Intest. Considerable catarrh.

Large. Intest. Catarrh and considerable congestion in submucous tissues.


Kidney. can not be investigated microscopically.

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.
 Spleno-Fasciculitis exsudativa.

Lymph-node.
 Mesenterial. Lymphadenitis haemorrhagico-necroticans.
Peribronchial : Lymphadenitis haemorrhagico-gravis.

Pancreas. -

Supra-renal. Multiple miliary abscesses.
 Diffuse necrosis in Z. fasciculata and Z. reticularis.
 Edema in medullary tissues.

Thyroid. -

Pituitary B. -

Testicle. Atrophia testis. -

Brain. -

Skin. No remarkable changes.

393.

34 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 4 days.

Heart. Intense Regeneration and considerable atrophy.
Intense congestion, slight hemorrhages and edema.

Aorta. Slight congestion of vasa vasorum in media.

Tonsil. can not be investigated microscopically.

Pharynx. "

Bronchiolus. Bronchiolitis catarrhalis.

Lung. Stasis, edema and slight Alveolitis.

Pleuritis exsudativa tuberculosa.

Liver. Hepatitis serosa II-III.

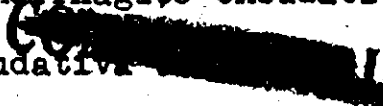
Stomach. No remarkable changes.

Small-Intestin. --

Large-Intest. --

Kidney. Considerable Glomerulo-nephrosis (glomeruli in acute
stimulated state), with slight polar changes.
Nephrosis I with (or III at some places), with
considerable interstitial edema.


Spleen. Angio-Folliculitis. haemorrhagico-exsudativa.

Spleno-Fasciculitis exsudativa 

L. mph-node.

Mesenterial: Lymphadenitis haemorrhagico-necroticans.

Peribronchial: Lymphadenitis haemorrhagica.

Pancreas. Considerable congestion.

Cloudy swelling of parenchymatous cells and island cells.

Supra-renal. Intense degeneration (desolative decay) of parenchymatous cells. esp. bionecrotic changes in Z. fascicula.

Honeycombed degeneration or vacuolar degeneration of medullary cells.

Intense edema of capillary walls in medullary tissues.

Thyroid. Acute disfiguring (follicular collapse).

Pituitary B. -

Testicles. Atrophia testis III.

Brains. No remarkable changes.

Skin. No remarkable changes.

396.

29 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Considerable degeneration and intense atrophy.
Intense edema and some leucocytes in capillaries.

Aorta. No remarkable changes.

Liver. Hepatitisserosa II-III, with some pericapillary
leucocytes-accumulation (initial stage of miliary
necrosis).

Stomach. Slight edema.

Small-Intest. Atrophic glandular cells(microscopically).

Large-Intest. Almost normal(microscopically).

Kidney. Slight Glomerulo-nephrosis (glomeruli in degenerative
form), with slight polar changes.

Nephrosis I (or at some places III), with considerable
edema and some leucocytes in capillaries.

Spleen. missed.

Lymph-node.
Mesenterial : No remarkable changes.

Peribronchial: Lymphadenitis haemorrhagico gravis.

[REDACTED]

Tonsil. Tonsillitis acuta. [REDACTED]

Intense edema, localised superficial ulcers and
catarrh of mucous membrane.

Intense congestion (some bacterial masses) and
intense edema in follicular tissues.

Swollen germinative centres.

Bronchiolus. Bronchiolitis catarrhalis.

Lung. Diffuse Alveolitis. Atelectasis at some places.
subpleural localised exudative -hemorrhagic places.

Pancreas. -

Supra-renal. Intense atrophy.

Intense Degeneration and partial necrosis in Z.
fasciculata.

Thyroid. Acute disfiguring (follicular collapse).
Some bacterial masses in capillaries.

Pituitary B. -

Testicle. Atrophia testis III.

Brain. No remarkable changes.

Skin. No remarkable changes.

397.

27 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 4 days.

Heart. Slight degeneration.

Considerable interstitial edema and considerable hemorrhages in epicardial tissues.

Aorta. No remarkable changes.

Tonsil. Tonsillitis acuta.

Considerable congestion and edema in follicular tissues.

Remarkable swelling of germinative centres.

Considerable congestion and slight hemorrhages in submucous tissues.

Pharynx. No remarkable changes.

Bronchus. Considerable edema in submucous tissues.

Lung. Bronchiolitis catarrhalis.

Slight stasis pulmonum and diffuse Alveolitis.

Liver. Hepatitis serosa III. with multiple submilary knots with plenty of lymphocytes.

Stomach. No remarkable changes.

Small-Intest. Slight congestion, microscopically.

Large-Intest. Catarrh and considerable congestion.

C [REDACTED] 59



Kidney. Can not be investigated microscopically.

Spleen. Angio-Folliculitis exsudativa.
Spleno-Folliculitis exsudativa.

Lymphnodes.
Mesenterial: Lymphadenitis catarrhalis.

Peribronchial: Lymphadenitis haemorrhagico-necroticans totalis.

Pancreas.

Supra-renal. Vacuolar or honeycombed degeneration, esp. in Z. fasciculata.
Intense edema, slight perivascular leucocytes-accumulation and diffuse hemorrhages in Z. reticularis.
Considerable edema in medullary tissues.

Thyroid.

Pituitary B.

Testicle. Atrophia testis.

Brains. No remarkable changes.

Skin. No remarkable changes.

399.

26 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Considerable degeneration.
Considerable edema and some hemorrhages.
Some Myocytes.

Aorta. No remarkable changes, macroscopically.

Tonsil. Tonsillitis acuta.
Intense congestion in follicular and perifollicular tissues.
Swelling of germinative centres with some leucocytes and some plasma-cells.
Intense congestion and some plasma cell dissemination in submucous tissues.

Bronchiolus. No remarkable changes.

Lung. Partial slight congestion and partial atelectasis.

Liver. Hepatitis serosa III-IV.
Remarkable congestion, remarkable exudative change and multiple hemorrhages in acinus.

Stomach. Almost normal, remarkable changes.

[REDACTED]

Small intestine. Atrophic glandular cells(microscopically).

Large intestine. Catarrh and considerable congestion in submucous tissues.

Kidney. Slight Glomerulo-nephrosis (glomeruli in acute stimulated state with some bacterial and fibrous masses in glomerular loops), with slight polar changes.

Nephrosis 1, with considerable interstitial edema and some erythrocytes-cylinders in tubular spaces.

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.
Spleno-Fasciculitis haemorrhagico-exsudativa.

Lymphnode.

Mesenterial: Lymphadenitis acuta haemorrhagica.

Peribronchial: Lymphadenitis haemorrhagico-necroticans.

[REDACTED]

[REDACTED]

Pancreas.

Supra-renal.

Considerable vacuolar degeneration, and at some places
honeycombed edegeneration (in Z. reticulatis).

Intesne hemorrhages in Z. reticularis.

Thyreoid.

Acute disfiguring (follicular colapsea).

Pituitary B.

Festicles.

Atrophia testisII.

Brain.

Skin.

No remarkable changes.

[REDACTED]

[REDACTED]

400.

32. years old. ♂

Entrance-port. Pernasal infection.

Days of course. 3 days.

Heart. Considerable degeneration and some mesenchymal reactions.

Aorta. No remarkable changes, macroscopically.

Tosill. --

Pharynx. --

Bronchus. Considerable congestion and some edema in submucous tissies. Some leucocytes in capillaries.

Bronchus. Intese Bronchiloitis catarralis.

Lung. Mulliple acinous hemorrhagic places.
Atelectasis at some places.

Liver. Hepatitis serosa II, with intense congestion at Glisson's capsules.

Stomach. Can not be investigated, microscopically.

Small-Intest. "

Large-Intest. "

Kidney. "

[REDACTED]

[REDACTED]

Spleen. Angio-Folliculitis exsudativa,
 Spleno-Fasciculitis exsudativa.

Lymph-node.
 Mesenterial: Periadenitis haemorrhagica.
 Follicular congestion.
 Peribronchial: Lymphadenitis haemorrhagico-necroticans.

Pancreas. Stasia and slight degeneration of parenchym, cells.
Supra-renal. Considerable clouding, vacuolar or honeycombed
 degeneration of cortical cells.
 Intense edema and diffuse hemorrhages in Z. reticularis.

Thyroid. --
Pituitary B. --
Testicles. --

Brain. --

Skin. No remarkable changes.

[REDACTED]

401.

37 years old. ♂

Entrance-potr. Per-nasal infedtion.

Days of course. 2 days.

Heart. Considerable degeneration (some places with basophilic degeneration).

Some mesenchymal reations.

Aorta. No remarkable changes.

Bronchiolus. No remarkable changes.

Lung. Slight diffuse Alveolitis.

Liver. Can not be investigated microscopically.

Stomach. No remarkable changes.

Small-Intest. Slight catarrh, microscopically.

Larga-Intest. Slight catarrh, microscopically.

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fasciculitis exsudativa.

Lymph-node.

Mesenterial : Lymphadenitis haemorrhagico-purulenta.

Peribronchial ; Lymphadenitis haemorrhagico-neotronics.

Thyreoid. Follicular collapse with Struma parenchymatosa

Levis.

403.

34 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Some degeneration. Some Endoarteritis with some round cell accumulation in intima.

Aorta. No remarkable changes.

Tonsil. Tonsillitis acuta, with Intense bionecrotic swelling and multiple diffuse superficial ulcers.

Intense congestion and edematous swelling of follicular tissues with bionecrotic swelling of germinative centres.

Intense congestion and edematous swelling of submucous tissues.

Pharynx.

--

Bronchus.

Intense congestion (with some leucocytes in capillaries) and intense edema in submucous tissues.

Peribronchiolitis with some congestion and some hemorrhages.

Lung.

Bronchiolitis catarrhalis.

Acino-lobular pneumonia (hemorrhagic-leucocytic)

[REDACTED]

Liver. Hepatitis serosa II-III, with some bacillus in capillaries.

Stomach. No remarkable changes, macroscopically,

Small-Intest. Atrophic glandular cells.

Large-Intest. Catarrh and considerable congestion in submucous tissues.

Kidney. Slight Glomerulo-nephrosis (glomeruli in "stimulised" state with some bacterial and fibrous masses in glomerular loops), with slight polar changes.

Nephrosis I (or III at some places) with considerable interstitial edema.

Spleen. ~~Angio-Folliculitis~~
~~Spleno-Fasciculitis~~

Lymph-node.

Mesenterial : Lymphadenitis haemorrhagico-necroticans.

Peri-bronchial : Lymphadenitis haemorrhagico-necroticans.

Pancreas. Considerable congestion and edema.

Considerable degeneration of parenchymatous cells and island-cells.

Supra-renal. -

Thyroid. Acute disintegrating (follicular collapse).

Pituitary B. -

Testicles. Atrophied testis III.

Brain. -

[REDACTED]

[REDACTED]

Skin. No remarkable changes.

[REDACTED]

27 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Some degeneration, and intesne edema.

Some Histiocytes.

Aorta. No remarkable changes.

Tonsil.

Bronchiolus. No remarkable changes.

Lung. Stasis pumonum, Slight Alveolitis and atelectasis.

Liver. Hepatitis serosa III-IV.

Stomach. No remarkable changes, macroscopically

Small-Intest. Considerable congestion and edema in submuceres. tissues,
microscopically.Large-Intest. Considerable congestion and edema in submuocus tissues.
some perivascular leucocytes accumulation.

Kidney. Slight Glomerulo-nephrosis with slight polar changes.

Nephrosis I (or III at some places), with
considerable edema and some round cell infiltration.

[REDACTED]
[REDACTED]

Spleen.

missed.

Lymph-node.

Mesenterial: Lymphadenitis haemorrhagica.

Perinronchial: Lymphadenitis catarrhalis levis and
Peri-adenitis gravis, with intense congestion ,
hemorrhages and edema.

405.

27 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Intense degeneration, intense atrophy and some edema.

Aorta. No remarkable changes.

Tonsil. Tonsillitis catarrhalis acuta.
Catarrh, slight superficial ulcers.
Slight congestion and edema of follicular tissues.
Intense swelling of germinative centres and slight congestion in submucous tissues.

Lung. Multifocal acino-lobular exudative-hemorrhagic pneumonia with intense atelectasis at some places.

Liver. Hepatitis serosa II-III.

Stomach. No remarkable changes, macroscopically.

Small-Intest. Can not be investigated, microscopically.

Large-Intest. Considerable congestion and edema.
Slight perivascular leucocytes accumulation

Spleen. Angio-Folliculitis, haemorrhagic-exsudative.
Splenio-Fasciculitis, exsudative.

[REDACTED]

[REDACTED]

Lymph-node.
Mesenterial: Lymphadenitis catarrhalis acuta with slight
pericapsular hemorrhages.

Peribronchial: Lymphadenitis catarrhalis.

Kidney. Slight Glomerul-nephrosis with slight polar
changes.
Nephrosis I, with intense vacuolar degeneration of
some tubular epitheliuma and intense edema.

Pancreas. -

Supra-renal. Vacuolar or honeycombed degeneration, esp. in Z.
fasciculata.
Diffuse hemorrhages in cortical tissues.

Thyreoid. In statical state.

Pituitary B. -

Testicle. Atrophia testisII.

Brain. -

Skin. No remarkable changes.

406.

31 Years old.

Entrance port. Per-nasal infection.

Days of course. ca 2 days.

Lung. Slight congestion and edema.

Liver. Hepatitis serosa ll-lll.

Stomach. No remarkable changes.

Large intest. No remarkable changes.

Thyroid. In slight activated state.

Testicle. Atrophia lll.

Otherorgans . Can not be investigated, microscopically.

28 years old. ♂

Entrance-port. Per-nasal infection.

Days of course. 3 days.

Heart. Intense degeneration and atrophy.

Some interstitial edema.

Aorta. No remarkable changes and stasis of periadventitial tissues.

Tonsil. Tonsillitis haemorrhagica acuta.

Intense congestion in follicular and perifollicular tissues and slight hyperplasia of germinative centres with some swollen reticulum fibres.

Intense congestion and diffuse hemorrhages in submucous tissues.

Bronchiolus. Bronchiolitis catarrhalis.

Lung. Stasis pulmonum.

Liver. Hepatitis serosa III, with multiple miliary necrosis and so-called net-necrosis-like changes.

Duodenum. Duodenitis haemorrhagica with diffuse hemorrhages in submucous tissues and some hemorrhages in submucous tissues.

Small-Intest. Enteritis haemorrhagico-exsudativa with some

[REDACTED]

fungous swelling of mucous membrane.

Macroscopically. [REDACTED]

Large-Intest.

Almost normal, macroscopically.

Spleen.

Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fasciculitis exsudativa.

Lymph-node.
Mesenterial :

Lymphadenitis haemorrhagico-purulenta and

Periadenitis haemorrhagico-purulenta.

Peribronchial :

Lymphadenitis haemorrhagica.

Kidney.

Slight Glomerulo-nephrosis with slight polar changes.

Nephrosis I with considerable edema.

Pancreas.

Considerable congestion and edema.

Atrophia and cloudy swelling (sometimes vacuolar) degeneration of parenchymatous cells.

Supra-renal.

Honeycombed degeneration, esp. in Z. fasciculata.

Some localised hemorrhages and perifocal leucocytes accumulation in Z. reticularis.

Thyreoid.

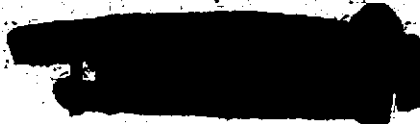
Acute disfiguring (follicular collapse).

Pituitary B.

-

Testicle.

Atrophia testis III.


Brain.

Skin.

No remarkable changes.

32 years old. ♂

Entrance port. Per-nasal infection.

Days of course. 2 days.

Heart. Considerable degeneration, some atrophía and edema.

Aorta. No remarkable changes.
Slight congestion of periadventitial tissues.

Tonsil Tonsillitis acuta.
Intense edema and some leucocytes-accumulation in mucous epitheliums.
Intense congestion and edema in follicular and perifollicular tissues.
Some swollen germinative centres.
Intense congestion and edema and some round cell accumulation in submucous tissues.

Bronchus. Intense congestion (some bacterial masses in capillaries), considerable edema and some leucocytes dissemination in submucous tissues.

Lung. Intense congestion and edema in peribronchial tissues.
Bronchiolitis catarrhalis.

Severe Alveolitis and edematous swelling of pleura.
Some bacterial dissemination in alveoli.




Liver. Hepatitis serosa II-III, with some bacterial masses
 in capillaries.

Stomach. No remarkable changes.

Small-Intest. No remarkable changes, microscopically.

Large-Intest. Catarrh.

Kidney. Slight Glomerulo-nephrosis with slight polar changes.
 Nephrosis I with considerable edema and some round cell
 accumulation.
 Miliary cirrhotic portion in cortical tissues.

Spleen. Angio-folliculitis exsudativa,
 Spleno-Fasciculitis exsudativa.

Lymph-nodes.
 Mesenterial: Lymphadenitis haemorrhagica.

Peribronchial: Lymphadenitis haemorrhagico-purulenta.

Pancreas. Edema. Parenchymatous degeneration.
 Vacuolar degeneration of island-cells.

Supra-renal. Considerable congestion and diffuse hemorrhages in Z.
 reticularis. Some atrophy.
 Intense edema and desolative degeneration of parenchymatous
 cells.

Thyroid. In activated state.

Pituitary B. -



[REDACTED]

Testicles. Atrophia testis II.

----- [REDACTED] -----

Brain.

Skin. Intense congestion, localised hemorrhages and diffuse
wandering cells (some of them, leucocytic)-dissemination
in subcutaneous tissues.

410.

27. years old.

Entrance-port. Por-nasal infection.

Days of course. 3 days.

Heart. Considerable degeneration. Atrophia and interstitial edema. Some Myocytes.

Aorta. No remarkable changes, macroscopically.

Tonsil. Can not be investigated microscopically.

Bronchiolus. Bronchiolitis catarrhalis.

Lung. Slight aiffuse Alveolitis.

Liver. Hepatitis serosa II-III, with partial hemorrhages in central zone of acinuses.

Stomach. Some lymphocytes in Glisson's capsule. Pseudo-biliary tract
Considerable congestion in submucous tissues.

Small-Intest. Can not be investigated microscopically.

Darge-Intest. Slight catarrh.

Kidney, -

Spleen. Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fasciculitis exsudativa.

Lymph-node. Can not be investigated microscopically.

CONFIDENTIAL

[REDACTED]

Supra-renal.

[REDACTED]

Vacuolar degeneration and partial necrosis in Zt
reticularis. Plenty leucocytes in capillaries
(with some myelocytes and some bacillus).

411.

28 years old. ♂

Entrance-pert. Pernasal infection.

Days of course. 4 days.

Heart. Considerable degeneration and atrophia.
Some mesenchymal reactions. Some Myocytes.

Aorta. No remarkable changes, macroscopically.

Liver. Hepatitis serosa II-III.

Stomach. No remarkable changes, macroscopically.

~~Small-Intest.~~ ~~Can not be investigated, microscopically.~~

Duodenal parts. Slight catarrh. Considerable congestion and edema in
submucous tissues.

Small-intest. Intense hemorrhagic-leucocytic inflammation with
fungous swelling of mucous membrane, due to
Anthrax-infection.

Large-Intest. No remarkable changes, macroscopically.

Kidney. Slight Glomerulo-nephrosis with slight polar changes.
Nephrosis I, with considerable interstitial edema and
intense vacuolar degeneration of tubular epitheliums
at subcapsular portions.

[REDACTED]

Spleen.

Angio-Folliculitis haemorrhagico-exsudativa.

Spleno-Fasciculitis haemorrhagico-exsudativa.

Lymph-node.

Mesenterial: Lymphadenitis haemorrhagica.

Peribronchial: Lymphadenitis haemorrhagica gravis.

Tonsil.

Tonsillitis catarrhalis acuta.

Intense congestion and edema in follicular and perifollicular tissues, accompanied with multiple hemorrhages and some leucocytes-emigration.

Bronchus.

Considerable congestion and some hemorrhages in submucous tissues.



Bronchiolus. Bronchiolitis necroticans and
 Peribronchiolitis. 

Lung. Acino-lobular catarrhalic-necrotic pneumonia with
 Pleuritis haemorrhagica.

Pancreas. Considerable degeneration of parenchymatous cells and
 some atrophia.
 Considerable congestion and slight perivascular round
 cell accumulation.
 Intense vacuolar degeneration of island-cells.

Supra-renal. Vacuolar degeneration of cortical cells.
 Considerable congestion, some diffuse hemorrhages in
 Z. reticularis and intense edematous swelling of
 cortical tissues.
 Vacuolar degeneration of medullary cells.

Thyroid. In acute disfiguring. (follicular collapse).

Pituitary B. -

Testicle. Atrophia testis II.

Brain. Slight congestion of meninges.
 Considerable congestion, slight hemorrhages and some
 edema in brain.

Cerebellum. Slight congestion and slight edema.

Skin. No remarkable changes.

412.

27 years old. ♂

Entrance-ports, Per-nasal infection.

Days of course. 3 days.

Heart. Considerable degeneration.

Slight congestion (some leucocytes in capillaries)
and slight edema. Some histiocytes.

Aorta. No remarkable changes.

Tonsil. Tonsillitis catarrhalis acuta.

Intense bionecrotic swelling of mucous epitheliums.
(bacterial intrusion in epitheliums).

Intense congestion and edema in follicular tissues.
Remarkable swelling of germinative centers with
some bacterial accumulations.

Intense congestion and edema (some leucocytes in
Submucous tissues.

Bronchus. Intense congestion in submucous tissues.

Peribronchitis with congestion and some hemorrhages.

Bronchilous. Bronchiolitis catarrhalis gravis and peribronchiolitis.

Lung. Diffuse Alveolitis and some lacinous hemorrhagic
places.

[REDACTED]

Liver. Can not be investigated, microscopically.
Stomach. Slight catarrh. [REDACTED]
Small-Intest. Considerable catarrh.
Large-Intest. Slight catarrh, considerable congestion and slight
perivascular leucocytes-accumulation.

Kidney. Slight Glomerulo-nephrosis with slight polar changes.
Nephrosis I (or III at some places), with intense
interstitial edema.

Spleen. -
Lymph-node.
Mesenterial: Slight catarrh.
Peribronchial: Lymphadenitis haemorrhagica gravis.

Pancreas. Considerable degeneration of parenchymatous cells and
island-cells. Some edema.

Supra-renal. -
Thyreoid. -
Pituitary B. -
Testicle. ~~Atrophia testis.~~

Brain. -

Skin. No remarkable changes.

[REDACTED]

413.

37 years old.

Entrance-port. Pernasal infection.

Days of course. 3 days.

Heart. Considerable degeneration. Some atrophia.

Aorta. No remarkable changes.

Tonsil. Tonsillitis catarrhalis acuta.

Considerable congestion and edema in follicular and perifollicular tissues.

Considerable swelling of germinative centres.

Considerable congestion in submucous tissues.

Bronchus. Peribronchitis with some hemorrhagic places.

Bronchiolus. Bronchiolitis catarrhalis.

Lung. No remarkable changes.

Liver. Hepatitis serosa II.

Stomach. Slight catarrh and considerable congestion in submucous tissues.

Small-Intest. Considerable catarrh.

Large-Intest. No remarkable changes, macroscopically.


Kidney.


Slight Glomerulo-nephrosis with slight polar changes.

Nephrosis I (or III at some places) and

Nephritis interstitialis at some places, with some
round cell accumulation, considerable edema

and considerable hyperplasia of connective tissues.

Spleen.

~~Angio-Folliculitis.~~ — .

Lymphnode.

~~Spleno-Folliculitis.~~

Mesenterial. Missed.

Peribronchial : Lymphadenitis haemorrhagica.

Thyroid.

In acute disfiguring(follicular collapse).

414.

29 years old.

Entrance port. Pernasal infection.

Days of course. ca. 2 days.

Heart. Considerable degeneration and interstitial edema.

Liver. Hepatitis serosa ll. with remarkable exudation and
congestion.

Stomach. No remarkable changes.

Large intest. No remarkable changes.

Testicle. Atrophia testis ll.

Other organs. Can not be investigated, microscopically.

416.

31. years old.

Entrance-port. Pernasal infection.

Days of course. 4 days.

Heart. Considerable degeneration and some atrophy.

Some edema and some mesenchymal reactions.

Aorta. No remarkable changes.

Tonsil.

Pharynx.

Bronchus. Some bacterial masses in bronchilolus.

Lung. Stasis and edema pulmonum, with numerous bacterial masses in alveoli.

Liver. Hepatitis serosa II-III.

Stomach. No remarkable changes, macroscopically.

Small-Intest. Considerable congestion in mucous and submucous tissues, microscopically.

Large-Intest. Slight congestion.

Spleen. ~~Angio-Folliculitis.~~

~~Spleno-Fasciculitis.~~

[REDACTED]

Lymph-node.
Mesenterial.

Follicular congestion

Peribronchial :

Lymphadenitis haemorrhagica with considerable follicular congestion.

Supra-renal.

Vacuolar degeneration of cortical cells.

Some edema and intense diffuse hemorrhages in Z. reticularis.

Brain.

-

Skin.

No remarkable changes.

417.

Years and sex. 27.

Entrance-port. Pernasal infection.

Days of courses. 3 days.

Heart. Intense degeneration. Considerable edema and Atrophía.

Aorta. No remarkable changes.

Tonsil- Tonsillitis acuta with bionecrotic swelling of mucous epithelium, intense congestion and edema in follicular and peri-follicular tissues, intense hemorrhages and some bacterial accumulation in perifollicular tissues, bionecrotic swelling of germinative centres and intense congestion in submucous tissues.

Bronchus. Considerable congestion and edema in submucous tissues.

Bronchiolus. Bronchiolitis catarrhalis.

Lung. Slight congestion and at some places atelectasis.

Liver. Hepatitis serosa II-III. with multiple miliary necrosis (some leucocytes, a few histiocytes and a few lymphocytes, and decayed masses).

Stomach. Slight edema and considerable congestion in mucous

[REDACTED]

tissues.

Small-Intest. Catarrh and edema in mucous tissues.

Some inflammatory changes in submucous tissues with edema, slight hemorrhages and some perivascular wandering cell accumulations.

Large-Intest. No remarkable changes.

Kidney. Slight Glomerulo-nephrosis with slight polar changes.

Nephrosis I (or III at some places), with considerable interstitial edema.

Spleen. ~~Angio-folliculitis.~~ —
~~Fasciculitis.~~

Lymph-node

Mesenterial: Lymphadenitis acuta with slight exudative reactions (congestion and some leucocytes).

Peribronchial L. haemorrhagica.

Pancreas In autolysis. Vacuolar degeneration of parenchymatous cells.

Supra-renal. Partial hemorrhages in cortical tissues and intense edema and diffuse hemorrhages in Z, reticularis. Vacuolar or intense degeneration of cortical tissues (ruining processes of cortical cells), with some round cell accumulation in Z. fasciculata and

[REDACTED]

Z. reticularis.

Remarkable atrophie of cortical cells.

Edema in medullary tissues.

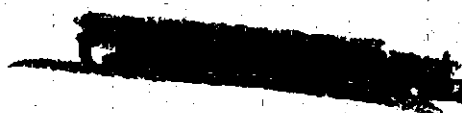
Thyreoid. In acute disfiguring (follicular collapse),
with some bacterial masses in capillaries.

Pituitary B. -

Testicles Atrophie testis II.

Brain. Considerable congestion and slight perivascular
hemorrhages.

Skin. No remarkable changes.



Heart

[REDACTED]

H E A R T

[REDACTED]

(A) Microscopical Investigation.

7.
16.

Considerable parenchymatous degeneration and edema.

26.

No remarkable changes.

53.

Basophilic degeneration of some muscular cells. Slight mesenchymal reactions.

54.

Severe parenchymatous degeneration and atrophy. Edema in interstitium.

225.

Considerable parenchymatous degeneration.

318.

Considerable parenchymatous degeneration and atrophy.

Partial hemorrhages in interstitium and desolative decay of the neighbouring muscular fibres. Considerable venous congestion.

320.

Slight parenchymatous degeneration and considerable atrophy. Interstitial edema.

325.

Severe parenchymatous degeneration and considerable atrophy. Remarkable perivascular edema and some myocytes-accumulation.

[REDACTED]

328.

Severe parenchymatous degeneration. Severe venous congestion and slight hemorrhages in interstitium. Many leucocytes in blood-vessels.

383.

Severe parenchymatous degeneration and considerable edema.

388.

Severe parenchymatous degeneration.

389.

Considerable parenchymatous degeneration.

390.

Severe parenchymatous degeneration and congestion.

393.

Severe parenchymatous degeneration and considerable atrophie. Severe venous congestion and considerable edema. Slight hemorrhages in interstitium.

396.

Severe atrophie and considerable parenchymatous degeneration. Severe edema and accumulation of leucocytes in blood-vessels.

397.

Slight parenchymatous degeneration. Considerable edema and hemorrhages in interstitium and epicardial tissues.

[REDACTED]

399.

Considerable parenchymatous degeneration, edema and hemorrhage in interstitium. Appearance of some myocytes.

400.

Considerable parenchymatous degeneration with slight mesenchymal reactions.

401.

Considerable parenchymatous degeneration and basophilic degeneration of some muscular cells. Some mesenchymal reactions and slight infiltration of lymphocytes at some places of interstitium.

403.

Some parenchymatous degeneration and edema. Endoarteritis of some arteries (with small round-cell infiltration in intima).

404.

Some parenchymatous degeneration and edema. Remarkable perivascular edema around some blood-vessels, with histiocytes-accumulation at some places.

405.

Severe parenchymatous degeneration, atrophia and interstitial edema.

407.

Severe parenchymatous degeneration, atrophia and interstitial edema.

409.

Considerable parenchymatous degeneration, atrophia and interstitial edema.

[REDACTED]

[REDACTED]

410.

Considerable parenchymatous degeneration, atrophica and interstitial edema. Some myocytes around blood-vessels.

411.

Considerable parenchymatous degeneration and atrophica.
Some mesenchymal reactions. Accumulation of many myocytes.

412.

Some parenchymatous degeneration, atrophica and edema.
Leucocytes in blood-vessels. Accumulation of histiocytes around blood-vessels.

413.

Considerable parenchymatous degeneration and atrophica.

414.

Considerable parenchymatous degeneration, atrophica and interstitial edema.

416.

Considerable parenchymatous degeneration, atrophica and interstitial edema. Slight mesenchymal reactions.

417.

Severe parenchymatous degeneration, considerable atrophica and interstitial edema.

[REDACTED]

[REDACTED]
[REDACTED] M A R Y.
Investigation on 3I micro-slices.

a) Epicardium with severe edema. Generally no remarkable changes else. In 1 specimen, some mesenchymal reactions with leucocytes-infiltration.

b) Myocardium: In many cases, muscular fibres are atrophic with plenty of lipofuscin-deposits. Generally with severe cloudy swelling and occasionally with slight hyaline degeneration. Slight vacuolar degeneration in 6 cases and basophilic degeneration of some muscular cells in 3 cases. Severe edematous swelling in interstitial tissues and frequently slight exposed perivascular hemorrhages (4 cases of them in severe degree).

In one-third of all cases, intense congestion, and occasionally leucocytes accumulate in blood-vessels with more or less intense perivascular edema.

Increase of adventitial cells in some cases. Rarely round-cell accumulate in interstitium. 4 specimens have many myocytes, which in 1 specimen accumulate as glanulom.

c) Epicardium with edema and round-cell-infiltrations.

HEART

		17	26	53	54	225	319	320	325	328	383	398	399	390	303	396	397
Parenchyma of Myocardium	Fragmentation	-	+	-	-	+	+	-	-	-	-	-	-	-	-	+	-
	Brown Pigment	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Atrophia	+	+	+	+	(+)	(+)	+	+	+	(+)	-	+	+	+	(+)	+
	Hypertrophia	+	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-
	Disappearance of Striations	+	+	+	+	(+)	(+)	+	(+)	+	+	+	+	+	+	(+)	+
	Cloudy Swelling	+	+	+	+	(+)	(+)	+	+	(+)	+	+	+	+	+	+	+
	Vacuolar Degeneration	-	-	-	-	(+)	-	-	(+)	-	(+)	+	+	-	-	-	-
	Hyaline Degeneration	-	-	-	+	-	-	-	+	+	+	+	+	-	(+)	-	-
	Waxy Necrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Changes of Nuclei																
Interstice of Myocardium	Pyknosis	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Karyolysis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Disappearance	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+
	Contents of Blood vessels																
	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-
Endocard	Monocytes	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-
	Infiltration of Leucocytes	-	-	-	(+)	-	-	-	-	-	-	-	-	-	-	-	-
	Infiltration of Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Proliferation of Histiocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Proliferation of Myocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Changes of Vessel walls																
	Thickening	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Adventitial cells	-	+	(+)	-	+	+	+	+	+	+	+	+	+	+	+	+
	Perivascular Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Epicardium	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Infiltration																
	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Proliferation of Mesenchym cells	-	+	+	+	-	-	-	-	(+)	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Infiltration																
	Erythrocytes	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+
	Proliferation of Histiocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

[REDACTED]

[REDACTED]

SECRET

[REDACTED]

Degeneratio et Atrophia myocardii
gravis.



Degeneratio et Atrophia myocardii
gravis, in high power.



[REDACTED]

Hemorrhages in intermuscular
tissues.

[REDACTED]



Myocytes-granulom.



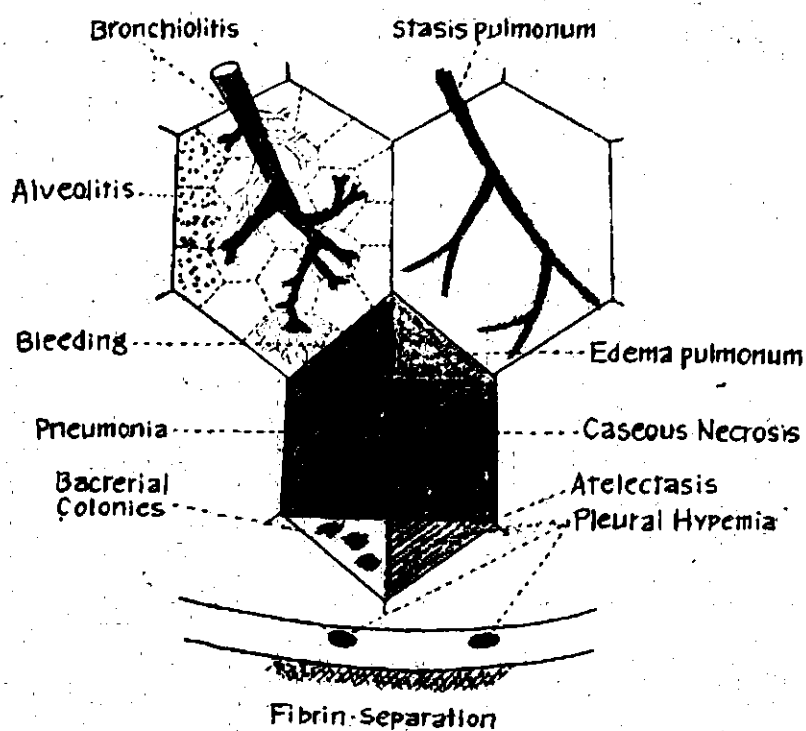
[REDACTED]

Some endocard-reaction.



Lung

LUNG



[REDACTED]

[REDACTED]

L U N G .

(A) Microscop. Investigation.

17.

Almost normal .

18.

Almost normal. Edema et stasis pulmonum levis.

Bronchiolitis catarrhalis levis. Pleural hyperaemia.

26.

Edema et stasis pulmonum gravis. Bacterial colonies in alveoli.

225.

Edema et stasis pulmonum. Bronchiolitis.

318.

Bronchiolitis catarrhalis. Slight congestion of alveolar capillaries, and slight edema. Bacterial colonies in alveoli.

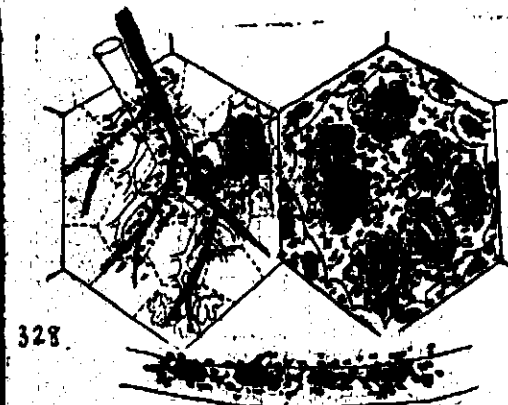
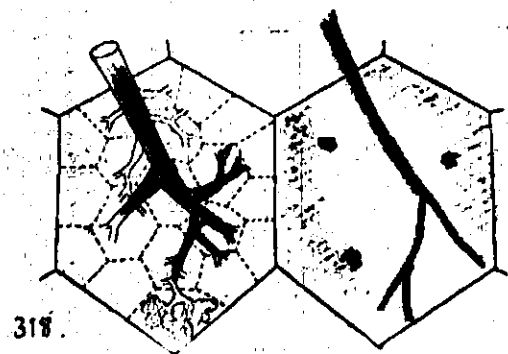
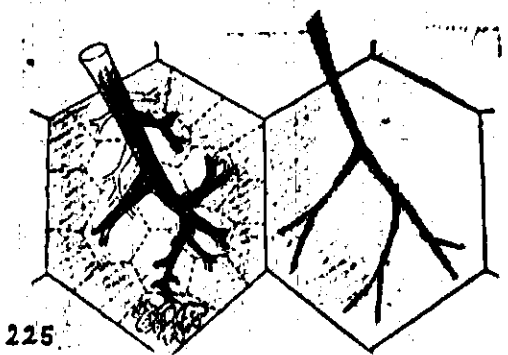
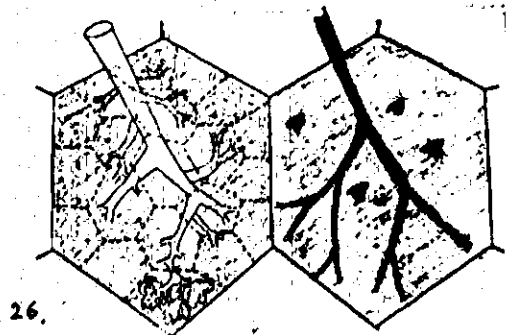
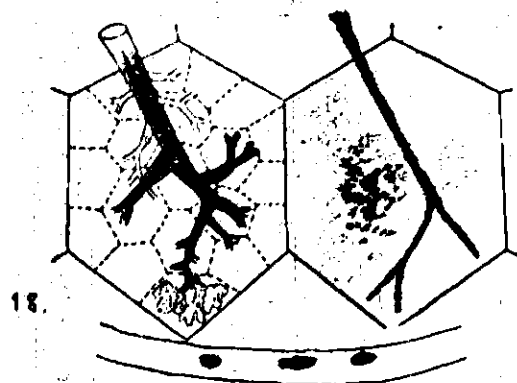
325.

Acinous-nodose lung-tuberculosis. (conglomerate-tubercles-formation) No remarkable changes else.

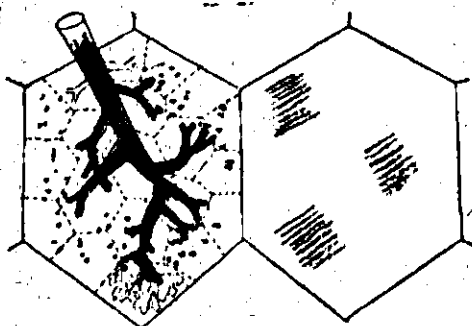
328.

Acino-lobular lung-tuberculosis in productive, somewhat exudative form. The focal parts of tubercles are caseous with cavern and perifocal parts rather proliferative with epithelioid cells

[REDACTED] 08



388. (r. sup.)



and giant cells.

These are surrounded with moderate lymphocytic hemorrhagic reactive zones.

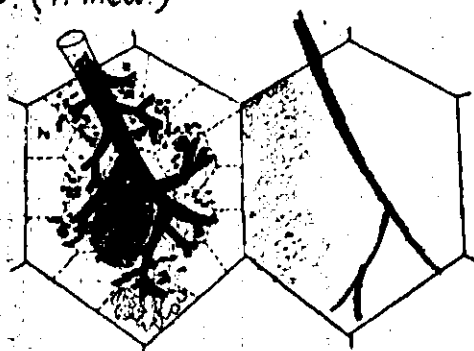
No remarkable changes else.

388. (right superior).

Bronchiolitis catarrhalis, slight emphysema and atelectasis.

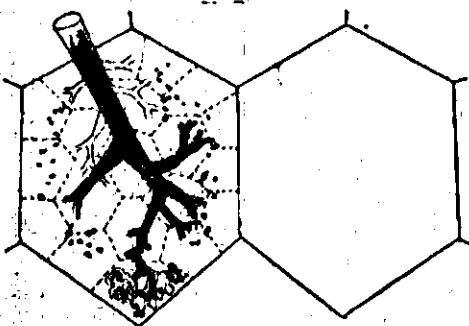
388. (right median).

388. (r. med.)



Endobronchiolitis catarrhalis and Peribronchiolitis acuta with inflammatory swelling of peribronchial lymphodulus, which fall into totally hemorrhagic and partially necrotic state and bacterial accumulations in peribronchial lymph-vessels or -nodulus.

389. (r. sup.)



Generally slight inflammatory swelling and congestion in peribronchial tissues.

Slight congestion and slight edema of alveoli.

389. (right superior).

Bronchiolitis catarrhalis and slight Alveolitis (congestion and slight emigrations of lymphocytes and leucocytes in alveolar-walls).

389. (right inferior).

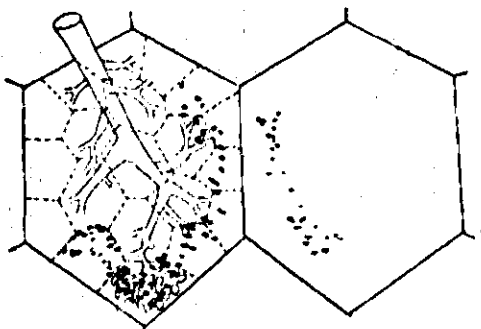
389. (r. inf.)



Moderate Alveolitis (congestion, moderate emigrations of leucocytes in alveolar-walls) and edema pulmonum.

[REDACTED]

389. (l. sup.)



Slight leucocytes-accumulation in peribronchial lymph-nodulus and Bronchiolitis catarrhalis.

Slight reactive Pleuritis (congestion and edematous swelling of pleural tissues).

389 (left, superior).

slight lymphocytes-emigration in alveolar walls.

389 (left inferior).

Endobronchiolitis catarrhalis and Peribronchiolitis.

Slight lymphadenitis acuta of peribronchiolar lymph-nodulus (inflammatory swelling and leucocytic accumulation in lymphodulus) and slight leucocytic -infiltration of peribronchiolar tissues.

Slight plumonal edema and slight leucocytic emigration in some acinus of catchment-area to attacked bronchiolitis.

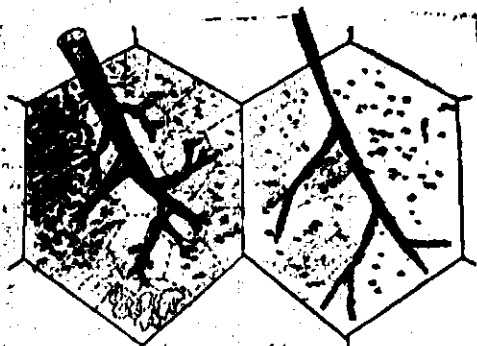
Edematous swelling and slight diffuse bleeding of interlobular connective tissues.

390 (left ^{inf} superior).

Diffuse Alveolitis and localised miliary hemorrhagic pneumonia.

Edematous swelling, considerable congestion, and leucocytes-emigration at slveolar walls and

390. (l. inf.)

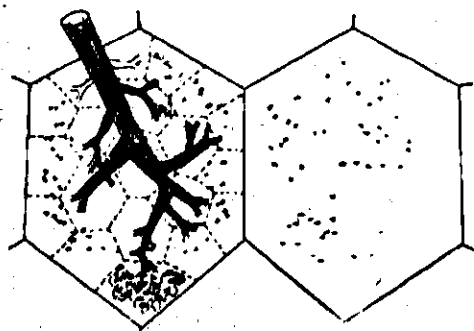


[REDACTED]

[REDACTED]

furthermore at some places multiple miliary hemorrhagic pneumonia : most parts of them are strongly hemorrhagic (bleeding and separation of fibrinous masses) and fall into partial necrosis with many leucocytes-fragments. These inflammatory changes spread with severe exudative reactions (cell-infiltration and hemorrhages) to the neighbouring tissues (= diffuse Alveolitis).

393. (r. sup.)

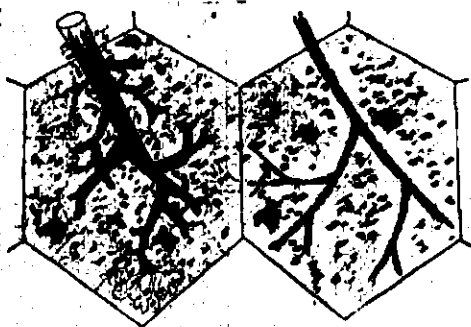


Bronchiolitis catarrhalis in high degree and considerable congestion, slight cell-infiltration and edematous swelling of peribronchial connective tissues (Peribronchiolitis).

393(right superior).

Bronchiolitis catarrhalis and slight diffuse Alveolitis with partial slight emphysema.

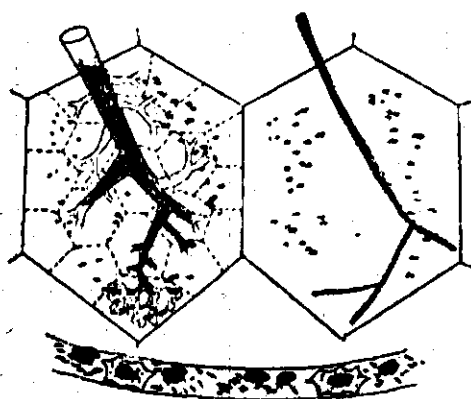
393. (r. inf.)



393(right inferior).

Endobronchiolitis catarrhalis in high degree and diffuse Alveolitis : edematous swelling, congestion and leucocytesmigration at alveolar walls with edema and slight erythrocytes-leakage in alveoli. Bacterial colonies in some alveoli.

393. (l. sup.)



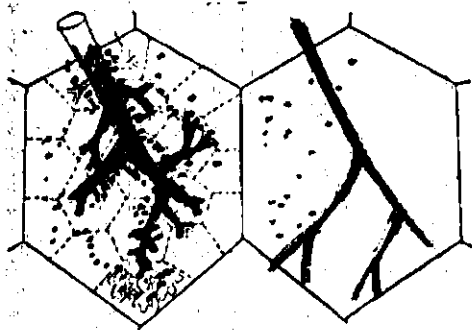
Edematous swelling, slight round-cell-infiltration and congestion of peribronchial connective tissues (Peribronchiolitis).

393(left superior).

Bronchiolitis and Congestion pulmonum: slight congestion and slight cell-infiltration at alveolar walls (slight Alveolitis).

In pleural tissues, considerable congestion and edematous swelling with many productive miliary tubercles. (Pleuritis tuberculosa productiva and reactive inflammatory changes, due to Congestion pulmonum).

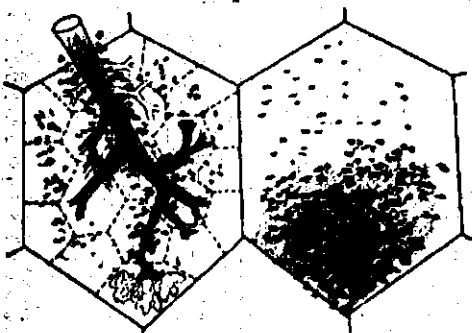
393(left inferior).



Bronchiolitis catarrhalis and diffuse Alveolitis: congestion and leucocytes-emigration at alveolar walls.

Slight round-cell-infiltration of peribronchiolar tissues (slight Peribronchiolitis) and slight hemorrhages and edematous swelling of pleural tissues. (reactive inflammatory changes of pleural tissues).396 (right inferior).

396. (r. inf.)

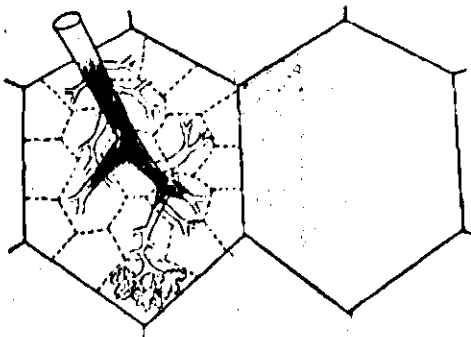


Bronchiolitis catarrhalis gravis (bacterial colonies as contents) and diffuse Alveolitis : leucocytes-infiltration at alveolar walls, slight edema and some heart disease-cells in alveoli.

[REDACTED]

[REDACTED]

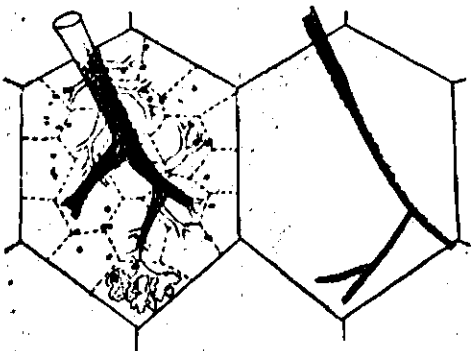
396. (l. sup. & inf.)



These diffuse Alveolitis develop at some subpleural tissues to acinous hemorrhagic pneumonia (severe congestion, hemorrhage, edema, desquamation of alveolar epitheliums and bacterial accumulation in some alveoli).

Bacterial colonies accumulated at some places, esp. in alveoli, in pleural tissues and in bronchioli. 396(left superior and inferior).

397. (r. sup.)



Bronchiolitis catarrhalis levis.

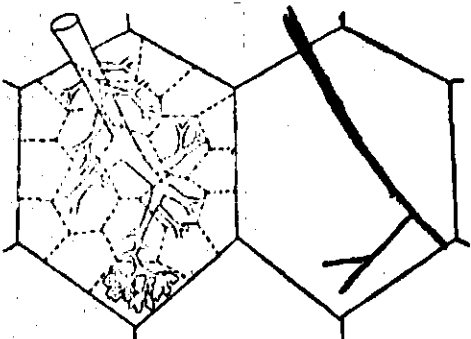
Slight edema. No remarkable changes else.

397(right superior).

Bronchiolitis catarrhalis and diffuse

Alveolitis levis: slight cell-infiltration at alveolar walls.

399. (l. sup.)



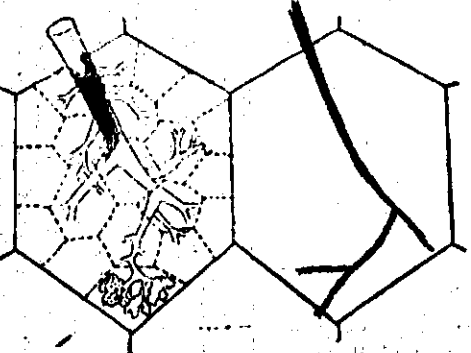
Slight pulmonic congestion and slight edema.

399 (left superior).

Partial slight pulmonic congestion.

No remarkable changes else.

399. (l. inf.)



399 (left inferior). Slight congestion. Heart disease cells in bronchiolus.

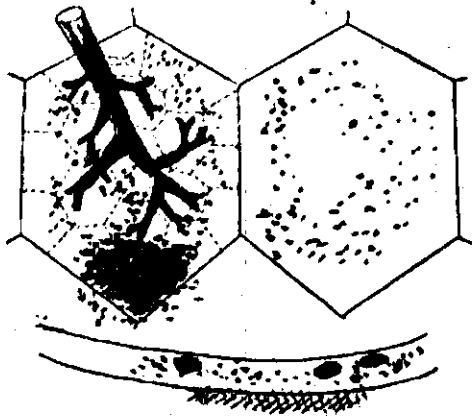
No particular changes else.

[REDACTED]

[REDACTED]

[REDACTED]

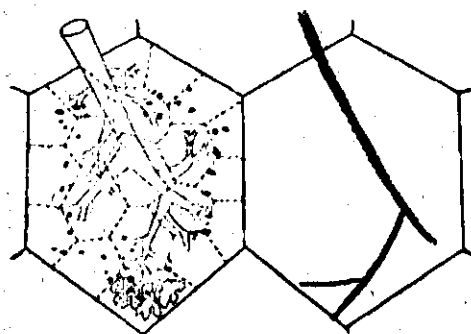
400.



400.

Bronchiolitis catarrhalis gravis and diffuse Alveolitis : edematous swelling and leucocytes-emigration at alveolar walls and at some places in severe degree. These inflammatory changes develop at some places (peribronchial and subpleural tissues) to acino-lobular hemorrhagic pneumonia (severe Alveolitis, leakage of leucocytes and severe bleeding in some alveolar spaces, attached to catarrhalic bronchioli).

401.



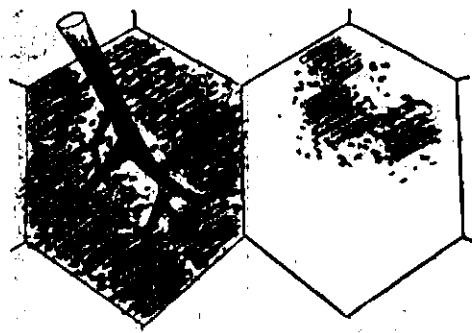
Subpleural severe congestion and sero-fibrinous Pleuritis at adjacent parts.

401.

Slight stasis and slight cell-infiltration at alveolar walls.

No remarkable changes else.

403.



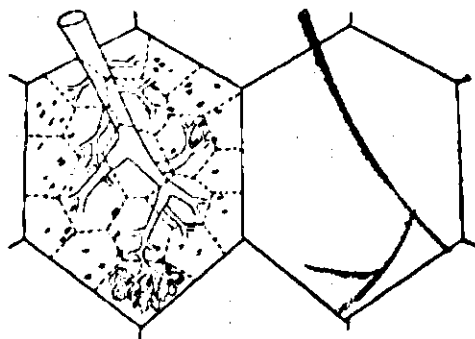
403.

Bronchiolitis catarrhalis and acino-lobular pneumonia with diffuse Alveolitis: remarkable leucocytes-emigration at alveolar walls and leakage of leucocytes in alveolar spaces to form multifocal acinoblobular pneumonic places.

In peribronchiolar tissues, edematous swelling and slight cell infiltrations. (Peribronchiolitis levis).

[REDACTED] 27/4

405. (r. sup.)



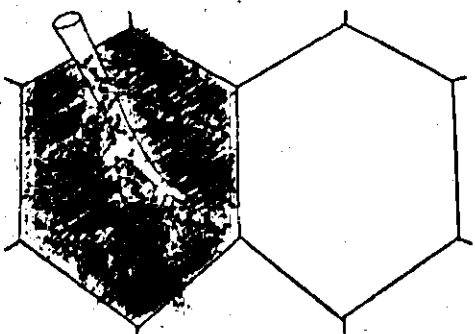
405. (right superior).

Slight stasis and Alveolitis diffusa in slight degree. No remarkable changes else.

405. (right ^{inf} superior).

Multiple acino-lobular pneumonia with diffuse Alveolitis and following intense reactive changes :remarkable congestion and remarkable leucocytes-emigration at alveolar walls and inflammatory edema, leakage of leucocytes and hemorrhages in alveoli, which develop at some places to multifocal acino-lobular hemorrhagic leucocytic pneumonia.

405. (r. inf.)



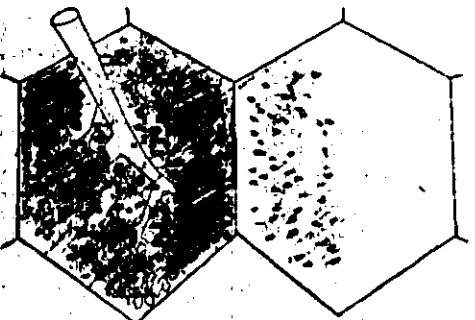
405. (left superior).

Bacterial colonies in blood-vessels. No particular changes else.

405.(left inferior).

Multifocal acinous hemorrhagic exudative pneumonia. Diffuse Alveolitis : considerable congestion and leucocytes-emigration at alveolar walls. At some places leakage of leucocytes in alveolar spaces to form multifocal acino-lobular pneumonic places, accompanied with severe hemorrhages and leucocytes-infiltrations.

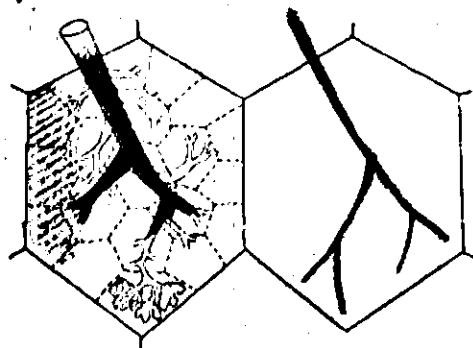
405. (l. inf.)



. 406.

Pulmonal congestion and slight edema. No remarkable changes else.

407



407.

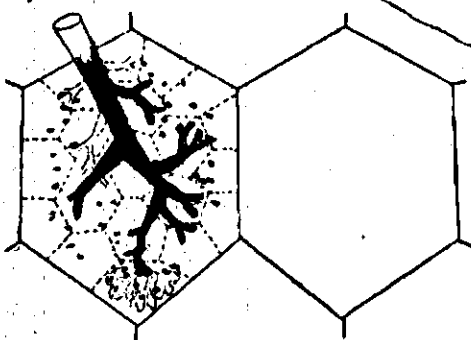
Bronchiolitis catarrhalis levis. Considerable congestion and edematous swelling, of alveolar walls to form at some places atelectasis of alveolar spaces. No remarkable changes else.

409.

Bronchiolitis catarrhalis levis and diffuse alight Alveolitis: considerable congestion, edematous swelling of alveolar walls and leucocytes-emigration at alveolar walls and at some places remarkable atelectasis of alveolar spaces, due to edematous swelling of alveolar walls.

Edematous swelling and bacterial dissemination in adjacent pleural tissues.

410.

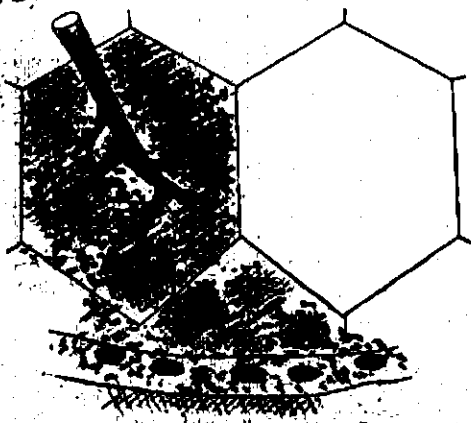


410.

Bronchiolitis catarrhalis and diffuse Alveolitis: slight edematous swelling, slight congestion and slight leucocytes-infiltration at alveolar walls with desquamation of alveolar epitheliums and slight edema in alveoli.

411.

Broncho-Bronchiolitis necroticans, acino-lobular catarrhalic-leucocytic pneumonia and Pleuritis haemorrhagico-fibrinosa.



[REDACTED]

[REDACTED]

A large quantity of decayed masses and bacterial colonies in bronchiolus.

N-Necrotic ruins of bronchiolar walls and edematous and inflammatory swelling of peribronchiolar tissues in high degree.

These bronchogenous inflammation spread to multifocal acinous or acino-lobular pneumonic changes in attachment-areas : leucocytic-hemorrhagic infiltration and at some places necrotic ruins of alveolar walls.

These inflammatory processes spread to the neighbouring tissues with more or less considerable exudative reactions: severe Alveolitis, namely considerable congestion and leucocytes-emigrations at alveolar walls and at some places with inflammatory edema, with hemorrhages and leucocytic infiltration in alveolar spaces.

Remarkable congestion, diffuse hemorrhages and separation of fibrinous masses in adjacent pleural tissues (Pleuritic haemorrhagico-fibrinosa) and multifocal acinous hemorrhagic-exudative pneumonia of subpleural lung-tissues : severe congestion, bleeding, leucocytes-emigration, decayed masses of alveolar epitheliums and bacterial deposits in

[REDACTED]

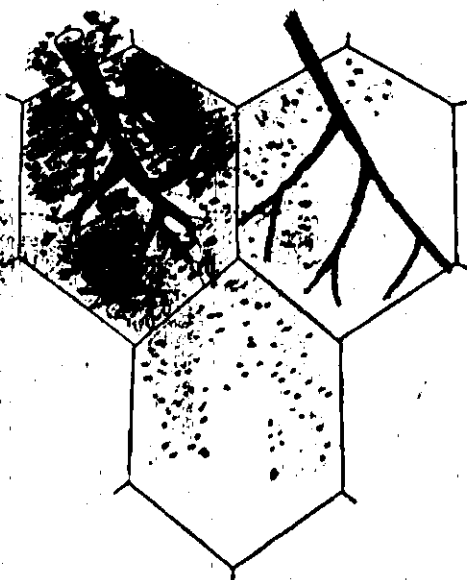
[REDACTED]

pneumonic places.

412 (a).

Broncho-Bronchiolitis gravis and Peribroncho-Bronchiolitis gravis with remarkable diffuse Alveolitis.

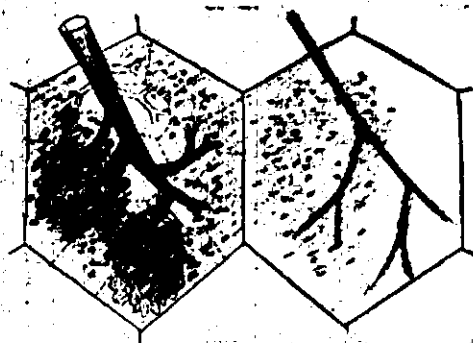
412 (a).



Catarrh of bronchus in severe degree : a large quantity of catarrhalic masses, hemorrhages, desquamation of alveolar or bronchial epitheliums and bacterial colonies as contents. Severe exudative changes of bronchial walls and severe edematous swelling, severe congestion and diffuse hemorrhages in peribronchial tissues.

These inflammatory processes spread to the adjacent bronchiolar or peribronchiolar tissues, and moreover to lung-tissues in catchmentareas. Namely in lung-tissues of attachment-areas, multifocal acinous hemorrhagic-leucocytic pneumonia with diffuse more or less remarkable Alveolitis in the neighbouring general lung-tissues (considerable congestion, leucocytes-emigration of alveolar walls and at some places leakage of leucocytes and hemorrhages in alveolar spaces).

412 (b).

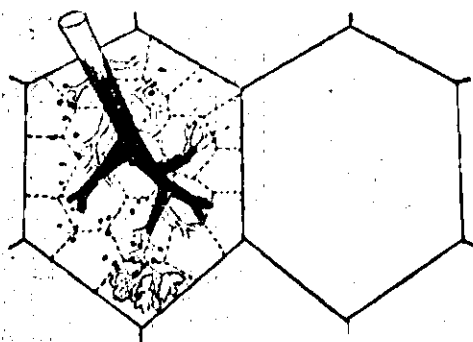


412.(b).

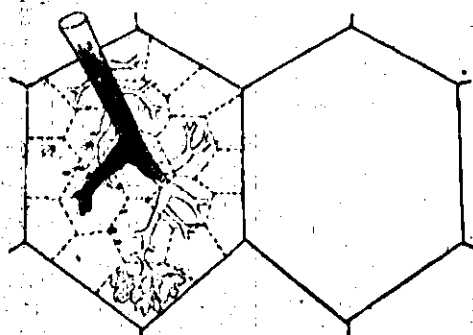
Bronchiolitis catarrhalis, slight diffuse

[REDACTED]

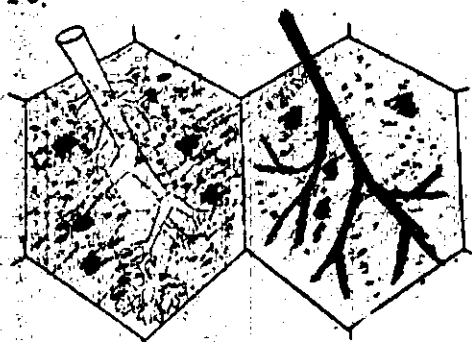
413. (r. inf.)



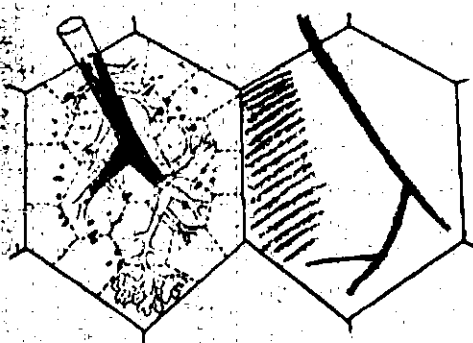
413. (l. inf.)



416.



417. (r. sup.)



Alveolitis and multiple acino-lobular hemorrhagic pneumonia in peribronchiolar pulmonal tissues.

: considerable congestion, leucocytes -emigration at alveolar walls with edema or slight hemorrhages in alveoli. These hemorrhagic processes develop at some places, esp. at peribronchiolar tissues, to acinobular hemorrhagic pneumatic changes.

413. (right inferior.)

Bronchiolitis catarrhalis levis and very slight cell-infiltration at alveolar walls. No remarkable changes else.

413 (left inferior).

Bronchiolitis catarrhalis levis.

No remarkable changes else.

416.

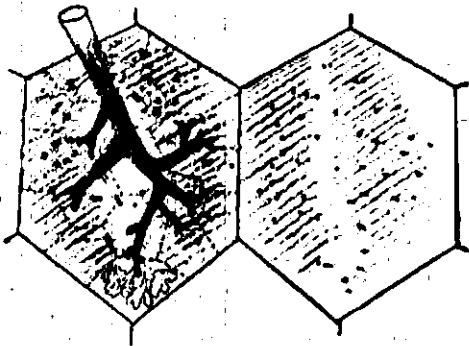
Congestion et edema pulmonum in high degree. Remarkable edematous swelling and severe congestion of alveolar walls with inflammatory edema and slight hemorrhages in alveoli.

Bacterial masses in some alveoli and bronchiolus.

417 (right superior).

Bronchiolitis catarrhalis. Edematous swelling and slight leucocytes-emigration at alveolar walls, to form at some places atelectasis of alveolar spaces

417. (r. inf.)



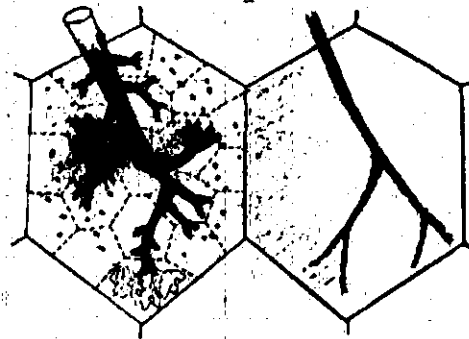
417. (right inferior).

Bronchiolitis catarrhalis. Edematous swelling and slight cell-infiltrations at alveolar walls, to form severe atelectasis of alveolar spaces.

417(left inferior).

Bronchiolitis catarrhalis gravis and diffuse Alveolitis : edematous swelling, considerable congestion and cell-infiltration at alveolar walls with severe atelectasis of alveolar spaces.

417 (l. inf.)



[REDACTED]

[REDACTED]

(B). S U M M A R Y.

(I)
The bird's eye-view of all investigated cases.

17. Almost normal.
18. Edema et stasis pulmonum levis and Bronchitis catarrhalis levis.
26. Edema et stasis pulmonum in high degree, with some bacterial dissemination in alveoli.
225. Edema et stasis pulmonum.
Bronchitis catarrhalis.
318. Bronchitis catarrhalis.
Edema et stasis pulmonum levis, with some bacterial dissemination in alveoli.
325. Acino-lobular tuberculosis.
No significant changes, due to Anthrax-infection.
328. Acino-lobular tuberculosis in productive, somewhat exudative form.
No significant changes, due to Anthrax-infection.
388. (right, superior).
Bronchitis catarrhalis.
Slight emphysema and considerable atelectasis at some places, due to edematous swelling of alveolar walls.
388. (right, median).
Bronchitis and Peribronchitis acuta with intense hemorrhagic-necrotic changes of peribronchial lymph-nodulus.
Edema et stasis pulmonum levis.
389. (right superior).
Bronchitis catarrhalis and slight Alveolitis diffusa.

- [REDACTED]
- [REDACTED]
389. (right, inferior).
Bronchitis and Peribronchitis acuta, with some leucocytes-dissemination.
Alveolitis diffusa in medium degree and Edema pulmonum inflammatorium in slight degree.
Some pleural congestion.
389. (left, superior).
Alveolitis diffusa in slight degree, with some lymphocytes-emigration in alveolar walls.
389. (left, inferior).
Bronchitis catarrhalis and Peribronchitis acuta with some congestion and some inflammatory changes of peribronchial lymph-nodulus.
Slight edema and some leucocytes-dissemination in some acinous places.
Slight hemorrhages in inter-lobular tissues.
390. (left, superior).
Diffuse Alveolitis with some localised hemorrhagic pneumonic places.
Edema pulmonum in medium degree in the neighbouring pulmonal tissues.
Bronchitis and Peribronchitis acuta with some inflammatory changes.
393. (right, superior).
Bronchitis and slight diffuse Alveolitis.
393. (right, inferior).
Bronchitis catarrhalis and Peribronchitis with some congestion and edema.
Diffuse Alveolitis with slight hemorrhagic changes and some bacterial dissemination in some acinous areas.
393. (left, superior).
Bronchitis and some pulmonal congestion.
Some pleural congestion and Pleuritis tuberculosa productiva.
393. (left, inferior).
Bronchitis and Peribronchitis acuta with slight round-cell-infiltration.
Some congestion and some hemorrhages in pleural tissues.
396. (right, inferior).
Bronchitis catarrhalis gravis.
Diffuse Alveolitis with some hemorrhagic pneumonic places in subpleural tissues.
- [REDACTED]

- [REDACTED]
- [REDACTED]
396. (left, superior).
Bronchitis catarrhalis and slight edema.
No remarkable changes else.
396. (left, inferior).
Bronchitis catarrhalis and slight edema.
397. (right, superior).
Bronchitis catarrhalis and slight diffuse Alveolitis.
399. (left, inferior).
Slight pulmonal congestion.
400. Bronchitis catarrhalis gravis and Peribronchitis acuta with some hemorrhages.
Diffuse Alveolitis and some acino-lobular, hemorrhagic pneumonia.
Pleuritis sero-fibrinosa with intense pleural congestion.
401. Slight Alveolitis and slight pulmonal congestion.
403. Bronchitis catarrhalis and Peribronchitis acuta.
Diffuse Alveolitis and multiple acino-lobular pneumonia.
405. (right, superior).
Diffuse Alveolitis and multiple acino-lobular, leucocytic-hemorrhagic pneumonia.
405. (left, superior).
Some bacterial masses in blood-vessels.
No remarkable changes else.
405. (left, inferior).
Diffuse Alveolitis and
multiple acinous hemorrhagic-exudative pneumonia.
406. Pulmonal congestion and slight edema.
407. Bronchitis catarrhalis levis.
Slight edematous swelling of alveolar walls.
Rather atelectatic alveolar spaces, due to edematous swelling and congestion of alveolar walls.
No remarkable changes else.
409. Bronchitis catarrhalis levis.
Slight diffuse Alveolitis.
Remarkable atelectasis, due to edematous swelling of alveolar walls.
Edematous swelling and some bacterial dissemination in pleural tissues.
- [REDACTED]

[REDACTED]

[REDACTED]

410. Bronchitis catarrhalis and diffuse Alveolitis.
411. Broncho-Bronchiolitis necroticans.
Acino-lobular, catarrhalic-leucocytic pneumonia.
Pleuritis haemorrhagico-fibrinosa, with
multiple acinous hemorrhagic-exudative pneumonia in subpleural
tissues.
412. Broncho-Bronchiolitis in intense degree and Peribronchitis in
intense degree.
Intense diffuse Alveolitis with some inflammatory edema.
412. Bronchitis catarrhalis and Peribronchitis with some congestion and
some hemorrhages.
Slight diffuse Alveolitis and
multiple acino-lobular, hemorrhagic pneumonia in peribronchiolar
pulmonal tissues.
413. Bronchitis catarrhalis levis and very slight Alveolitis.
No remarkable changes else.
413. (left, inferior).
Bronchitis catarrhalis levis and no remarkable changes else.
416. Edema pulmonum inflammatorium and Stasis pulmonum in high degree,
with some hemorrhages and some bacterial dissemination in some
alveolit and bronchioli.
417. (right, superior).
Bronchitis catarrhalis.
Remarkable atelectasis, due to intense edematous swelling and
slight cell-infiltration at alveolar walls.
417. (left, inferior).
Bronchitis catarrhalis gravis.
Diffuse Alveolitis.
Remarkable atelectasis, due to edematous swelling, congestion and
some cell-infiltration at alveolar walls.
-

[REDACTED]

[REDACTED]

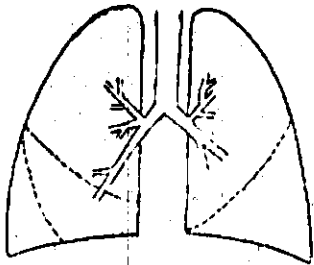
[REDACTED]

(2).

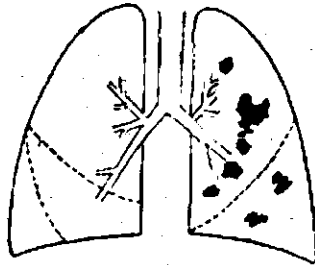
I divide all cases in to 2 groups : a)peroral infection and
b)pernasal infection.

(a). On peroral infection.

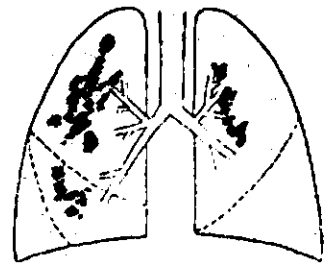
Peroral infection caused sometimes no particular changes.



17.

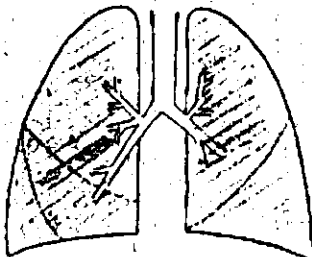


325.

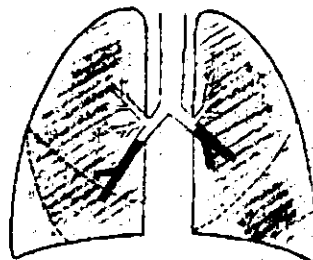


328.

Sometimes slight pulmonal congestion (initial stage of diffuse Alveolitis).



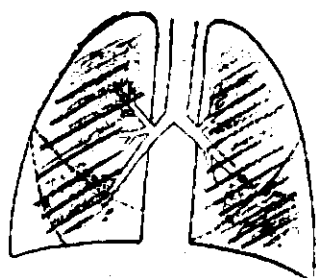
18.



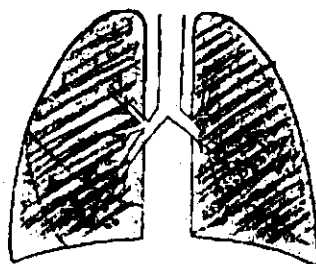
225.

Sometimes caused slight or intense diffuse Alveolitis, accompanied with
some bacterial dissemination in pulmonal tissues (secondary metastatic
pneumonic changes).

[REDACTED]



318.



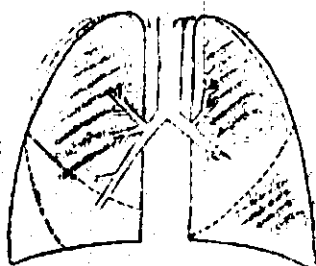
26.

(b). On pernasal infection.

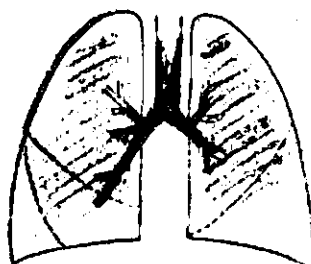
All patients, affected with pernasal infection, died difinitely after several (2 - 5) days course.

I have investigated 2 0 cases of them.

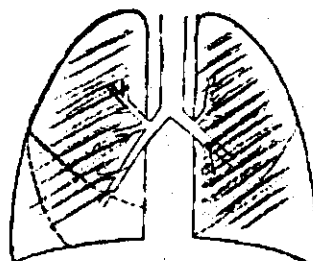
•) 10 cases of them died in slight or intense diffuse Alveolitis, which were caused mainly by Peribronchitis and Bronchitis, following sings of pernasal infection.



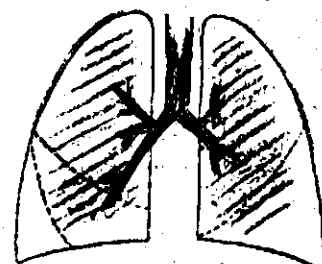
406.



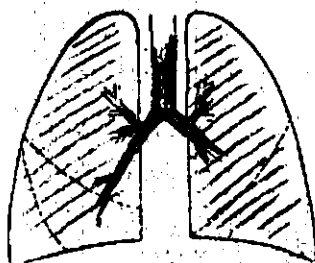
399.



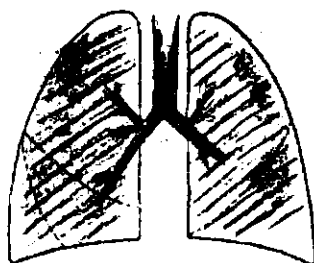
401.



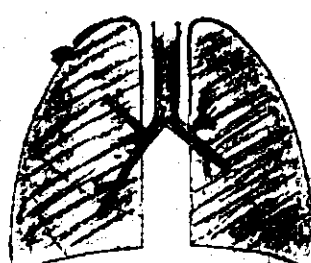
397.



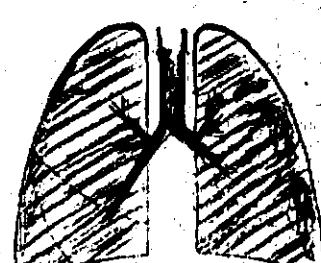
413.



407.



409.



410.

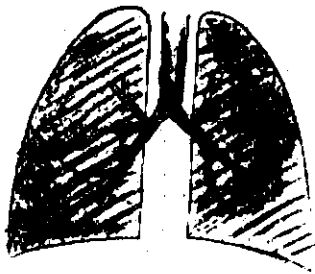
[REDACTED]

[REDACTED]

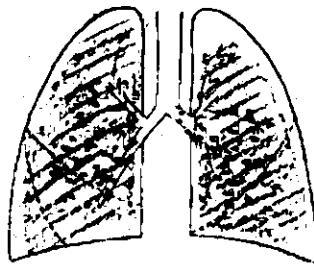
I case of them, in intense inflammatory edema, accompanied with some hemorrhagic and bacterial dissemination in some alveoli.

And I case of them, in intense inflammatory congestion.

Intense congestion or intense edema of alveolar walls caused frequently remarkable atelectatic changes. Atelectasis, due to pulmonal congestion or edema, is one of the main pathological changes of this disease.

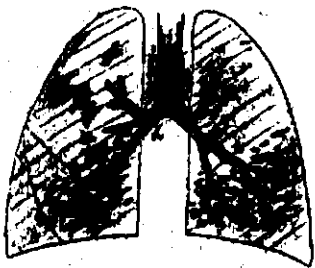


417.

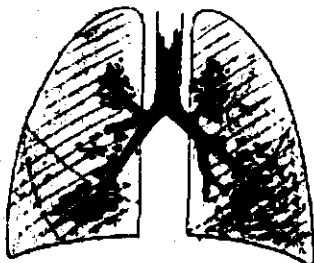


416.

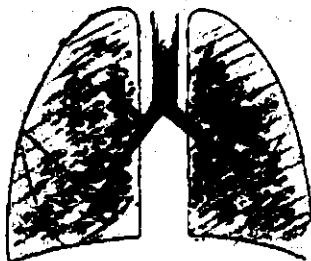
(...) In 10 cases of them, developed these Alveolitis into the more intense pulmonal changes : (intense diffuse Alveolitis, Bronchitis and Peribronchitis), accompanied with some hemorrhagic and leucocytic changes in multifocal acinous or acino-lobular areas.



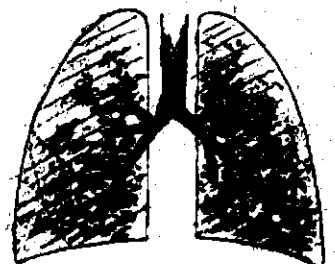
388.



389.



390.

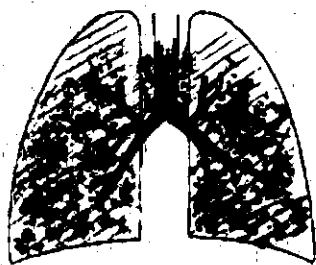


393.

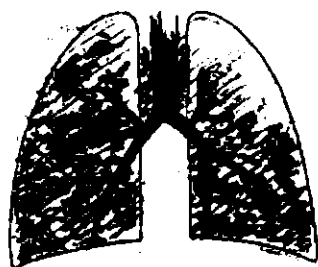
[REDACTED]

[REDACTED]

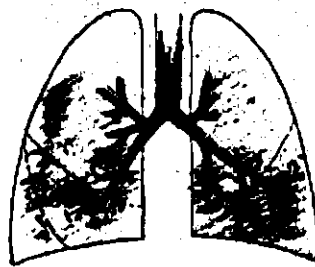
[REDACTED]



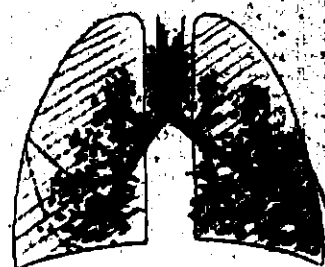
403.



405.

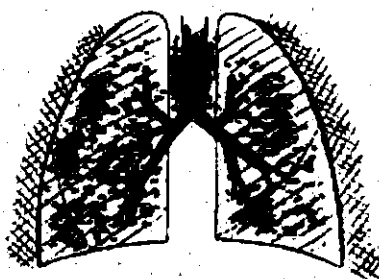


396.

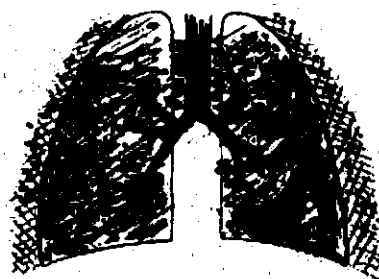


• 412.

2 cases with intense hemorrhagic-leucocytic pneumonia all over the pulmonal tissues, caused furthermore some intense pleural reaction with Pleuritis sero-haemorrhagico-fibrinosa.



400.



411.

[REDACTED]

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		17	18	26	225	318	320	225	325	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001
Alveoli	Alveolar Spaces	Emphysema	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+																																																										

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		393	394	395	396	397	398	399	400	401	402	403	404
		sup	int	sup	int	sup	int	sup	int	sup	int	sup	int
Alveoli	Emphysema	+	-	-	-	-	-	-	-	-	-	-	-
	Atelectasis	+	+	+	+	+	+	+	+	+	+	+	+
	Necrosis	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	+	+	+	+	+	+	+	+	+	+	+	+
	Erythrocytes	-	+	-	-	-	-	-	-	-	-	-	-
	Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Desquamated Epithelial Cells	+	+	+	+	+	+	+	+	+	+	+	+
	Heart Disease Cells	-	-	-	-	-	-	-	-	-	-	-	-
	Fibrin	-	-	-	-	-	-	-	-	-	-	-	-
	Colonies of Bacterium	-	-	-	-	-	-	-	-	-	-	-	-
	Thickening	(-)	-	-	(-)	-	-	(-)	-	-	-	-	-
	Hyperplasia of Wall Cells	(+)	-	-	(-)	-	-	(-)	-	-	-	-	-
	Congestion of Capillaries	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes in Capillaries	(+)	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes in Capillaries	-	-	-	-	-	-	-	-	-	-	-	-
Bronchioles	Catarrh	+	+	+	+	+	+	+	+	+	+	+	+
	Desquamated Epithelium	+	+	+	+	+	+	+	+	+	+	+	+
	Erythrocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Fibrin	-	-	-	-	-	-	-	-	-	-	-	-
	Colonies of Bacterium	-	-	-	-	-	-	-	-	-	-	-	-
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-
Peribronchial Tissue	Infiltration Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Proliferation of Histocytic Cells	-	-	-	-	-	-	-	-	-	-	-	-
	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	(+)	+	+	+	+	+	+	+	+	+	+	+
Blood Vessels	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Monocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-
	Infiltration Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-
Pleura	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-
	Proliferation of Histocytic Cells	+	+	+	+	+	+	+	+	+	+	+	+
	Covering Masses	-	-	-	-	-	-	-	-	-	-	-	-
	Thickening	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	+	+	+	+	+	+	+	+	+	+	+	+
Pleural Tissue	Congestion	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-
	Infiltration Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Proliferation of Histocytic Cells	+	+	+	+	+	+	+	+	+	+	+	+

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		405	r	i	i	406	407	409	410	411	412	r	i	i	413	i	416	417	r	i
		sup	inf	sup	inf								inf	inf			sup	inf		sup
Alveoli	Emphysema	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Atelectasis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Necrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Erythrocytes	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocytes	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Desquamated Epithelial Cells	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Heart Disease Cells	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Fibrin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Colonies of Bacterium	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Thickening	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Hyperplasia of Wall Cells	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion of Capillaries	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes in Capillaries	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes in Capillaries	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bronchioles	Catarrh	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Desquamated Epithelium	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Erythrocytes	-	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocytes	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocyte	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Fibrin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Colonies of Bacterium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Congestion	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocytes	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Proliferation of Histocytic Cells	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Blood Vessels	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Monocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Proliferation of Histocytic Cells	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Covering Masses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Thickening	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pleura	Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Proliferation of Histocytic Cells	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

[REDACTED]

Endobronchitis necroticans and
Peribronchitis with intense swelling. [REDACTED]



No. 389.

X60.

(left inferior.)

Intense inflammatory changes of peri-
bronchial lymph-nodulus.



No. 388

X60.

(right median.)

[REDACTED]

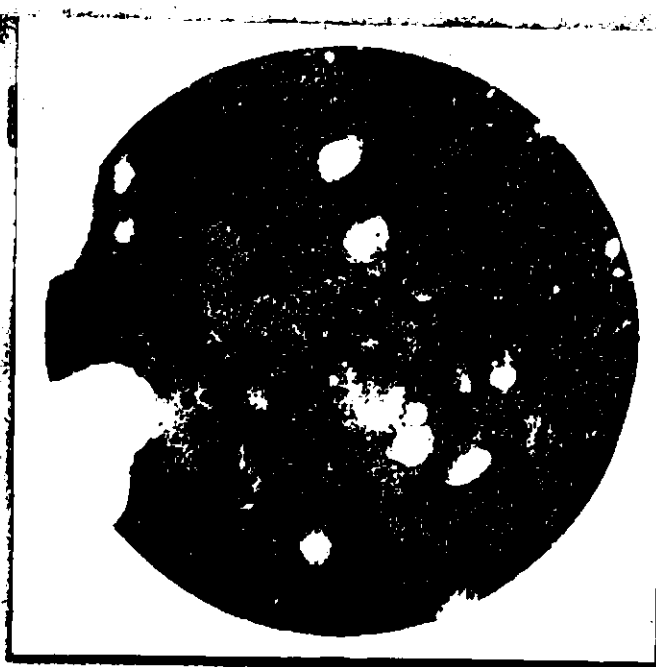
Acino-lobular, hemorrhagic-exudative pneumonia.

(x 60)



lobular pneumonia, hemorrhagic-exudative.

No. 405 (right inferior.)



No. 403

X. 60

**Bronchitis and Bronchiolitis catarrhalis
gravis.**



No. 412 (a.)

X 20

**Bronchitis catarrhalis gravis,
with massive desquamated epitheliums.**



No. 390

X 60

(left inferior)

[REDACTED]

Endobronchitis necroticans with
massive decayed masses.



No. 411.

X 60

Endobronchitis necroticans with
massive decayed masses.



No. 411.

X 60.

[REDACTED]

Pleuritis haemorrhagica and
Subpleural acino-lobular pneumonia.

[REDACTED]

No. 411.

(X64)



[REDACTED]

Bronchitis catarrhalis gravis
(with massive desquamated epithelium)
and Alveolitis of peribronchial tissues.

[REDACTED]

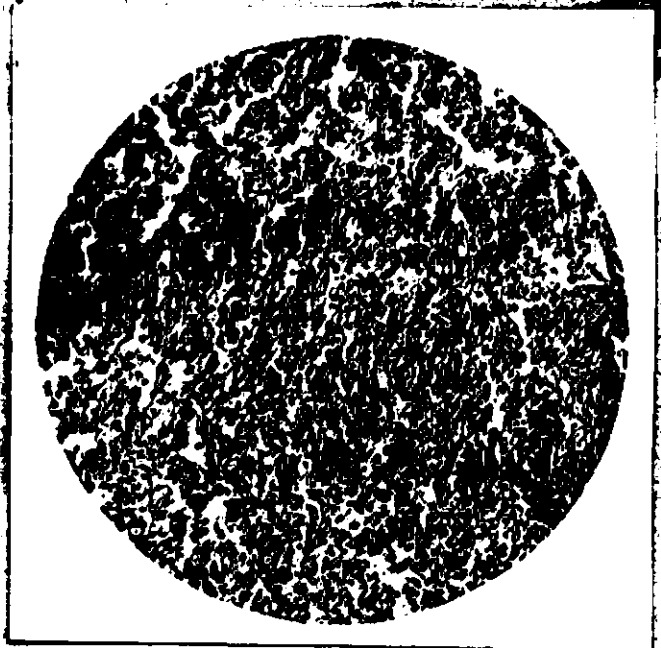


No. 417.

X 60

(left superior.)

Edematous swelling and congestion
of alveolar walls and some
atelectatic alveolar spaces.



No. 417.

X 120

(right superior.)
137

[REDACTED]

[REDACTED]

[REDACTED]



Tonsil



TONSIL

[REDACTED]
[REDACTED]
T O N S I L.

(A) Microscop. Investigation.

17.

Slight submucous congestion and no remarkable changes else.

380.

In crypts, some desquamated masses (fibrinous separations, serous fluids, some leucocytes, some decayed cells and some bacterial masses) with slight localised superficial ulcers and severe cloudy or bionecrotic swelling of mucous epithelial cells.

Considerable swollen follicles with some slightly hyperplastic germinative centres, which have some swollen reticulum cells and some karyorrhexitic masses.

Slight congestion (especially remarkable congestion, edematous swelling and some bacterial masses in subepithelial tissues) and considerable hyperplasia of endothelial cells of capillaries.

considerable congestion of other submucous tissues with some round-cell-accumulation (some histiocytes and some plasma-cells),

388.

In crypts, a large quantity of desquamated masses (fibrinous masses decayed cells, some leucocytes and some bacterial masses) with some localised superficial ulcers and severe edematous or cloudy swelling of mucous epithelial cells.

Considerably swollen follicular tissues with some hyperplastic germinative centres, which have plenty of leucocytes, bionecrotically swollen reticulum cells and some karyorrhexitic cells.

Considerable congestion, severe edematous swelling, multiple remar-

[REDACTED]

[REDACTED]

kable ^h hemorrhages and some leucocytes-emigration in follicular and submucous tissues.

399.

A large quantity of desquamated masses and severe bionecrotic or necrotic swelling of mucous epithelial cells.

Remarkable congestion of subepithelial, peri- and intra-follicular tissues and remarkable leucocytes-emigration in subepithelial tissues and others.

Considerable hyperplasia and swelling of germinative centres with intensely swollen reticulum-cells, -fibers, and partial slight hemorrhages, accompanied with considerable hemorrhages in perifollicular tissues.

Remarkable congestion and remarkable edematous swelling of submucous tissues.

396.

Remarkable edematous swelling and localised superficial ulcers of mucous layers with some desquamated masses (fibrinous separation, some leuco- and lymphocytes, massive decayed cells).

Remarkable congestion with some bacterial masses as capillaries contents) and remarkable edematous swelling of follicular tissues with slightly swollen derminative centres.

Remarkable congestions (with some bacterial masses), remarkable edematous swelling and slight increase of histiocytic cells in other submucous tissues.

397.

Considerable edematous swelling of mucous tissues with some

[REDACTED]

[REDACTED]

desquamated masses.

Considerable congestion and edematous swelling of follicular tissues with remarkable increased, but remarkably swollen germinative centres, which have some increased, cloudy swollen reticulum-cells and karyorrhextic masses.

Considerable congestion, slight localised hemorrhages and edematous swelling of other submucous tissues.

399.

Some desquamated masses (fibrinous separations, some leucocytes, erythrocytes and some bacterial masses) and edematous swelling of mucous tissues.

Remarkable congestion (with some lymphocytes as capillary contents) in subepithelial, peri- and intra-follicular tissues and considerable hyperplasia of germinative centres with some increased, but cloudy swollen reticulum-cells, some lymphocytes and some leucocytes (and plasma-cells).

Some plasma-cell-accumulations at perivascular parts of submucous tissues, with remarkable congestion.

403.

Remarkable bioneurotic swelling and multiple diffuse superficial ulcers of mucous layers with massive desquamated decayed cells. The most intense congestion and edematous swelling of follicular tissues with rather atrophic germinative centres, which have some bioneurotically swollen reticulum-cells and karyolytic masses.

Remarkable congestion and edema of submucous tissues.

405.

Some desquamated masses (fibrinous separations, some leucocytes, [REDACTED])

[REDACTED]

[REDACTED]

and some decayed epithelial cells) and slight localised superficial ulcers.

Slight congestion and edematous swelling of follicular tissues with some swollen germinative centres, which have some increased, but remarkably cloudy swollen reticulum-cells and some karyorrhextic masses.

Slight congestion in other submucous tissues.

407.

Without significant desquamations and ulcers-formations.

Remarkable congestion and edematous swelling in subepithelial, peri- and intra-follicular tissues with some hyperplasia, but edematously swollen germinative centres.

Remarkable congestion and diffuse hemorrhages of perifollicular tissues.

409.

Cystic dilatation of lacunal spaces with a large quantity of serous fluids, some leucocytes and decayed cells and severe edematous swelling of mucous tissues.

The most intense congestion and edematous swelling of subepithelial capillary-plexus, peri- and intra-follicular tissues with some hyperplasia and swollen germinative centres, which have some swollen reticulum-cells and some karyolytic masses.

Remarkable congestion and edematous swelling of submucous tissues with slight perivascular round-cell-infiltrations.

411.

Severe desquamation with a large quantity of decayed epithelial cells,

[REDACTED]

[REDACTED]

[REDACTED]

serous fluids, some leucocytes and some bacterial masses. Remarkable congestion and edematous swelling of subepithelial, peri- and intra-follicular tissues with some leucocytes-emigrations, esp. in subepithelial tissues and multiple diffuse remarkable hemorrhages.

Lymph-nodus in solid-form (with slightly swollen germinative centres) and some plasma-cells in subepithelial tissues.

4I2.

The most intense, bionecrotic swelling of mucous cells and some bacterial accumulations (intrusions) in intercellular spaces of mucous epithelial cells and in lymph-capillaries of attached subepithelial tissues.

4I2.

The most intense, bionecrotic swelling of mucous cells and some bacterial accumulations (intrusions) in intercellular spaces of mucous epithelial cells and in lymph-capillaries of attached subepithelial tissues.

Massive decayed masses (some leucocytes, severe serous exudation, fibrinous separations and some decayed epithelial cells) and the most intense congestion and remarkable edematous swelling of follicular tissues with some hyperplased germinative centres, which have some bionecrotically swollen reticulum-cells and some karyorrhextic masses and at some places some bacterial accumulations.

Remarkable congestion and remarkable edematous swelling of follicular tissues with some leucocytes-emigrations.

4I3.

Slight desquamation and slight edematous swelling of mucous tissues.

[REDACTED] 143

[REDACTED]

[REDACTED]

Considerable congestion and edematous swelling of subepithelial, peri- and intrafollicular tissues with some hyperplasia and swollen germinative centres, which have some swollen reticulum-cells (and -fibres) and some karyorrhectic masses.

Considerable congestion of perifollicular and submucous tissues.

417.

Some desquamated masses in crypts and bionecrotic swelling of mucous epithelial cells. The most intense congestion and edematous swelling of subepithelial, peri- and intrafollicular tissues.

Remarkable perifollicular diffuse hemorrhages (with edematous swelling) and remarkable reduction of follicular tissues with some bacterial accumulations at some places.

Slight hyperplasia and swelling of germinative centres with some bionecrotically swollen reticulum-cells and some karyorrhectic masses, accompanied with considerable congestion of capillaries in germinative centres and remarkable diminution of lymphocytes with some leucocytes-accumulations.

[REDACTED]
(B [REDACTED] [REDACTED])

(I)

Accordingly the common changes in all cases are as following:^S

In crypt:

Massive desquamated masses in all cases, except in I case.
(serous fluids, fibrinous separations, some leucocytes, some decayed epithelial cells and some bacterial masses. Sometimes some erythrocytes).

In mucous epithelium:

With atrophy	in 6 cases.
With remarkable or considerable congestion and edema.	in all cases.
With bionecrotic swelling.	in 4 cases.
With superficial ulcers.	in 5 cases.

In I cases (412 cases), I have investigated an intrusions of bacterial masses in interepithelial spaces: tonsilla as entrance-port of bacteria.

In germinative centres:

Generally with reactive hyperplasia.	in almost cases.
(Sometimes disappeared) only remained karyolyticcells.	4 cases.
The border of follicles indis tenctly	5 cases.
h Byalinois smuling	4 cases.
Sometimes with bionecrotic swelling of slightly increased reticulum-cells.	in 4 cases.
With some leucocytes-emigrations.	in 3 cases.

In follicular tissues:

[REDACTED]

Reactive considerable or remarkable congestion and edema.

in all cases.

In perifollicular tissues:

Reactive considerable or remarkable congestion and edema.

in all cases.

With some hemorrhages.

in 6 cases.

With some bacterial accumulations.

in 2 cases.

With some bacterial accumulations.

in 2 cases.

In submucous tissues:

Sometimes inflammatory changes spread to the neighbouring submucous tissues intensely.

With considerable or remarkable congestion, edema and hæmorrhage

in all cases.

With some hemorrhages.

in 2 cases.

remarkably hæmorrhage

in 3 cases.

With some leucocytes-emigrations.

in 1 case.

remarkably leucocyte^{cy}-emigration.

in 3 cases.

With some round cell disseminations.

in 4 cases.

With^t distributed bacteria.

in 3 cases.

Accordingly the main pathological findings of tonsils are as follows:
Remarkable swelling and sometimes bionecrotic swelling (intrusion of bacterial masses), accompanied with multiple necrotic ruins or ulcers-formation of mucous epitheliums and following some inflammatory changes in the follicular tissues with reactive hyperplasia of

[REDACTED]

[REDACTED]

[REDACTED]

germinative centres (sometimes binuclear swelling of hyperplasiated reticulum cells).

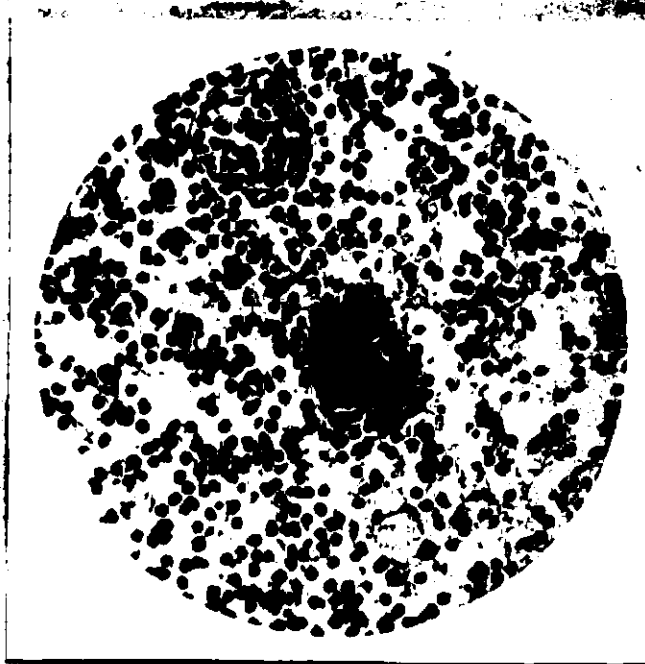
These inflammatory changes spread into the perifollicular of subepithelial tissues with severe congestion and sometimes leucocytes-emigrations and propagate themselves furthermore to the neighbouring submucous tissues with some inflammatory signs.

Therefore tonsil is one of the main entrance ports of bacteria.

[REDACTED]

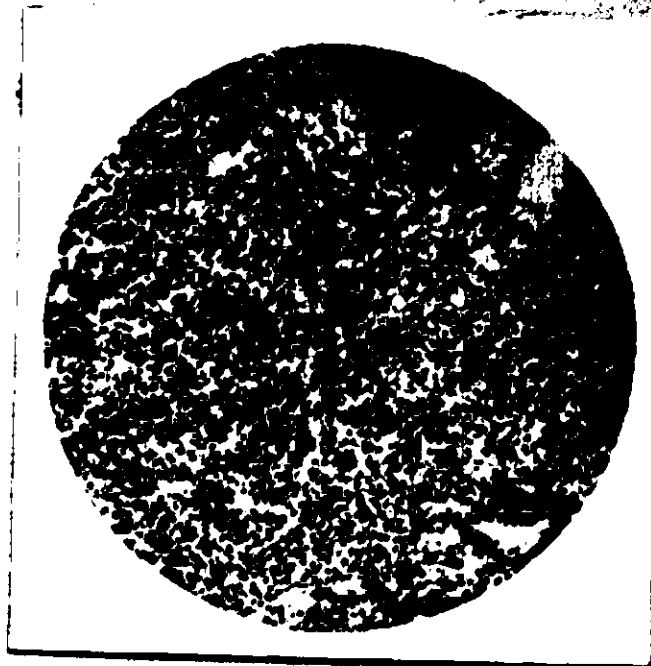
[REDACTED]

Intense congestion and intense
edematous swelling of follicular
tissues. In high power.
With some bacterial masses in
capillaries.



M 417

**Intese congestion and some
hemorrhages in follicular
tissues.**



1417

**Intese congestion and diffuse
hemorrhages in follicular tissues.**



1407
149

[REDACTED]

Intense necrosis of
epithelial layers.



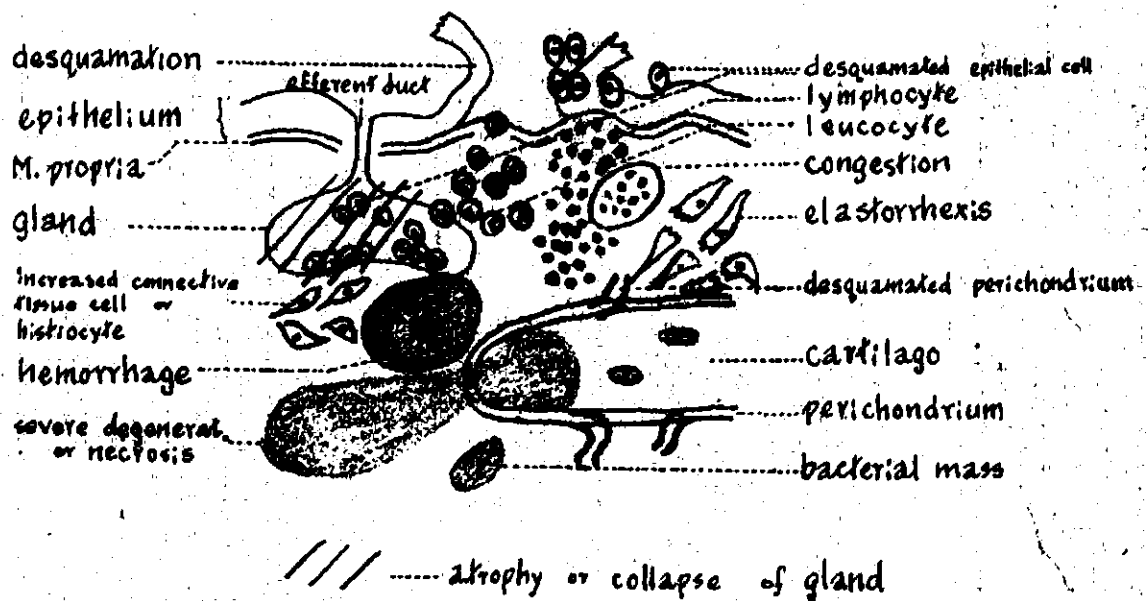
M. 403

Necrosis of epitheliums.



M. 388

Bronchus



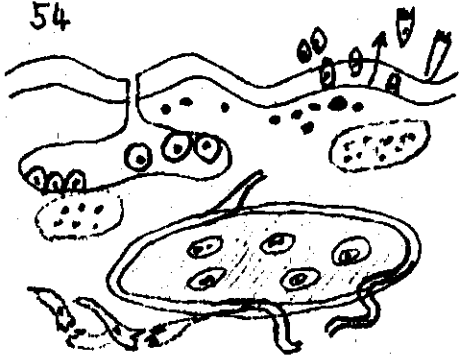
[REDACTED]

[REDACTED]

B R O N C H I U S.

A) Microscop Investigation .

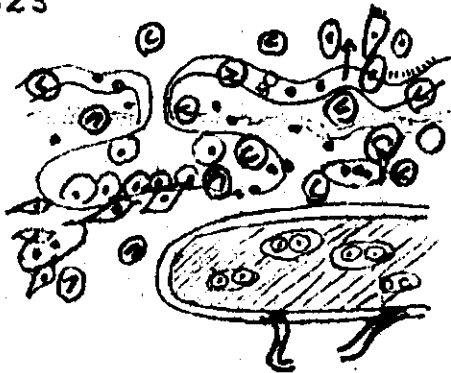
54



54.

Slight edema in mucous and submucous (at perivascular portions) tissues and slight congestion with slight degeneration of mucous epithelial cells.

325

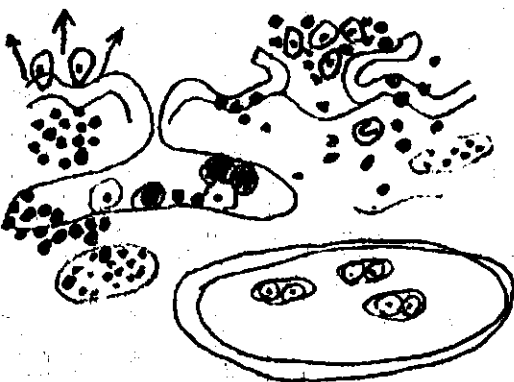


325.

Slight atrophic mucous epithelial cells with some desquamations.

Considerable leucocytes-and lymphocytes-emigration in all layers. esp. in submucous and inter-glandular tissues. Slight congestion.

388

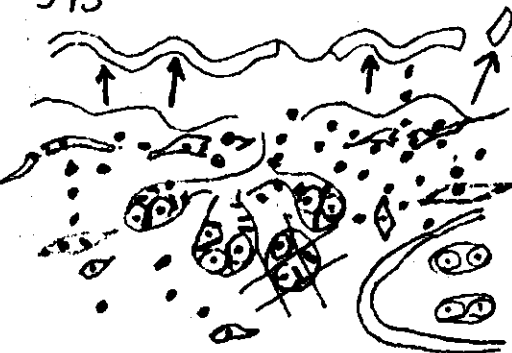


388.

Some degenerative changes of mucous epithelial cells and some sero-mucous secrets with desquamated epithelial cells : Epithelial cells with pycnosis, karyorrhexis and infiltrated with some round-cells and some erythrocytes or their fragments.

Slight round-cell-infiltration in submucous or interglandular tissues (atrophic glandular cells) and considerable congestion.

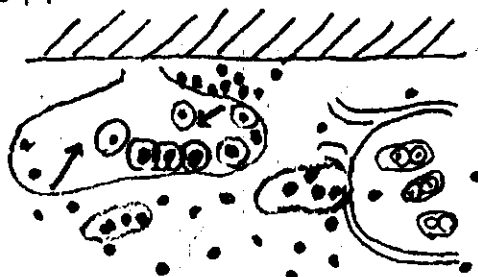
393



393.

Intense edematous swelling (elastorrhesis) of mucous and submucous tissues with some round-cells (mainly lymphocytes)-emigration in submucous or interglandular tissues.

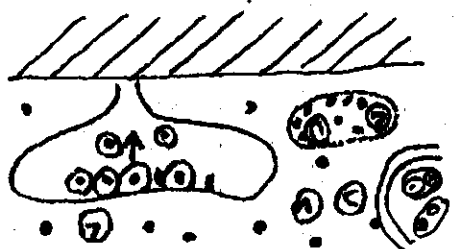
397



Collapse of glands : epithelial cells with somewhat pyknosis and karyorrhesis and infiltrated with some round-cells (mainly lymphocytes), due to hyperplasia of lymphatic nodulus.

397.

400



Considerable edema and slight round-cell-infiltration in subepithelial or submucous tissues. Dissociation of cellular arrangements of glands. Slight peribronchial hyperaemia.

400.

403



Considerable congestion (with some leucocytes as capillary contents) and considerable edematous swelling of mucous or submucous tissues. Some round-cell-dissemination in these tissues.

403.

Intense desquamation of epithelial cells, due to remarkable edema in mucous tissues. Remarkable congestion and intense edema in submucous tissues with slight round-cell-disseminations.

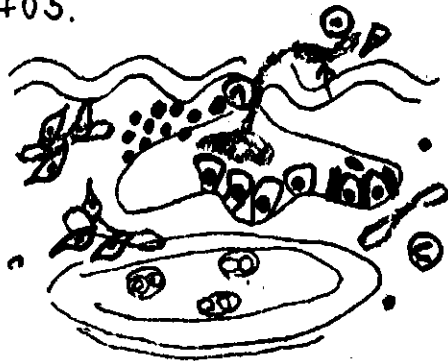
Glandular cells are dissociated, due to edematous

[REDACTED]

[REDACTED]

swelling and infiltration of some leucocytes.
Peribronchial tissues with considerable congestion
and some localised hemorrhages.

405.



405.

Rather anemic, and no significant changes in
mucous tissues.

Diffuse lymphocytes-infiltration (hyperplasia of
lymphatic nodulus) and some hypersecretion of the
glands.

409.

Considerable desquamation of epithelial cells and
edematous swelling of mucous tissues. Remarkable
congestion and considerable edema, accompanied with
some leucocytes-emigration in mucous or submucous
tissues. Some atrophic glandular cells and some
lymphatic nodulus in glands.

409



Peribronchial tissues with remarkable edema and
considerable congestion.

409.

Considerable desquamation of epithelial cells and
severe edema of mucous tissues. Remarkable congestion
(with some bacterial masses as capillary-contents)
and considerable edema, accompanied with some
leucocytes-emigration in mucous and submucous
tissues.

411



Some atrophic glands and some lymphatic nodulus in glands.

Peribronchial tissues with remarkable edema and considerable congestion.

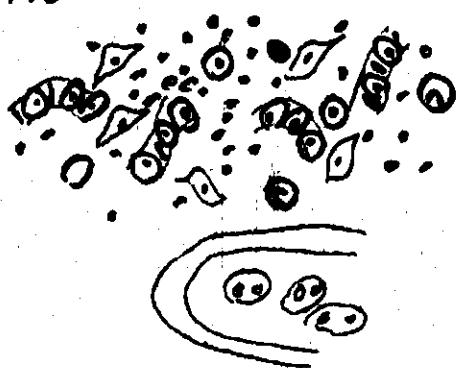
412



411.

Desquamation of epithelial cells and considerable edema of mucous tissues. Considerable congestion (with some edema) and some localised hemorrhages in submucous and periglandular tissues. Atrophic glands.

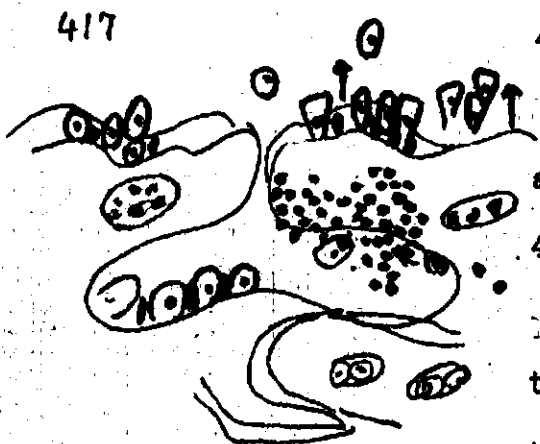
413



412.

Some desquamated masse (serous secreta, some desquamated epithelial cells, some lymphocytes etc.) and considerable edema of mucous tissues. Remarkable congestion in all layers, esp. in submucous and periglandular tissues. Peribronchial tissues with some hemorrhagic-exudative changes.

417



413.

Peribronchial tissues with considerable congestion and some edema.

417.

Some desquamated epitheliums. Considerable congestion and edematous swelling of mucous and submucous tissues. Some lymphatic nodulus among the glands.

[REDACTED]

[REDACTED]

3). SUMMARY .

(I)

The bird's-eye-view of pathological changes in all cases.

- 54. Slight edema in mucous and submucous tissues.
 - 325. Slight congestion and considerable leucocytes-dissemination.
 - 388. Remarkable disturbances of mucous tissues and considerable congestion in submucous tissues, accompanied with some round-cell dissemination.
 - 393. Intense edematous swelling of mucous and submucous tissues with hypofunction of glands.
 - 397. Considerable edema in submucous tissues. Slight peribronchial congestion.
 - 400. Considerable congestion (with some leucocytes) and edema in submucous tissues.
 - 403. Remarkable edema of mucous tissues and remarkable congestion and intense edema of submucous tissues. Some leucocytes-emigration in interglandular tissues.
Peribronchial tissues with considerable congestion and hemorrhages.
 - 405. No significant changes.
 - 409. Remarkable congestion (some bacterial masses in capillaries), considerable edema and some leucocytes-dissemination in submucous tissues.
Peribronchial tissues with remarkable edema and some congestion.
 - 411. Considerable congestion and some hemorrhages in submucous tissues.
 - 412. Remarkable congestion in submucous and periglandular tissues.
Peribronchial tissues with some exudative-hemorrhagic changes.
 - 413. Peribronchial tissues with some hemorrhages.
 - 417. Considerable congestion and some edematous swelling of submucous tissues.
-

[REDACTED]

[REDACTED]

(2)

I divide all cases into 2 groups : a) group of peroral infection and b) pernasal infection.

a) Peroral infection with no significant bronchial and peribronchial changes. (for examples, No. 54 and No. 325).

b) Pernasal infection, investigated all cases.

These are accompanied with some exudative changes.

Considerable acute congestion and edema, in all cases.

Items :

with slight exudative changes.	2 cases.
with considerable exud. changes.	3 cases.
with remarkable exud. changes.	3 cases.
with slight hemorrhages.	4 cases.
with some leucocytes-emigrations.	6 cases.
with bacterial masses as capillary contents.	1 case.

(;)with some peribronchial exudative changes (not investigated in all cases).

some cases.

In all autopsical cases, intense diffuse mediastinal hemorrhagic-exudative changes are recognized (also by X-ray tests, clinically).

These autopsical cases are not investigated microscopically in all cases, while I have not received all microscopical materials.

[REDACTED]

[REDACTED]

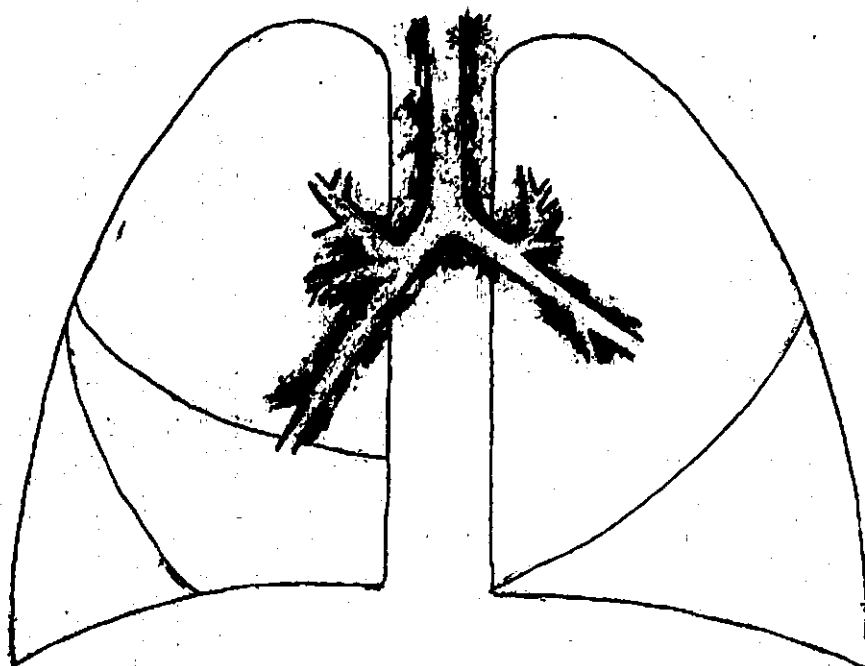
[REDACTED]

Some bronchial and peribronchial changes with congestion and edema in submucous tissues are complications of these main pathological findings.

Therefore the main pathological changes are Medistinitis and Peribronchitis haemorrhagico-exsudativa.

(3)

Accordingly the general sketches of pathological changes are as following :



[REDACTED]

[REDACTED]
[REDACTED]
M-412 Leucocytid hemorrhagic changes
in submucous tissues.



M-388 Leucocytes infiltration in
submucous tissues.

x 80



[REDACTED]

M-411 Multiple localised hemorrhages
in submucous tissues.

X 100



M-393 Necrotic ruins of lymphatic
apparatus in submucous tissues.

X 90



[REDACTED]

M-409 Leucocytes infiltration in
high power.
Leucocytes infiltration around
the outer tube of gland.

X235



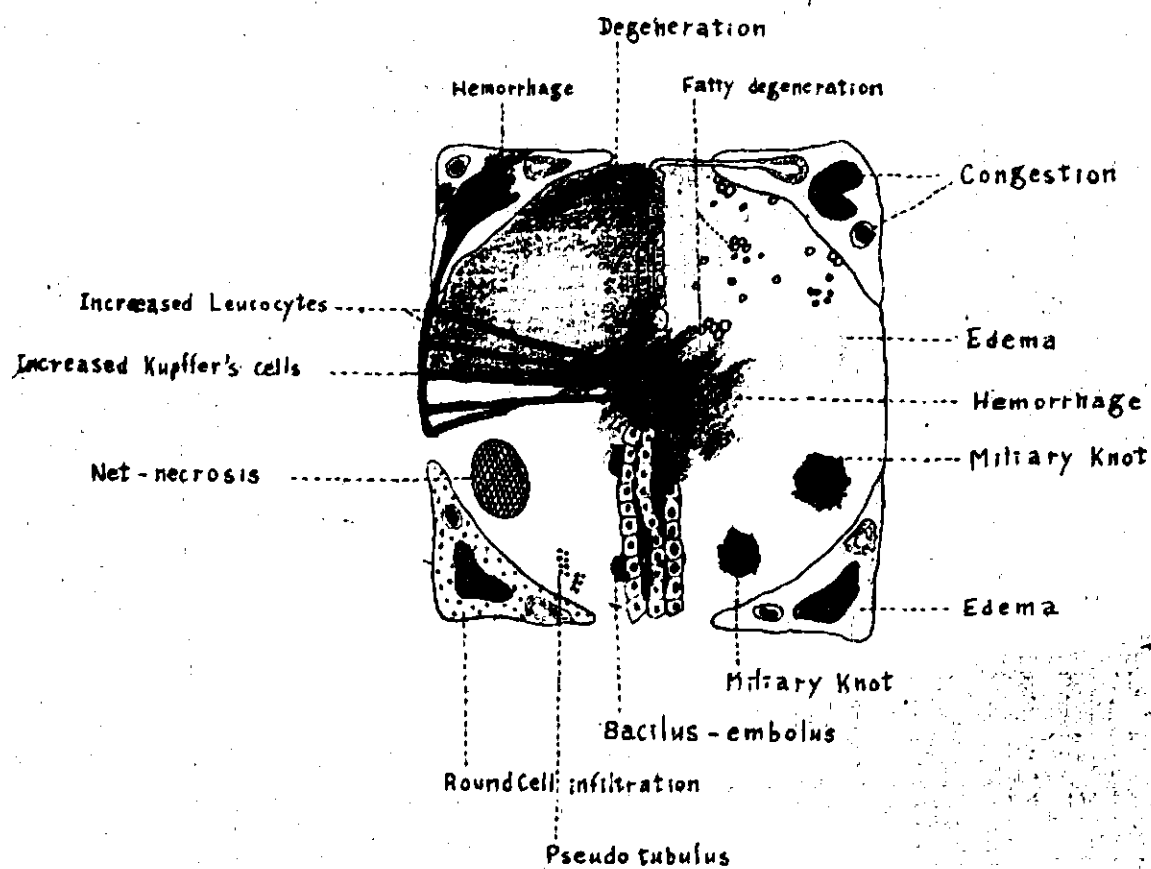
M-325 Slight cat. rrrh and some leucocytes
infiltration in subnucous tissues.

X290

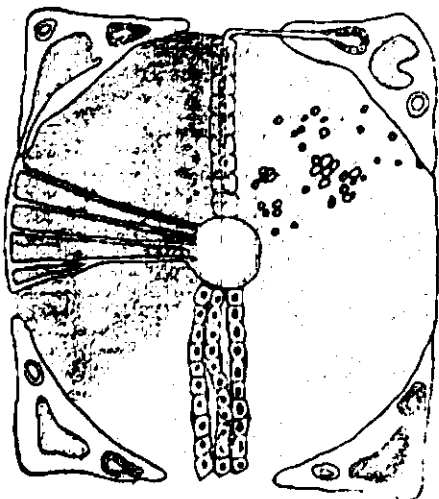


[REDACTED]

Liver



17.



L I V E R

(A) Microscop. Investigation.

17.

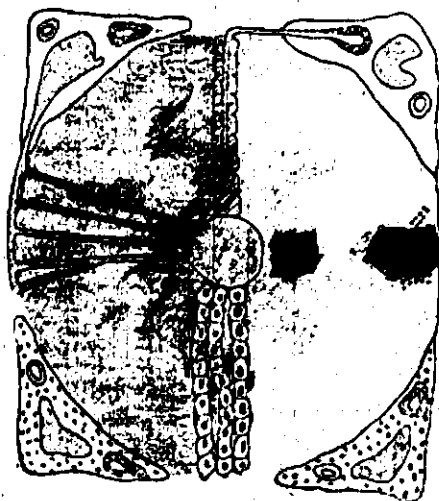
Hepatitis serosa II, . with considerable exsudative changes in Disse's spaces and considerable diffuse fatty degeneration of parenchymatous cells.

26.

Hepatitis serosa III.

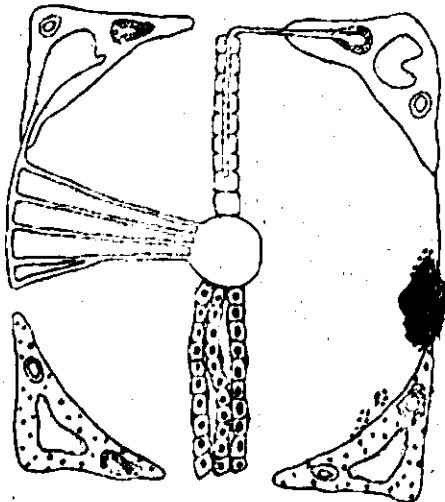
Parenchymatous degeneration and atrophia, caused by extremely severe congestion with partial hemorrhages, esp. in the central zone of acinuses (severe congestion, exudative changes in Disse's spaces, partial hemorrhage and increased lymphocytes as capillary contents).

26.



And multiple miliary knots in acinuses, which are formed at partial hemorrhagic places with wandering-cell-accumulations. In the focus of knots exist plenty of lymphocytes, some residual masses of decayed parenchymatous cells and more or less increased histiocytic cells, with remarkable pseudo-tubulus formations. These seats are bounded not sharply and spread with exudative changes arborescently to the perifocal tissues.

53.

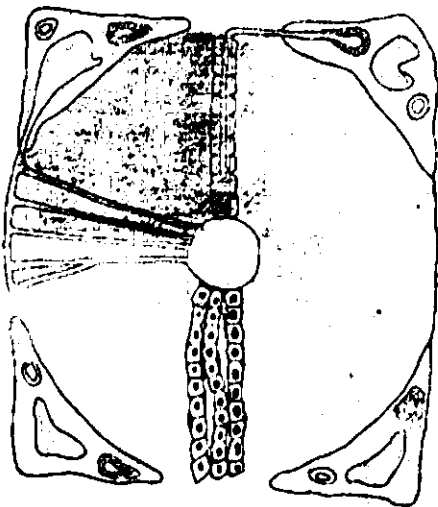


53.

Hepatitis serosa II.

Parenchymatous degeneration with more or less considerable congestion and multiple submiliary portions of acinuses, which are formed by some lymphocytes and slightly histiocytic cells, accompanied with pseude-tubulus-formation in slight degree.

54.



54.

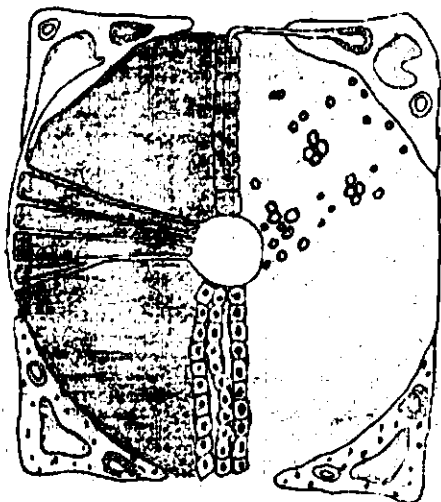
Hepatitis serosa. II, --III.

Parenchymatous degeneration with considerable congestion and slight partial hemorrhages, esp. in the central zone of acinuses.

225. Hepatitis serosa. III.

More or less cloudy and fatty degeneration of parenchymatous cells.

548. 225.

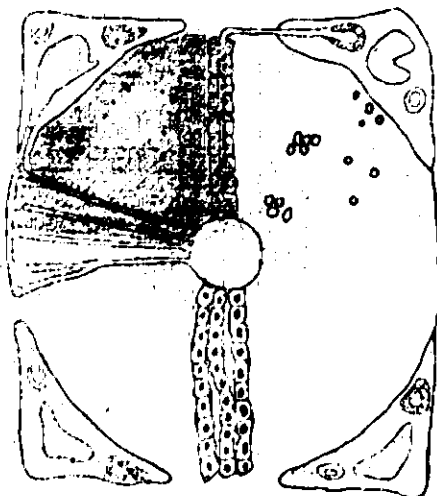


318.

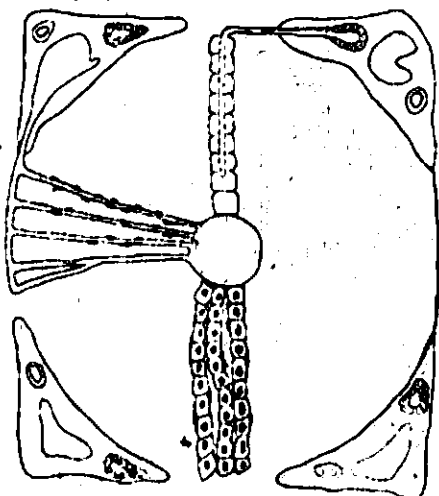
Hepatitis serosa. III-IV.

More or less remarkable cloudy and fatty degeneration of parenchymatous cells and dissociation of

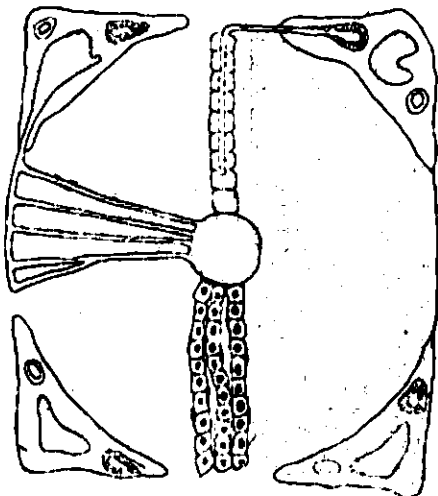
318.



320.



325.



cellular arrangements which are caused by severe congestion (and increased wandering cells as capillary contents) with slight partial hemorrhages, (esp. in central zone of acinuses.)

320.

Hepatitis serosa I-II.

Parenchymatous degeneration with slight congestion, exudative changes in Disse's spaces, slightly increased lymphocytes as capillary contents and more or less remarkable increase of Kupfer's cells. Slight bilious stagnation in acinuses and Glissons capsules.

325.

Hepatitis serosa II.

Parenchymatous degeneration with slight congestion, hemorrhagic-exudative changes in Disse's spaces and slightly increased Kupfer's cells.

383.

Hepatitis serosa III. Severer exudative changes than 325-case.

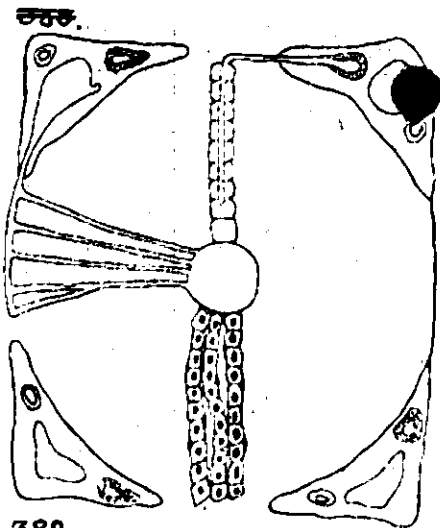
388.

Hepatitis serosa II.

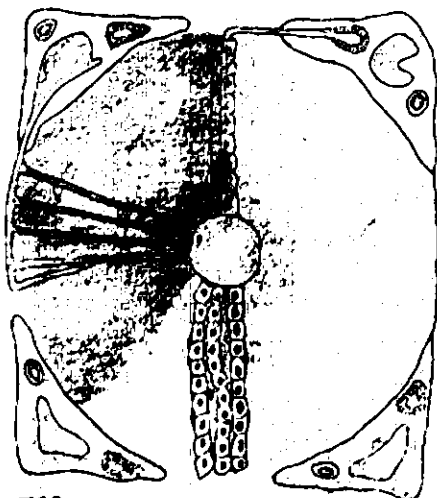
389.

Hepatitis serosa III.

Remarkable parenchymatous degeneration with



389.

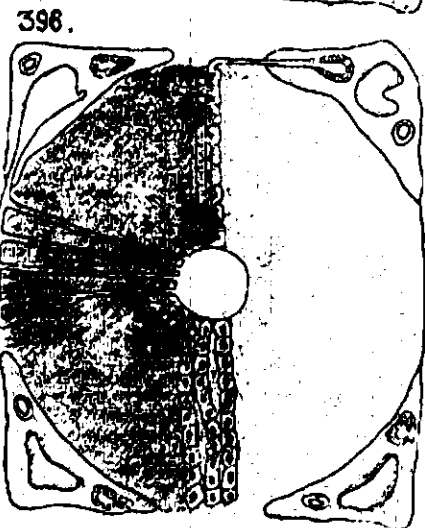


with severe congestion and severe hemorrhagic-exudative changes (remarkable hemorrhages in central zone of acinuses, increased lympho-or leucocytes as capillary contents, edematous swelling of capillary-walls and serous exudation).

393. V

Hepatitis serosa II-III.

396.

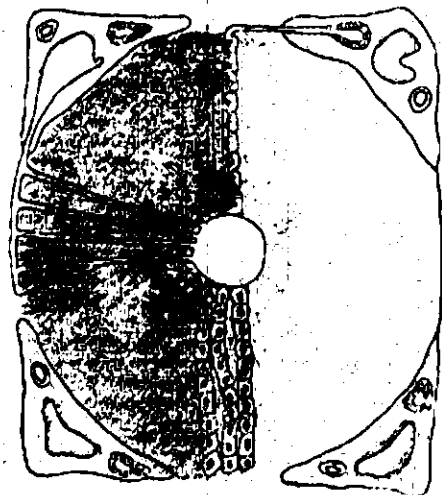


396.

Hepatitis serosa II-III. with slight pericapillar leucocytic cell accumulations in peripheral or marginal parts of acinuses (proportionated to the initial stage of submiliary knots-formation in No. 397-case).

Post mortal change in this specimen.

397.



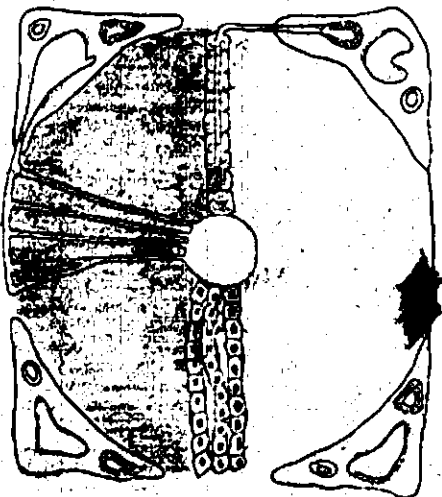
397.

Hepatitis serosa III. with multiple submiliary knots, mainly in peripheral zone of acinuses, which are formed by slight accumulation of lymphocytes and some decayed masses of parenchymatous cells at hemorrhagic places. Post mortal change in this specimen.

399.

Hepatitis serosa III-IV.

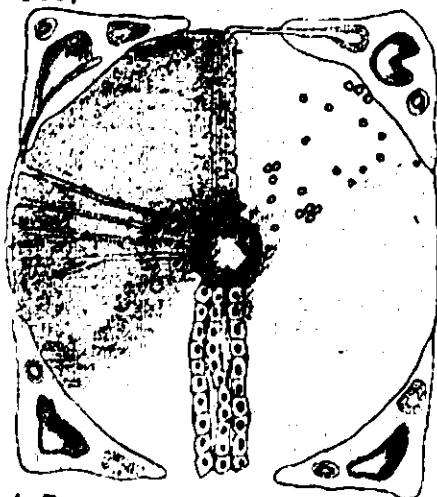
Remarkable congestion and remarkable exudative



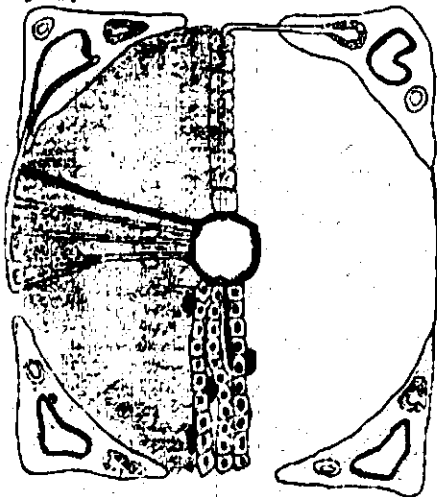
399.



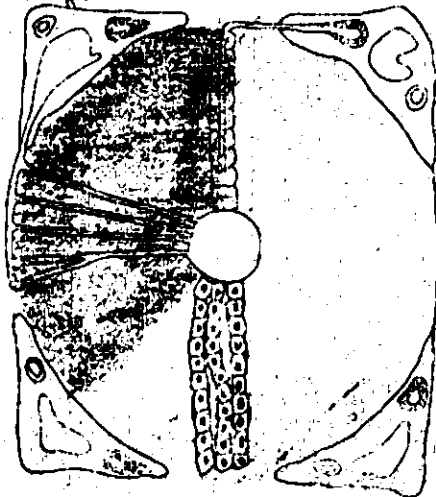
400.



403.



404.



changes in Disse's spaces, with some wandering cells in capillary-nets and multiple hemorrhages in acinuses (where fall into necrosis).

400.

Hepatitis serosa II.

Slight congestion and slight exudative changes in Disse's spaces, with considerable cloudy swelling and slight fatty degeneration of parenchymatous cells.

Intense congestion in Glisson's capsules.

403.

Hepatitis serosa II-III. with bacterial emigration in capillary-nets in acinuses.

404.

Hepatitis serosa III-IV.

Intense exudative changes in Disse's spaces with intense dissociation and some cloudy degeneration of parenchymatous cells.

406.

Hepatitis serosa II-III.

407.

In acinuses occurred so-called some net-necrosis with are produced by falling into the multiple localised miliary or submiliary knots, existing mainly in peripheral zone of acinuses.

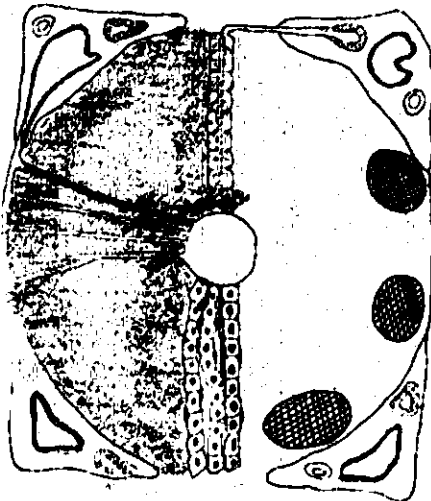
[REDACTED]

[REDACTED]

These net-necrosis are formed by some degenerated parenchymatous cells with net-likely clarified glassy protoplasm and their decayed fragments, accompanied with slight bile-pigments.

Situated at the hemorrhagic places.

407.



In other general tissues of liver : cloudy swelling of parenchymatous cells with more or less exudative changes in Disse's spaces (Hepatitis serosa III.) and slightly increased histiocytic cells.

409.

Hepatitis serosa II-III. with bacterial deposits in capillary-net in acinus.

410.

4s 410.



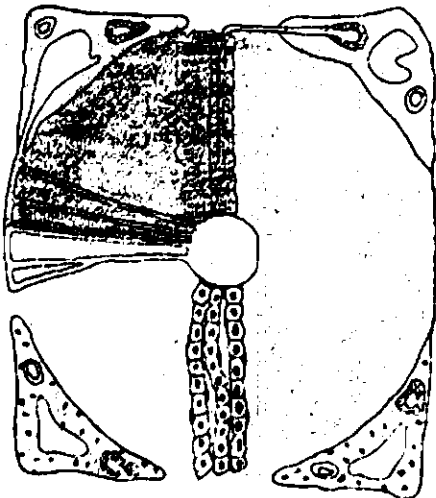
Hepatitis serosa II-III. with severe congestion and partial hemorrhages in central zone of acinus-es. Cloudy swelling or fatty degeneration of parenchymatous cells, esp. at hemorrhagic parts. Edematous swelling of Glisson's capsule with slight round-cell-infiltration and pseudo-biliary-tract formations.

411.

Hepatitis serosa II-III.

[REDACTED]

414.



414.

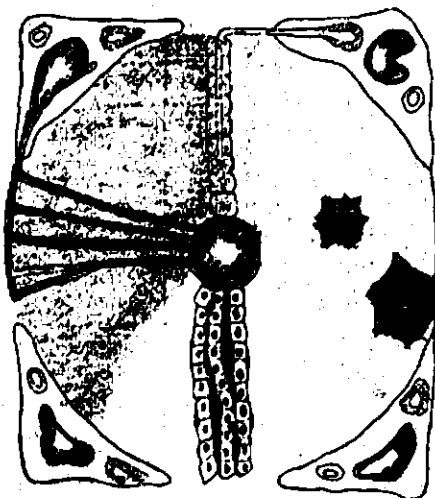
Hepatitis serosa II, with remarkable exudative changes and considerable congestion.

416.

Hepatitis serosa II.-III.

417.

417.



Hepatitis serosa II.-III. with severe congestion and exudative changes in Disse's spaces.

Multiple submiliary knots in acinuses, which are formed by accumulation of some leucocytes, a little lymphocytes and histiocytic cells and decayed masses of parenchymatous cells.

[REDACTED]

[REDACTED]

(B) S U M M A R Y

The bird's-eye-view of pathological changes of liver-tissues in all cases as following:

A) Acinus :

I) According to these results I classified the parenchymatous disturbances of liver tissues by Anthrax-disease as followed :

Hepatitis serosa	I.	1 cases.
"	II.	15 cases.
"	III.	9 cases.
"	IV.	0 cases.

with hemorrhages (esp. in central zone of acinus). ca. 9 cases

with miliary knots. 5 cases

2) Generally more or less considerable congestion.

In medium degree. 7 in cases of them.

In severe degree. 3 in cases of them.

with hemorrhages in central zone. 9 in cases of them.

3) And more or less remarkable exudative changes in Disse's spaces.

In slight degree. 8 cases.

In medium degree. 5 cases.

In severe degree. 3 cases.

[REDACTED]

4) In proportion to exudative-hemorrhagic processes, occurred more or less considerable parenchymatous degeneration and dissociation of cell-arrangements.

Generally with cloudy swelling, esp. at hemorrhagic places.
With remarkable fatty degeneration in 5 cases.

And I case (No. 407) is accompanied with so-called net-necrosis in peripheral zone of acinus.

These necrosis are formed at hemorrhagic places by cell-groups of some degenerated parenchymatous cells with net-likely clarified protoplasm or their decayed masses, accompanied with slight deposits of bile-pigments.

Occasionally emigration of some lymphocytes or leucocytes as capillary contents and furthermore formation of multiple miliary knots, caused by accumulation of wandering cells, esp. in the peripheral zone or intercalary portion of acinuses.

With remarkable increased wandering cells as capillary contents. 3 cases.

Slight pericapillary leucocytes-accumulation in peripheral zone of acinuses.
(initial stage of miliary-knot-formation). 2 cases.

Multiple miliary knots. 5 cases.

[REDACTED]

[REDACTED]

Remarkably increased wandering cells in capillary-nets gathered to form pericapillar accumulation, esp. in the peripheral zone of acinuses.

And frequently These changes into multiple miliary necrosis, which are formed by some hemorrhagic masses, some leuco-or lymphocytes and some residual masses of decayed parenchymatous cells and occaisionally spread moreover with hemorrhagic-exudative changes to the perifocal tissues.

With the lapse of time, in some rather proliferative cases (No. 20, 53, 410 and 417), there are accompanied with slightly increased histiocytic cells and frequently pseudo-tubulus-formations.

B) Glisson's capsule. :

Generally slight edema, 12 cases of them in more or less considerable degree and slight round-cell-infiltration, 3 of them in more or less severe degree.

Occaisionally slight diffuse hemorrhages.

[REDACTED]

LIVER

		17	26	53	54	225	318	320	325	343	368	389	398	396
Cell Cord	Irregular Arrangement	-	##	÷	+	##	##	-	-	##	÷	(##)	##	##
	Dissociation	-	##	-	(+)	##	##	(-)	-	##	-	##	(##)	##
Liver Cells	Clouding	÷	##	÷	+	##	+	÷	÷	##	(+)	##	##	##
	Atrophia	÷	(##)	+	+	##	##	-	÷	##	(#)	##	##	##
	Hypertrophia	-	-	÷	-	-	-	-	-	-	-	-	-	-
	Fatty Degeneration	+	-	-	-	+	÷	-	-	-	-	-	-	-
	central	(#)	-	-	-	+	÷	-	-	-	(÷)	-	-	-
	intermediary	÷	-	-	-	÷	÷	-	-	-	-	-	-	-
Blood Vessels	peripheral	÷	-	-	-	÷	÷	-	-	-	-	-	-	-
	Brown Pigment	÷	##	÷	÷	+	+	-	-	+	+	(-)	-	+
	V. centralis	÷	##	÷	÷	÷	÷	##	##	##	##	÷	-	÷
	Dilatation	+	##	÷	+	÷	##	+	+	-	-	##	+	-
	Congestion	(+)	##	(##)	+	+	÷	+	(##)	##	(##)	##	##	##
	Capillaries	(+)	##	÷	##	÷	##	+	÷	+	÷	(##)	(##)	÷
	Dilatation	+	+	(#)	-	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Congestion	+	÷	+	÷	+	÷	+	+	+	+	+	+	÷
	Leucocytes	÷	÷	-	÷	-	-	÷	÷	÷	÷	÷	÷	÷
	Lymphocytes	(#)	##	##	##	##	+	(#)	(##)	##	+	##	##	##
	Monocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Edema	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Hemorrhage	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Kupffer's Cells	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Proliferation	+	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Swelling	-	-	-	-	-	-	(#)	-	÷	-	-	÷	-
	Hemosiderin	-	+	-	-	-	-	-	-	-	-	-	-	-
Glisson's Capsule	Bacterium	##	##	+	##	+	##	÷	+	+	+	##	##	÷
	Congestion + V. hepatica	-	÷	÷	-	-	-	-	-	-	-	-	-	-
	Production + Connective Tissue	-	+	÷	-	-	-	-	-	-	-	-	-	-
	Pseudobiliary Tract	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Edema	(#)	÷	-	÷	-	÷	÷	÷	÷	÷	÷	÷	÷
	Hemorrhage	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
Miliary Necrosis	Round Cell Infiltration	-	-	-	-	-	-	-	-	-	-	-	-	-
	Leucocyte Infiltration	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Congestion + A. hepatica	##	##	+	##	##	##	÷	+	##	+	##	##	÷
	Congestion + V. porte	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Necrosis	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
Miliary Necrosis	Lymphocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Leucocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Histiocytic Cells	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Erythrocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷

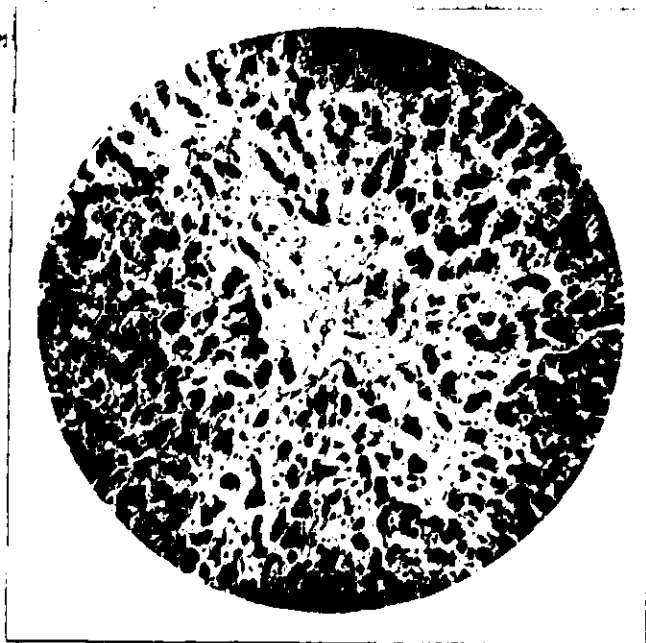
LIVER

		397	399	400	403	404	406	407	409	410	411	414	416	417
Cell-Cord	Irregular Arrangement	+	(+)	-	#	#	(#)	#	#	+	+	÷	#	(#)
	Dissociation	÷	(÷)	(-)	#	#	÷	#	(#)	+	-	-	(#)	-
Liver Cells	Clouding	#	(#)	#	#	#	+	#	+	÷	#	+	+	#
	Atrophia	#	(#)	(-)	#	#	(#)	(#)	(#)	+	+	÷	+	#
	Hypertrophia	-	÷	-	÷	-	-	-	-	÷	-	-	-	÷
	Fatty Degeneration	Central		÷	-	+	-	-	-	-	-	-	-	-
		intermediary		÷	-	÷	-	-	-	-	-	-	-	-
		peripheral		÷	-	÷	-	-	-	-	-	-	-	-
	Brown Pigment		+	÷	÷	÷	#	÷	+	÷	+	÷	-	+
	V. centralis	Dilatation		#	÷	÷	+	÷	-	÷	+	÷	÷	÷
		Congestion		÷	#	#	+	÷	÷	+	#	÷	÷	#
Blood Vessels	Capillaries	Dilatation		#	+	+	#	+	#	#	(#)	+	+	(#)
		Congestion		+	#	÷	#	÷	#	+	(#)	#	÷	(#)
		Leucocytes		+	+	+	#	÷	+	+	-	÷	÷	+
		Lymphocytes		÷	+	÷	÷	÷	+	+	÷	÷	÷	÷
		Monocytes		÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Edema		#	+	#	#	#	+	#	+	(+)	+	#	#
	Hemorrhage		+	(#)	÷	-	÷	÷	÷	÷	÷	÷	÷	÷
	Kupffer's Cells	Proliferation		-	÷	(+)	÷	-	÷	÷	÷	÷	÷	÷
		Swelling		-	÷	-	-	+	÷	÷	+	+	+	-
		Hemosiderin		-	÷	(+)	-	-	-	-	-	-	+	-
Glisson's Capsule	Bacterium		-	÷	÷	+	-	-	÷	-	-	-	-	-
	Congestion of V. hepatica		+	#	#	+	+	#	+	+	+	+	#	#
	Production of Connective Tissue		(+)	-	-	-	-	-	-	-	-	-	-	-
	Pseudobiliary Tract		-	-	-	-	-	-	-	-	-	-	-	-
	Edema		+	÷	+	+	+	÷	+	÷	÷	÷	÷	(+)
	Hemorrhage		÷	-	(+)	÷	+	-	-	-	-	-	+	(+)
	Round Cell Infiltration		÷	(+)	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Leucocyte Infiltration		-	-	-	-	-	-	-	-	-	-	-	-
	Congestion of A. hepatica		-	÷	+	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Congestion of V. porte		+	#	#	+	+	+	+	+	+	+	+	+
Miliary Necrosis	Necrosis		÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Lymphocytes		÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
	Leucocytes		-	-	-	-	-	-	-	-	-	-	-	-
	Histiocytic Cells		-	-	-	-	-	-	-	-	-	-	-	-
	Erythrocytes		-	-	-	-	-	-	-	-	-	-	-	-

[REDACTED]

[REDACTED]

Intense congestion and remarkable
exudative reaction in Disse's spaces.



M26 X110

Intense congestion and some hemorrhages
in the central zone of acinus.



M410 X210

[REDACTED]

[REDACTED]

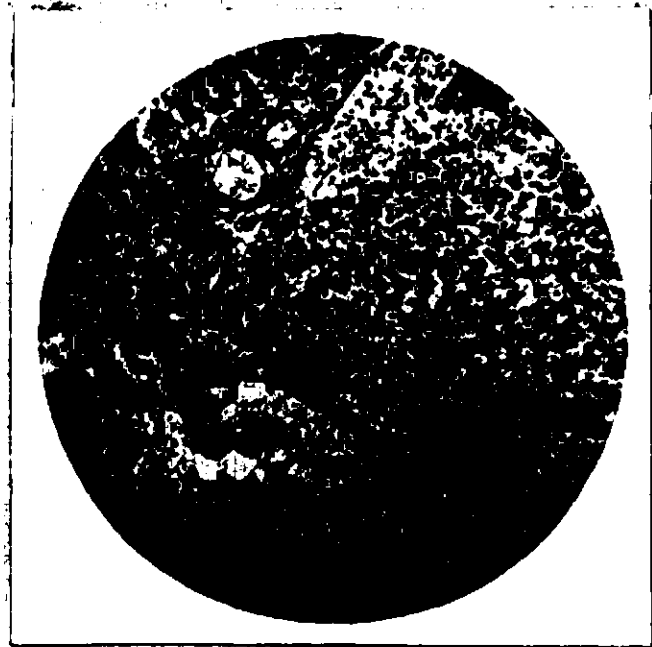
Hepatitis serosa with intense exudation
in Disse's spaces and intense parenchym.
degeneration.



M 393

X 2/0

Hepatitis serosa with intense exudation
in Disse's spaces and intense
parenchymatous degeneration.



396

X 100

[REDACTED]

[REDACTED]

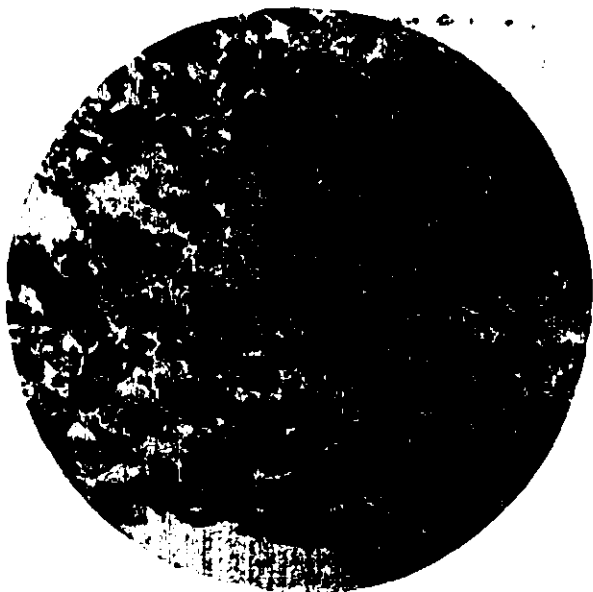
Hemorrhagic necrosis.



399

X90

Hepatitis serosa in severe degree,
in high power.



404

X310

[REDACTED]

177

[REDACTED]

[REDACTED]

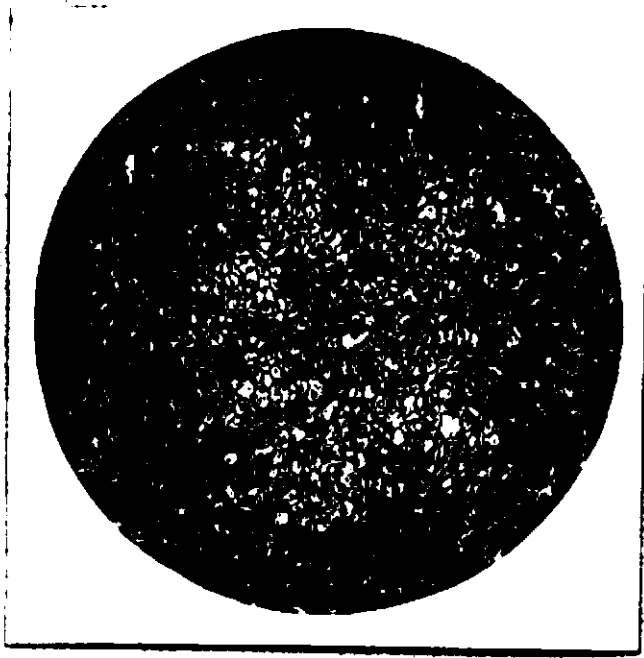
Our so-called net-like necrosis in acinus.



54

X 240

Our so-called net-like necrosis in acinus.



407

X 100

[REDACTED]

[REDACTED]

[REDACTED]

Diffuse wandering cells dissemination.

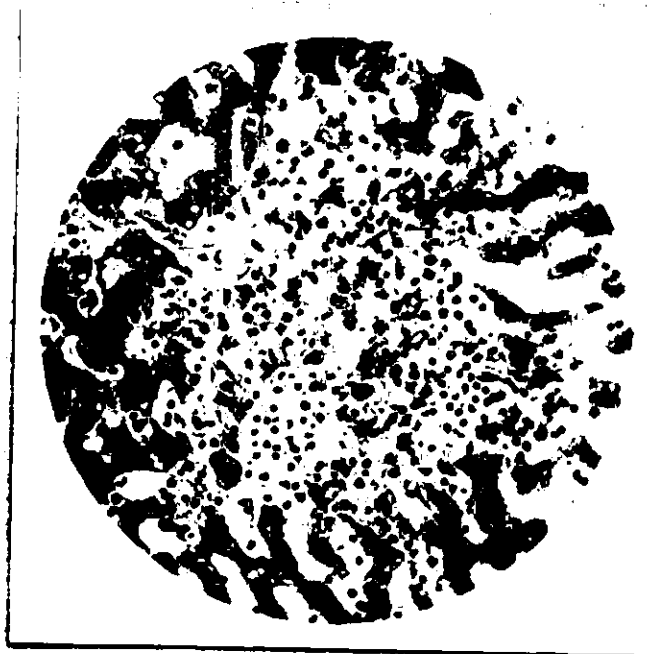


26

X110

~~CONFIDENTIAL~~

Submiliary necrosis, with some
lymphocytes accumulations.



M 417

X220

Hepatitis serosa III, with some
exudative changes in Disse's spaces.



~~CONFIDENTIAL~~

M. 403 180

X240

[REDACTED]

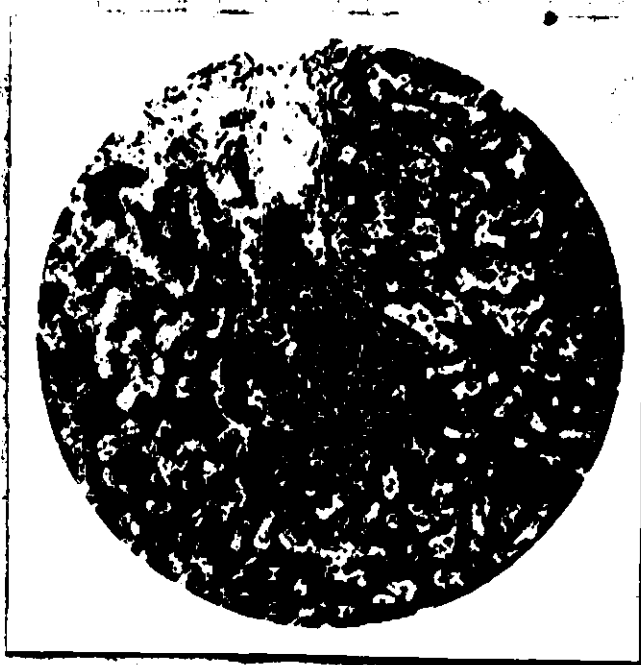
[REDACTED]

Subiliary knot.



53 X 210

Subiliary knot.

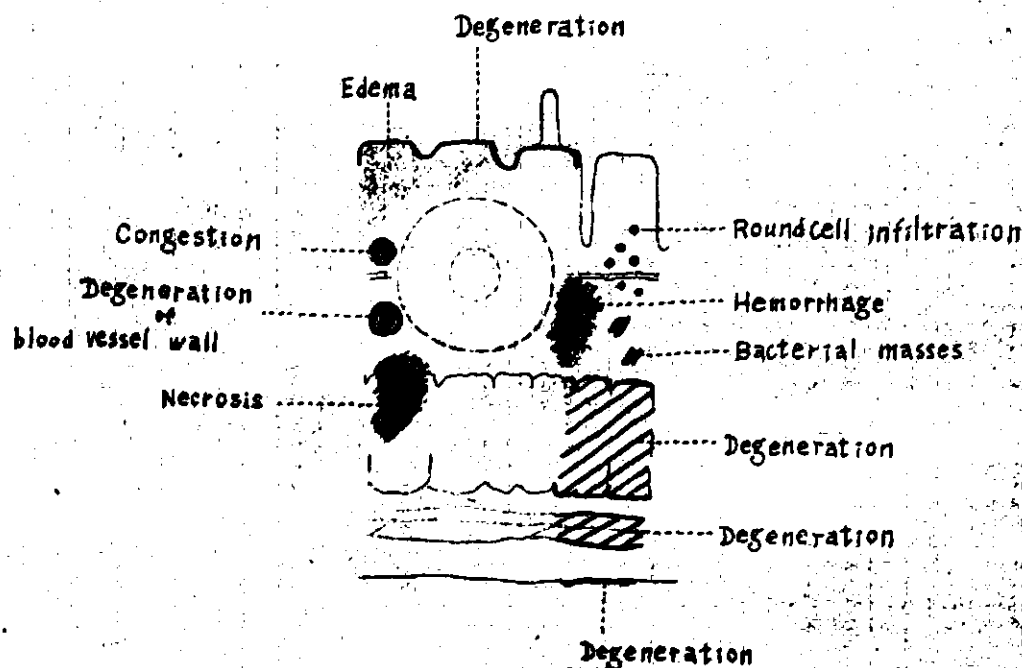


397

X 140

[REDACTED] 481

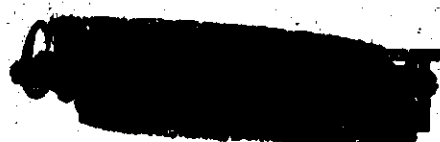
Stomach & Intestine



STOMACH
INTESTINES

S T O M A C H.

(A) Microscopical Investigation.

17. Slight submucous hyperaemia and separation of decayed epitheliums cells.
54. Slight catarrh.
225. Considerable stasis in T. propria and T. submucosa.
318. Slight catarrh of mucous membrane and considerable congestion in T. sub^umucosa.
320. Slight catarrh and considerable congestion in T. propria and T. submucosa.
390. Gastritis catarrhalis hypertrophicans levis.
396. Slight edema of mucous membrane.
397. Slight edema and slight stasis in T. propria.
399. Almost normal.
400. Considerable catarrh.
401. Slight catarrh.
403. No remarkable changes.
406. No remarkable changes.
409. Slight stasis in T. propria.
410. Slight stasis and slight catarrh of mucous membrane and considerable stasis of T. submucosa.
412. Slight catarrh of mucous membrane.
413. Slight catarrh and slight hyperplasia of mucous membrane and
- 

[REDACTED]

~~CONFIDENTIAL~~

414. No remarkable changes.

417. Slight edema and considerable stasis of mucous membrane and slight stasis of submucosa.

(B) SUMMARY .

Generally without any significant changes in all cases.

All observed 19 cases.

with slight catarrh, perhaps due to peroral infection.

10 cases.

with slight congestion.

5 cases.

with considerable congestion.

14 cases.

with no remarkable changes.

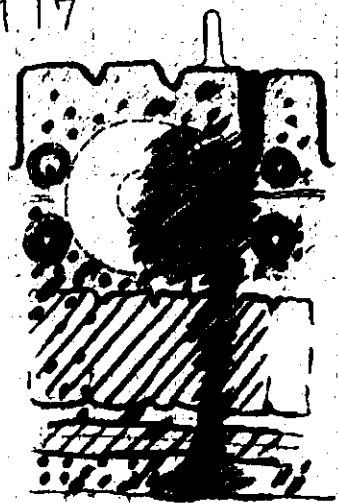
3 cases.

with rather atrophic glandular cells.

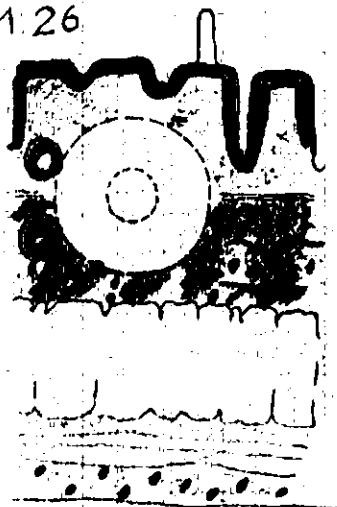
0 cases.

[REDACTED]

M. 17



M. 26



SMALL INTESTINE

(A) Microscopical Investigation.

I7.

Extraordinary ^v severe narrow swelling of mucous membrane with the severest perifocal haemorrhagic exudative reactions.

In the areas of swelling exist the severest edematous swelling, severest congestion (bacterial masses in blood-vessel and severe edematous swelling of capillary-walls), more or less remarkable hemorrhages and numerous leucocytes-emigrations. Glandular cells at these parts fall into decayed masses or disappeared totally, and at the surfaces of these parts exist in a large quantity of separated masses of desquamated epithelial cells, bacterial masses, leucocytes-fragments and exudative-hemorrhagic masses.

These leucocytic-hemorrhagic inflammations propagate themselves all over the neighbouring tissues (T. submucosa and perifocal mucous tissues) with severe exudative-hemorrhagic processes.

Perifocal mucous membrane in severe edematous swelling, severe congestion and more or less remarkable hemorrhages with severe catarrhalic masses.

T. submucosa in diffuse edematous swelling in high degree, severe congestion (bacterial masses in blood-vessels) and perivascular leucocytes infiltrations.

(53.)

Catarrh in medium degree and stasis of mucous membrane and considerable congestion of T. submucosa.

[REDACTED]

225.

Slight catarrh and slight edema in mucous membrane.

318.

More or less remarkable diffuse hemorrhages in T. submucosa in extremely severe degree and these hemorrhagic processes propagate themselves to T. propria.

More or less remarkable diffuse hemorrhages and considerable leucocytes-infiltration with some bacterial masses in capillaries of T. submucosa. These hemorrhagic exudative changes spread to neighbouring mucous membrane, which fall into severe congestion and diffuse hemorrhages with atrophic glandular cells.

320.

Main Pathological changes exist in T. submucosa and serous membrane.

In T. submucosa: Considerable congestion and diffuse hemorrhages in extremely high degree. These hemorrhagic and exudative processes propagated themselves to serous membrane.

Serous membrane swelled extremely edematously with severe congestion with more or less remarkable hemorrhages and at other hands some proliferative reactions with some histiocytes, plasma cells, fibroblasts and fibrocytes. Namely, Serositis haemorrhagico-suprative.

328.

Main pathological changes exist in T. submucosa.

T. submucosa swelled extremely edematously with severe congestion, severe diffuse hemorrhages, severe leucocytes emigration and bacterial

[REDACTED]

[REDACTED]

[REDACTED]

disseminations. These exudative-hemorrhagic processes propagated themselves to the adjacent mucous membrane with severe congestion, severe hemorrhages and slight plasma cell-infiltration and to serous membrane with congestion, diffuse hemorrhages in high degree with hemorrhagic-fibrinous masses and slight plasma cell infiltrations.

388.

Atrophic mucous membrane with hyperplasia of Peyer's lymphnodulus (congenital) and slight congestion. No remarkable changes else.

390.

Catarrh in medium degree (separation of decayed desquamated epithelial cells and catarrhalic masses), slight congestion and no remarkable changes else.

393.

Atrophic mucous membranes and congenital hyperplasia of Peyer's lymph-nodulus, considerable congestion in T. submucosa and no remarkable changes else.

396.

Atrophic mucous membrane and no remarkable changes else.

399.

Atrophic mucous membrane and no remarkable changes else.

401.

Slight catarrh and congenital hyperplasia of Peyer's lymphnodulus. Slight congestion in T. submucosa and no remarkable changes else.

[REDACTED]

[REDACTED]

403.

Atrophic mucous membrane and congenital hyperplasia of Peyer's lymph-nodulus. Slight congestion in T. submucosa and no remarkable changes else.

407.

Duodenal parts.

Main pathological changes exist in T. propria and T. submucosa.

T. propria swelled extremely hemorrhagic-edematously with severe congestion, severe diffuse hemorrhages with some bacterial masses in capillaries and considerable leucocytes infiltrations.

Atrophic glandular cells and separation of fibrinous-hemorrhagic masses on the surfaces of mucous membrane.

T. submucosa in severe congestion and diffuse hemorrhages. These hemorrhagic and exudative inflammatory processes propagate themselves to adjacent serous membranes with severe congestion, edematous swelling and considerable leucocytes infiltrations.

409.

Duodenal parts.

Catarrh in medium degree, slight edematous swelling and congestion in T. submucosa.

410.

Slight catarrh, atrophic mucous membrane and slight congenital hyperplasia of Peyer's lymphnodulus. No remarkable changes else.

411. Duodenal parts.

Considerable congestion and edematous swelling of mucous membrane.

[REDACTED]

[REDACTED]

Slight catarrh with some desquamative epithelial cells. Congestion of T. submucosa in high degree. [REDACTED]

411.

At some places extremely severe fungous swelling of mucous membrane. The most parts of them fallen into hemorrhagic-necrotic inflammatory changes with severe congestion, some vessels in Endophlebitis necroticans, severe diffuse hemorrhages with edematous swelling, fibrinous separations and more or less considerable leucocytes infiltrations. At the adjacent parts, the glandular cells and others fall into bionecrosis or severe degeneration with decayed masses of desquamated cells and some bacterial masses on the surfaces of mucous membrane. These inflammatory processes spread to neighbouring tissues with more or less remarkable hemorrhages and leucocytes-infiltration.

412.

Catarrh in medium degree with numerous desquamated epithelial cells and catarrhalic masses. Slight congestion in T. submucosa and no remarkable changes else.

413.

Catarrh in medium degree with numerous desquamated epithelial cells and catarrhalic masses. Slight congestion in T. submucosa and no remarkable changes else.

416.

Considerable congestion and catarrh in medium degree with slight atrophic glandular cells. Considerable congestion of T. submucosa and no remarkable changes else.

[REDACTED] 190

[REDACTED]

417.

[REDACTED]

Catarrh and edematous swelling in T. propria in medium degree. Congenital hyperplasia of Peyer's lymphnodulus and no remarkable changes else.

T. submucosa at adjacent parts are attacked with some inflammatory reactions (edematous swelling, fibrinous separation, slight hemorrhages and perivascular leucocytes-infiltrations).

[REDACTED]

[REDACTED]

(B) S U M M A R Y .

I divide all cases into 2 groups: a) group of peroral infection and b) group of pernasal infection.

A) Cases in peroral infection with some large quantity of bacterial. All patients died definitely a few days after infection with severe intestinal symptoms.

In abdominal spaces, abundant (ca. 1 liter) hemorrhagic-serous ascites with extremely severe edematous-gallertic swelling of mesenterial fatty tissues and severe hemorrhagic serous inflammation of serous membrane of intestine (mainly at lower parts of ileum or ileocecal part and sometimes scattered at duodenal, jejunal or upper parts of ileum).

Extraordinary severe microscopical changes can be appreciated representatively in No. 17-case, with severe hemorrhagic-leucocytic changes all over the all layers of intestinal walls: fungous or marrowy swelling of mucous membrane, which fall into extremely severe hemorrhagic-leucocytic changes with some ruined capillary-plexus: .) Primary affection of capillary-plexus in mucous tissues (esp. in lymphatic nodulus).

.) Then the intense and diffuse hemorrhagic-leucocytic infiltrations at perivascular tissues, are accompanied with fungous or marrowy swelling of mucous tissues.

.) These severe hemorrhagic-leucocytic inflammation propagate themselves to neighbouring perifocal mucous tissues and hematogenously (some bacterial masses in blood-vessels) all over the all layers

[REDACTED]

[REDACTED]

of intestinal walls (T. submucosa and T. serosa).

Serous membrane swelled also extraordinary edematously with severe congestion and more or less remarkable hemorrhages and at sometimes slightly increased some histiocytic cells.

Some hemorrhagic-fibrinous masses on the surfaces of serous membranes.

. The some changes of duodenal parts are described in chapter A).

B). Cases in pernasal infection:

At these occasions, a smaller quantity of An^htrax-B can ride into alimentary canals and sometimes cause severe hemorrhagic-leucocytic changes in duodenal or ileocecal parts, so as above mentioned in A).

.) Representative records of duodenal changes in No. 407-case.

Extraordinary severe hemorrhagic-edematous swelling of mucous tissues with severe congestion, necrotic ruins of capillary walls with some bacterial masses in capillaries and more or less remarkable leucocytes-emigrations. Separation of some hemorrhagiofibrinous masses on the surfaces of mucous tissues.

These inflammatory processes propagated themselves furthermore to the neighbouring tissues (T. submucosa and T. serosa) with severe perifocal hemorrhagic-leucocytic changes.

Serous membrane with severe congestion, severe edematous swelling and some leucocytes-disseminations.

oooo oooo oooo

oooo oooo oooo

Frequency of pathological changes after pernasal infection:

[REDACTED]

[REDACTED]

[REDACTED]

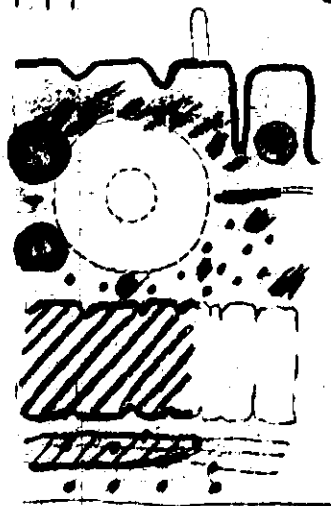
Frequency of pathological changes after pernasal infection:

All microscopically observed	20 cases. (except No 53)
with severe hemorrhagic-leucocytic infiltration.	2 cases.
with slight or considerable congestion.	14 ~~15~~ cases.
with slight catarrh, due to other factors.	4 cases.
with no remarkable changes.	0 cases.
with rather atrophic glandular cells.	2 cases.

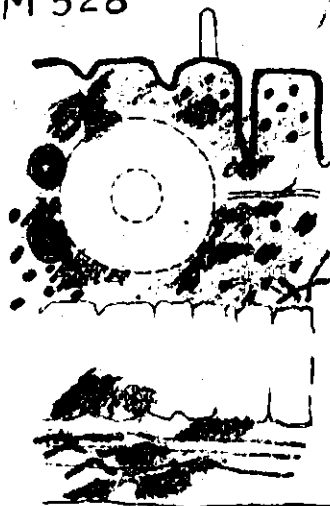
Note). I have judged, according to the investigation of the some remained microscopical slices, while I have not recieved all microscopical slices and adjacent macroscopical autopsy-records. Accordingly the hemorrhagic-leucocytic inflammations should be occured more frequently than these 3 case, so I think.



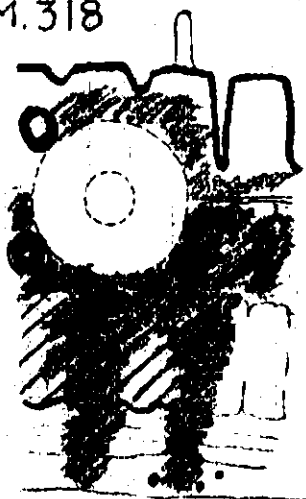
M.17



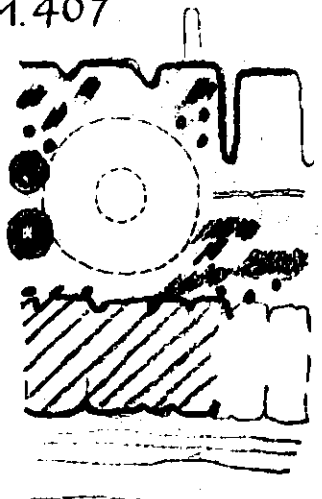
M.328



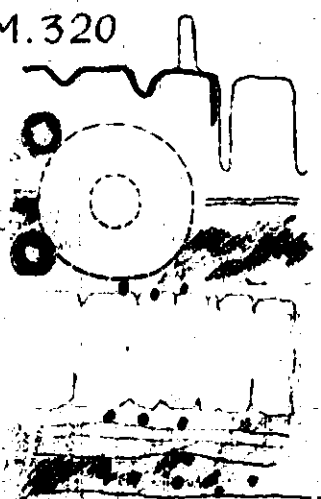
M.318



M.407



M.320

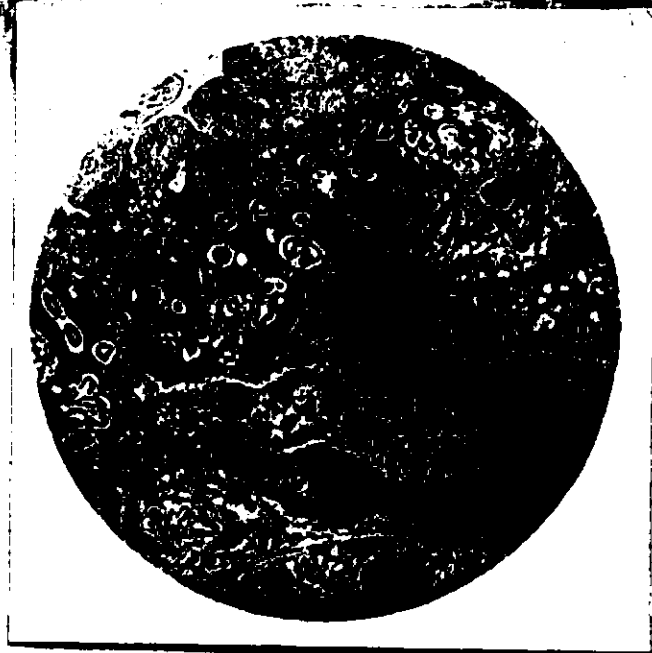


M.411

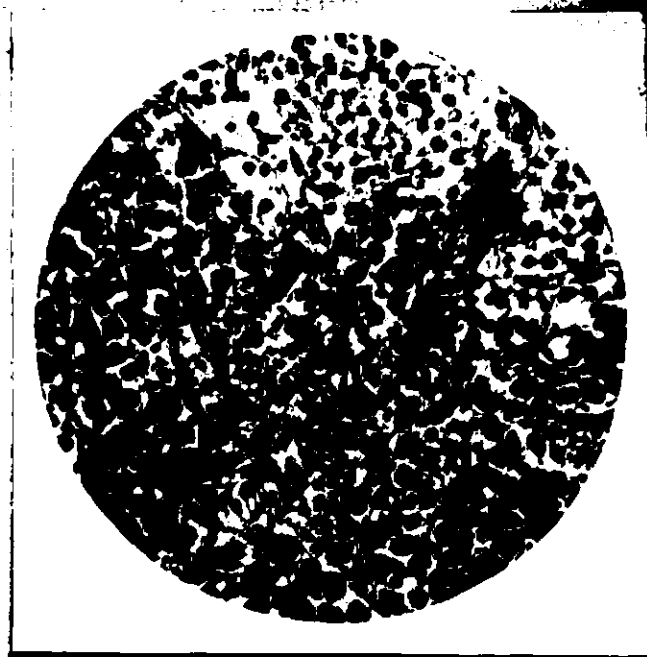


[REDACTED]

Marrowy swelling of mucous membrane and
intense congestion, diffuse hemorrhages
and intense edema of mucous tissues.



Marrowy swelling of mucous membrane in
high power.
Diffuse hemorrhages and leucocytes-
dissemination.



[REDACTED]

Marked swelling of mucous membrane,
accompanied with intense edema and
diffuse leucocytes-dissemination in
submucous tissues.



Intense, diffuse leucocytes dissemination
in submucous tissues, in high power.

M-328

x 20



M-328

x 80

[REDACTED]

Narrow swelling of mucous membrane
and diffuse hemorrhages.

[REDACTED]



M 318.

20.

Narrow swelling of mucous membrane
and intense hemorrhages (so-called
blood-sea in mucous tissues).



M. 17

40

[REDACTED]

Pelagic swelling of mucous membrane,
accompanied with intense hemorrhagic
changes.

In low power.



M 411

x9

[REDACTED]

Intense hemorrhages and leucocytes dissemination, in high power. [REDACTED]



320

x 350

[REDACTED]

[REDACTED]

L A R G E I N T E S T I N E (M).

(A) Microscopical Investigation .

17.

Main pathological changes in T. submucosa.

In T. submucosa: venous plexus with intense Endophlebitis necroticans (the most intense congestion, a large quantity of leucocytes as contents and necrotic ruins of vessel-walls) and perivascular extraordinary intense exsudative-hemorrhagic-leucocytic reactions (edematous swelling, hemorrhages and leucocytes-infiltration in extremely high degree). These hemorrhagic-leucocytic processes propagated themselves all over the adjacent submucous tissues and furthermore to T. propria and serous membrane.

T. propria in edematous swelling and remarkable congestion with considerable leucocytes-emigration and bacterial disseminations in extraordinary high degree.

Some places with these hemorrhagic-leucocytic swelling fallen into ruins and formed partial ulcers of mucous membrane in proceeding stage.

Serous membrane in severe inflammatory edema with considerable leucocytes-emigrations.

26.

Main pathological findings exist in T. submucosa.

[REDACTED] 1201

[REDACTED]

[REDACTED]

In T. submucosa : extraordinary intense congestion with intense exsudative-hemorrhagic processes: edematous swelling, diffuse hemorrhage, separation of fibrinous masses in extraordinary high degree with more or less considerable leucocytes-emigrations all over the submucous layers.

These inflammatory processes propagated themselves to T. propria and serous membrane.

In T. propria : Considerable edema and congestion with atrophic, degenerative glandular cells.

(53.)

Considerable edematous swelling and congestion of mucous membrane. Slight atrophic glandular cells. Considerable congestion in T. submucosa.

54. Almost normal.

225.

Catarrh in medium degree. No remarkable changes else.

318.

Considerable catarrh and no remarkable changes else.

320.

Catarrh in medium degree with some desquamated epitheliums. Slight congestion in T. submucosa. No remarkable changes else.

325.

Slight catarrh and considerable congestion in T. submucosa.

328.

Catarrh in medium degree with separative masses of desquamated epitheliums and serous catarrhalic masses. Considerable congestion in

[REDACTED]

[REDACTED]

T. submucosa.

388.

Slight catarrh, slight swelling, slight hyperplasia of lymphatic nodulus in mucous membrane.

Slight congestion in submucous tissues.

390.

Catarrh in medium degree, considerable congestion of mucous membrane with some separative masses and desquamated epithel. cells and catarrhalic masses. Slight congestion in T. submucosa.

396.

Almost normal, Slight catarrh.

397.

Catarrh in medium degree, considerable congestion of mucous membrane with some separative masses, desquamated epithel. cells and catarrhalic masses. Slight congestion in T. submucosa.

399.

Catarrh in medium degree with numerous separative masses of desquamated epithel. cells and catarrhalic masses. Considerable congestion in T. submucosa.

401.

Slight catarrh with desquamated epithel, cells and catarrhalic masses.

403.

Slight catarrh.

[REDACTED]

203

[REDACTED]

404.

Catarrh in medium degree with desquamated epitheliums and catarrhalic masses. Considerable congestion in mucous membrane and T. submucosa. No remarkable changes else.

405.

Considerable congestion, slight perivascular leucocytes emigration and edematous swelling of T. submucosa.

Considerable congestion, edematous swelling and slight perivascular round-cell-accumulation in mucous membrane.

406.

Slight swelling and slight hyperplasia of lymphocytes in mucous membrane.

409.

Catarrh in medium degree with desquamated epithel cells and catarrhalic fluids. Slight congestion in T. submucosa and no remarkable changes else.

410.

Slight catarrh and slight congestion in T. submucosa.

412.

Slight catarrh with desquamated epithel. cells. Considerable congestion and slight edematous swelling of T. propria.

Considerable congestion, slight perivascular leucocytes-emigration and slight edematous swelling of T. submucosa.

414.

No significant changes.

416.

Slight congestion of T. submucosa.

[REDACTED] 204

[REDACTED]

[REDACTED]

(B) S U M M A R Y .

I divide all cases into 2 groups : a) group of peroral infection and
b) group of pernasal infection.

A). Peroral infection with some large quantity of Anthrax-bac.
Peroral infection cause severe hemorrhagic-leucocytic inflammation of
alimentary canals : at first in small intestines of all cases and
furthermore in large intestines of some cases.
Representatively the record of pathological changes in large intestine of
No. 17-case:

Severe changes in mucous tissues with venous plexus, which fall
into severe congestion and necrotic ruins of capillary-walls,
accompanied with intense and propagating perivascular inflammatory
changes.

These processes propagated themselves to the neighbouring tissues and
all over the all layers of intestinal walls ; namely, Mucous tissues in
the most severe hemorrhagic swelling and at some places partial super-
ficial ulcers and
serous membrano in intense inflammatory edema with some leucocytes-disse-
minations.

oooooooo

oooooooo

oooooooo

oooooooo

All microscopically investigated

8 cases.

[REDACTED]

[REDACTED]

with severe hemorrhagic-leucocytic infection.	4 cases.
with reactive considerable catarrh.	4 cases.
with reactive considerable congestion.	5 cases.
with no considerable changes.	3 cases.

I have found the same hemorrhagic-leucocytic inflammation in large intestines of some cases, so as above described in the chapter of small intestine.

B) Pernasal infection.

Even by pernasal infection with a small quantity, Anthrax-B can ride into alimentary canal occasionally and cause the hemorrhagic inflammation of small intestine in some cases. But, I can't the same hemorrhagic changes of large intestine in the remained and preserved microscopical slices.

All microscopically investigated cases,	12 cases.
with considerable congestion.	6 cases.
with slight congestion.	4 cases.
with considerable catarrh.	2 cases.

(For example, in No. 405-case, considerable congestion with slight perivascular leucocytic and lymphocytic accumulations.)

[REDACTED]

[REDACTED]

[REDACTED]

with no considerable changes.

3 cases.

oooooooooooooooooooooooooooo

oooooooooooooooooooooooooooo

Riding of a large quantity of Anthrax-B into alimentary canals can cause severe hemorrhagic-leucocytic inflammation in small intestine of all cases and also in large intestine of some cases of them.

By pernasal infection with a smaller quantity. can not cause intense hemorrhagic changes in large intestines.

But I can not investigate large intestines of some cases, which microscopical slices I have not received:

[REDACTED]

~~CONFIDENTIAL~~

Diffuse hemorrhages and leucocytes dissemination in subserous tissues, in high power.



17

x 40

Diffuse hemorrhages in subserous tissues, in high power, accompanied with remarkable bacterial dissemination.



17

x 350

~~CONFIDENTIAL~~

[REDACTED]

Marrowy swelling of mucous membranes
Intense congestion, diffuse hemorrhages
and intense edema.



K.D. M-26 30

Marrowy swelling of mucous membrane.
Intense congestion, diffuse hemorrhages
and intense edema.



K.D. M-17 30

~~CONFIDENTIAL~~

Diffuse hemorrhages and leucocytes
dissemination in subserous tissues.



320

x 20

Endophlebitis necroticans and
intense inflammatory changes
of perivascular tissues.



17

210

~~CONFIDENTIAL~~

210

[REDACTED]

Marrowy swelling of mucous membrane.

Intense congestion, diffuse hemorrhages
and intense edema.

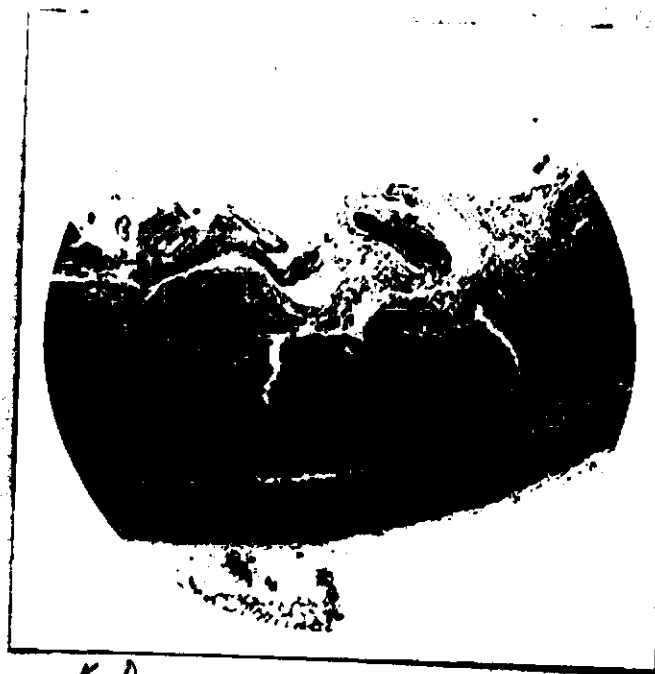


K. 6

M. 26

20

Marrowy swelling of mucous membrane.
Intense congestion, diffuse hemorrhages
and intense edema.



K. D.

M. 17.

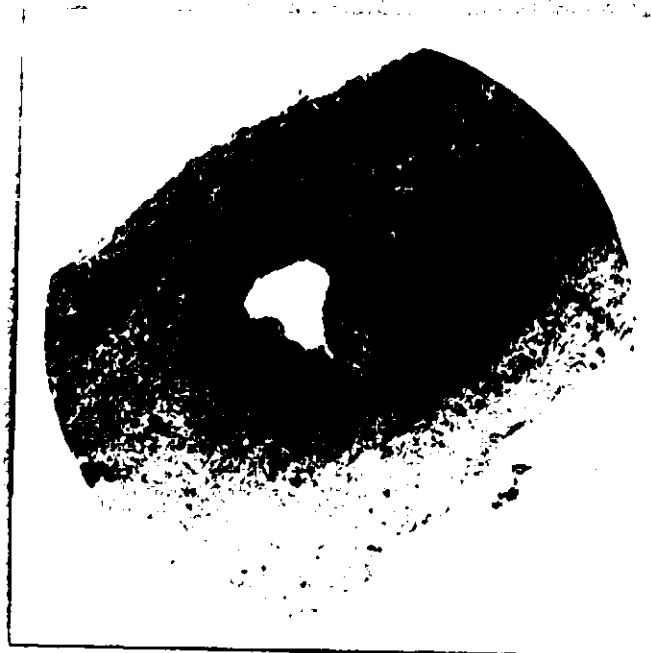
20

[REDACTED]

211

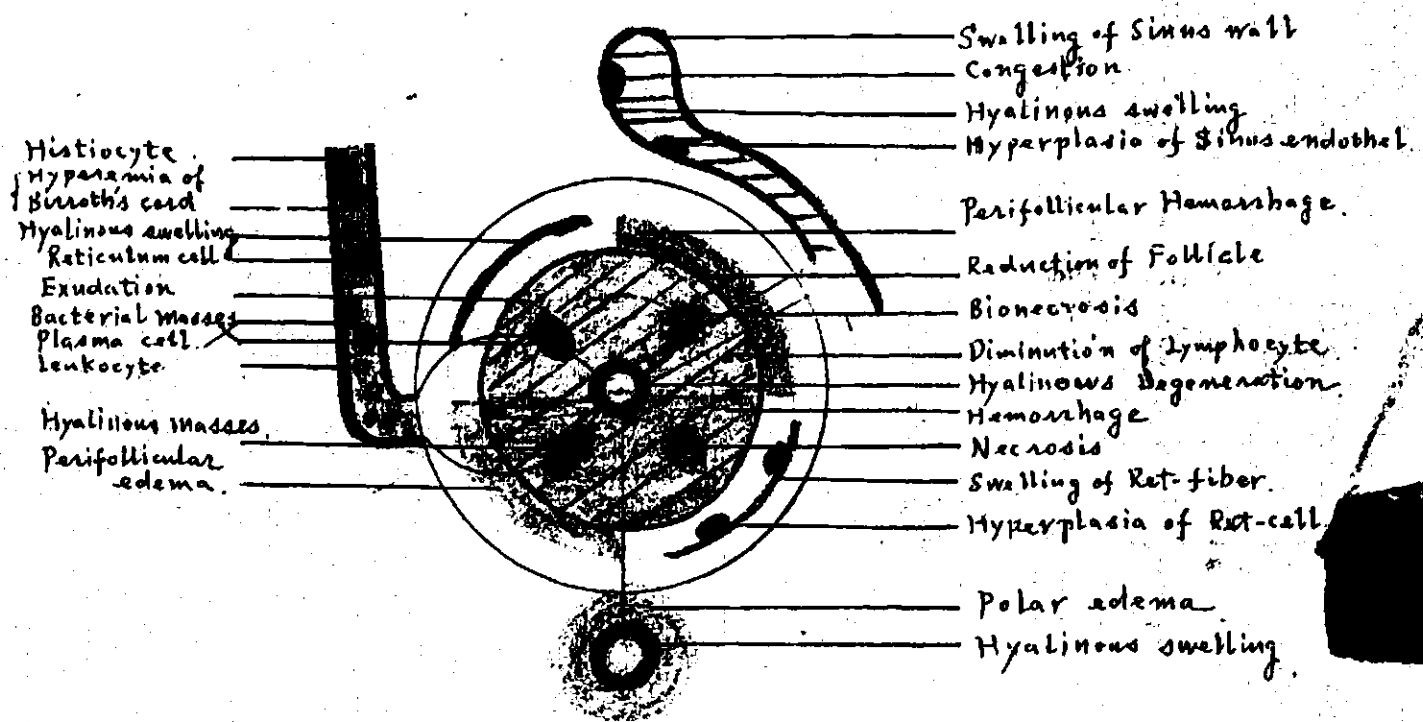
[REDACTED]

Endophlebitis necroticans and
intense inflammatory changes of
perivascular tissues.



K-D. M-17 X40

Spleen



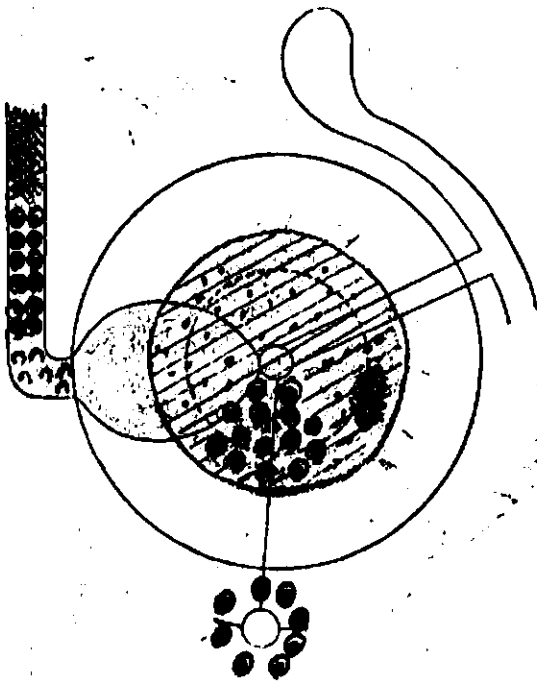
[REDACTED]

[REDACTED]

S P L E E N

17.

(A) Microscopical Investigation.



17.

Follicles: Diminution of follicles and hyalinous swelling of central arterie with more or less considerable perivascular edema, which caused edematous swelling of follicular tissues, slight hemorrhages, diminution of lymphocytes in follicular tissues and at some places submiliary exudative necrotic knots.

Beside these exudative changes, slight hyperplasia of histiocytes, esp.

at perivascular and our so-called polar portions.

Pulpa-meshes : Slight congestion in sinusses, slight edematous swelling of reticulum-fibres and more or less remarkable hyperplasia of histiocytes (or splenocytes) and endothelial cells of sinus-walls,

esp. with our so-called " polar proliferation" of histiocytes at polar portions of follicles.

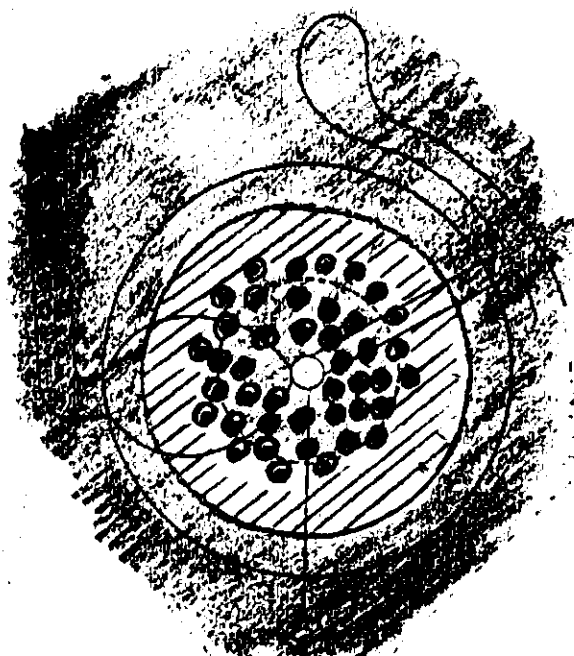
Angio-folliculitis

Fasciculitis

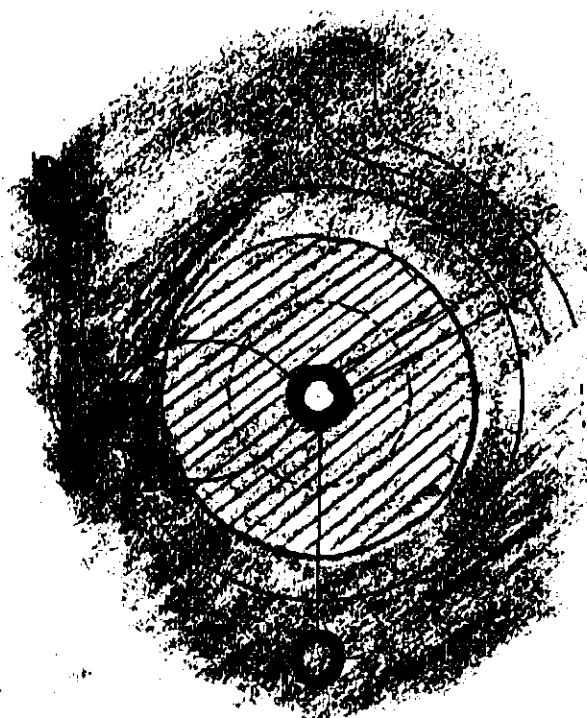
26.

Follicles : Remarkable diminution of follicles

26



225



and hyalinous swelling of walls of central arterie in high degree. Perivascular edema and edematous swelling of follicular tissues in high degree with considerable hemorrhages. Beside these hemorrhagic-exudative changes, remarkable hyperplasia of histiocytes or macrophages in follicular tissues.

Pulpa-meshes : Intense congestion and so-called blood-sea with intense swelling of reticulum -fibres.

Angio-folliculitis

Fasciculitis

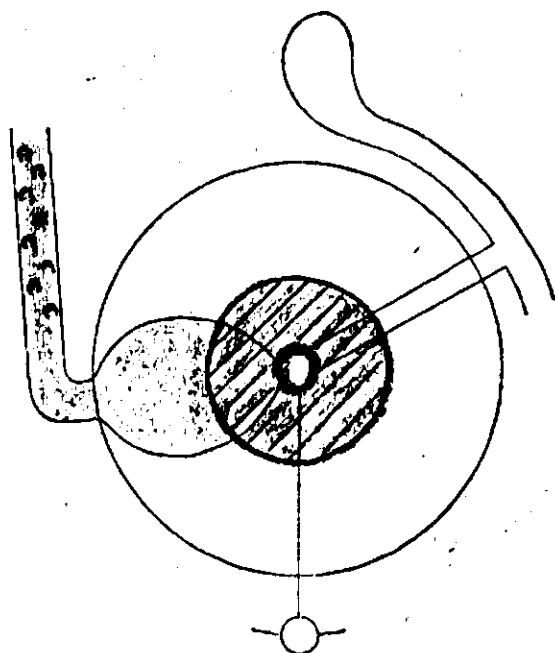
225. (a).

Follicles : Slight diminution of follicles and hyalinous swelling of walls of central and penicilliar arteries in more or less remarkable degree. Edematous swelling of follicular tissues with considerable diminution of follicular lymphocytes, severe exudation and slight hemorrhages in follicular tissues.

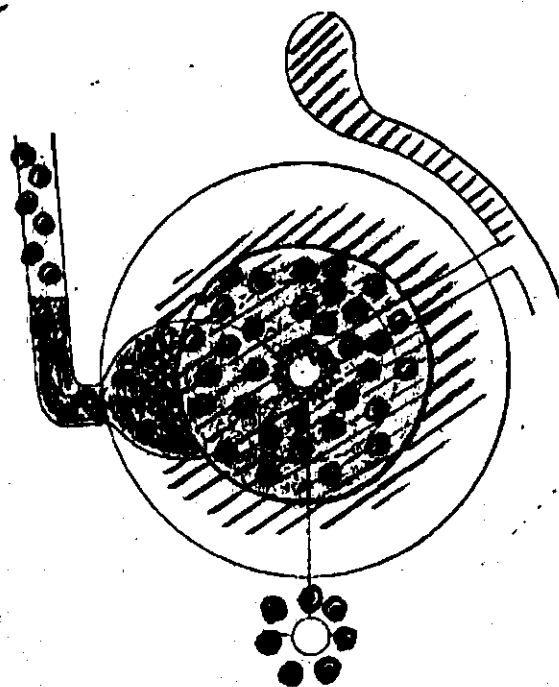
Slight hyperplasia of histiocytes with hemosiderin-phagocytosis.

Pulpa-meshes : Remarkable perifollicular hemorrhages and severe congeation in sinuses (so-called blood-sea) with edematous swelling

225



318



of reticulum-fibres in high degree.

Angio-folliculitis hemorrhagico-exsudativa
Fasciculitis hemorrhagico-exsudativa.

225. b.

Follicles : Intense diminution of follicles with intense edematous swelling of walls of central and penicilliar arteries. Severe perivascular edema with fibrinous swparation and intense diminution of follicular lymphocytes and emigration of plenty of leucocytes. (plenty of leucocytes in follicular capillaries, some of them eosinophilic leucocytes or myelocytes).

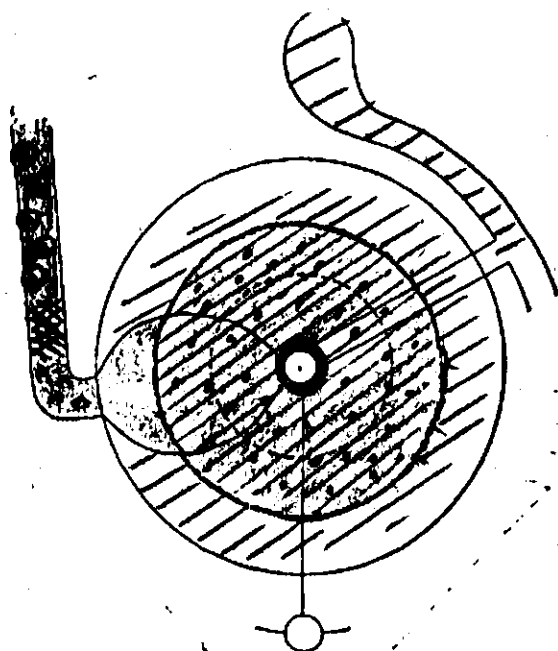
Pulpa-meshes : Rather anemic and intense edematous swelling of reticulum-fibres.

318.

Follicles : Intense diminution of follicles with severe edematous swelling of walls of central and penicilliar arterie and perivascular edematous swelling of follicular tissues, which caused some degenerative changes and on the other hand slight proliferative changes in germinative centres. Namely it occured in folli-
cles esp. at germinative centres some exudative

216

320



centres some exudative or degenerative changes (intense diminution of follicular lymphocytes, exudation in follicular tissues and decayed ruins of epithelioid cells and their nuclear fragments) and other slight proliferative changes (considerable hyperplasia of histiocytes or macrophages).

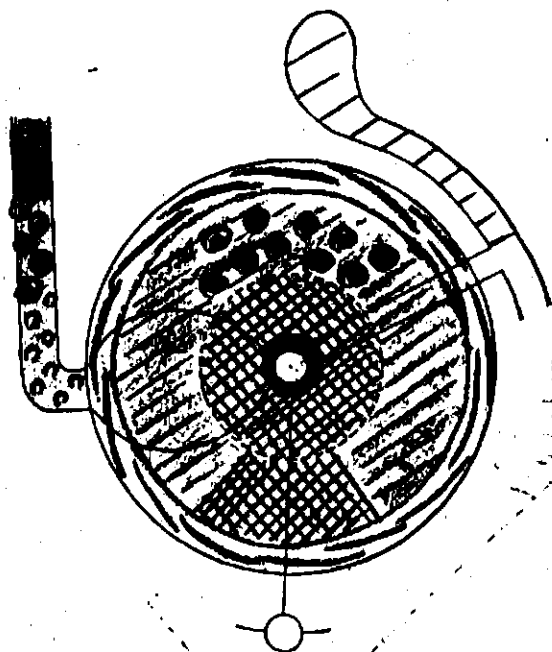
Pulpa-meshes : perifollicular hemorrhages and more or less considerable so-called blood-sea in pulpa-meshes with slight edematous swelling of reticulum-fibres and hemosiderin-deposits. More or less slight hyperplasia of histiocytes and endothel. cells of sinus-walls.

320.

Follicles: Intense diminution of follicles and hyalinous or edematous swelling of central and penicilliar arteries with intense exudative-hemorrhagic changes in follicular tissues (intense diminution of follicular lymphocytes, intense swelling of follicular tissues and more or less remarkable hemorrhages) and slight hyperplasia of histiocytes or macrophages.

Pulpa-meshes : typical perifollicular hemorrhages and intense edematous swelling of reticulum-fibres, which are degenerated into structureless

393



fibrinous hionecrotic masses. Diminution of lymphocytes in pulpa-mashes.

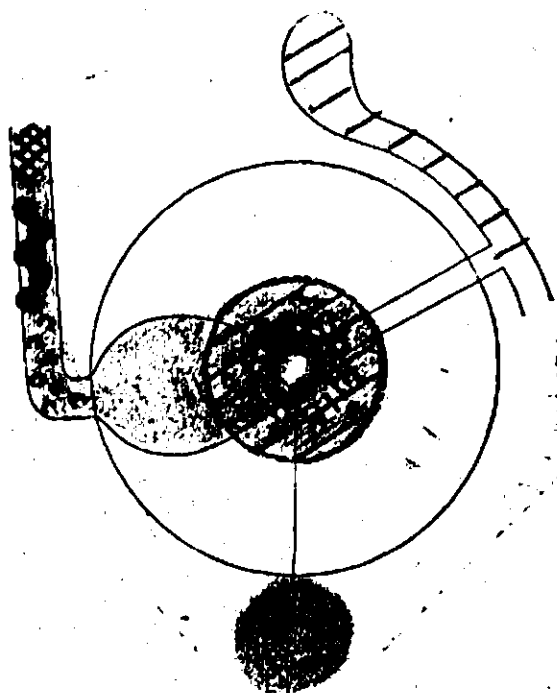
393.

Follicles : Intense diminution of follicles, which are in intense hemorrhagic and necrotic processes : severe disturbances of walls of central and penicilliar arteries with intense perivascular reactions (necrotic changes in germinative centres: severe edema, severe diffuse hemorrhages, leucocytes-emigrations and accumulations of decayed cellular masses or nuclear fragments).

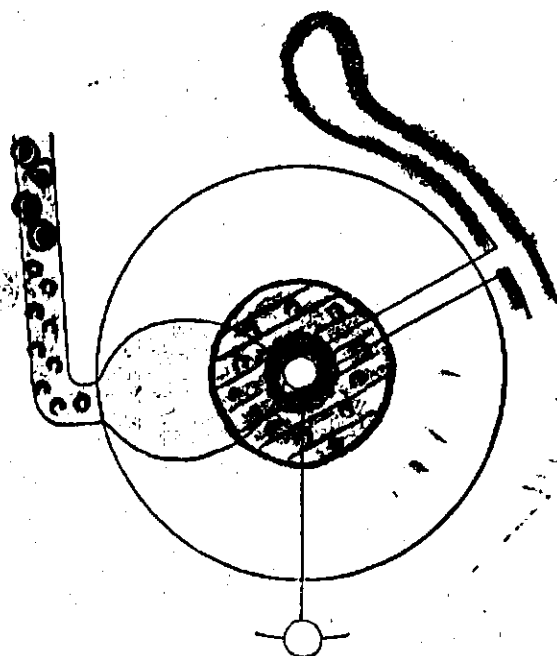
Beside these degenerative changes, it shows some proliferative changes : slight or more or less considerable hyperplasia of histiocytic cells, which fall into intense cloudy swelling. These hionecrotic follicles are bounded with slightly increased and edematously swollen bundles of perifollicular reticulum-fibres.

Pulpa-mashes : More or less considerable congestion in sinuses and haemosiderin-deposits with edematously swollen reticulum-fibres, and more or less slightly increased, but cloudy degenerated histocytic cells and some leucocytes.

397



400



Remarkable diminution of lymphocytes in pulpa-meshes.

Angio-folliculitis

Spleno-fasciculitis

397. Follicles : intense diminution of follicles, which are in intense exudative-necrotic changes: disturbances of blood-vessels, exudative-necrotic changes in germinative centres and slight hyperplasia of histiocytic cells.

Pulpa-meshes : also in degenerative-necrotic changes : severe edematous swelling, serous exudations, plenty of leucocytes-emigrations with eosinophilic cells, diminution of lymphocytes in severe degree and edematous swelling of reticulum-fibres.

Angio-folliculitis

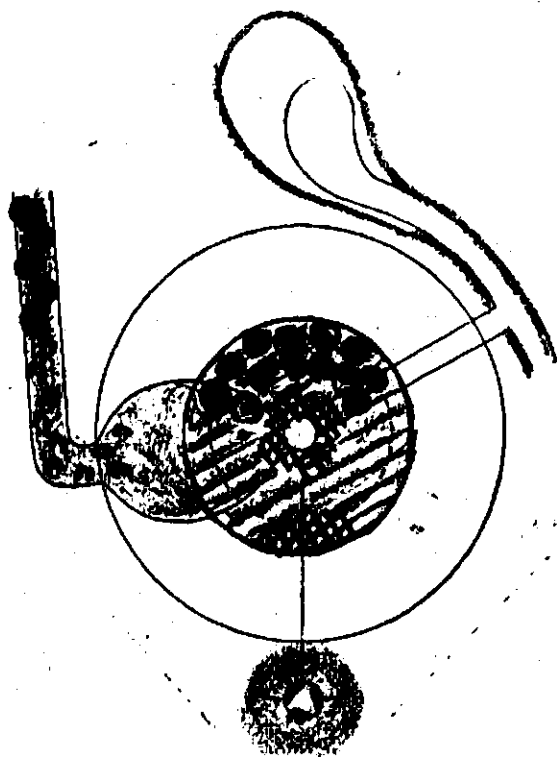
Spleno-fasciculitis

400

Intense diminution of follicles. Follicles in intense exudative-necrotic changes : disturbances of walls of central and penicilliar arteries, edematous swelling of perivascular tissues, intense diminutions of follicular lymphocytes etc.

Pulpa-meshes : also in intense exudative

403



reaction: leucocytes-emigrations in high degree with eosinophilic leucocytes and myelocytes, intense edematous swelling of reticulumfibres which degenerate furthermore into structureless masses and more or less considerable congestion of sinuses with hemosiderin-deposits.

Angio-folliculitis

Spleno-fasciculitis.

403.

Follicles : intense diminution and intense exudative changes of follicles: severe disturbances of central and penicilliar arteries, severe perivascular edema, bionecrotic processes in germative centres, accumulation of decayed cellular masses and their nuclear fragments, leucocytes-emigrations and intense diminution of follicular lymphocytes.

Beside these degenerative reactions, more or less remarkable hyperplasia of histiocytic cells which fall into considerable cloudy swelling.

pulpa-meshes : also in intense exudative changes: remarkable congestion, intense edematous swelling of reticulum-fibres and plenty of leucocytes-emigrations.

[REDACTED]

Angio-folliculitis

Spleno-fasciculitis

404

404.

Follicles : Slight diminution of follicles. Some disturbances of central and penicillar arteries with perivascular exudative changes: severe edema, slight diffuse hemorrhages and slight diminution of follicular lymphocytes. Beside these degenerative changes, it shows slight hyperplasia of histocytic cells in germinative centres with a slight tendency to proliferation of perivascular fibres.

Fulpa-meshts : Considerable congestion in sinuses with hemosiderin deposits. More or less slight hyperplasia of reticular-fibres and histocytic cells. Namely in this case, shows it rather proliferative change, instead of acute severe hemorrhagic or necrotic reactions.

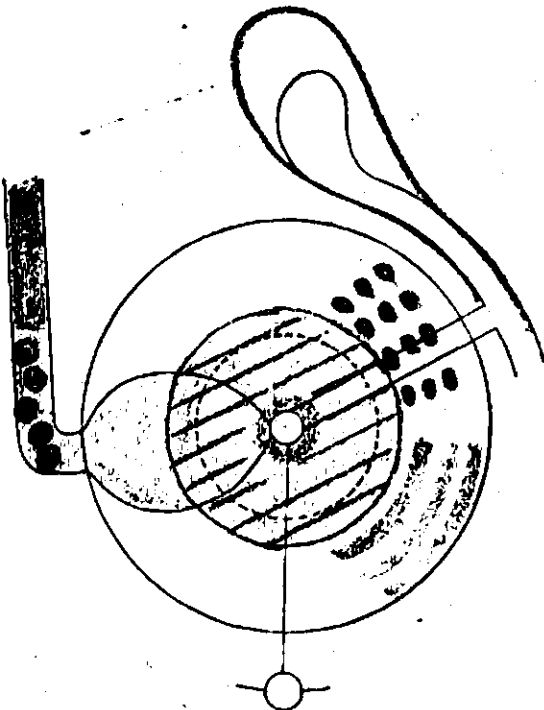
Angio-folliculitis

Spleno-fasciculitis

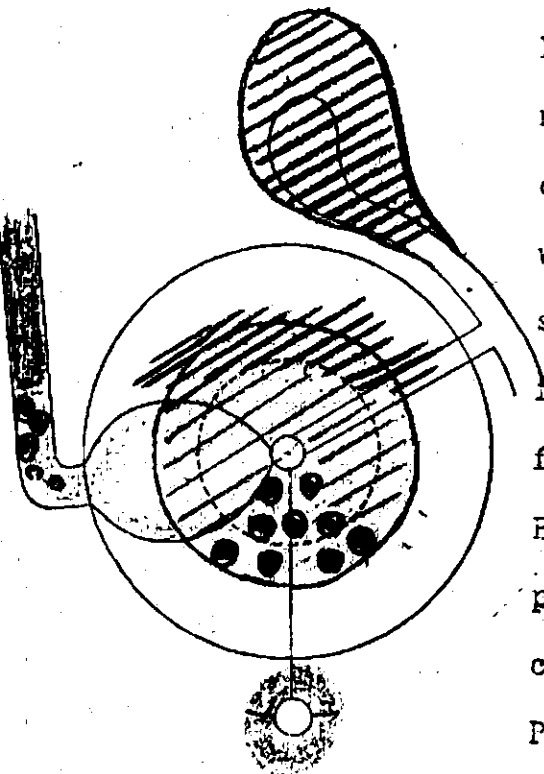
405.

Follicles : slight diminution of follicles with slight disturbances of central and penicillar arteries with some perivascular exudative changes, esp. in germinative centres, namely blonecrotic

405



407



processes in germinative centres (some decayed masses of their nuclear fragments), slight edematous swelling of follicular tissues, with slight hyperplasia of histiocytic cells.

Pulpa-meshes : Considerable congestion in sinuses and hemosiderosis with some leucocytes-emigrations. Slight hyperplasia of reticulumfibres and histiocytic cells or endothelial cells of sinus-walls (some of them in erythrocytes-phagocytosis).

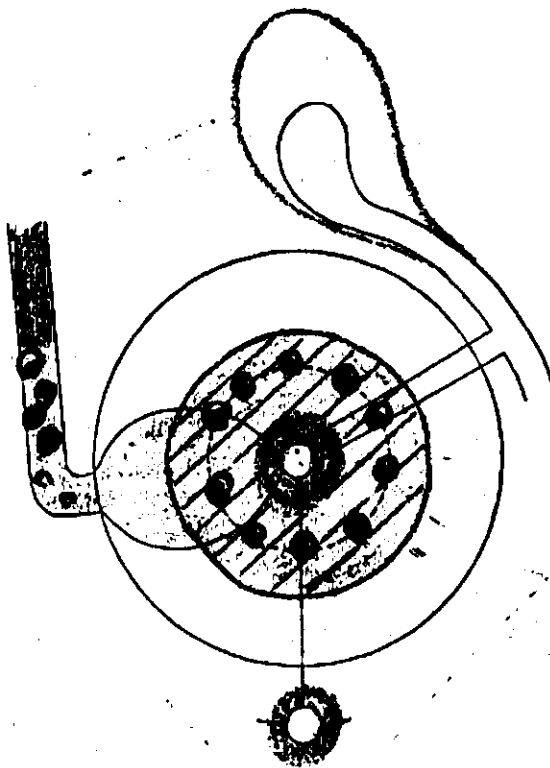
407.

Follicles: Remarkable diminution of follicles with more or less considerable hemorrhagic and exudative changes in germinative centres: disturbances of walls of central arteries. Perivascular edema, slight diffuse hemorrhages, slight diminution of follicular lymphocytes and cloudy swelling of follicular cells.

Beside these degenerative processes, remarkable hyperplasia of histiocytic cells in germinative centres.

Pulpa-meshes : In more or less considerable exudative changes: severe edematous swelling (esp. our so-called polar edema), edematous swelling of reticulum-fibres, some leucocytes emigrations (containing eosinophilic

409



[REDACTED]

[REDACTED]

leucocytes and myelocytes) and slight hyperplasia of histiocytic cells.

Angio-folliculitis

Spleno-fasciculitis

409.

Follicles : intense diminution of follicles which are in more or less remarkable exudative changes : considerable disturbances of angiovascular systems, perivascular edema or diffuse edematous swelling of follicular tissues, slight hemorrhages and more or less intense diminution of follicular lymphocytes.

Beside these degenerative changes, more or less remarkable hyperplasia of histiocytic cells in germinative centres.

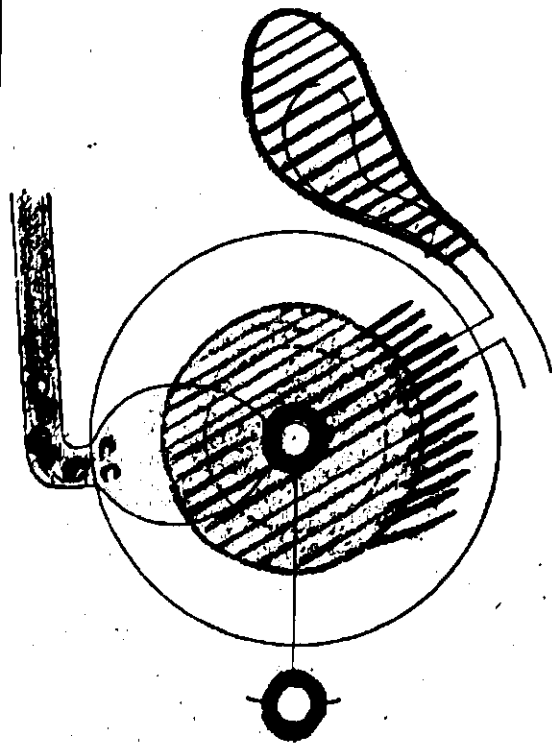
Pulpa-meshes : in remarkable exudative changes with anergic cellular reactions : intense edematous swelling esp. our so-called polar edema, bacterial accumulation in sinuses with some leucocytes-emigrations. Without any proliferative processes (no considerable hyperplastic tendency of histiocytic cells etc.).

411.

Follicles : intense diminution of follicles.

[REDACTED]

411



Hyalinous degeneration or hyalinous swelling of central arteries with slight perivascular edema, slight diffuse hemorrhages and a little leucocytes-emigrations.

Intense diminution of follicular lymphocytes.

Palpa-meshes : intense perifollicular hemorrhages and so-called blood-sea with some leucocytes-emigrations.

Intense diminution of lymphocytes in pulpa-meshes.

Without any remarkable proliferative reactions.

Histiocytic cells are not increased and more or less degenerative.

~~CONFIDENTIAL~~

S P L E E N (S U P P L E M E N T) .

18.

Extraordinary remarkable reduction of follicles and intense edematous swelling of central artery and penicillar artery-walls.

In follicles : intense roughness of basal fibres (intense edematous swelling), intense diminution of follicular lymphocytes, slight hemorrhages and slightly increased reticulum cells (some of them, in histiocytes-like form).

At polar portions : intense edematous swelling of penicillar artery-walls and considerable polar exudative changes (intense edema, congestion and some leakage of erythrocytes, in fascicular cores).

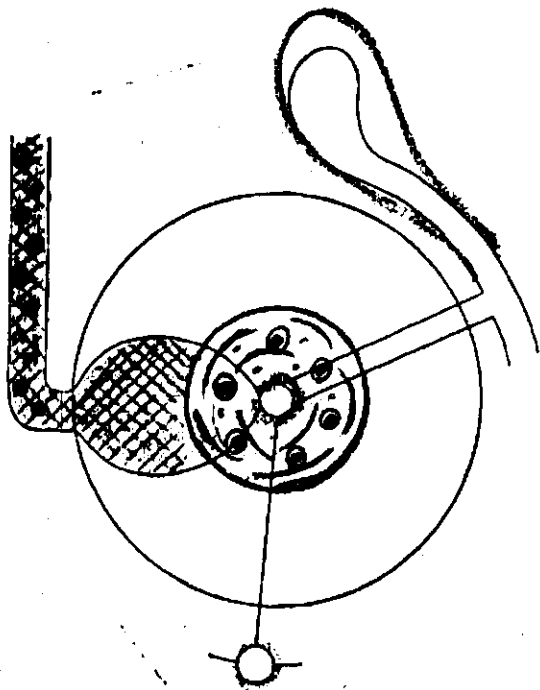
In sinuses : rather anemic and more or less remarkable swelling of reticulum-fibres with some leucocytes disseminations. Intensively degenerated reticulum-cells.

328.

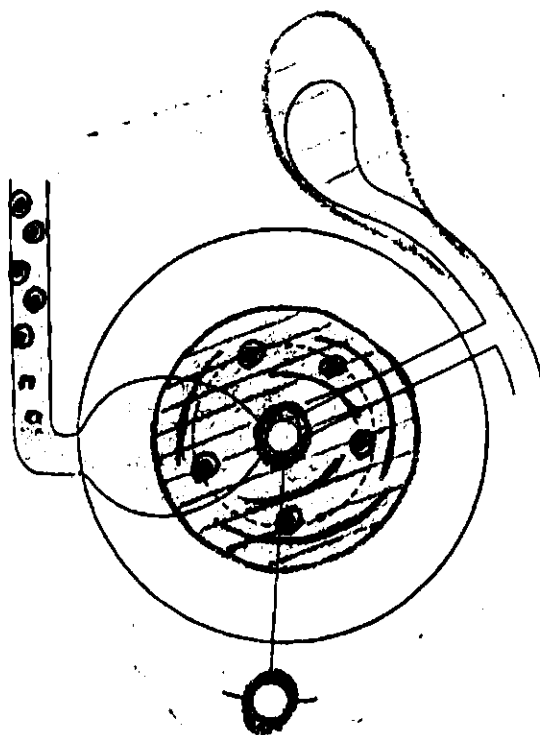
Considerable reduction of follicles and intense hyalinous degeneration and somewhat edematous swelling of central and penicillar artery-walls.

~~CONFIDENTIAL~~

225



328



~~Section 1~~
In follicles : slight swelling of basal fibres, deposits of some hyalinous masses, remarkable hyperplasia of reticulum-cells (some of them in histiocytes-like form), considerable hyperplasia of reticulum-fibres, esp. at perifollicular portions (some of them in hyalinisation) and intense diminution of follicular lymphocytes.

At polar portions : edematous swelling and some hyalinisation of penicillar arteries and considerable perifollicular congestion with some leakage of erythrocytes in fascicular cords.

In sinuses : slight or considerable congestion and some edematous swelling of walls.

In fascicular cords : slight congestion with a little leucocytes.

some (not increased) reticulum-cells in considerable cloudy swelling.

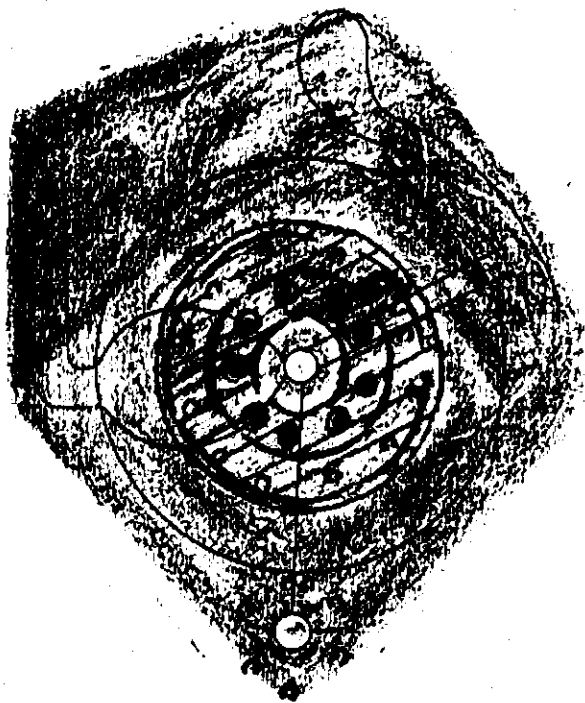
399.

Considerable reduction of follicles and intense edematous swelling (with some hyalinisation) of central artery-walls.

In follicles : intense edematous swelling (and some hyalinisation) of reticulum-cells

~~Section 2~~ 226

399



and-fibres with deposits of some hyalinous masses.

Some leucocytes-emigration in follicles with intensively swollen reticulum-cells (some of them, in macrophagen-like form).

At polar portion : intense edematous swelling of penicillar artery-walls and considerable peripolar exudative changes and some leucocytes-emigration.

In sinuses : remarkable congestion and some serous exudation with intense swelling of reticulum-fibres and sinus walls.

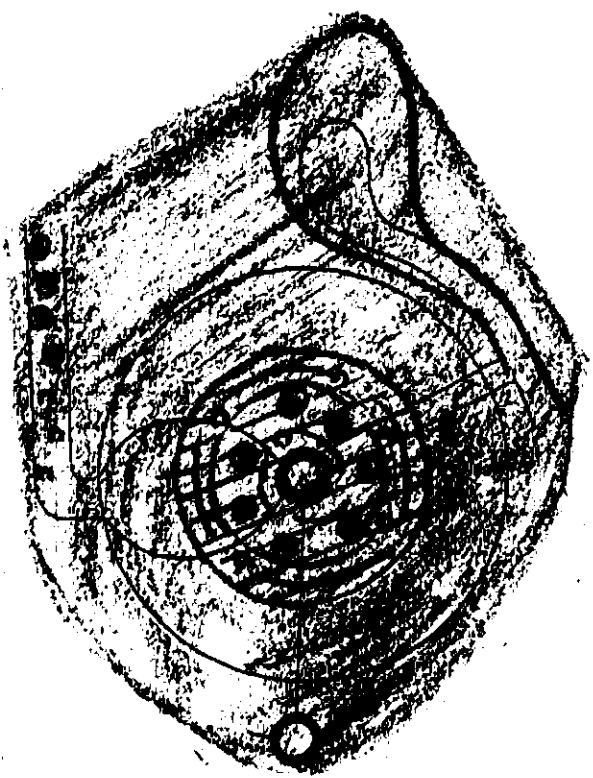
In fascicular cords : massive serous exudation , considerable leucocytes-emigration (with some myelocytes) and some degenerated swollen reticulum-cells.

401.

Intense reduction of follicles with intense roughness or edematous swelling of central artery-walls.

In follicles : considerable hyalinous roughness of basal fibres, deposits of some hyalinous masses, some hemorrhages, some edema, some leucocytes-emigration, some considerable

227



401

[REDACTED]

[REDACTED]

increased reticulum-cells (most of them, in histiocytes-like form) and considerable diminution of follicular lymphocytes.

Slight hyalinous degeneration and edematous roughness of penicillar artery-walls and some polar edema.

In sinuses : some congestion and some serous exudation with intense edematous swelling of reticulum-fibres.

In fascicular cords : some leucocytes-emigration (with a few myelocytes), with remarkable edematous swelling of reticulum-fibres and some degenerated (not increased), swollen reticulum-cells.

410.

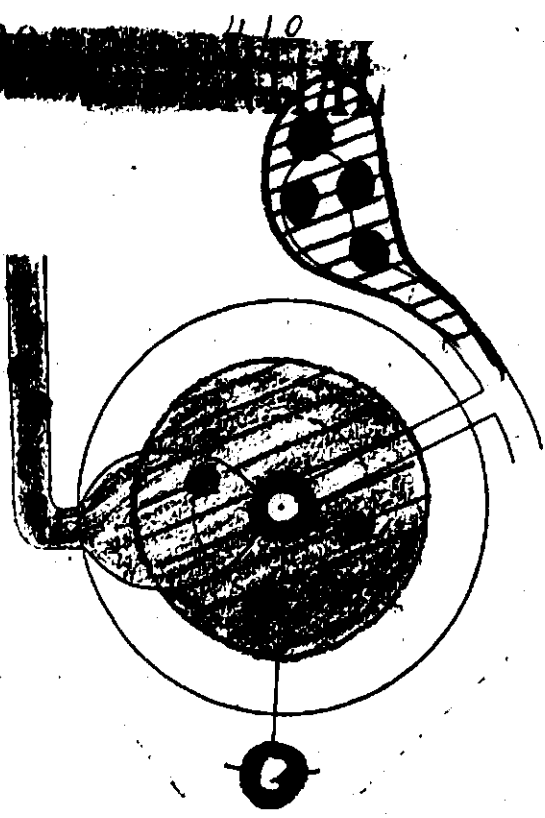
Considerable reduction of follicles and intense edematous swelling (and some hyalinisation) of central artery-walls.

In follicles : intense edematous roughness of basal fibres, deposits of some hyalinous masses, considerable hemorrhages and some slightly hyperplased, intensively degenerated reticulum-cells.

[REDACTED]

[REDACTED]

410
[REDACTED]



At polar portions : considerable edematous swelling or some hyalinisation of penicillar arteries and exudative changes.

In sinuses : remarkable congestion, massive serous fluids (some of them, in hyalinously coagulated masses) and considerable edematous swelling of sinus walls and reticulum-fibres.

In fascicular cords : massive serous fluids and remarkable congestion (leakage of erythrocytes), some leucocytes and some (not so hyperplased) reticulum-cells in intense degeneration (some of them in erythrophagy).

[REDACTED]

[REDACTED]

(B) S U M M A R Y

(I)

The birds-eye-view of all special changes of our materials are as follows:

[REDACTED]

The bird's eye view of all investigated cases.

[REDACTED]

17. Angio-Folliculitis
exsudativa. Exudative changes in severe degree.
with miliary necrosis.
with some polar edema.
with slight proliferative tendency.

Fasciculitis
exsudativa. Exudative changes in severe degree.
with miliary necrosis
in rather exudative form.
with some leucocytes dissemination.

18. Angio-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in medium degree.
with slight proliferative tendency.

Fasciculitis
exsudativa. Exudative changes in severe degree.
with leucocytes dissemination
in medium degree.
with some bionecrotic changes
in exudative form.

20. Angio-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in medium degree.
Exudative changes in medium degree.
with slight proliferative tendency.

Fasciculitis
haemorrhagico-exsudativa. Hemorrhagic changes in severe degree.
Exudative changes in medium degree.
with slight proliferative tendency.
with some leucocytes dissemination.

225. Angio-Folliculitis
haemorrhagico-exsudativa. Exudative changes in severe degree.
with some leucocyted dissemination.
with some polar hemorrhages.

Fasciculitis exsudativa. Exudative changes in severe degree.
with leucocytes dissemination
in medium degree.
with some myeloic metaplasia.

225. Angio-Folliculitis

exsudativa. Exudative changes in severe degree.
with polar edema.
with slight leucocytes dissemination.

Fasciculitis exsudativa. Exudative changes in severe degree.
with leucocytes dissemination
in medium degree.

318. Angio-Folliculitis

haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in severe degree.
with polar hemorrhages.
with some miliary necrosis.

Fasciculitis exsudativa. Exudative changes in severe degree.
with slight leucocytes dissemination.

320. Angio-Folliculitis

haemorrhagico-exsudativa. Hemorrhagic changes in severe degree.
Exudative changes in severe degree.
with slight leucocytes dissemination.
with some polar hemorrhages.

Fasciculitis exsudativa. Exudative changes in severe degree.
with some leucocytes dissemination.

325. Angio-Folliculitis

haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in severe degree.
with polar edema.
with slight proliferative tendency.

Fasciculitis exsudativa. Exudative changes in severe degree.
with some leucocytes dissemination.

328. Angio-Folliculitis

haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in medium degree.
with some polar edema.

Fasciculitis exsudativa. Exudative changes in medium degree.
with slight leucocytes dissemination.

[REDACTED]

388. Angio-Folliculitis
haemorrhagico-exsudativa.

[REDACTED]

Hemorrhagic changes in severe degree.
Exudative changes in severe degree.
with intense leucocytes dissemination.
with some polar edema and
hemorrhages.
with some polar miliary necrosis and
some milairy bionecrosis in
foll cular tissues.
Exudative changes in severe degree.
with leucocytes dissemination
in medium degree.

390. Angio-Folliculitis
haemorrhagico-exsudativa.

Hemorrhagic changes in severe degree.
Exudative changes in severe degree.
with some polar hemorrhages.
with some leucocytes dissemination.
in medium degree.

Fasciculitis
haemorrhagico-exsudativa.

Hemorrhagic changes in medium degree.
Exudative changes in severe degree.
with leucocytes dissemination
in medium degree.

393. Angio-Folliculitis
haemorrhagico-exsudativa.

Hemorrhagic changes in slight degree.
Exudative changes in severe degree.
with some bionecrotic chages.
with leucocytes disseminat on
in medium degree.

Fasciculitis exsudativa.

Exudative changes in medium degree.
with intense leucocytes disseminat on.

397. Angio-Folliculitis exsudativa. Exudative changes in severe degree.
with some polar edema.
with some bionecrotic changes.
with some polar miliary bionecrosis.

Easciculitis-exsudativa.

Exudative changes in severe degree.
with some leucocytes dissemin/nation.

- [REDACTED]
- [REDACTED]
399. Anglo-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in severe degree.
Exudative changes in severe degree.
with some leucocytes dissemination.
- Fasciculitis
haemorrhagico-exsudativa. Hemorrhagic changes in severe degree.
Exudative changes in severe degree.
with intense leucocytes dissemination.
with some myeloid metaplasia.
-

400. Anglo-Folliculitis
exsudativa. Exudative changes in severe degree.
with some polar edema.
with slight leucocytes dissemination.
- Fasciculitis exsudativa. Exudative changes in severe degree.
with intense leucocytes dissemination.
with some myeloid metaplasia.
-

401. Anglo-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in medium degree.
Exudative changes in severe degree.
with slight proliferative tendency.
- Fasciculitis exsudativa. Exudative changes in medium degree.
with slight proliferative tendency.
-

403. Anglo-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in medium degree.
Exudative changes in severe degree.
with slight proliferative tendency.
with some polar edema.
with slight leucocytes dissemination.
with some necrosis and bionecrosis.
- Fasciculitis exsudativa. Exudative changes in severe degree.
with some leucocytes dissemination.
-

405. Anglo-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in severe degree.
with some bionecrosis.
with some polar edema.
with some polar hemorrhages.
- [REDACTED]

[REDACTED]

[REDACTED]

Fasciculitis exsudativa. Exudative changes in severe degree.
with slight proliferative tendency.

407. Angio-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in severe degree.
with some polar edema.
with slight proliferative tendency.

Fasculitis exsudativa. Exudative changes in severe degree.
with slight proliferative tendency.

409. Angio-Folliculitis
exsudativa. Exudative changes in severe degree.
with some polar edema.
with slight proliferative tendency.

Fasculitis exsudativa. Exudative changes in severe degree.
with some leucocytes dissemination.
with some myeloid metaplasia.

410. Angio-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in medium degree.
Exudative changes in severe degree.

Fasculitis exsudativa. Exudative changes in severe degree.

411. Angio-Folliculitis
haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in medium degree.

Fasculitis
haemorrhagico-exsudativa. Hemorrhagic changes in slight degree.
Exudative changes in medium degree.

[REDACTED]

(2) [REDACTED]

A). Disturbances of follicles.

I). Disturbances of A. centralis.

Hyalinous or edematous swelling of walls of A. centralis.

in slight degree.	0	cases.
in medium degree.	5	cases.
in severe degree.	18	
(necrotic swelling).		cases.

2) Disturbances of perivascular and follicular tissues.

Angio-folliculitis exsudativa. 23 cases.

in slight degree. (Edema in perivascular tissues).	0	cases.
in medium degree.	3	cases.
in severe degree. (Diffuse edema in follicular tissues).	20	cases.

Angio-folliculitis haemorrhagico-exsudativa.

(Angio-folliculitis exsudativa with hemorrhages).

17 cases.

in slight degree.	9	cases.
in medium degree.	5	cases.
in severe degree.	3	cases.

[REDACTED]

[REDACTED]

Angio-folliculitis exsudativa with leucocytes-emigrations.

11	cases.
in slight degree.	8 cases.
in medium degree.	2 cases.
in severe degree.	1 cases.
with myeloid metaplasia.	0 cases.

Angio-folliculitis cum necrosis miliaris.

7	cases.
in exudative form.	1 cases.
in exudative-hemorrhagic form .	5 cases.
in exudative form but with slight proliferative tendency.	1 cases.

Angio-folliculitis with remarkable our so-called "polar changes".

20	cases.
with remarkable polar edema.	12 cases.
with remarkable polar hemorrhages.	6 cases.
with some polar miliary necrosis.	2 cases.
with considerable polar plasma-cell-reactions.	0 cases.

Angio-folliculitis exsudativa with slight proliferative tendency.

8	cases.

[REDACTED]

B). Disturbances of Billoth's cords.

3) Disturbances of Pulpa-mesh.

[REDACTED]

Fasciculitis exsudativa.	23	cases.
in slight degree.	0	cases.
in medium degree.	5	cases.
in severe degree.	18	cases.

Fasciculitis exsudativa with so-called "blood-sea".

(Fasciculitis haemorrhagico-exsudativa).

	4	cases.
in slight degree.	1	cases.
in medium degree.	1	cases.
in severe degree.	2	cases.
with myeloid metaplasia.	6	cases.

Fasciculitis exsudativa with leucocytes-disseminations.

(Fasciculitis sero-purulenta or haemorrhagico-

purulenta).

	18	cases.
in slight degree.	8	cases.
in medium degree.	6	cases.
in severe degree.	4	cases.
with myeloid metaplasia.	6	cases.

[REDACTED]

[REDACTED]

Fasciculitis exsudativa with multiple miliary necrosis.

2 cases.

in slight exudative form.	20	cases.
in considerable exudative form.	0	cases.
in severe exudative form.	2	cases.
in exudative-hemorrhagic form.	0	cases.
in exudative, but with slight proliferative tendency.	0	cases.

Fasciculitis exsudativa with slight proliferative tendency.

4 cases.

C) Classification of splenal changes, according to "Folliculo-Fasciculitis"-concept, so as "Glomerulo-Nephrosis" in Kidney.

4) Disturbances of splenon, as functional-anatomical unit of spleen.

Folliculo-Fasciculitis exsudativa.

23 cases.

in slight degree.	0	cases.
in medial degree.	3	cases.
in severe degree.	20	cases.

Folliculo-Fasciculitis haemorrhagico-exsudativa.

17 cases.

in slight degree.	9	cases.
in medial degree.	5	cases.
in severe degree.	3	cases.

Folliculo-Fasciculitis sero-purulenta or haemorrhagico-purulenta. (with leucocytes-disseminations).

18 cases.

in slight degree.	8	cases.
in medium degree.	5	cases.
in severe degree.	5	cases.
with myeloid metaplasia.	6	cases.

Folliculo-Fasciculitis cum necrosis miliaris.

8 cases.

in slight exudative form.	0	cases.
in medium exudative form.	0	cases.
in severe exudative form.	2	cases.
in hemorrhagico-exudative form.	5	cases.
in exudative form, but with slight proliferative tendency.	1	cases.

[REDACTED]

[REDACTED]

Folliculo-Fasciculitis exsudativa with slight proliferative
tendency. 9 cases.

oooo oooo oooo oooo oooo

Distributions and frequencies of pathological changes in every
sections of splenon are as above described.

The main pathological findings are severe exudative or hemorrhagic-exu-
dative changes, accompanied sometimes with remarkable Anthrax-knots for-
mations.

SPLEEN

		17	18	26	A	B	225	318	320	325	328	388	390	393	397	399	400	401	403	404	405	407	409	410	411
Capsule	Thickness	++	++	N	+	++	++	++	++	++	++	++	+	++	(H)	++	++	++	++	++	++	++	++	++	++
	Curve	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trabeculae	Thickness	++	++	+	+	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Blood Vessels	+	+	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Congestion	+	+	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Swelling of Walls	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Loosening of walls	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
Reticulum	Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyperplasia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyperplasia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Reticular Cells	in Follicles	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	perifollicular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	peritrabecular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicles	Size	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)	(H)
	Number	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Decrease of Lymphocytes	(H)	(H)	+	+	(H)	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	in Follicles	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	perifollicular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	in Follicles	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	perifollicular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Histiocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	in Follicles	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	perifollicular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Central Artery	Endothelium	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyperplasia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Desquamation	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Walls	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Venous Sinuses	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Loosening	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyaline Degeneration	(H)	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Exist of Germinal Center	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Necrosis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	central	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	peripheral	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Width	++	++	+	+	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++
	Cavernous Sinuses	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cellular Inclusion	Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Histiocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Cells	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Endothelium	Resolution	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Phagocytosis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Necrosis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Billroth's Cord	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Plasma Cells	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Macrophages	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Reticular Cells	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pigmentation		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

[REDACTED]

Angio-folliculitis exsudativa .
Edematous swelling of central artery
wall.

Some leucocytes dissemination, some
edematous swelling and some increased
reticulum cells (in histiocytes-form) ..



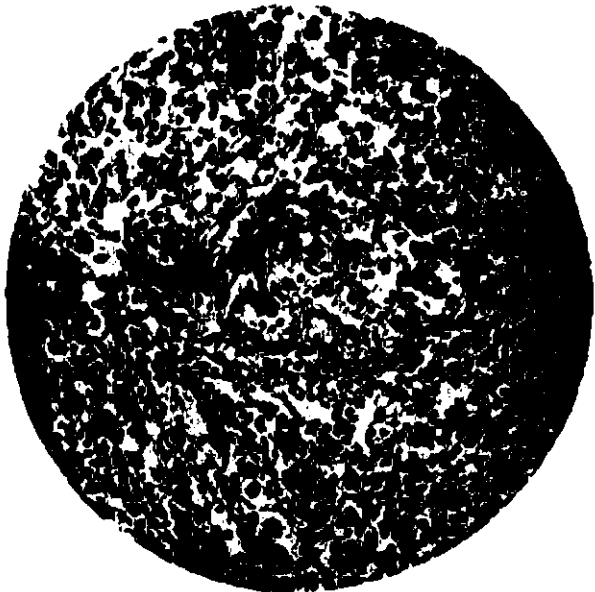
M 325

210

Angio-folliculitis exsudativa.
Edematous swelling of central artery
wall.

Some edema, some leucocytes and some
increased reticulum cells (in
macrophagen-form).

Histiocytes



M 325

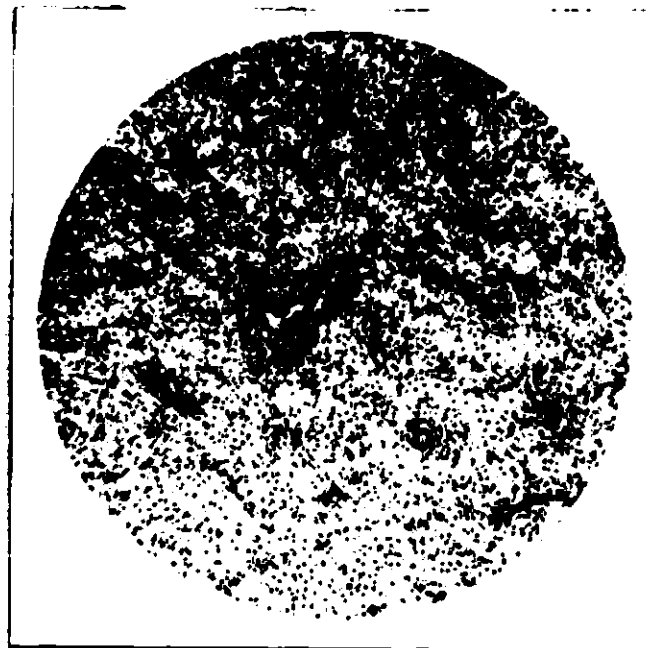
210

[REDACTED] 243

[REDACTED]

Folliculitis exsudativa, with
hyalinous swelling of central
artery and intense edematous
swelling of follicular tissues.

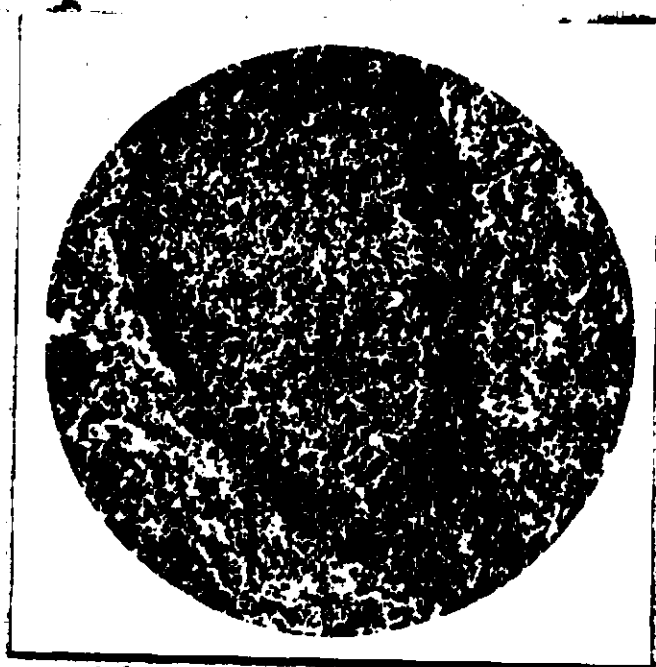
[REDACTED]



M. 326

X 150

Folliculitis exsudativa, with
intense bionecrotic changes
all over the follicular tissues
and intense edematous swelling of
central artery walls.



M 393

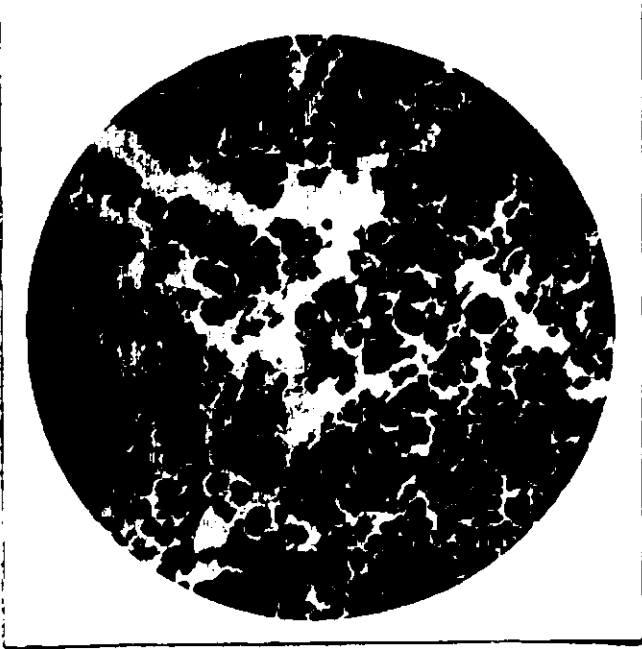
x 100

[REDACTED] 244

[REDACTED]

Hyaline droplets in sinuses.

[REDACTED]



M 410 270.

Hyaline droplets in sinuses.

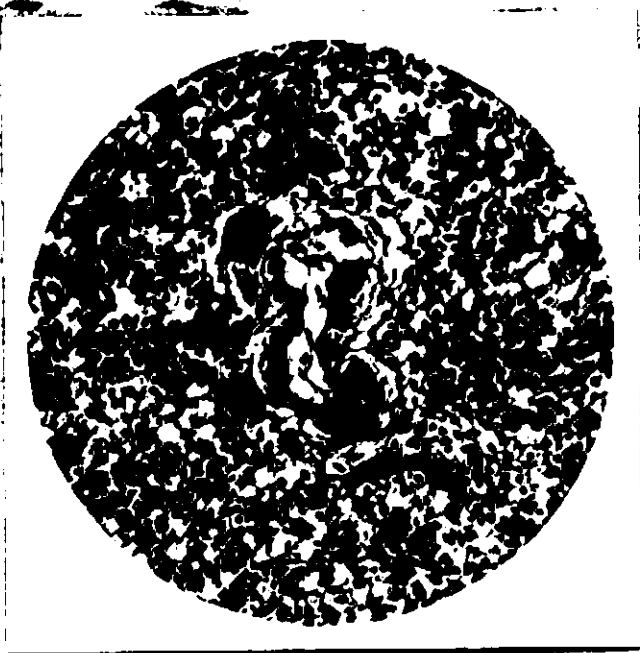


M 407 300.

[REDACTED] 245

[REDACTED]

Hyaline swelling of central artery wall.



M411

X263

Hyaline swelling of central and penicillar arteries wall.



M411

X130

[REDACTED] 246

[REDACTED]

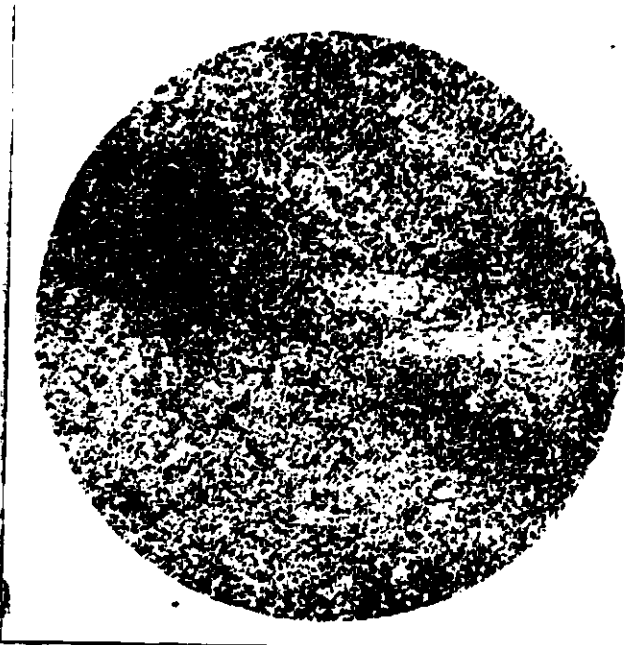
Folliculitiw haemorrhagica,
with some hemorrhagic changes
on follicles and some hemorrhages
at perifollicular portion.



M 338

x17.

Folliculitis haemorrhagica,
with some hemorrhages in follicle
and perifollicular tissues.



[REDACTED]

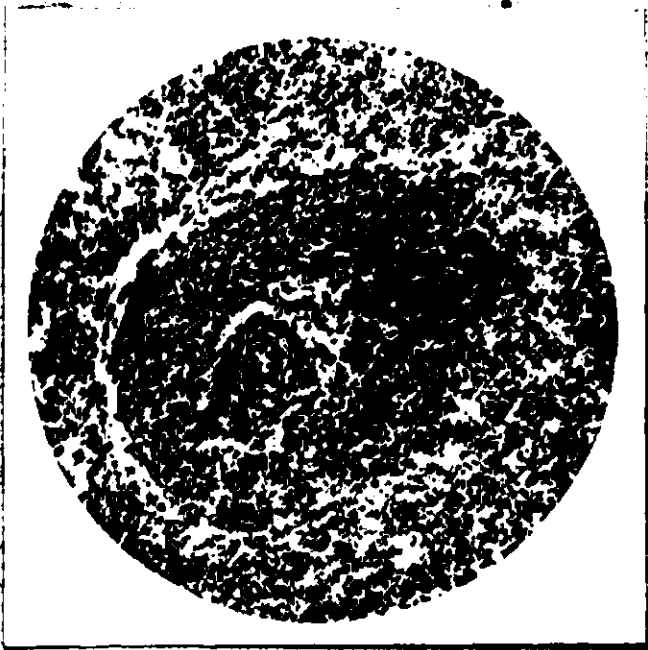
247 M 388

x17.

[REDACTED]

Our so-called Angio-folliculitis
haemorrhagico-exsudativa, with
diffuse edema and hemorrhages in
germinative center.

[REDACTED]



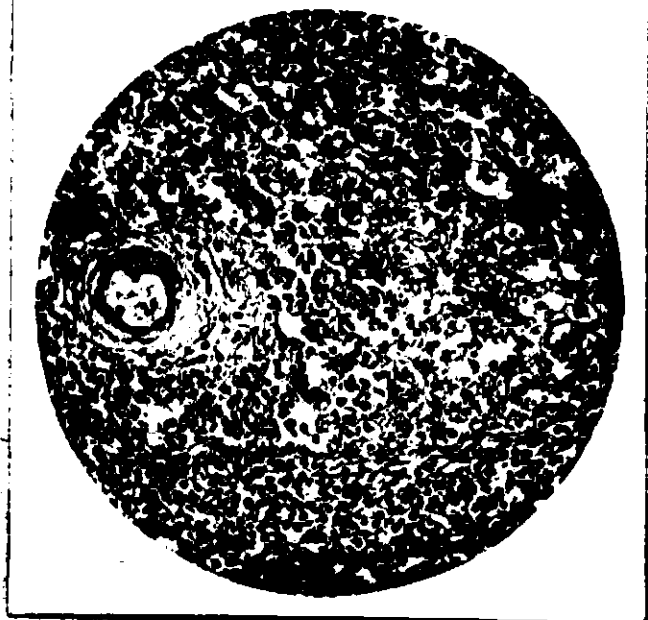
M 393.

100

Edematous swelling of wall of penicillar
artery.

Intense edematous swelling and necrotic
changes in follicular tissues, esp.

around penicillar artery.



M 318.

200

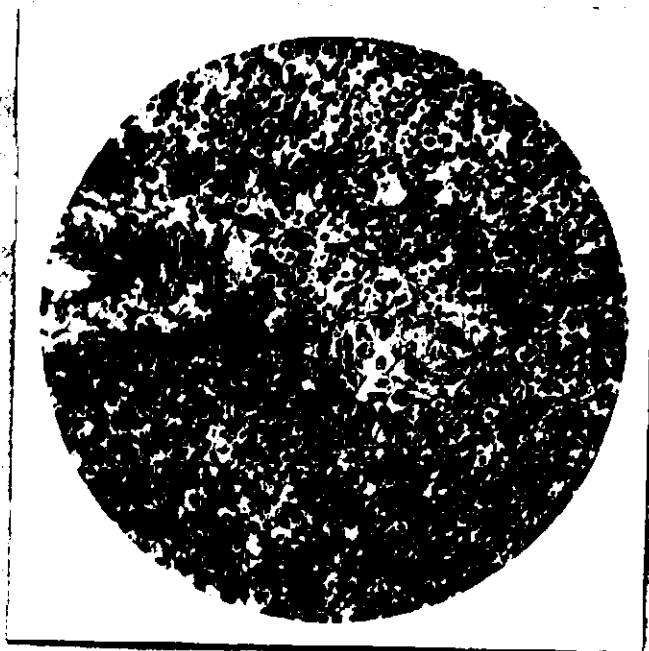
[REDACTED]

248

[REDACTED]

Angio-folliculitis exsudativa with
some increased reticulum cells
(in macrophagen-form).

[REDACTED]



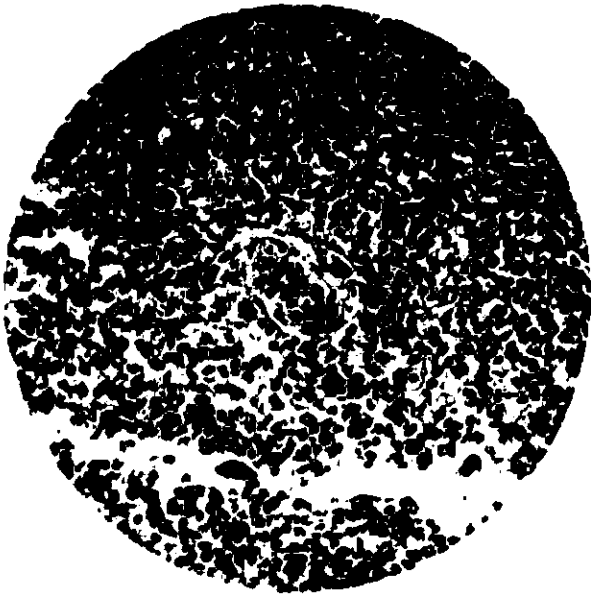
M. 26.

X210

[REDACTED]

Proliferative reaction at polar portion.
Some increased reticulum cells.

[REDACTED]



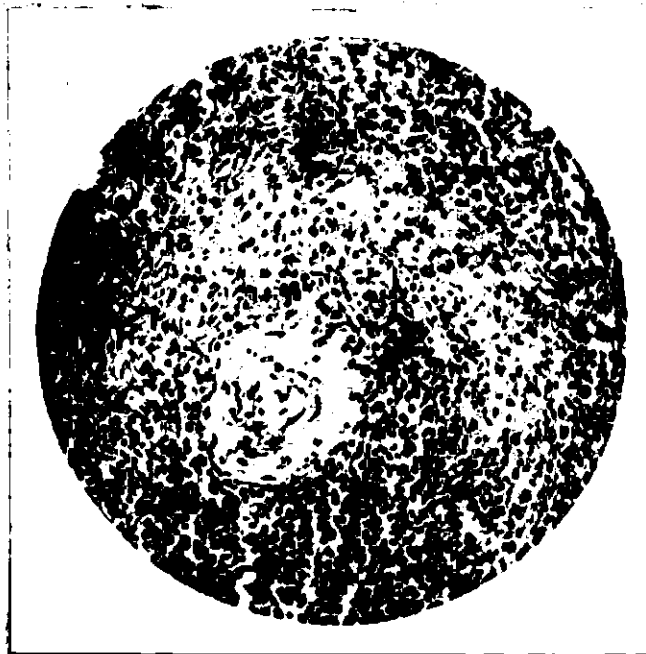
M388

260

[REDACTED]

Swelling and slight hyperplasia
of reticulum fibres at peri-
follicular portion.

[REDACTED]



M 405

X 200

Proliferation of reticulum cells
at perifollicular portion.



M 407

X 200

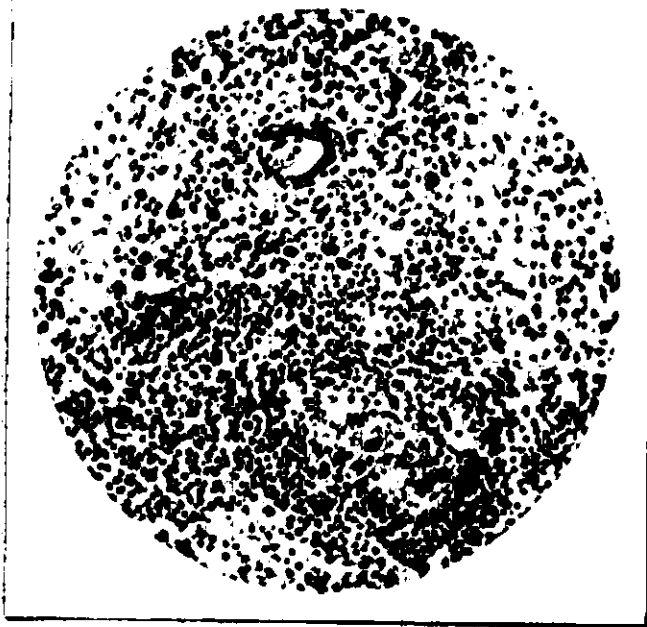
is
evidence of a hyperplastic reaction of

[REDACTED]

251

[REDACTED]

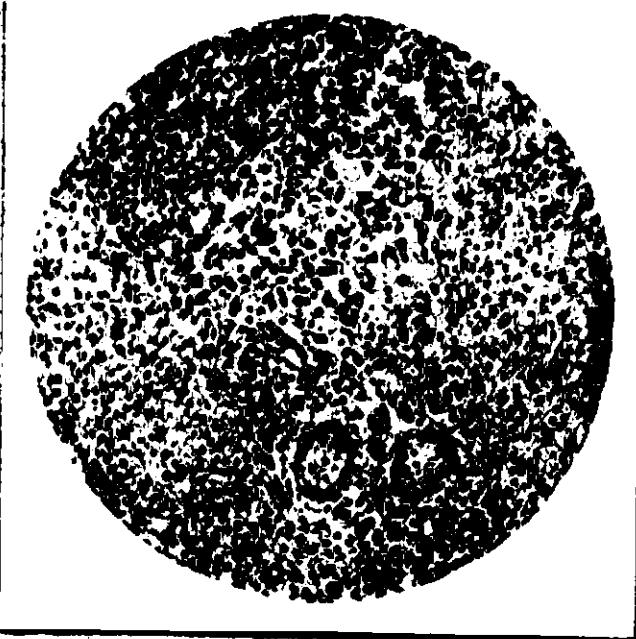
Our so-called Angio-folliculitis
exudativa, accompanied with many
increased reticulum cells (in macro-
phages-form). [REDACTED]



M. 403

X200

Our so-called Angio-folliculitis
exudativa, accompanied with many
increased reticulum cells.
Edematous swelling of central artery
wall.
Edematous swelling, some leucocytes
dissemination and some increased
reticulum cells in follicular tissues.

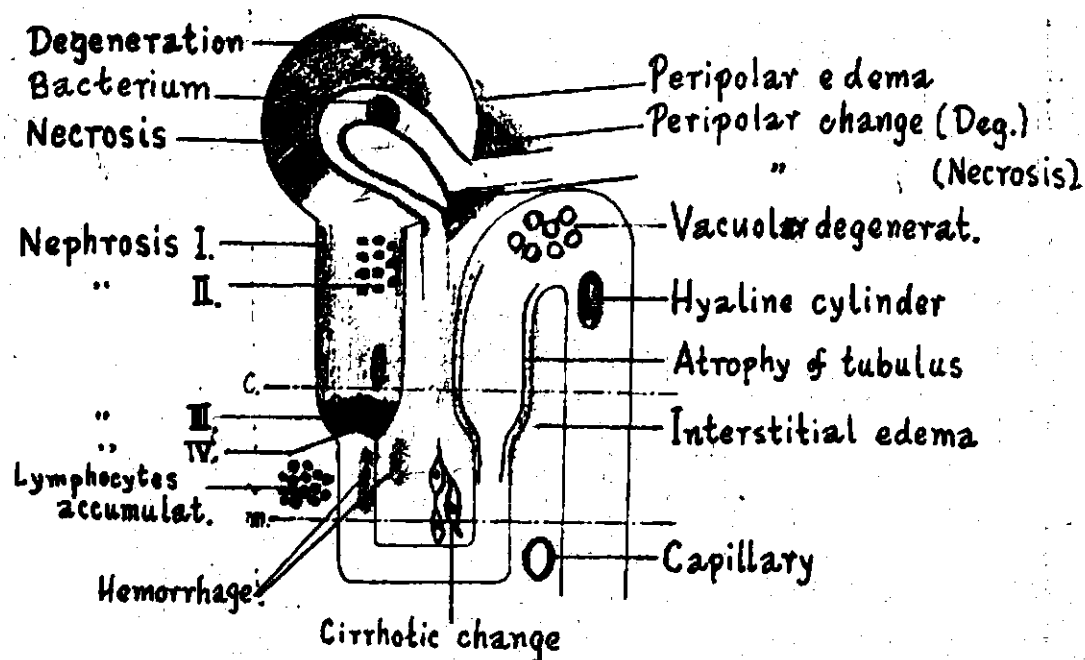


M. 403

X200

[REDACTED]

Kidney

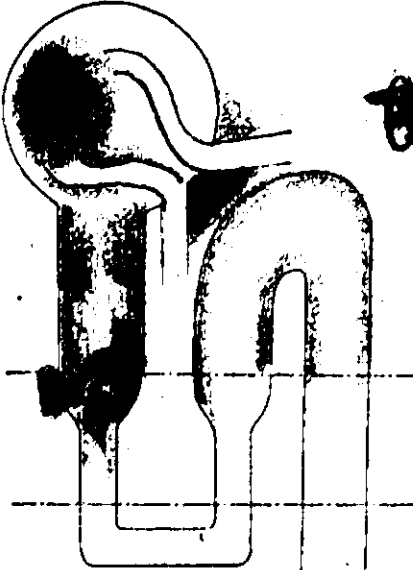


[REDACTED]

[REDACTED]

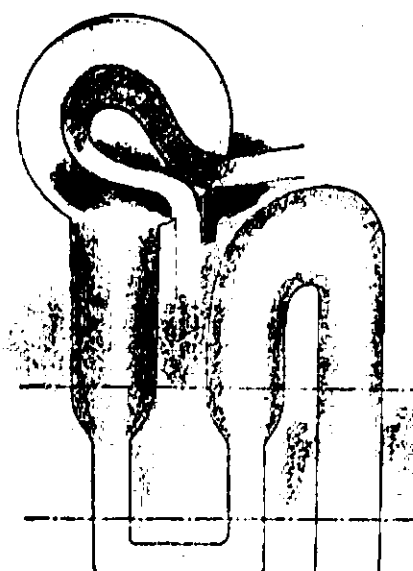
K I D N E Y.

(A) Microscop. Investigation.



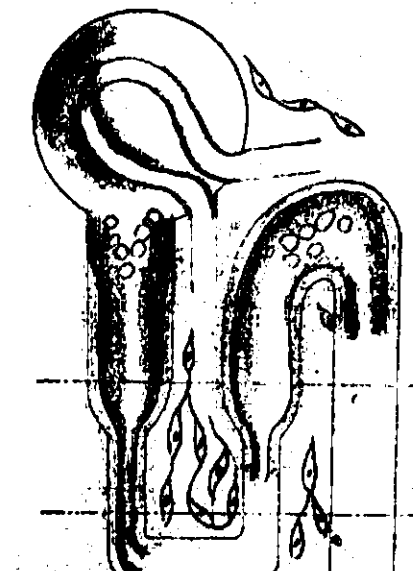
17.

Considerable Glomerulo-nephrosis (glomerulus mainly in rather degenerative form), with slight our so-called peripolar changes and Nephrosis in I. stage, at some places in III. stage with hemorrhages.



26.

Slight Glomerulo-nephrosis (mainly in acute hyperemic form, some in degenerative form) with slight our so-called peripolar changes and Nephrosis in I. stage with slight, at some places remarkable interstitial edema.

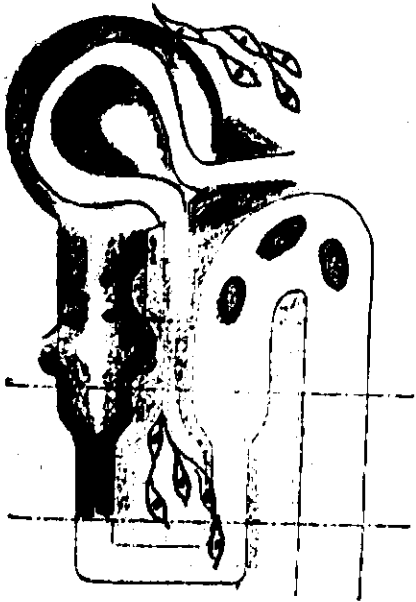


54.

Slight Glomerulo-nephrosis (mainly in degenerative form) with slight peripolar changes and Nephrosis in I. stage with rather atrophic glandular cells, and at some places remarkable vacuolar degeneration of glandular cells.

Considerable interstitial edema and slight cirrhotic changes with slight increase of connective tissues at subcapsular portions.

[REDACTED] R64



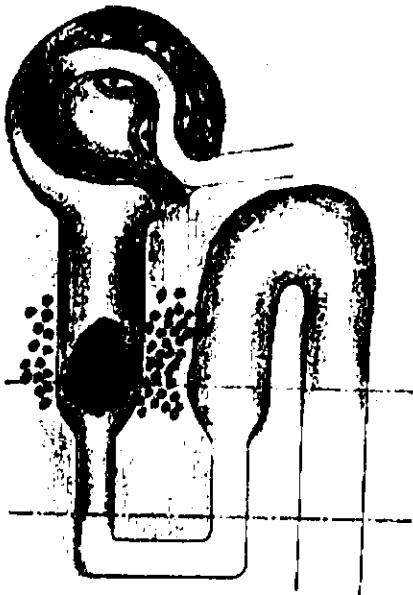
225.

Considerable Glomerulo-nephrosis (mainly in rather degenerative form). Some glomerular loops and Bowman's capsules in hyaline degeneration, with considerable our so-called peripolar changes.

Nephrosis in I. stage and at some places in III. stage with some hyaline-droplets-degenerations.

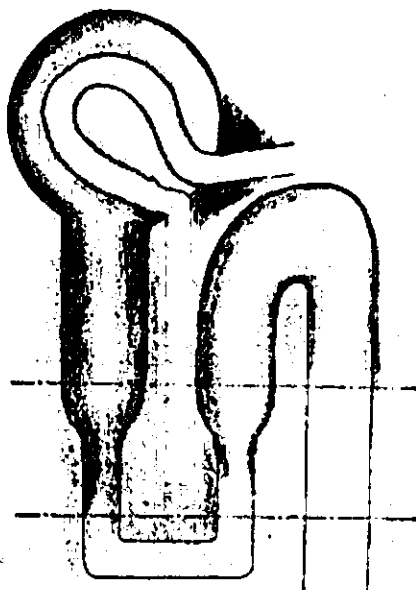
Considerable interstitial edema and slight cirrhotic changes of interstitial tissues with some large hyaline cylinders at some places, and some necrotic desolation of tubular epitheliums at some places.

213.



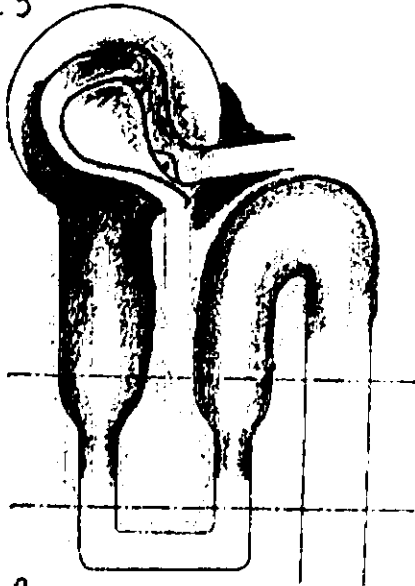
Slight Glomerulo-nephrosis (mainly in acute hyperemic form, some glomeruli in hyaline cirrhosis) and Nephrosis in I. stage, at some places in III. stage with some round-cell-accumulations and considerable edema in interstitial tissues.

320.



Considerable Glomerulo-nephrosis (mainly in acute exudative form) with slight our so-called peripolar changes and Nephrosis in I. stage with considerable, at some places remarkable interstitial edema (Nephritis serosa).

325



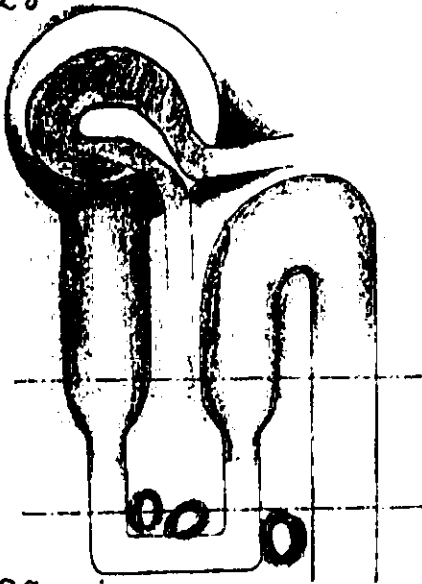
325.

Considerable Glomerulo-nephrosis (mainly in acute stimulated form and some glomeruli in degenerative form) with slight our so-called peripolar changes and Nephrosis in I. stage with considerable interstitial edema.

328.

Slight Glomerulo-nephrosis (mainly in acute hyperemic form, some in degenerative form), with slight peripolar changes and Nephrosis in I. stage with considerable interstitial edema and slight necrotic changens of medullar capillary walls.

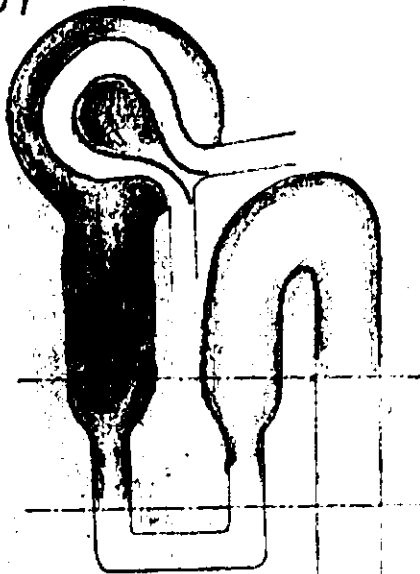
328



389.

Slight Glomerulo-nephrosis (mainly in degenerative form) with slight peripolar changes and Nephrosis in I. stage and at some places in III. stage with considerable, interstitial edema and hyaline-necrotic changes of tubulus contortus I.

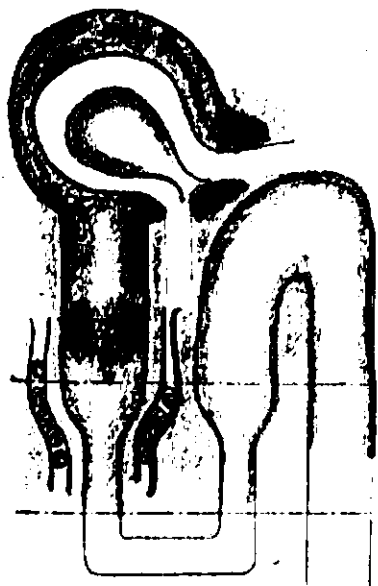
389



393.

Considerable or slight Glomerulo-nephrosis (mainly in acute stimulated form) with slight peripolar changes and Nephrosis in I. stage, at some places in III. stage with considerable interstitial edema.

393



396.

Slight Glomerulo-nephrosis (mainly in degerative form) with slight peripolar change and Nephrosis in I. stage, at some places in III. stage with considerable interstitial edema, accompanied with some leucocytes as capillaries contents.

399.

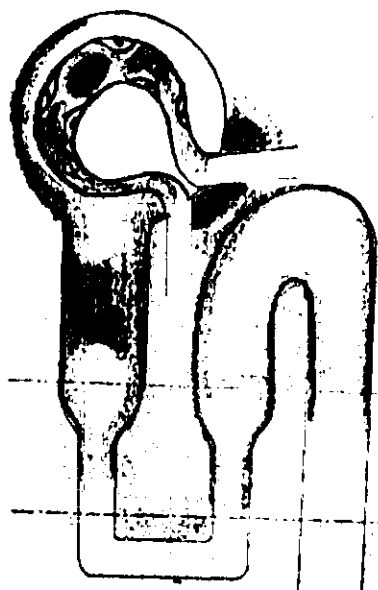
Slight Glomerulo-nephrosis in acute stimulated form with some bacterial and fibrinous masses in glomerular loops and slight peripolar changes. Nephrosis in I st stage with considerable interstitial edema and some round cell-accumulation in interstitial tissues.

Glomerulogenous erytherocytic cylinders in tubular spaces.

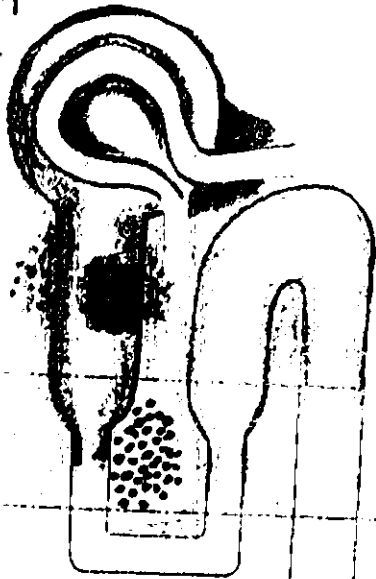
403.

Slight Glomerulo-nephrosis (in stimulated form) with bacterial and fibrinous masses in glomerular loops and slight peripolar changes.

Nephrosis in I st stage, at some places in III rd stage with considerable interstitial edema.



404



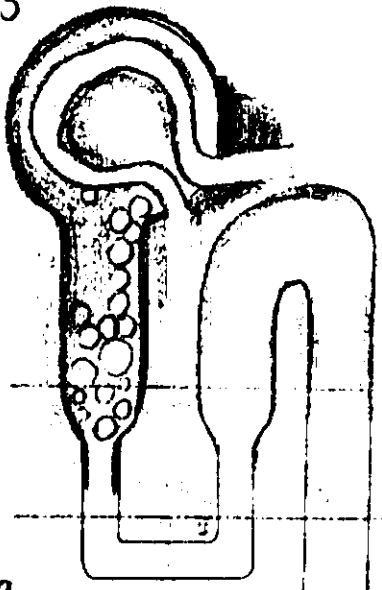
404.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st or at some places in III rd stage with considerable interstitial edema and some round-cell-accumulations at cortico-medullar boundary.

405.

Slight glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage with extremely severe vacuolar degenerations of tubulus contortus I. and considerable interstitial edema.

405



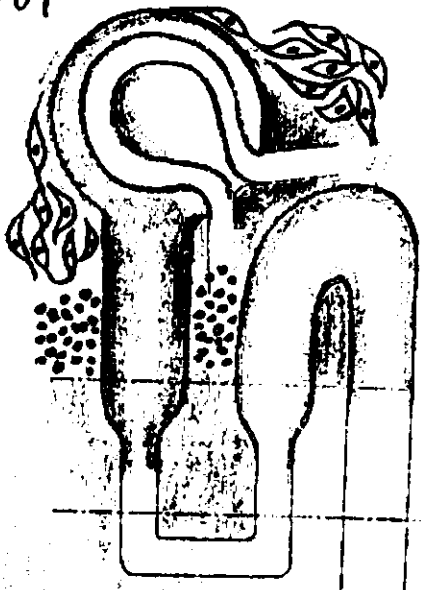
407.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage with considerable interstitial edema.

409.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage with considerable interstitial edema, some round-cell-accumulations at some places and miliary cirrhotic portions in cortex.

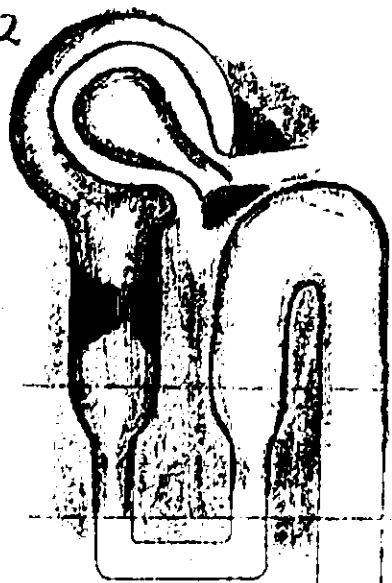
409



411.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage with considerable interstitial edema and extremely severe vacuolar

412

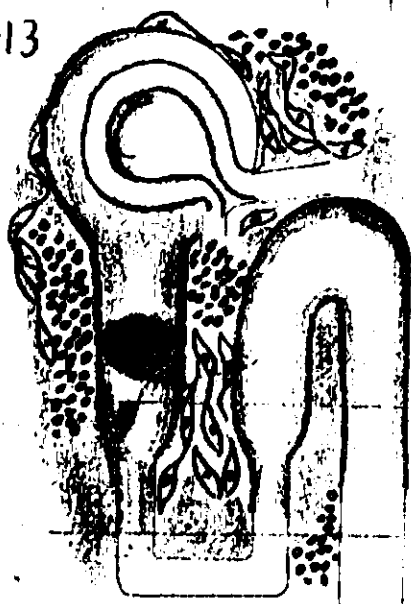


degeneration of tubular epitheliums at subcapsular portions.

412.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st or at some places in III rd stage with considerable or remarkable interstitial edema.

413



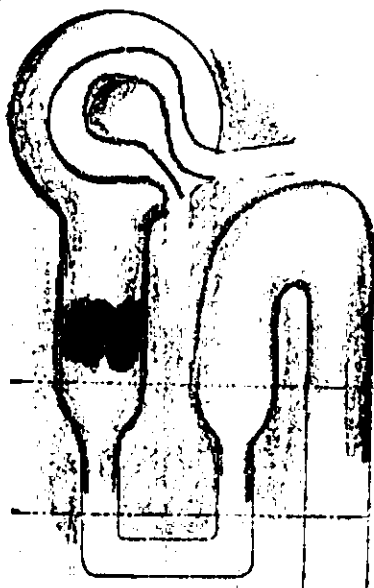
413.

Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage or at some places in III rd stage.

At some places, Nephritis interstitialis subacuta with massive round-cell-accumulations, considerable edema and considerable hyperplasia of connective tissues in interstitiums.

417.

417



Slight Glomerulo-nephrosis with slight peripolar changes and Nephrosis in I st stage or at some places III rd stage with considerable interstitial edema.

[REDACTED]

S U M M A R Y

[REDACTED]

A) Tubular changes:

Generally occurred more or less intense cloudy swelling of tubular epitheliums with some various cylinders in tubular spaces.

Nephrosis in I. degree. 24 cases.

in II. degree. 5 cases.

in III. degree.

with some hyaline swelling,
2 cases.

with some necrotic changes,
3 cases.

All investigated 34 cases.

Tubular contents:

	Protein- masses.	Hyaline subst.
in slight degree	8	0
in medium degree	15	18
in severe degree	I	I

B) Glomerular changes :

Generally occurred some glomerular changes : Glomerulo-nephrosis, Randerath's, with some edematous swelling of capillary walls of

[REDACTED]

glomerular loops, swelling or slight increase of ~~endothelial cells~~ and some serous exsudation in Bowmann's spaces.

Glomerulo-nephrosis

in very slight degree ()	19 cases.
in slight degree ()	4 cases.
in medium degree ()	1 cases.

Polar changes :

in very slight degree.	10 cases.
in slight degree.	13 cases.
in medium degree.	1 cases.

O) Interstitium.

Generally with more or less intense edema, sometimes with some heemorrhages and sometimes with some round cell accumulation in interstiums.

A few cases with some signs of Nephritis interstitialis subchronica.

Haemorrhages.

	cortical	medullary tissues.

in slight degree	2	0
in medium degree,	0	0
in severe degree.	0	0

[REDACTED]

On polar changes :

Only so-called polar portions of kidney fall within like periglomerular areas at afferent portions of blood-vessels, bounded with 2 blood-vessels (V.afferens and defferens) and intercalary portion of tubulus and equipped with special cellular arrangements with neuro-myo-angio-epithelial segments, which belong to so-called diffuse endocrine system.

These areas are very chemoreceptoric, and able to regulate blood-quantity in glomeruli and furthermore favorite-seats of various inflammatory changes.

Noxae, advanced hemotogenously to kidney, cause inflammatory changes firstly at afferent portions, due to their chemoreceptoric properties, then at glomeruli and sometimes at V. defferens.

Thus occurred inflammatory changes angio-vasculally at perivascular portions in Δ -areas.

These noxae are filtrated at glomerular loops, then excreted in tubulus with nephrosis and some of them absorbed again mainly at intercalary portions of tubulus, accompanied with considerable degeneration of tubular epithelial cells and some peritubular inflammatory changes in neighbouring Δ -areas.

Thus occurred inflammatory changes epitheliogenously at peritubular portions in Δ -areas.

Δ -areas are very sensitive to inflammatory changes, which occurred in 2 manners, a) angiovasculally at perivascular portions with mesenchymal reactions and b) epitheliogenously at peritubular portions with epitheliogenous reactions and accompanied with various complicated changes, due to chemoreceptoric and regenerative properties of these

[REDACTED]

intercalary portions.

[REDACTED]

In -areas, inflammatory changes apt to be occurred and if occurred, in 2 manners, not only with mesenchymal reactions, but also with epitheliogenous reactions.

Such special cellular arrangements with mesenchymal and epithelial segments which belong to diffuse endocrine system, are expected to exist in each organs (for example, discovery of "lung-island" by us) and inflammatory changes of these portions are named by us "polar changes" of each organs.

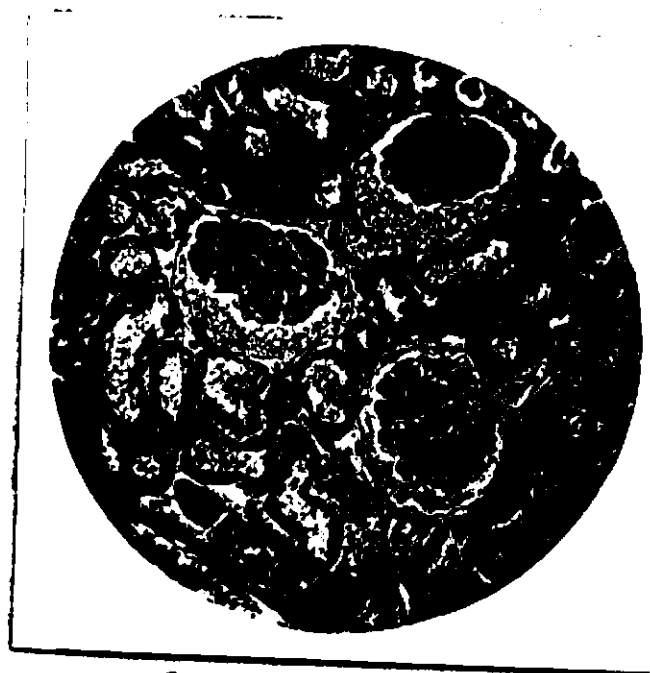
~~_____~~

RESEARCH

[REDACTED]

Intense exudation in Bowman's
spaces.
Our so-called serous atrophy of
glomeruli.

[REDACTED]



M 320

x 120

Fibrous masses in glomerular
loops.



M 401

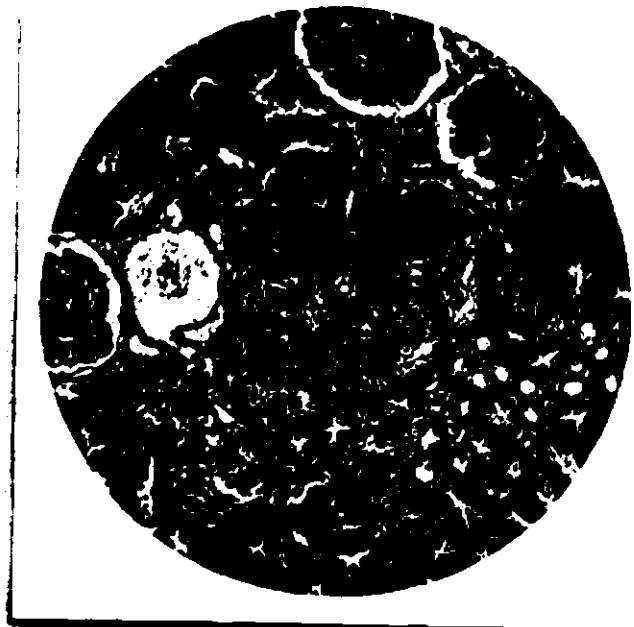
x 240

[REDACTED] 265

~~CONFIDENTIAL~~

Intense glomerulonephrosis with
erythrocyte-cylinders in tubulus.

~~CONFIDENTIAL~~



M-421

x120

Intense nephrosis with biomesoretic
changes of tubular epithelium.



M.-225

x70

~~CONFIDENTIAL~~

266

[REDACTED]

Nephritis interstitialis sub-
acuta with some leucocytes
accumulation.

[REDACTED]

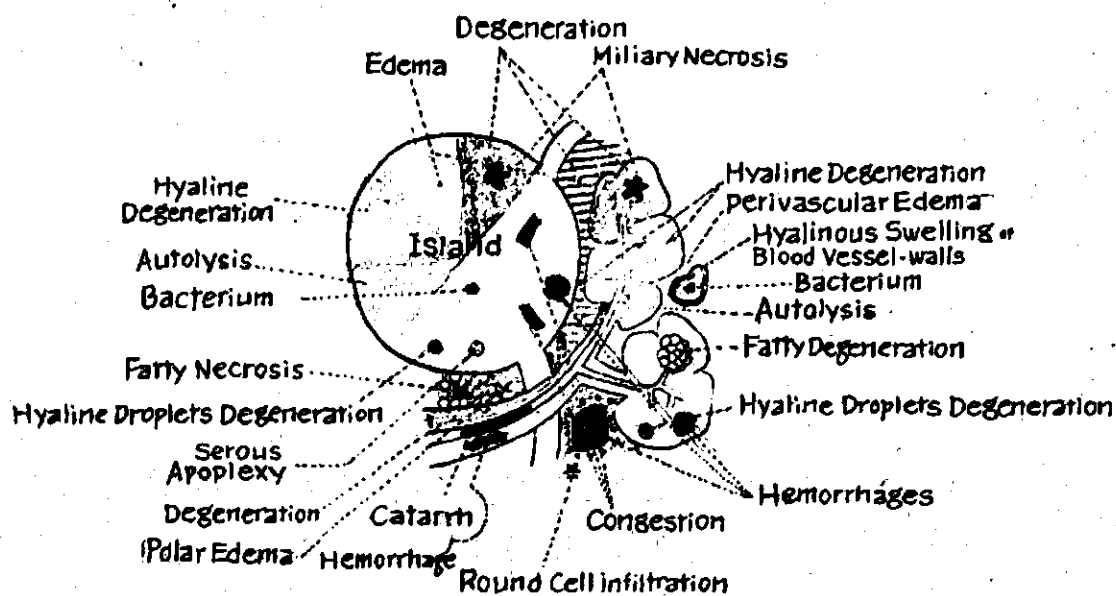


Fig. 6.

x120

[REDACTED] L 267

Pancreas



P A N C R E A S .

(A) Microscopical Investigations.

26.

Venous congestion and edematous swelling of blood-vessels-walls. Remarkable parenchymatous degeneration, some of them invacuolar degeneration. Considerable vacuolar degeneration of island-cells.

53.

Slight venous congestion, slight degeneration of parenchymatous cells and island-cells. Hyaline^{ous} degeneration of blood-vessels-walls in slight degree.

225.

Considerable venous congestion and slight edematous swelling of connective tissues. Atrophia of parenchymatous cells and slight dissociation of cell-arrangements. Considerable degeneration of parenchym. cells and island-cells.

318.

Slight venous congestion and slight hemorrhages in connective tissues. Slight degeneration of parenchym. cells and island-cells. Slight catarrh of efferent ducts.

[REDACTED]

[REDACTED]

320.

Considerable venous congestion, perivascular round-cell-infiltration (some leucocytes, lymphocytes, plasma-cells and histiocytes) and perivascular edematous swelling.

Cloudy swelling of parenchymatous cells and island-cells.

Remarkable stasis of island-capillaries and considerable hyperplasia of capillary-walls-cells.

328.

Consid. venous congestion and edematous swelling of connective tissues. Edematous swelling of blood-vessel-walls and slight dissociation of parenchym. cell-arrangements.

Atrophia of parenchymatous cells and slight degeneration of parenchym. cells, esp. at perivascular portions. Consid. degeneration of island-cells.

393.

Venous congestion and edematous swelling of connective tissues. Slight dissociation of cell-arrangements and cloudy swelling of parenchym. cells and island-cells.

408.

Stasis and slight degeneration of parenchymatous cells.

[REDACTED]

[REDACTED]

403.

Considerable venous congestion, slight edematous swelling of connective tissues and slight hyaline degeneration of bloodvessel-walls.

Dissociation of cell-arrangements and considerable degeneration of parenchym. cells and island-cells. Catarrh of efferent ducts.

407.

Venous congestion and hyaline^{ous} degeneration of blood-vessels-walls. Atrophia and cloudy swelling of parenchym. cells and vacuolar degeneration of island-cells.

409.

Edematous swelling of connective tissues and dissociation of cell-arrangements. Cloudy swelling of parenchym. cells and vacuolar degeration of island-cells.

4II.

Considerable venous congestion, swelling of connective tissues and slight perivascular round-cell-infiltration.

Atrophia and cloudy swelling of parenchym. cells and remarkable vacuolar degeneration of island-cells.

[REDACTED]

412.

Swelling of connective tissues and dissociation of cell-arrangements. Considerable degeneration of parenchymatous cells and considerable swelling or cloudy degeneration of island-cells.

417.

In autolysis. Vacuolar degeneration of parenchym. cells.

[REDACTED]

17.

Remarkable congestion with edematous swelling and hyalinous degeneration of blood-vessel-walls. Atrophia and remarkable cloudy swelling of parenchymatous cells. ; considerable vacuolar degeneration of parenchymatous cells and island-cells. Edematous swelling of connective tissues.

Slight fatty degeneration of parenchymatous cells.

354.

Slight congestion with edematous swelling and hyalinous degeneration of blood-vesel-walls.

Slight cloudy swelling and atrophia of parenchymatous cells.

Considerable vacuolar degeneration of parenchymatous cells and island-cells.

Slight hemorrhages in interstitial tissues.

325.

Considerable congestion, perivascular round-cell-infiltration (some leucocytes, lymphocytes, plasmacells and histiocytes),

[REDACTED]

[REDACTED]

Slight edematous swelling and slight hyalinous degeneration of blood-vessel-walls, and perivascular edema.

Remarkable cloudy swelling of parenchymatous cells and island-cells. Slight swelling of connective tissues.

Catarrh of efferent ducts.

388.

Slight congestion, perivascular round-cell-infiltration (some leucocytes, lymphocytes, plasmacells and histiocytes).

Slight edematous swelling and slight hyalinous degeneration of blood-vessel-walls.

Considerable cloudy swelling of parenchymatous cells and island-cells.

389.

Remarkable congestion with edematous swelling and slight hyalinous degeneration of blood-vessel-walls.

Slight cloudy swelling of parenchymatous cells and island-cells ; considerable vacuolar degeneration of parenchymatous cells and island-cells.

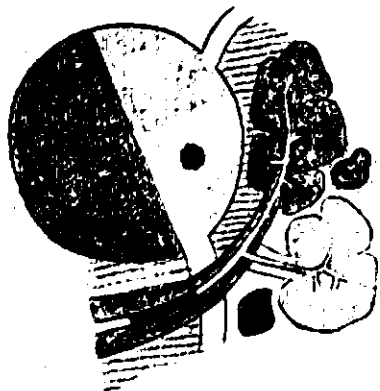
Slight hemorrhages in acinous cells.

Catarrh of efferent ducts.

[REDACTED]

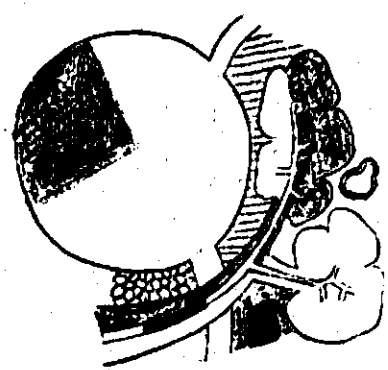
[REDACTED]

390.



In autolysis. Remarkable congestion with hyalinous degeneration and edematous swelling of blood-vesel-walls. Perivascular edema. Remarkable swelling of connective tissuses. Remarkable cloudy swelling of parenchymatous cells and island-cells. Hemorrhages in island-cells.

397.



Slight congestion with edematous swelling and hyalinous degeneration of blood-vesel-walls. Perivascular edema. Slight cloudy swelling of parenchymatous cells and island-cells. Conciderable vacuolar degeneration of parenchymatous cells and island-cells. Dissociation and atrophhia of parenchymatous cells. Fatty degeneration and diffuse hemorrhahges in interstitial tissues. Remarkable pyknosis of island-cells.

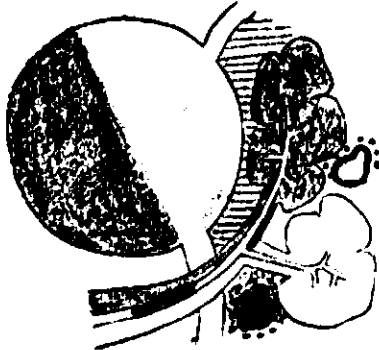
[REDACTED]

[REDACTED]

399.

[REDACTED]

Slight congestion with edematous swelling and hyalinous degeneration of blood-vessel-walls.



Perivascular round-cell-infiltration, (some leucocytes, lymphocytes, plasma-cells and histiocytes).

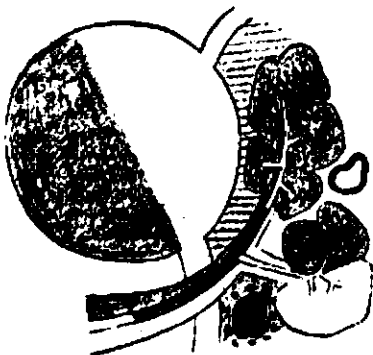
Considerable cloudy swelling of parenchymatous cells and island-cells. Remarkable vacuolar degeneration of parenchymatous cells and island-cells.

Slight swelling of connective tissues.

Catarrh of efferent ducts.

401.

Slight congestion with edematous swelling and hyalinous degeneration of blood-vessel-walls.



Perivascular round-cell-infiltration, (some leucocytes, lymphocytes, plasma-cells and histiocytes). Considerable cloudy swelling of parenchymatous cells and island cells.

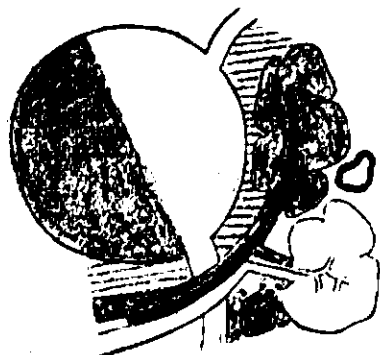
Considerable vacuolar degeneration of parenchymatous cells and island-cells.

Arophia of parenchymatous cells.

Slight swelling of connective tissues. Catarrh of efferent ducts.

[REDACTED]

[REDACTED]



404.

Slight congestion with hyalinous degeneration of blood-vessel-walls. Considerable cloudy swelling of parenchymatous cells and island-cells. Remarkable vacuolar degeneration of parenchymatous cells and island-cells. Dissociation and atrophia of parenchymatous cells.

Remarkable pycnosis of island-cells.

405.

Remarkable congestion with edematous swelling and hyalinous degeneration of blood-vessel-walls.

Perivascular round-cell-infiltration (some leucocytes, lymphocytes, plasmacells and histiocytes).

Considerable cloudy swelling of parenchymatous cells and island-cells. Remarkable vacuolar degeneration of parenchymatous cells and island-cells.

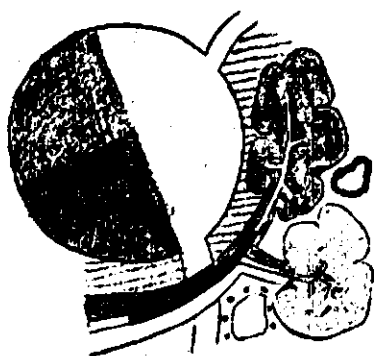
Atrophia and dissociation of parenchymatous cells.

Hemorrhages in acinous cells. Diffuse hemorrhagia per diapedisin in interstitial tissues.

[REDACTED]

[REDACTED]

413.



In autolysis, Hyalinous degeneration of blood-vessel-walls.

Remarkable cloudy swelling of parenchymatous cells and island-cells. Vacuolar degeneration of island-cells.

Remarkable edema of interstitial tissues.

Dissociation of parenchymatous cells.

[REDACTED]

(B) SUMMARY.

[REDACTED] Histological observation on 26 micro-slices, 1 case with severe post mortal changes.

A). Acinus.

I) In the most cases, with some congestion of inter- and intra-acinous capillaries.

Congestion in slight degree. 4 cases.

Congestion in medium degree. 12 cases.

Congestion in severe degree. 9 cases.

Congestion with hyalinous swelling or degeneration of capillary-walls. 17 cases.

Congestion, accompanied with considerable perivascular hemerrhages. 11 cases.

Congestion, accompanied with some perivascular round-cell-accumulations (some leucocytes, lymphocytes, plasma-cells and histiocytes) 13 cases.

Accordingly the main pathological changes are following:

Congestion (often, remarkable) _____ Edematous swelling of capillary walls _____ Perivascular edema, hemorrhages and some round-cell-accumulations (sometimes leucocytes-disseminations in interstitial tissues).

[REDACTED]

2) After that, occurred some degenerative changes of parenchymatous cells esp. at pericapillar portions.

[REDACTED]

With cloudy swelling of parenchym cells

in slight degree. 11 cases.

in medium degree. 25 case.

in severe degree. 0 cases.

with hyalinous degeneration.

0 case.

With hyaline-droplets formation.

0 case.

Accordingly, it shows generally some considerable parenchymatous degeneration and sometimes, some remarkable changes without hyalinous degeneration or hyaline-droplets formation in acinus.

B). Islands.

I) Sometimes, with considerable congestion of islands-capillaries.

Congestion in considerable degree.

2 cases.

Congestion in remarkable degree, accompanied with edematous swelling of capillary-walls.

1 case.

Congestion with our so-called "polar edema".

0 case.

[REDACTED]

[REDACTED]

Congestion with our so-called "serous apoplexy of island".

0 case.

Congestion with our so-called (hemorrhagic) apoplexy of islands.

1 case.

2. Sometimes, some degenerative changes of island-cells.

With rather atrophic cells.

4 case.

With cloudy swelling. 24 cases.

With (slight) vacuolar degeneration.

16 cases.

PANCREAS

		17	26	53	54	225	318	320	325	328	388	389	390	393	397
Acinus	Size	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Dissociation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Necrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Parenchyma	Clouding	#	#	+	+	#	+	#	#	#	#	+	#	+	+
	Swelling	+	#	-	+	#	+	#	+	#	#	+	+	+	+
	Zymogen Granules	+	+	+	-	-	#	+	-	-	-	+	#	-	-
	Honeycombed Degeneration	+	+	-	+	+	(#)	+	#	-	+	#	+	+	#
	Changes in Nuclei	Swelling		-	-	-	-	-	-	-	-	-	-	-	-
		Pyknosis		+	+	+	#	-	+	+	+	+	+	+	+
		Karyolysis		+	-	-	#	-	-	-	+	-	-	+	+
	Hyperplasia of Centroacinar Cells		-	-	-	-	-	-	-	-	-	-	-	-	-
	Dsq. of Epithelium of Efferent Ducts		-	+	-	+	-	-	+	-	-	-	+	-	+
	Edema		#	+	+	+	+	+	+	+	+	+	+	+	+
Interstitium	Contents of Capillaries	Erythrocytes		#	#	+	+	+	+	+	+	+	+	+	+
		Leucocytes		+	+	-	-	-	+	-	+	+	+	+	+
		Lymphocytes		+	+	-	-	-	-	+	+	+	+	+	+
	Hemorrhage		-	-	-	+	+	+	+	(#)	-	(#)	-	-	+
	Infiltration	Leucocytes		-	-	-	-	-	-	-	-	-	-	-	-
		Lymphocytes		-	-	-	-	-	+	+	-	+	-	-	+
		Plasma Cells		-	-	-	-	-	+	+	-	-	-	+	-
	Proliferation	Histocytes		-	-	-	-	-	+	-	-	-	-	+	+
		Capillary Wall Cells		-	-	-	-	-	-	-	-	-	-	-	-
	Number		N	+	N	N	+	N	+	N	+	N	+	+	+
Langerhans' Islands	Atrophy		+	+	-	+	+	-	+	+	+	+	+	-	+
	Necrosis		-	-	-	-	-	-	-	-	-	-	-	-	-
	Parenchymal Cells	Size		+	+	N	N	+	+	+	N	+	+	N	+
		Clouding		+	#	+	+	+	+	+	+	+	+	+	+
		Swelling		+	#	+	+	+	+	+	+	+	+	+	+
	Honeycombed Degeneration		+	+	-	+	+	-	-	-	+	+	-	-	-
	Changes in Nuclei	Swelling		-	-	-	-	-	-	+	-	-	-	-	+
		Pyknosis		+	#	+	+	(#)	+	+	-	(#)	+	#	#
		Karyolysis		+	-	-	+	+	-	-	-	-	-	-	-
	Congestion of Capillaries		+	+	+	-	-	+	+	+	+	+	+	+	-
	Hemorrhage		-	+	-	-	-	-	-	-	-	-	+	-	-
	Hyperplasia of Capillary Wall Cells		+	+	-	-	+	+	-	-	-	-	+	-	-

PANCREAS

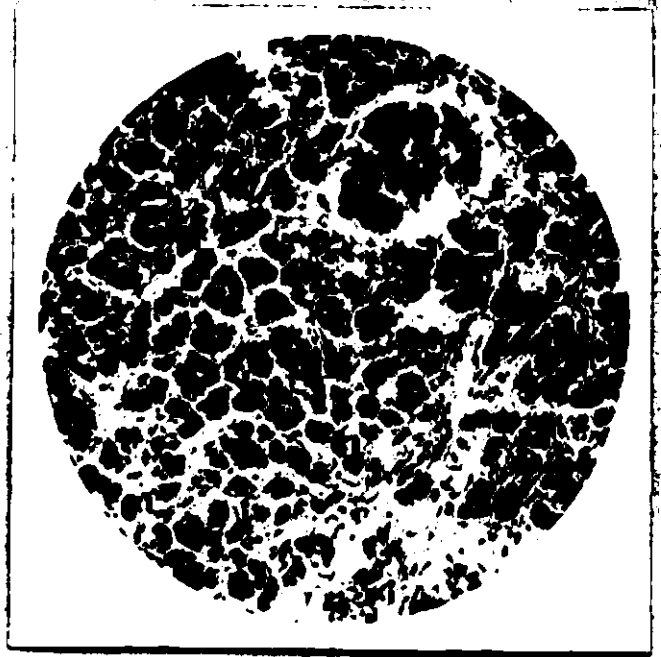
		399	400	401	403	404	405	407	409	411	412	413	417	
Acinus	Size	+	+	+	+	+	+	+	+	+	+	+	+	
	Dissociation	-	-	-	-	-	-	-	-	-	-	-	-	
	Necrosis	-	-	-	-	-	-	-	-	-	-	-	-	
	Clouding	+	+	+	+	+	+	+	+	+	+	+	+	
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	
	Zymogen Granules	+	-	+	-	-	+	-	-	+	-	-	-	
	Honeycombed Degeneration	+	+	+	-	+	+	+	+	-	-	+	-	
	Changes of Nuclei	Swelling	-	-	-	-	-	-	-	-	-	-	-	-
		Pyknosis	+	+	+	+	+	+	+	+	+	+	+	+
		Karyolysis	+	+	+	+	+	-	-	+	-	+	+	+
Parenchyma	Hyperplasia of Centroacinar Cells	-	-	-	-	-	-	-	-	-	-	-	-	
	Dsq. of Epithelium of Efferent Ducts	+	-	-	+	+	+	+	+	+	+	+	+	
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	
	Contents of Capillaries	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+
		Leucocytes	+	+	-	+	-	+	+	+	-	-	-	-
		Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	-	-	-	+	-	-	+	+	-	-	-	
	Infiltration	Leucocytes	-	-	+	+	+	-	+	-	-	-	+	-
		Lymphocytes	+	-	+	-	+	+	+	-	-	+	+	-
		Plasma Cells	+	-	-	-	-	-	-	-	+	-	-	-
Proliferation	Histiocytes	+	-	+	-	-	-	-	-	+	-	-	-	
	Capillary Wall Cells	-	+	-	-	-	-	-	-	-	-	-	-	
Langerhans's Island	Number	+	+	+	+	+	N	+	+	N	+	+	+	
	Atrophia	-	+	+	+	+	+	-	-	-	-	-	-	
	Necrosis	-	-	-	-	-	-	-	-	-	-	-	-	
	Parenchymal Cells	Size	N	+	+	N	+	+	N	N	N	N	N	N
		Clouding	+	+	+	+	+	+	+	+	+	+	+	+
		Swelling	+	+	+	+	+	+	+	+	+	+	+	+
		Honeycombed Degeneration	+	-	+	-	+	+	+	+	+	-	-	-
	Changes of Nuclei	Swelling	-	-	-	-	-	-	-	-	-	-	-	-
		Pyknosis	+	+	-	+	+	+	+	+	+	+	+	+
		Karyolysis	-	+	-	-	-	-	-	+	-	-	-	-
Congestion of Capillaries	+	-	-	-	-	+	+	+	+	-	-	-		
Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-		
Hyperplasia of Capillary Wall Cells	-	-	-	-	-	-	-	-	-	-	-	-		

N = normal or the slightest decrease

[REDACTED]

Atrophy and intense
parenchymatous degeneration.

~~CONFIDENTIAL~~



MC of

x100

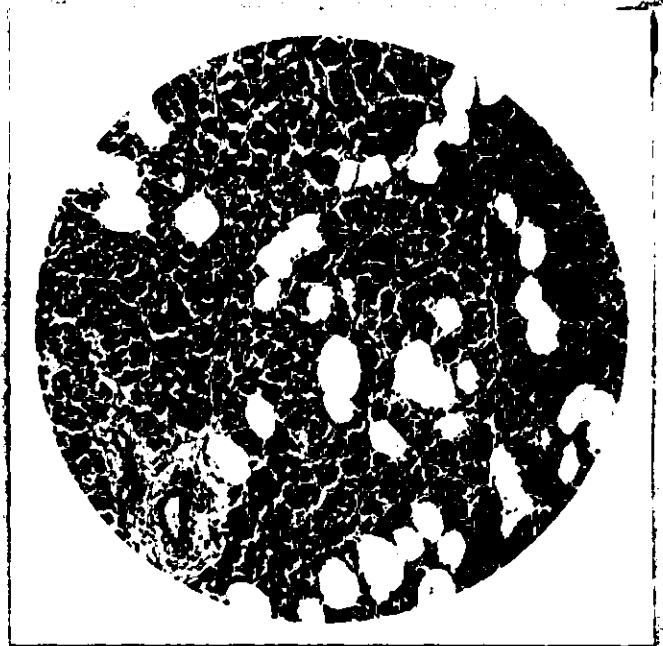
[REDACTED]

[REDACTED]

Parenchymatous degeneration,
accompanied with some cirrhotic
interstitial tissues.



Increase of fatty tissues
(not so significant changes).



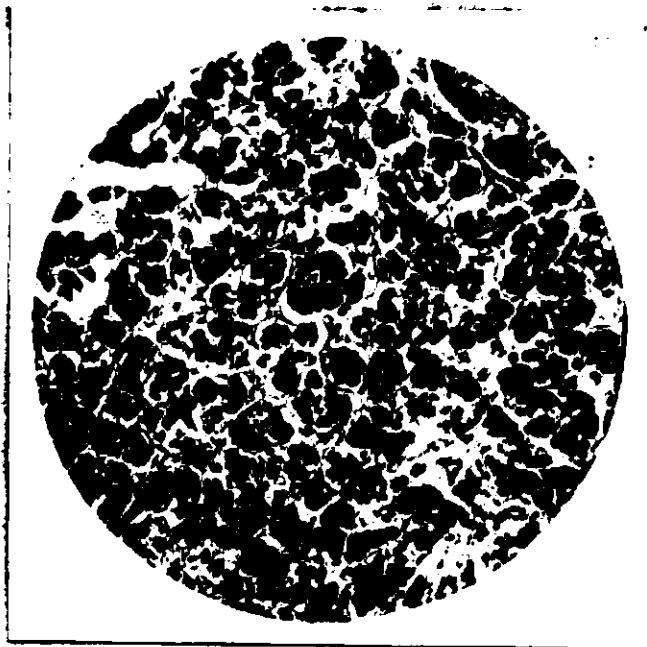
117

X70

[REDACTED]

Parenchymatous degeneration.

[REDACTED]



17 17 X 70

Parenchymatous degeneration.



M. 318 X 260

[REDACTED] L 286

[REDACTED]

Hemorrhages in inter-vascular tissues.

[REDACTED]



M 405

X 370

Exudative changes (edema and hemorrhages)
and parenchymatous degeneration.



M 405 X 370

[REDACTED]

287

[REDACTED]

Vacuolar degeneration
of island.

[REDACTED]



M 17

x 260

Hyaline droplets degeneration
of island.



M 403

x 350

[REDACTED]

[REDACTED]

Intense cloudy
degeneration of island.

[REDACTED]



1126

x330

Apoplexy of island.
Hemorrhages in island.



11390

x250

[REDACTED] 289

[REDACTED]

Edematous swelling at
our so-called polar portion
of island



M 404

X 320

Edematous swelling at our
so-called polar portion of
island, in high power.



12377

X 220

[REDACTED]

290

[REDACTED]

Intense congestion and
some hemorrhages in
island (so-called apoplexy
of island.)

[REDACTED]



f9.26. x 260

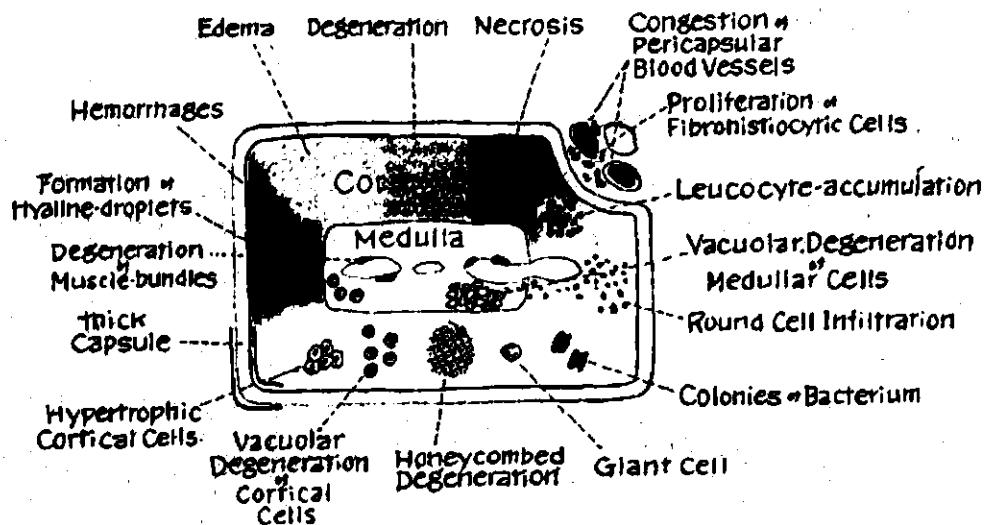
Edematous swelling at so-called
polar portion of island and
slight hemorrhages in island.



f9320, 250

TOP SECRET
[REDACTED]

Suprarenal

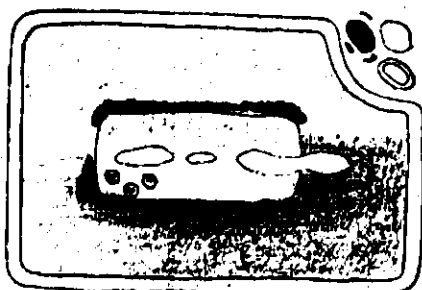


() SUPRA-RENAL GLAND.

(A) Microscopical Investigation.

17.

Considerable atrophía, degeneration and dissociation of parenchymatous cells, esp. in Z. reticularis which are in ruining process.

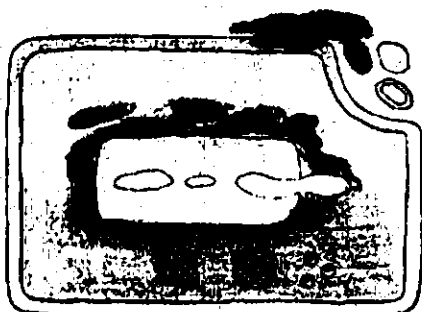


Many polynuclear leucocytes (containing myelocytes) in capillaries of Z. reticularis. Small round-cell-infiltration in Z. reticularis (around the central veins).

Some medullar cells with large nuclei and karyokinesis.

54.

Considerable congestion and slight partial hemorrhages in capsule. Cortical cells in more or less vacuolar degeneration. Z. faciculata with some cell-groups in honey-combed degeneration and Z. reticularis in ruining process.



Considerable edema and partial or diffuse hemorrhages mainly in Z. reticualris.

[REDACTED]

225.

Considerable congestion in subcapsular capillaries and diffuse hemorrhages in Z. reticularis. Z. fasciculata with some cell-groups in hypertrophia and in adinous cell-arrangements.

Some medullar cells with large-nuclei (17μ in diameter as longest) and karyokinesis.

318.

Partial hemorrhages in capsule. Considerable atrophia and dissociation of parenchymatous cells. Z. reticularis in ruining process and in diffuse hemorrhages.

Some medullar cells with large nuclei.

320.

Cortical cells in considerable dissociation, more or less considerable atrophia and vacuolar degeneration. Considerable edematous swelling of capillary-walls and multiple hemorrhagic places in Z. reticularis, which fall into necrobiosis (karyorhexis and disappearance of nuclei, etc) in adjacent parts. Considerable small round-cell-infiltration in Z. reticularis (around the central veins).

[REDACTED]

~~CONFIDENTIAL~~

325.

Remarkable vacuolar degeneration of cortical cells. Cortical cells in 2 types: a) with bright and more or less swollen protoplasma and bright nuclei and b) with eosinophilic and more or less smaller protoplasma and chromatin-rich or frequently phycnatic nuclei.

Bacterial masses in capillaries of Z. fasciculata. Considerable edema and diffuse hemorrhages in Z. reticularis.

Small round-cell-infiltration in Z. reticularis (around the central veins).

328.

Partial hemorrhages in capsule and considerable congestion in subcapsular tissues.

Cortical cells in 2 types, as above mentioned and Z. fasciculata in more or less adenous cell-arrangements.

Medullar cells with more or less remarkable vacuolar degeneration.

388.

Some cortical cells with honeycombed degeneration in Z. fasciculata.

Some cell-groups with hypertrophic cells in Z. glomerulosa etc.

[REDACTED]

[REDACTED]

Considerable congestion in subcapsular capillar-netw and remarkable partial hemorrhages in Z. fasciculata and Z. reticularis.

Some medullar cells with large nuclei and more or less degenerative protoplasma.

388.

Considerable atrophie and desolative decays of parenchymatous cells (cortical cells in remarkable vacuolar degeneration or in partial bianecrosis).

Considerable edema and diffuse hemorrhages in Z. reticularis.

More or less remarkable vacuolar degeneration of medullar cells.

390.

Thick capsule with slight hyperplasia of Z. glomerulosa and multiple miliary abcesses in cortical tissues with total necrosis of Z. fasciculata and Z. reticularis.

At some places, slight hyperplasia of interstitial connective tissues with giant-cell (Langhans's type)-formation.

Some medullar cells with large nuclei.

[REDACTED]

[REDACTED]

[REDACTED]

Edematous swelling and degenerative decays of the walls (mainly smooth-muscle) of central veins.

393.

Degeneration and desolative decays of parenchymatous cells in severe degree, esp. in Z. fasciculata with partial bione-crosis. Slight hyperplasia of Z. glomerulo-sa.

Honeycombed or vacuolar degeneration of medu-llar cells. Remarkable edematous swelling and degeneration of the walls of central veins.

396.

Remarkable atrophia and desolative degenera-tion of parenchymatous cells, esp. in Z. fasciculata with partial necrosis.

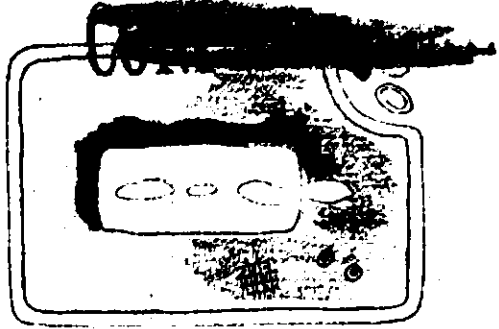
397.

Vacuolar or honeycombed degeneration, esp. in Z. fasciculata.

More or less remarkable edema. Bacterial masses in capillar-nets and slight peri-vascular leucocytes infiltration. More or less considerable diffuse hemorrhages in Z. reticularis.

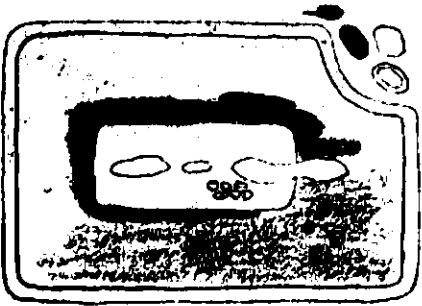
Some medullar cells with large nuclei and edematous swelling of medullar tissues.

[REDACTED]



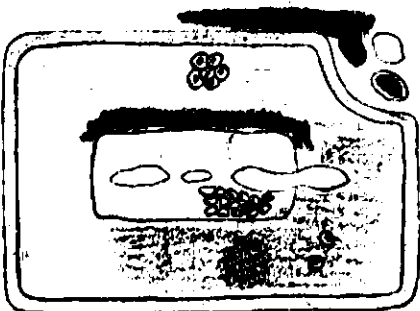
399.

Considerable vacuolar or honeycombed degeneration of parenchymatous cells (scattered in reticular tissues) with remarkable hemorrhages in Z. reticularis.



400.

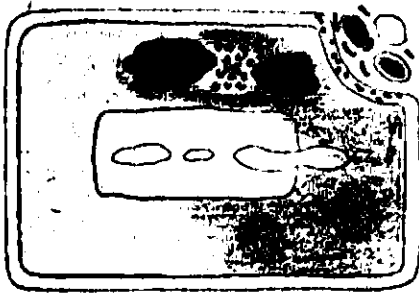
Considerable vacuolar or honeycombed degeneration. More or less intense edema with diffuse hemorrhages in Z. reticularis.



405.

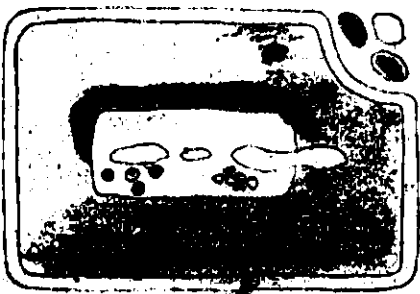
Vacuolar or honeycombed degeneration of parenchymatous cells, esp. in Z. fasciculata. With diffuse hemorrhages in Z. reticularis.

Some medullar cells with large nuclei.



407.

Honeycombed degeneration of parenchymatous cells, esp. in Z. fasciculata with submiliary abscess-like changes (localised hemorrhagic parts and perifocal leucocytes accumulation).



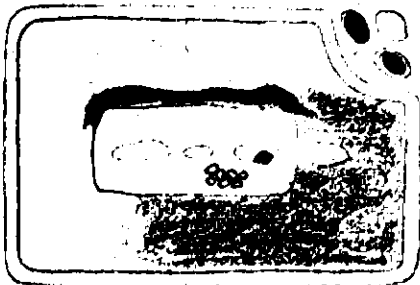
489.

Considerable atrophie and desolative degeneration of parenchymatous cells. More or less remarkable edema. Considerable subcapsular congestion and diffuse hemorrhage.

[REDACTED]

ges in Z. reticularis. Bacterial masses
in capillar-nets. [REDACTED]

410.

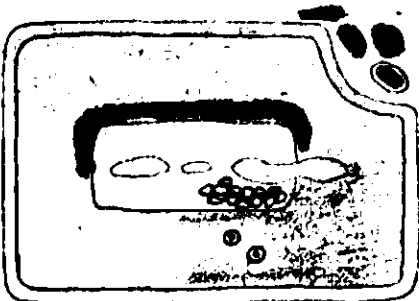


Considerable atrophie, dissociation and
vacuolar degeneration, esp. partial necro-
sis in Z. reticularis. Plenty of leucocy-
tes (containing myelocytes) in capillar-
nets of Z. reticularis (these are more or
less degenerative).

Some medullar cells with large nuclei and
karyokinesis.

Bacterial masses in the central veine.

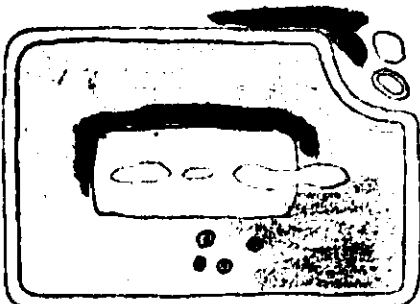
411.



Considerable vacuolar degeneration with
more or less remarkable edema. Medium
subcapsular congestion and intense diffuse
hemorrhages in Z. reticularis.

Considerable vacuolar degeneration of medu-
llar cells.

416.

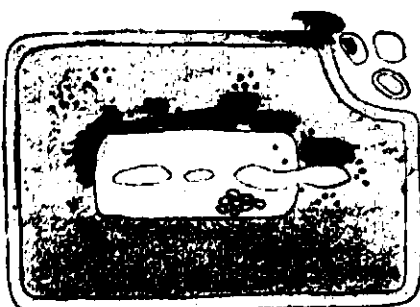


Considerable vacuolar degeneration and edema.
Intense diffuse hemorrhages in Z. reticu-
laris.

[REDACTED]

[REDACTED]

417.

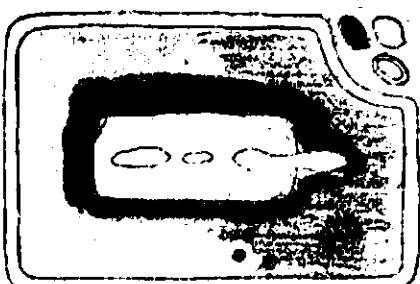


Partial hemorrhages in Z. reticularis.

Remarkable atrophie, intense desolative
decays or vacuolar degeneration of cortical
cells (cortical cells are ruining).

Intense edema and intense diffuse hemorrhages
in Z. reticularis. Small round-cell-infiltration
in Z. fasciculata and reticularis.

Considerable edema of medullar tissues.



401. (post entry)

Vacuolar or honeycombed degeneration of
parenchymatous cells with diffuse hemorrhages in
Z. reticularis.

[REDACTED]

(3) S U M M A R Y .

[REDACTED]

Histological observation of 22 micro-slices.

a) Pericapsular tissues:

Intense congestion in 10 cases.

Hemorrhage in 17 cases, 7 of them in more or less severe degree.

Remarkable desquamation of endothelial cells of capillaries, in 3 cases.

Generally slight perivascular lymphocytic or leucocytic cell infiltration.

b) Capsular tissues:

Edematous swelling in 11 cases, 7 of them in severe degree.

Remarkable hemorrhage in 4 cases.

Congestively thick capsule in 5 cases and localised cortical cellgroups in capsule in 5 cases.

c) Parenchymatous cells of cortex:

I) Z. glomerulosa.

Atrophia in 8 cases.

Slight hyperplasia in 2 cases, 1 of them with compensatory hyperplasia, due to total necrosis of Z. reticulalis and Z. fasciculata.

Glomerular cells with large nuclei or karyokinesis in 4 cases.

[REDACTED] 1301

[REDACTED]

2) *Z. fasciculata*.

[REDACTED]

Generally in all cases, cortical cells are in more or less degenerative with various and intense nuclear changes (pycnosis, karyolysis and karyorrhexis).

In the most cases, more or less decrease of fatty contents in protoplasm (splitting of fatty drops and protoplasm with dark and homogenous tone. Some cases have localised seats of residual fatty masses). Vacuolar degeneration (according to Dietrich's concept), in 15 cases. 1 of them in a severe degree.

Honeycombed degeneration (according to Dietrich), in 10 cases.

Formation of adenous lumina in fascicular cords, in 17 cases. 15 of them slightly and 2 of them in severe degree with decayed masses of desquamated cortical cells and some erythrocytes in lumina.

Remarkable atrophie of fascicular cells, in 13 cases.

8 cases with hypertrophic cortical cell-groups.

Dissociation of cell-arrangements in 13 cases. 9 of them in severe degree.

[REDACTED]

[REDACTED]

Parenchymatous disturbances with intense ruining changes, in 9 cases. 4 of them with some localised partial necrosis and 1 of them with diffuse intense necrosis, (multiple miliary abcesses fused each other), in Z. fasciculata and Z. glomerulosa.

Their glomerular cells are in compensatory hypertrophia, as above mentioned.

Accordingly in this disease, parenchymatous disturbances of cortical cells are more or less intense.

Note: In some case, cortical tissues are in confusion of 2 typed cellular attagements:

a) with bright protoplasma and bright or swollen nuclei and b) with eosinophilic protoplasma and chromatinrich or pycnotic nuclei.

d) Interstice of cortex:

Generally with remarkable edema, 12 of them in a severe degree.

Frequently with remarkable congestion in capillar-nets of Z. reticularis and sub-capsular tissues.

Generally with more or less considerable leucocytes as capillary contents. In 8 cases of the [REDACTED] remarkable and in 2 cases

[REDACTED] 1803

[REDACTED]

[REDACTED]

of them, containing myelocytes.

More or less remarkable localised small round-cell-infiltration (generally in Z. reticularis, around the central veins) in 3 cases. In the other cases, more slightly or scarcely.

With some hemorrhages in 21 cases (17 cases of them in a severe degree). Generally in Z. reticularis partial or diffuse hemorrhages, and occasionally in Z. fasciculata partial hemorrhages.

We advocate the concept "Epinephritis serosa", referred to Hepatitis serosa as Eppinger's meaning and classify cortical changes of this disease as followed:

Epinephritis serosa I degree.

in 13 cases

Epinephritis serosa II degree.

in 7 cases.

We can find in so many cases (16 cases), leucocytes-infiltration in cortical tissues and in 2 cases miliary abscess-like changes. These facts are unusual in the other diseases.

e) Medulla: Generally with edematous swelling, esp. 7 cases of them in a severe degree. In all cases with more or less

[REDACTED]

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remarkable vacuolar degeneration and in 4 cases with hyaline-droplets-formation. Medullar cells with anisonuclei in 7 cases and some of them with karyokinesis.

These facts signify the initial stage of medullar hypertrophia.

Generally with slight hemorrhages and small round-cell-infiltration in medullar tissues and 2 of them with intense edematous swelling of smooth-muscle-bundles of the central-vein-walls.

Ganglion cells in all cases, with more or less tygrolysis, karyolysis or vacuolar degeneration of protoplasma.

SUPRARENAL

		17	54	225	318	320	325	328	388	389	390	393	396	397	398	400	401	405	407	409	410	411	416	417
Pericapsular tissue	Serous Inflammation	II	I	-	I	I	I	I	II	-	II	II	I	I	I	I	I	-	I	II	II	I	I	II
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Hemorrhage	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Infiltration of Leucocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Infiltration of Lymphocytes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Capsule	Proliferation of Histiocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Hemorrhage	-	+	-	+	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Cellular Infiltration	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Parenchyma of Cortex	Decrease of Lipoid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Dissociation		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Atrophy		+	+	+	-	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hypertrophy		-	-	+	-	-	-	+	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	
Splitting of Lipoid-drops		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Vacuolar Degeneration (Blefrich)		-	+	-	-	+	+	-	+	-	-	-	+	+	+	+	+	+	+	+	+	+	+	
Honeycombed Degeneration (-)		-	+	-	-	-	-	+	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	
Formation of Lumina		-	-	+	+	+	+	+	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	
Brown Pigment		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Changes of Nuclei		Pyknosis	+	+	-	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+
	Karyolysis	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Disappearance	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Interstitium of Cortex	Congestion of Subcapsular Bloodv's	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Contents of Capillaries	Erythrocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		Monocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Infiltration of Leucocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Infiltration of Lymphocytes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Hyperplasia of Capillary wall cells	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Medulla	Parenchyma	Hyalin-drops	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
		Vacuolar Degener.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Circumscribed Round cell infiltration	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		

[REDACTED]

[REDACTED]

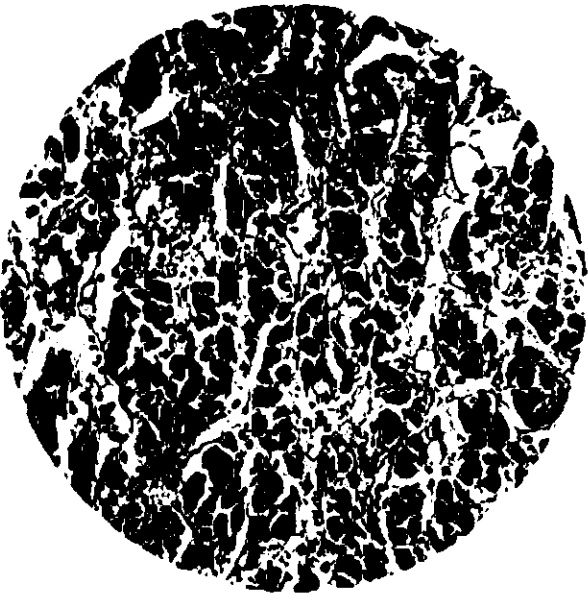
Leucocytes-accumulation in cortical
tissues, accompanied with intense
bionecrotic changes of parenchymatous
cells.



407

x 100

Intense bionecrotic changes of
cortical cells.



380

x 210

[REDACTED]

307

[REDACTED]

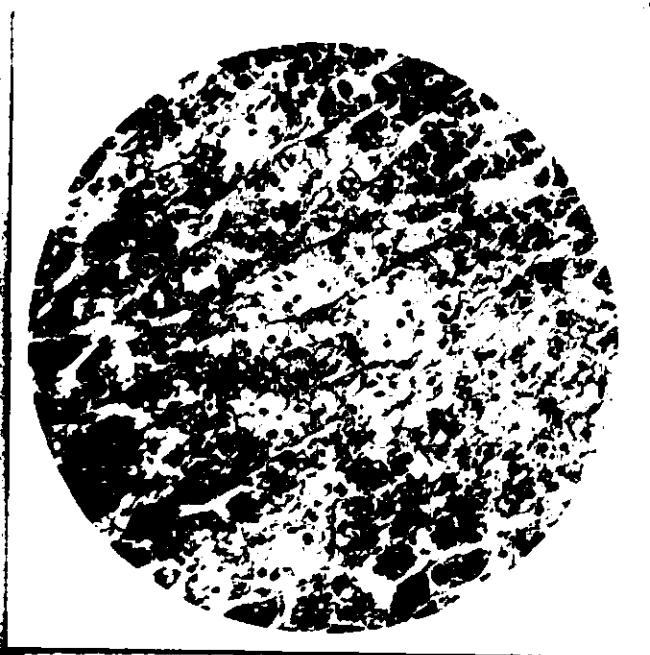
Vacuolar degeneration(Dietrich) of [REDACTED]
cortical cells.



M 325

X 520

Honeycombed degeneration(Dietrich) of
cortical cells.



[REDACTED]

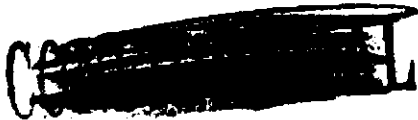
M 54

X 160

308

[REDACTED]

Hypertrophic cortical cell group.



M 338

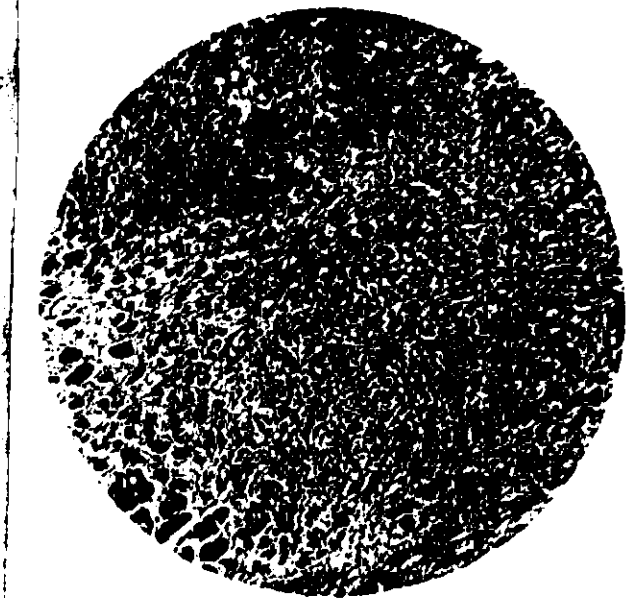
X 110

Degenerated cortical cells in 2
types: a) bright and more or less
swollen protoplasm with bright nuclei

b) eosinophilic and more or less
smaller protoplasm with chromatin-rich
or pycnotic nuclei.



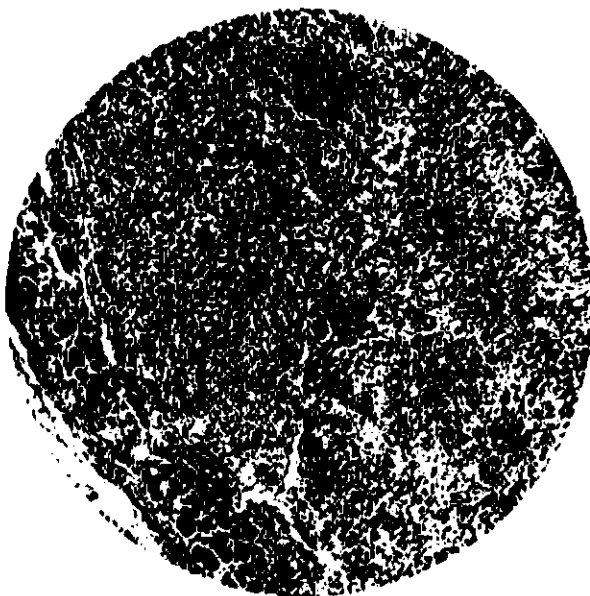
309



417

x 60

Diffuse hemorrhages in E.reticularis
found cell dissemination in E.fascicu-
late, accompanied with intense degene-
ration of parenchymatous cells.



390

x 60

Intense total necrosis of E.fasciculata
and E.reticularis.

Compensatory hyperplasia of E.glomerulosa.

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[REDACTED]

[REDACTED]

Giant cells in cortical tissues.



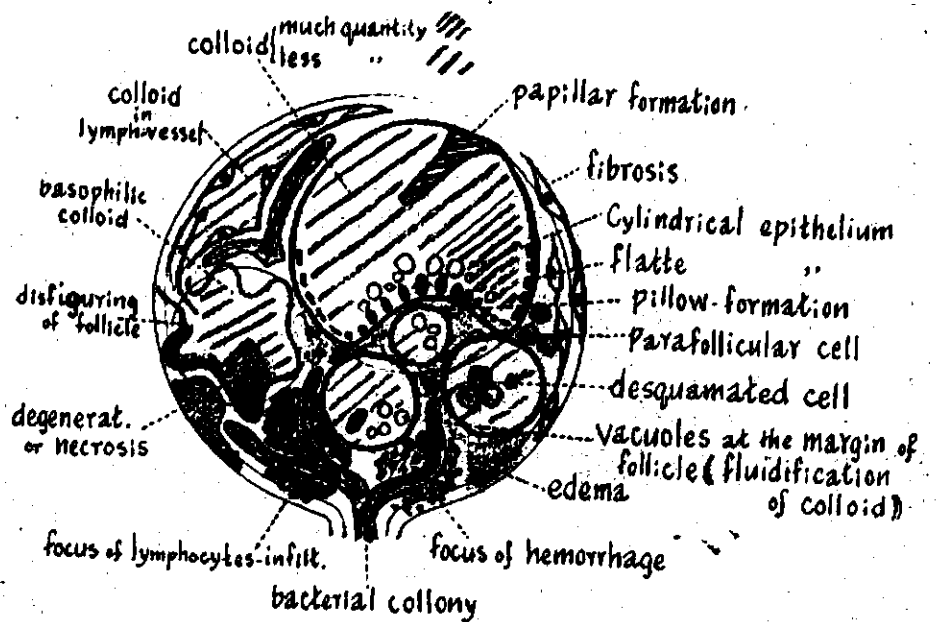
390

x450

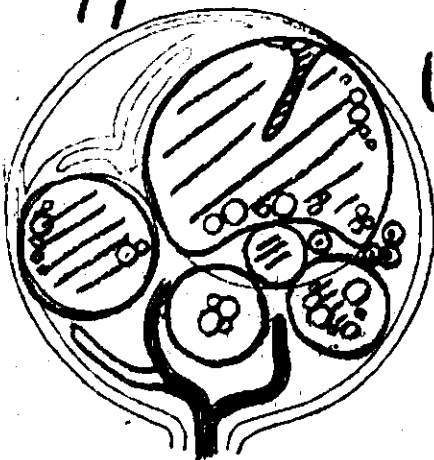
[REDACTED]

311

Thyroid



17



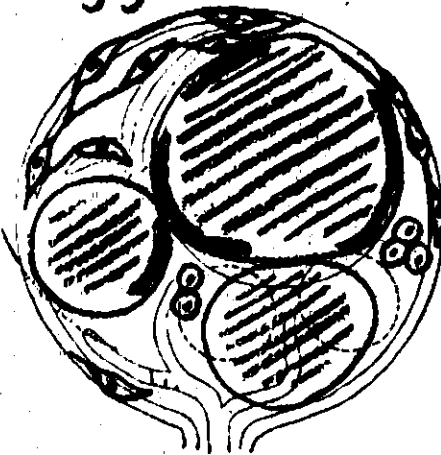
~~Struma colloidodes nodosa levis~~ HYR Ø I D

(A) Microscopical Investigations.

17. *Struma colloidodes nodosa levis*.

Slight activated state of thyroid-tissues with slight hyperaemia, pillow-like or papillar increase of epithelial cells and some para-follicular cells. Vacuole-formation in colloidal masses at the margin of follicles.

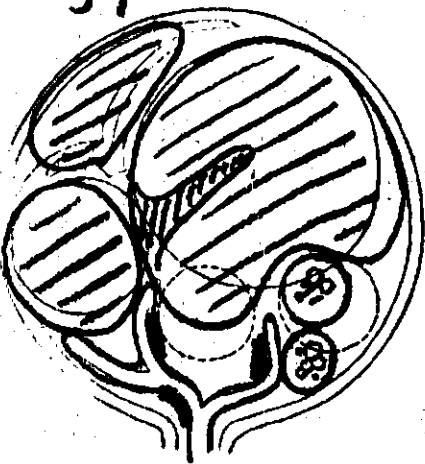
53



53. Slight fibrosis.

Condensation of colloidal masses and a slight degeneration of follicular epithel cells, and some para-follicular cells.

54



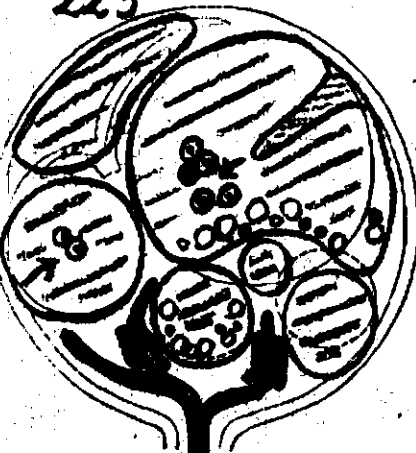
54. *Struma colloidodes diffusa levis*.

Slight hyperaemia and pillow-like or papillar increase of follicular epithelial cells with some microfollicles-formations. Slight hyaline degeneration of arteriole-walls.

225. *Struma colloidodes diffusa levis*

Slight heperaemia and pillow-like or papillar increase of follicular epithelial cells with some microfollicles-formations. Slight hyaline degeneration of arteriole-walls.

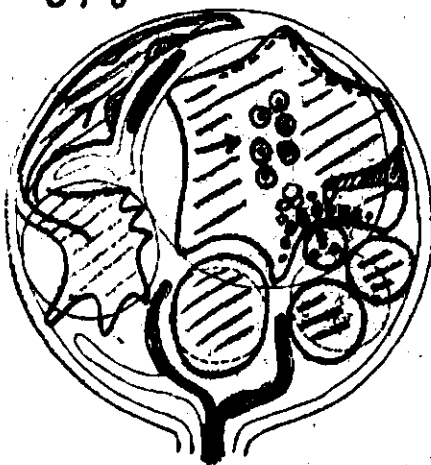
225



225. *Struma colloidodes diffusa levis*.

Slight hyperaemia and pillow-like or papillar increase of epithelial cells with some desquamated epithelial

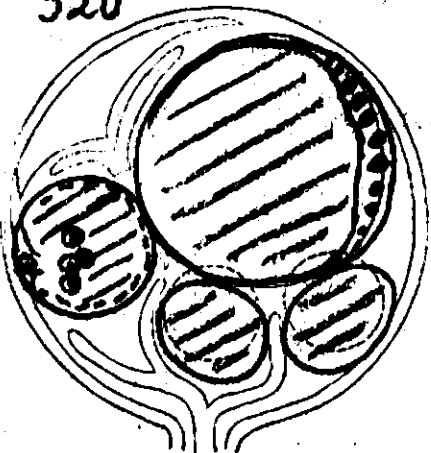
318



cells in follicles.

318. Acute disfiguring of thyroid in medium degree. Considerable congestion and degenerative processes of follicular epithelial cells (flattening, cloudy swelling, pycnotic degeneration, ~~collapse and desolation~~ of epithelial cells). Slight increase of ~~colloid masses~~ basophilic colloidal masses and at some places considerable collapse of follicles (severe fluidification of colloidal mass) with increase of colloidal masses in perifollicular connective tissues.

320



At some places slight hyperplasia of epithelial cells so as to form pillow-like or papillary arrangements with many microfollicles.

320. Struma colloid non-proliferativa.

Thyroids in statical state with flattening of epithelial cells. At some places slight desquamation or desolation of epithelial cells and at other places, slight hyperplasia of epithelial cells.

328.

Thyroids in statical state with slight desquamation or desolation of follicular epithelial cells.

389. Acute disfiguring of thyroids in medium degree.

Considerable congestion and degenerative processes of follicular epithelial cells (flattening, cloudy swelling, pyknosis, desquamation and desolation of epithelial cells).



393

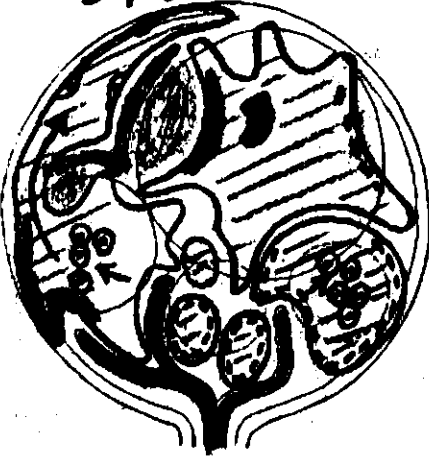


393.

Acute disfiguring of thyroid in medium degree. Considerable congestion and degenerative processes of follicular epithelial cells (flattening, cloudy swelling, pycnosis, desquamation and some desolation of epithelial cells) with increased basophilic colloidal masses and collapse of follicles (fluidified colloidal masses). Without any proliferative changes.

Colloidal masses in lymph-vessel and slight edematous swelling of peri-follicular connective tissues.

396



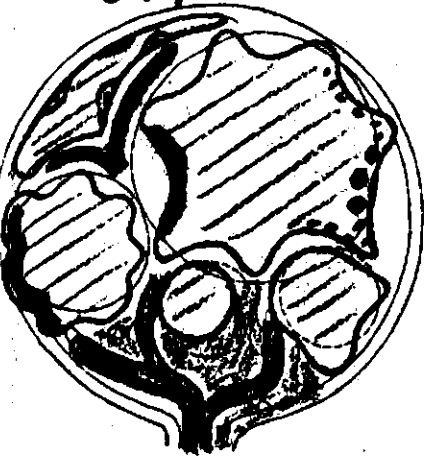
396. Acute disfiguring of thyroid in severe degree.

Considerable congestion, more or less swelling of blood-vessel walls and slight edematous swelling of perivascular tissues.

Follicles in various forms: some macro- and some microfollicles, with some degenerative processes of follicular epithelial cells (flattening, pycnosis, remarkable desquamation and desolation of epithelial cells). Increase of basophilic colloidal masses and collapse of follicles in severe degree. Colloidal masses in lymph-vessels.

Bacterial masses in follicles without any proliferative changes.

399



399. Acute disfiguring of thyroids in slight degree.

Considerable congestion and slight edema in perivascular tissues. Some degenerative processes of follicular epithelial cells in slight degree and slight

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401



increase of colloidal masses in follicles and lymph-vessels.

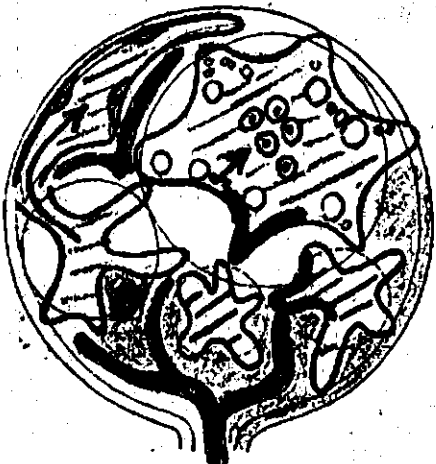
At some places, with slight hyperplasia of follicular epithelial cells. ~~CONFIDENTIAL~~

401. Struma parenchymatosalix.

With many microfollicles, which are in statical or rather degenerative state and some of them, resulting from considerable follicular collapse.

Slight fibrosis and hyaline degeneration of perifollicular connective tissues.

403

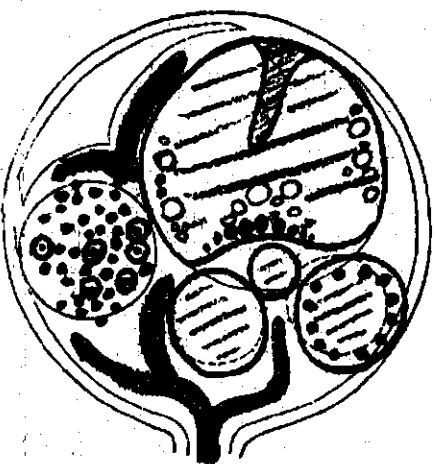


403. Acute disfiguring in severe degree.

Considerable congestion and edematous swelling of interstitial tissues with some degenerative processes of epithelial cells (esp. desquamation and desolation) in high degree.

Increase of more or less basophilic colloidal masses and fluidification of colloidal masses with their accumulations in lymph-vessels. Follicular collapse in severe degree.

406

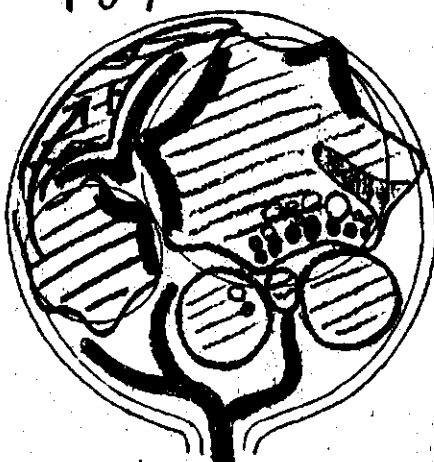


405. Thyroids in statical state with slight hyperplasia of follicular epithelial cells.

406. Thyroids in activated state in slight degree. Considerable congestion and hyperplasia of follicular epithelial cells so as to form pillow-like or papillary arrangement and at some places solid cell groups with some parafollicular cells.

407. Acute disfiguring of thyroid in slight degree. Considerable congestion and follicular collapse in ~~CONFIDENTIAL~~

407



slight degree. Degeneration and desolation of epithelial cells and slight increase of basophilic colloidal masses in follicles and lymph-vessels. Follicular collapse with some degenerative processes. At some places slight hyperplasia of follicular epithelial cells to form pillow-like or papillary arrangements.

410



410. Acute disfiguring of thyroid in medium degree. Remarkable congestion and perifollicular hemorrhages and swelling with remarkable degenerative processes of follicular epithelial cells (cloudy swelling, flattening, desquamation and desolation of epithelial cells) and considerable follicular collapse. At some places, persistence of lymphonodular tissues with remarkable congestion and some hemorrhages in lymphonoduli.

413



413. Acute disfiguring of thyroid and slight regenerative processes. Considerable congestion and some perivascular edematous swelling with degenerative processes of follicular epithelial cells (flattening, cloudy swelling, pyknosis and desquamation of epithelial cells). Increase of basophilic or fluidified colloid in follicles and lymph-vessels: follicular collapse. Beside these degenerative changes, slight hyperplasia of epithelial cells to form papillary arrangements.

[REDACTED]

417



417. Acute disfigurement of thyroid in medium degree. Considerable congestion and slight perivascular hemorrhages and edematous swelling, accompanied with severe degenerative processes of follicular epithelial cells (remarkable degeneration, desquamation and desolation of epithelial cells) and follicular collapse. Without any proliferative changes and increase of colloidal masses.

Some bacterial masses in blood-vessels.

26



26. Acute disfiguring of thyroid.

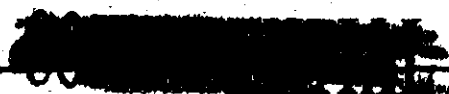
Congestion and slight fibrosis with some degenerative changes of follicular epithelial cells (desquamation and desolation) to fall into more or less collapse-state of thyroid.

Increase of colloidal masses in follicles and lymph-vessels.

[REDACTED]

(B) S U M M A R Y

1) The bird-eye-views of pathological changes in all cases.



Changes, due to infection. Ground-disease. Note

17 slight activated state Struma colloidesc nodosa.

26 acute disfiguring
 in slight degree.

53 staticalstate
 (rather degenerative)
 form slight fibrosis some parafolli-
 cular cells

54 slight activated state. struma colloidesc
 diffusa levis. some microfolli-
 cles.

225 slight activated state. struma colloidesc
 diffusa levis.

318 acute disfiguring in
 medium degree.

320 staticalstate struma colloidesc
 non-proliferativa.

328 acute disfiguring in
 demium degree

393 acute disfiguring in
 medium degree.

396 acute disfiguring in
severe degree.

some bacterial
masses in follicles

399 acute disfiguring in
slight degree.

401 statical (rather
degenerative) state
follicular collapse.

Struma parenchymatosa
levis.

403 acute disfiguring in
severe degree.

405 statical state.

406 activated state

407 acute disfiguring in
slight degree.

411 acute disfiguring in
medium degree.

persistence of lymphatic
apparatus with
slight hemorrhages.

413 acute disfiguring in
slight degree.

417 acute disfiguring in
medium degree.

some bacterial masses
in capillaries.

All microscopically investigated cases in 19 cases.

with acute disfiguring of follicles. in 11 cases.

in slight degree.

in 4 cases.

in medium degree.

in 5 cases.

in severe degree.

in 2 cases.

with activated state.

in 4 cases.

[REDACTED]

with non-activated, statical state. in 4 cases.

with remarkable bacterial accumulations in follicles.

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Accordingly, the most cases of them fall into acute disfiguring or somewhat activated state of follicles, due to Anthrax-infection. Namely after Anthrax-infection, occurred at first some activating of follicles with considerable congestion and some changes of follicular epithelial cells:

Sometimes in slight activated regeneration (slight hyperplasia of epithelial cells) and sometimes in slight disturbed degeneration (slight degeneration of epithelial cells and furthermore remarkable degeneration or follicular collapse).

These activated state advanced furthermore into the acute disfiguring of follicles with remarkable degeneration of follicular epithelial cells and some signs of follicular collapse.

As remarkable degeneration of epithelial cells:

Flattening, clouding, pyknotic degeneration, desquamation and desolation of epithelial cells and

as signs of functional disturbances (follicular collapse):

Increase of basophilic or fluidified colloidal masses in follicles and lymphsinoids.

Accordingly, the developing mechanism of thyroidal changes, due to Anthrax-infection are as following:

~~CONFIDENTIAL~~

[REDACTED]

Statistical state.

4 cases.

Activated state.

4 cases.

in regenerative form.

2 cases

in degenerative form.

2 cases.

State of
disfiguring.

11 cases.

in follicular collapse.

11 cases.

THYROID

		17	26	53	54	225	318	320	328	338	393	396	397
Parenchyma	Follicles	Large Follicles	#	+	+	#	+	+	+	+	+	+	+
		Small Follicles	+	+	+	+	+	+	+	+	+	+	+
		Cysts	+	-	-	-	-	-	-	-	-	-	-
		Microfollicles	+	+	+	+	+	+	+	+	+	+	+
		Ruin	+	+	+	+	(+)	+	(+)	(+)	+	(+)	(+)
	Epithelium	flat	#	+	+	+	+	+	+	+	+	+	+
		cuboidal	+	+	+	+	+	+	+	+	+	+	+
		cylindrical	+	+	+	+	+	+	+	+	+	+	+
		Papilla Formation	+	+	+	+	+	+	+	+	+	+	+
		Pillow Formation	#	(+)	+	+	(+)	(+)	(+)	(+)	+	+	+
		Solid Cell Groups	+	+	+	+	+	+	+	+	+	+	+
		Trabecular Arrangement	-	-	-	-	-	-	-	-	-	-	-
		Sack Formation	+	+	+	+	+	+	+	+	+	+	+
		Desquamation	+	+	+	+	+	+	+	+	+	+	+
	Changes of Nuclei	Pyknosis etc	+	+	+	+	+	+	+	+	+	+	+
		Increase of Chromatin	+	+	+	+	+	+	+	+	+	+	+
		Karyolysis & -rhexis	+	+	+	+	+	+	+	+	+	+	+
	Colloid	Quantity	##	++	++	++	++	++	++	++	++	++	++
		Vacuoles	+	+	+	+	+	+	+	+	+	+	+
		Fluidification	+	+	+	+	+	+	+	+	+	+	+
Stroma	Blood Vessels	Edema	+	+	+	+	+	+	+	+	+	+	+
		Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+
		Fibrosis	+	+	+	+	+	+	+	+	+	+	+
		Colloid in Lymph-vessels	(+)	+	(+)	+	(+)	+	+	+	+	+	+
		Hemorrhage	+	+	+	+	+	+	+	+	+	+	+
		Round Cell Infiltration	+	+	+	+	+	+	+	+	+	+	+
		Congestion	+	+	+	+	+	+	+	+	+	+	+
		Lymphocytes	+	+	+	+	+	+	+	+	+	+	+
		Leucocytes	+	+	+	+	+	+	+	+	+	+	+
		Fibrin	+	+	+	+	+	+	+	+	+	+	+
	Lymphoid Focus	Increase of Endothelium	+	+	+	+	+	+	+	+	+	+	+
		Degeneration of Endothelium	+	+	+	+	+	+	+	+	+	+	+
		Swelling of Walls	+	+	+	+	+	+	+	+	+	+	+
	Lymphoid Focus	Lymphocytes	+	+	+	+	+	+	+	+	+	+	+
		Plasma Cells	+	+	+	+	+	+	+	+	+	+	+
		Germinating Center	+	+	+	+	+	+	+	+	+	+	+

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THYROID

		399	401	403	405	406	407	409	410	411	414	416	417
parenchyma	Follicles	Large Follicles	+	÷	+	+	+	+	+	÷	+	÷	÷
		Small Follicles	+	+	+	+	÷	+	+	+	+	+	+
		Cysts	-	-	-	-	-	-	(+)	+	-	-	-
		Microfollicles	÷	+	÷	÷	+	÷	÷	÷	÷	+	÷
		Ruin	(+)	+	+	÷	(+)	+	+	+	(+)	(+)	+
		flat	+	+	+	÷	÷	+	+	+	+	÷	+
		cuboidal	+	÷	+	+	+	÷	+	+	+	+	÷
		Cylindrical	÷	-	÷	(-)	+	-	(-)	-	÷	+	-
		Papilla Formation	÷	÷	÷	÷	÷	÷	÷	+	÷	+	-
		Pillow Formation	÷	-	-	÷	+	÷	-	-	(+)	+	-
		Solid Cell Groups	÷	+	+	(-)	+	+	+	+	+	+	+
		Trabecular Arrangement	÷	+	÷	-	-	-	÷	-	-	-	÷
		Sack Formation	+	÷	÷	(-)	÷	+	÷	÷	+	÷	-
		Desquamation	÷	÷	÷	÷	÷	+	÷	+	÷	÷	+
	Changes of Nuclei	Pyknosis etc	÷	+	+	÷	÷	+	÷	÷	÷	÷	+
		Increase of Chromatin	÷	÷	÷	+	+	÷	÷	÷	+	+	-
		Karyolysis & karyorrhexis	÷	+	÷	÷	(+)	+	÷	+	+	+	÷
Stroma	Colloid	Quantity	÷	+	÷	-	-	+	÷	÷	+	÷	+
		Vacuoles	÷	+	+	+	÷	÷	÷	÷	÷	÷	+
		Fluidification	÷	+	÷	(+)	÷	÷	+	÷	÷	-	÷
	Blood Vessels	Edema	+	+	+	÷	+	+	+	+	+	+	+
		Hyaline Degeneration	-	+	÷	-	-	÷	÷	÷	÷	-	÷
		Fibrosis	-	+	÷	-	-	÷	÷	÷	÷	-	÷
		Colloid in Lymph-vessels	+	+	+	-	(+)	+	+	+	+	(+)	÷
		Hemorrhage	÷	÷	÷	-	(-)	÷	+	+	(-)	÷	÷
		Round Cell Infiltration	-	+	÷	÷	+	÷	+	÷	÷	÷	÷
		Congestion	+	+	+	÷	+	+	+	+	+	+	+
		Lymphocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
		Leucocytes	÷	÷	÷	-	÷	÷	÷	÷	÷	÷	÷
		Fibrin	-	+	-	-	-	÷	÷	-	-	-	-
	Lymphoid Focus	Increase of Endothelium	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
		Degeneration of Endothelium	÷	+	÷	÷	÷	÷	÷	÷	÷	÷	÷
		Swelling of Walls	÷	+	+	÷	÷	÷	÷	÷	÷	÷	÷
	Lymphoid Focus	Lymphocytes	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
		Plasma Cells	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷
		Germinal Center	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷

M.725 Follicular collapse:
Follicles with degenerated
follicular epitheliums.

x 68



M.401. Follicular collapse :
In high power.

x 200



[REDACTED]

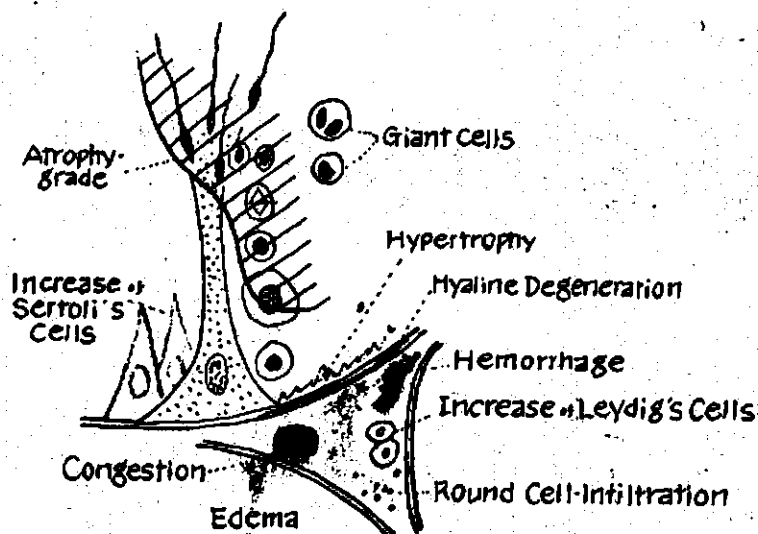
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Testis



TESTICLE

A) Microscopical

~~CONFIDENTIAL~~

a) Parenchyma.

Reduction of Tubulus Atrophia testis

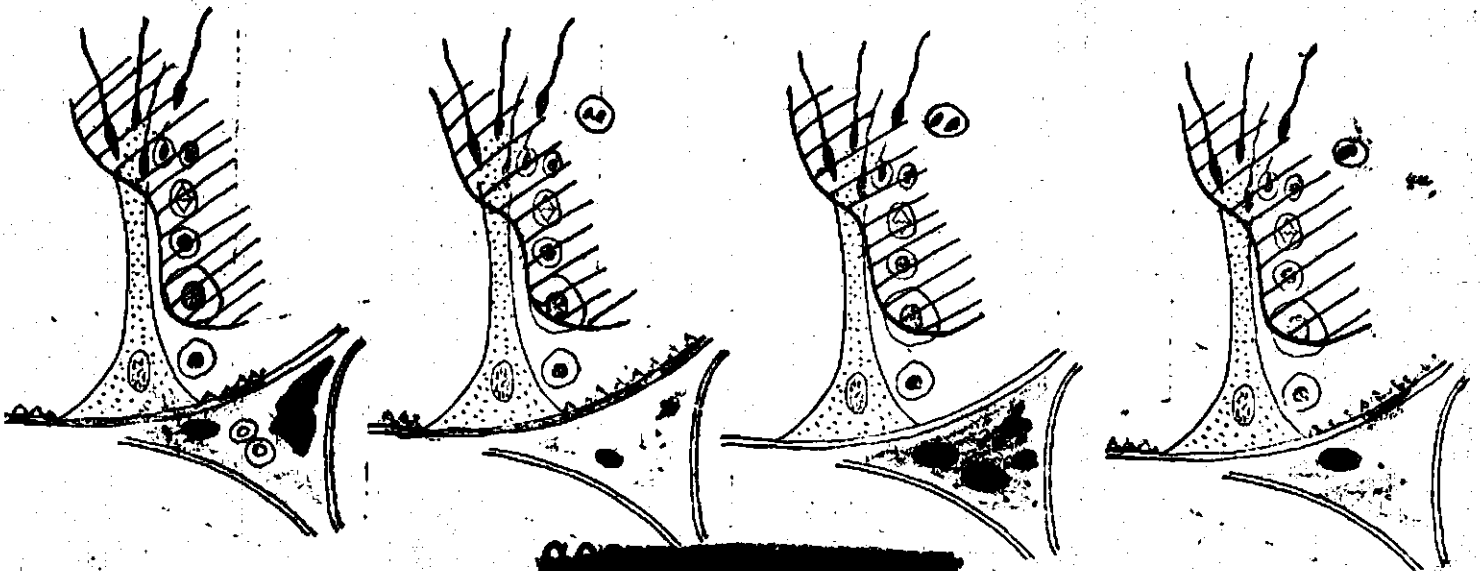
Hypertrophia or Hyaline degeneration of T. propria. Giant cell formation Hyperplasia of Sertoli's cells

17	I.	III.	+	-	N
54	I.	III.	+	÷	↓
225	I.	III.	÷	÷	↓
318	I.	III.	+	÷	↓

b) Stroma.

Congestion Hemorrhages Roundcell infiltration Swelling or Roughness Increase of Leydig's cells

17	+	+	-	+	÷
54	÷	÷	÷	÷	↓
225	#	÷	÷	#	N
318	+	-	÷	+	↓



~~CONFIDENTIAL~~

a) Parenchyma.

Reduction
of
Tubulus

Atrophia
testis

Hypertrophia
or
Hyaline dege-
neration of
T. propria.

Giant cell
formation

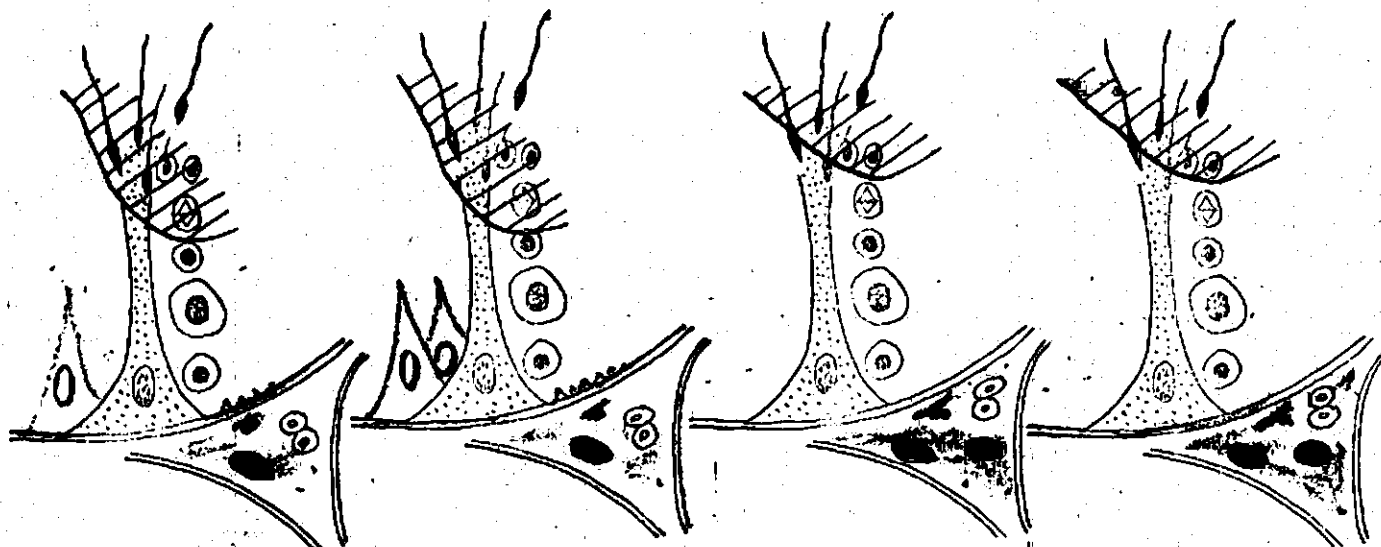
Hyperplasia
of
Sertoli's
cells

320	~I.	II.	+	—	+
325	I.	II.	+	—	+
328	I.	I.	+	—	+
388	I.	I.	+	—	2

b) Struma.

Congestion Hemorrhages Round cell Swelling or
infiltration Roughness Increase of
Leydig's cells

320	+	+	+	+	+
325	+	+	+	+	+
328	+	+	+	+	+
388	+	+	+	+	+



a) Parenchyma.

Reduction of
Tubulus

Atrophia
testis

Hypertrophia
or
Hyaline-degeneration of
T. propria.

Giant cell
formation.

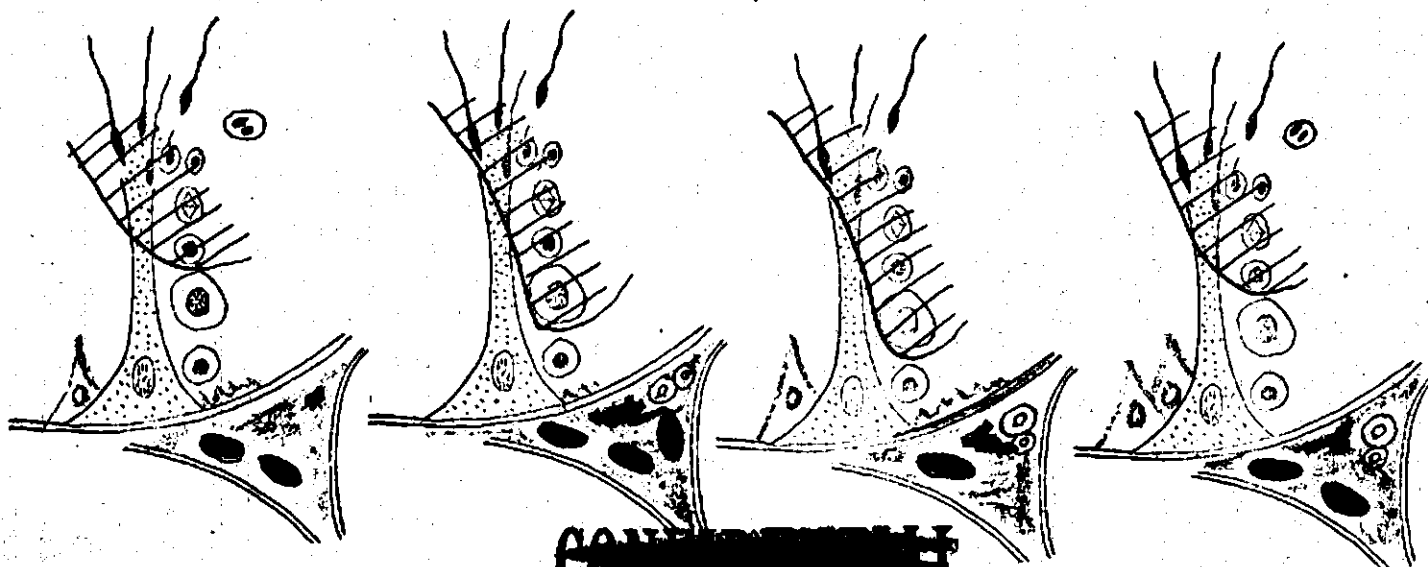
Hyperplasia
of
Sertoli's
cells

389	I.	II.	÷	÷	÷
393	II.	III.	÷	—	↓
396	I.	III.	÷	—	÷
397	I.	II.	—	—	+

b) Stroma.

Congestion Hemorrhages Round cell Swelling or
infiltration Roughness Increase of
Leydig's cells

389	+	÷	÷	++	↓
393	++	÷	÷	++	÷
396	+	÷	÷	+	÷
397	+	÷	÷	++	÷



(a) Parenchyma.

Redaction
of
Tabulus

Atrophia
testis

Hypertrophia
or
Hyaline dege-
neration of
T. propria.

Formation
of
Giant cells

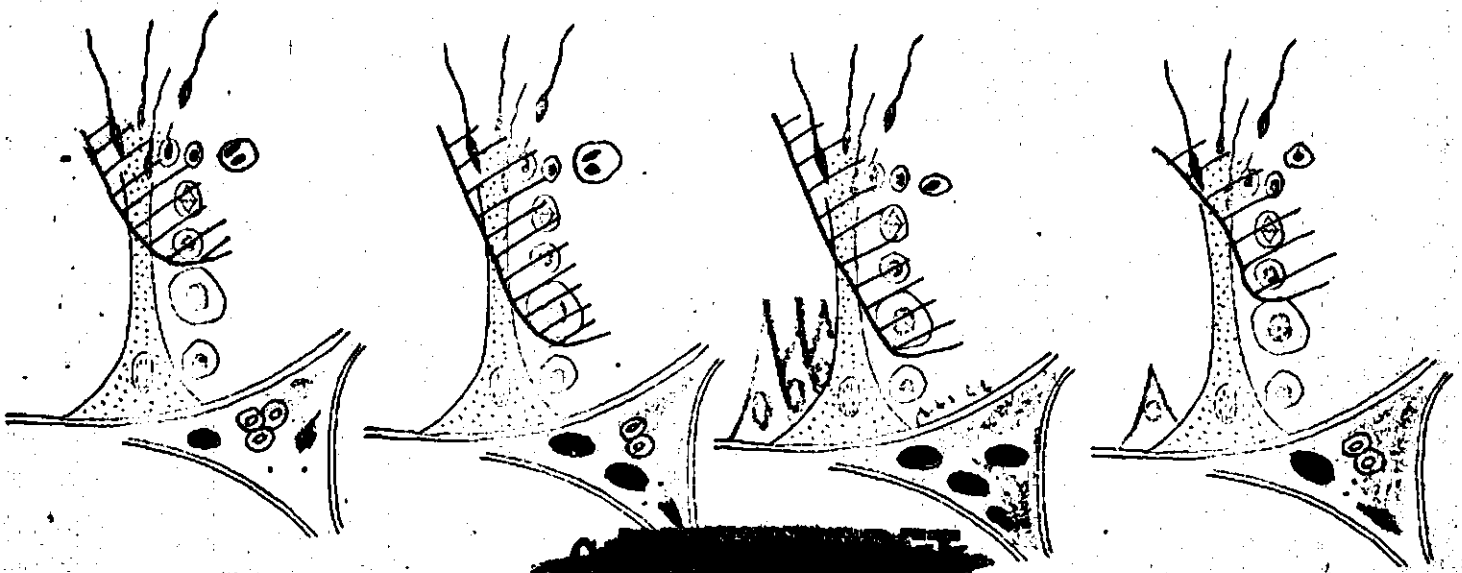
Hyperplasia
of
Sertoli's
cells

399	I.	II.	—	+	N
401	I.	III.	—	+	N
403	I.	III.	—	—	+
405	II.	II.	—	—	—

b) Stroma.

Congestion Hemorrhages Round cell Swelling or Increase of
infiltration Roughness Leydig's cells.

399	—	—	—	—	+
401	+	—	—	+	—
403	+	—	—	+	N
405	+	—	—	+	—



a) Parenchyma.

Reduction
of
Tubulus

Atrophia
testis

Hypertrophia
or
Hyaline dege-
neration of
T. propria.

Giant cell
formation.

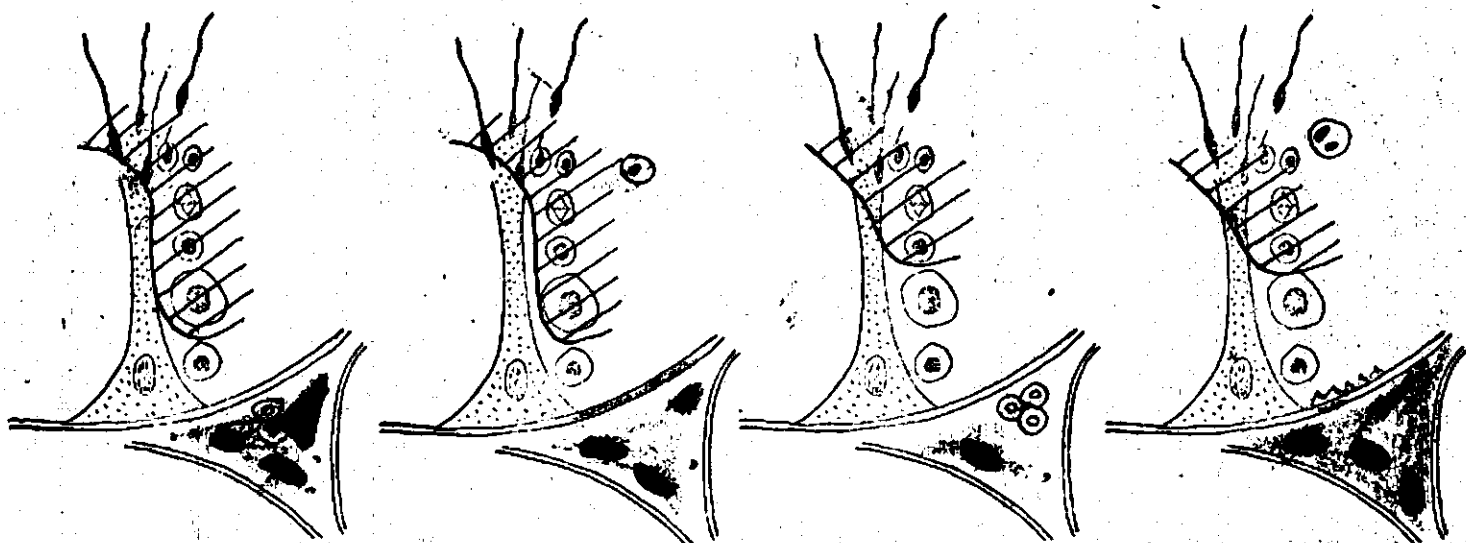
Hyperplasia
of
Sertoli's
cells

406	II.	III.	-	-	↓
407	I.	III.	÷	÷	N
409	~I.	II.	÷	÷	↓
410	I.	II.	÷	÷	↓

b) Stroma.

Congestion Hemorrhages Round cell Swelling or Increase of
infiltration Roughness Leydig's cells.

406	++	+	÷	++	÷
407	++	÷	÷	++	↓
409	+	-	÷	+	+
410	++	÷	÷	++	N



CONFIDENTIAL

a) Parenchyma.

Reduction of Tubulus Atrophia testis

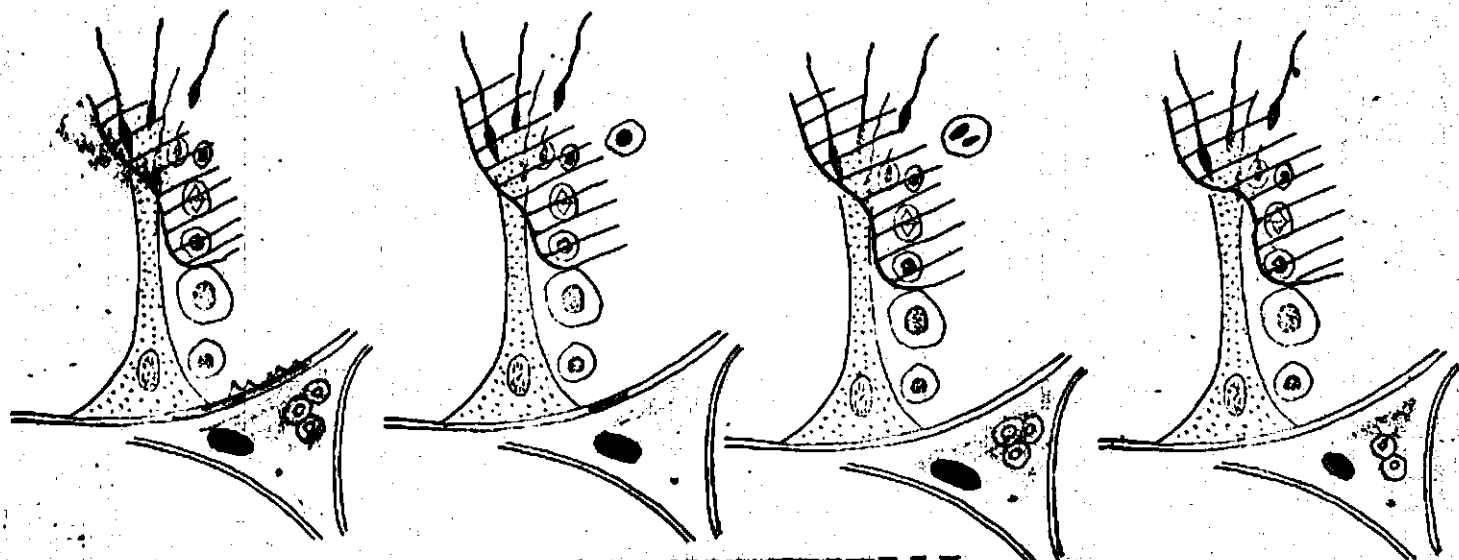
Hypertrophia or Hyaline degeneration of *T. propria* Formation of Giant cells Hyperplasia of Sertoli's cells

411	I.	II.	÷	—	↓
413	I.	II.	÷	÷	N
414	~I.	II.	—	+	N
416	—	II.	—	—	↓

b) Stroma.

Congestion Hemorrhages Round cell infiltration Swelling or roughness Increase of Leydig's cells

411	+	÷	÷	+	+
413	+	—	÷	+	↓
414	+	—	÷	+	+
416	÷	—	÷	÷	÷



a) Parenchyma.

Reduction Atrophia
of testis
Tubulus

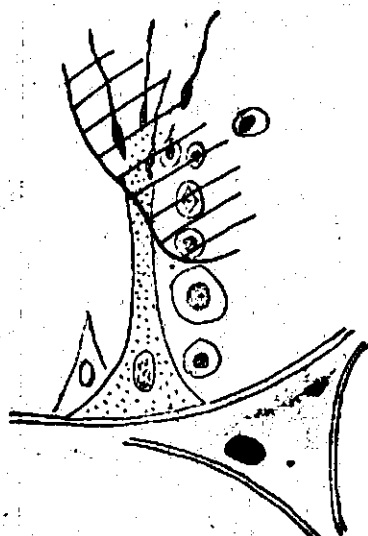
Hypertrophia Formation Hyperplasia
or of of
Hyaline dege- Giant cells Sertoli's
neration of cells
+ .propria.

417 ~ I. II. - - -

b) Stroma.

Congestion Hemorrhages Round cell Swelling or Increase of
infiltration Roughness Leydig's cells

417 + - - + N



CONFIDENTIAL

[REDACTED]

B) SUMMARY [REDACTED]

(I)

Our classification of "disturbance of spermatopoietic process".

a) On the "Atrophia testis".

- Atrophia testis I. Pyknotic spermatozoa.
Relative increase of prespermatids and spermatids.
- Atrophia testis II. Degeneration of prespermatids and spermatids with somewhat considerable excoriation of somewhat giant cell-formation (as signs of degeneration).
- Atrophia testis III. Remarkable degeneration of prespermatids and spermatids.
- Atrophia testis IV. Remarkable degeneration or sometimes complete diminishment of spermatocytes.
Degeneration and sometimes irregular cell-arrangement of spermatogonien.
- Atrophia testis V. Complete diminishment of spermatid cells.
Remarkable swelling and hyaline degeneration of ¹propria of tubuli seminiferi.

b) On the reduction of tubuli seminiferi.

- Reduction I. Diameter of tubulus seminiferus is reduced to $\frac{3}{4}$ of normal. (slight atrophie).
- Reduction II. Reduced to $\frac{2}{4}$. (medium atrophie).
- Reduction III. Reduced to $\frac{1}{4}$. (severe atrophie).

[REDACTED]

(2)

Generally infection causes some disturbances of spermatogenic process:

[REDACTED]

Atrophia testis 1.	2 cases.
" 11.	13 cases.
" 111.	10 cases.

Reduction of tubuli seminiferi

1.	20 cases.
" 11.	3 cases.

Sometimes accompanied with giant cell-formation of spermatids and prespermatids, as degenerative signs.

14 cases.

Generally infection causes some congestion.

Congestion in slight degree.	14 cases.
in medium degree.	7 cases.
in severe degree.	4 cases.

Sometimes hemorrhages and edema in interstitial tissues.

Hemorrhages in slight degree.	18 cases.
in medium degree.	2 cases.
Edema in medium degree,	18 cases,
in severe degree.	4 cases.

Accompanied with sometimes some round cell-infiltration.

in slight degree.	24 cases.

Leydig's cells. Sometimes increase.

in slight degree	12 cases.
in medium degree.	4 cases.

Sometimes decrease.

in slight degree.	5 cases.

in normal state [REDACTED] cases.

TESTIS

		17	54	225	318	320	325	328	388	389	393	396	397	399
Tubuli seminiferi	Grade of Reduction	+	+	+	+	+	+	+	+	+	+	+	+	+
	Thickening	+	+	+	+	+	+	+	+	+	+	+	+	+
	T. propria Fibrous Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Sertoli's Cells Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Sertoli's Cells Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Spermatogonien Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Spermatogonien Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Spermatocytes Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Spermatocytes Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Prespermatids Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Prespermatids Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Spermatids Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Spermatids Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
Stroma	Spermatozoa Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Spermatozoa Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Giant Cells	+	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling of Connective Tissue	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+
	Round Cell Infiltration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Increase of Connective Tissue	+	+	+	+	+	+	+	+	+	+	+	+	+
	Vessel Degeneration of Endothelium	+	+	+	+	+	+	+	+	+	+	+	+	+
	Vessel Wall Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+	+
	Leydig's Cells Quantity	N	N	N	N	N	N	N	N	N	N	N	N	N
	Yellow Granules	+	+	+	+	+	+	+	+	+	+	+	+	+
Tunica albuginea	Congestion	+	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+	+
	Round Cell Infiltration	+	+	+	+	+	+	+	+	+	+	+	+	+
	Degeneration of Vessel Endothelium	+	+	+	+	+	+	+	+	+	+	+	+	+
	Increase of Connective Tissue	+	+	+	+	+	+	+	+	+	+	+	+	+
Grade of Atrophy		III	III	III	III	II	II	I	I	II	III	III	II	II

TESTIS

		401	403	405	406	407	409	410	411	413	414	416	417
Tubuli seminiferi	Grade of Reduction	+	+	+	+	+	+	+	+	+	+	+	+
	Thickening	-	-	-	-	-	-	-	-	-	-	-	-
	Fibrous Degeneration	-	-	-	-	+	-	-	-	+	-	-	-
	Hyaline Degeneration	-	-	-	-	-	-	-	-	-	-	-	-
	Sertoli's Cells	Quantity	N	+	+	N	+	+	+	N	N	+	+
	Degeneration	-	-	-	-	-	-	-	-	-	-	-	-
	Spermatogonien	Quantity	N	+	+	N	+	+	+	N	+	+	N
	Degeneration	-	-	-	-	-	-	-	-	-	-	-	-
	Spermatocytes	Quantity	+	+	+	+	+	+	+	+	+	+	+
	Degeneration	-	-	-	-	-	-	-	-	-	-	-	-
	Prespermatids	Quantity	+	+	+	+	+	+	+	+	+	+	N
	Degeneration	+	+	+	+	+	+	+	+	+	+	+	+
	Spermatids	Quantity	+	+	+	+	+	+	+	+	+	+	+
	Degeneration	+	+	+	+	+	+	+	+	+	+	+	+
Stroma	Spermatozoa	Quantity	+	+	+	+	+	+	+	+	+	+	+
	Degeneration	+	+	+	+	+	+	+	+	+	+	+	+
	Giant Cells	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling of Connective Tissue	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+	+	+	+	+
	Round Cell Infiltration	+	+	+	+	+	+	+	+	+	+	+	+
	Increase of Connective Tissue	+	+	+	+	+	+	+	+	+	+	+	+
	Vessel Walls	Degeneration of Endothelium	+	+	+	+	+	+	+	+	+	+	+
	Hyaline Degeneration	+	+	+	+	+	+	+	+	+	+	+	+
	Swelling	+	+	+	+	+	+	+	+	+	+	+	+
	Leydig's Cells	Quantity	+	N	+	+	+	+	+	+	+	+	N
Tunica albuginea	Yellow Granules	+	+	+	+	+	+	+	+	+	+	+	+
	Congestion	+	+	+	+	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	-	-	-	-	-
	Round Cell Infiltration	+	+	+	+	+	+	+	+	+	+	+	+
	Degeneration of Vessel Endothelium	+	+	+	+	+	+	+	+	+	+	+	+
Grade of Atrophy		III	III	II	III	III	II	II	II	II	II	II	II

N = normal

[REDACTED]

Intense congestion and edema.

[REDACTED]



M 410

x 50

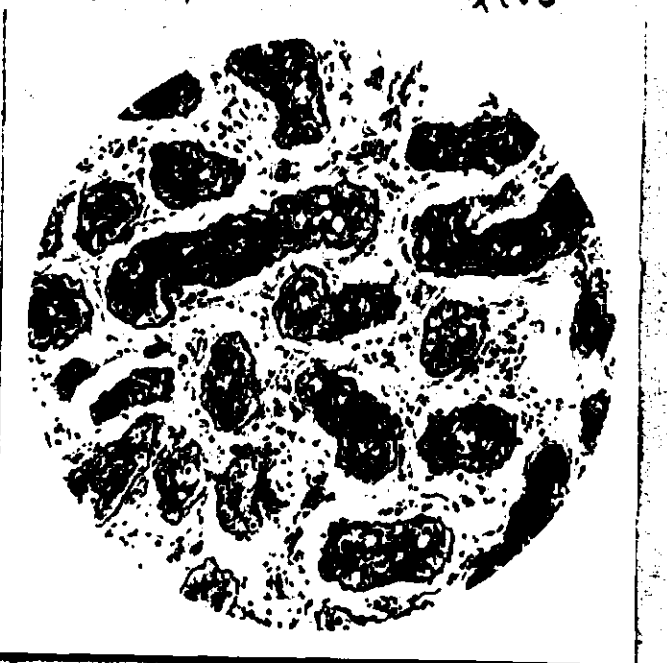
Atrophia testis III.



M 407

x 100

Atrophia testis III and edematous swelling of interstitial tissues.



M 406

x 100

[REDACTED]

[REDACTED]

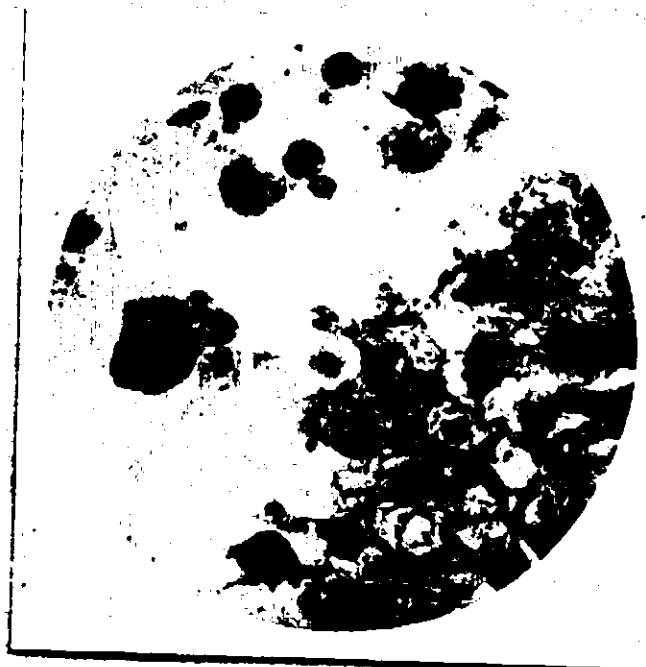
Atrophie testis III, accompanied with
diminish of spermatozoic cells.



M 403

X210

Atrophie testis III, accompanied with
giant cells formation of spermatogonic
cells.



M 399

X120

[REDACTED]

343

[REDACTED]

[REDACTED]

Pituitary body

[REDACTED]

PITUITARY

[REDACTED]

PITUITARY-BODY. [REDACTED]

(A) Microscop. Investigation [REDACTED]

225.

Partial hemorrhages in capsules. Severe congestion in anterior and posterior lobe (with some leucocytes in capillaries) and edema. Slight parenchymatous degeneration.

318.

Slight partial hemorrhages, severe congestion and subendothelial edema in anterior lobe. Slight parenchymatous degeneration.

401.

More or less atrophic and degenerative glandular cells with slight dissociation of cellular arrangements. Some bacterial masses in capillaries. Slight congestion and flat, non-active endothelial cells.

404.

In posterior lobe, some capillaries include leucocytes.

~~404.~~

More or less atrophic and degenerative glandular cells with slight dissociation of cellular arrangements. Non active endothelial cells.

405.

Almost normal with slight proliferative tendency of basal membrane. Wandering of basophilic glandular cells in posterior lobe.

409.

Slight congestion and slight parenchymatous degeneration.

No remarkable changes else.

410.

More or less considerable congestion and edema. More or less atrophic

[REDACTED] 345

[REDACTED]

[REDACTED]

and degenerative glandular cells. Slight perivascular round-cell
-accumulation in intermediate lobe.

4II.

Intense congestion, edema and partial hemorrhages in anterior lobe.

More or less atrophic and degenerative glandular cells.

(esp. at hemorrhagic parts).

[REDACTED]

(B) SUMMARY.

[REDACTED]

A.) Anterior lobe.

1) Always with somewhat capillar congestion.

Congestion in slight degree.	2 cases.
in medium degree.	1 cases.
in severe degree.	3 cases.
~~in severe degree.~~	~~cases.~~

Congestion with some leucocytes, as capillar contents. 1 cases.

Congestion with some bacterial masses, as cap-contents. 1 cases.

Congestion, accompanied with perivascular hemorrhages. 3 cases.

2) After that, occurred some signs of so-called serous inflammation.

S-I, With considerable subendothelial edematous swelling. 1 cases.

S-I, accompanied with some dissociation of cellular arrangements.

2 cases.

S-I, accompanied with some degenerative changes of capillar endothelial cells (swelling, clouding and desquamation).

1 cases.

We classified these changes according to the concept "serous inflammation", which we preferred.

Pituitaritis serosa	I degree:	4 cases.
	II degree.	1 cases.
	III degree.	1 cases.

3) Then, it shows some degenerative changes of parenchymatous cells (esp. basophilic cells), esp. at perivascular portions.

Cloudy swelling in slight degree. 2 cases.

~~CONFIDENTIAL~~
~~CONFIDENTIAL~~
Cloudy swelling in considerable degree.

3 cases.

Cloudy swelling with vacuolar degenerations.

1 cases.

B.) Posterior lobe.

Sometimes, with considerable congestion and following changes.

Considerable congestion.

1 cases.

Considerable with slight perivascular hemorrhages.

1 cases.

Considerable with slight hyperplasia of neuroglia cells.

0 cases.

Accordingly, the significant main pathological changes are slight

Pituitaritis serosa (congestion, serous exudation and some parenchymatous degenerations).

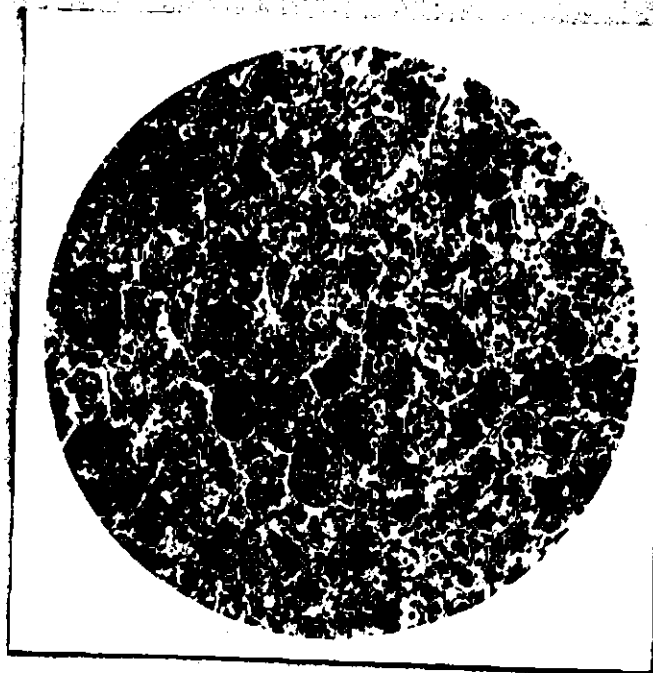
PITUITARY BODY

		225	318	401	404	405	409	410	411
Capsule	Congestion	+	+	-	-	-	-	+	-
	Edema	+	+	+	+	-	+	+	+
	Hemorrhage	+	+	-	-	-	-	+	-
	Infiltration of Round Cells	-	-	-	-	-	-	+	-
Adenohypophysis	Congestion	+	+	+	+	+	+	+	+
	Edema	+	+	+	+	+	+	+	+
	Hemorrhage	-	-	-	-	-	-	-	+
	Infiltration of Round Cells	-	-	-	-	-	-	-	-
	Parenchymatous Degeneration	-	-	-	-	-	-	-	-
	Atrophia	-	-	-	-	-	-	-	-
	Pyknosis	-	-	-	-	-	-	-	-
	Karyorrhexis	-	-	-	-	-	-	-	-
	Karyolysis	-	-	-	-	-	-	-	-
	Parenchymatous Degeneration	+	+	+	+	+	+	+	+
	Atrophia	-	-	-	-	-	-	-	-
	Pyknosis	-	-	-	-	-	-	-	-
	Karyorrhexis	-	-	-	-	-	-	-	-
	Karyolysis	-	-	-	-	-	-	-	-
	Parenchymatous Degeneration	+	+	+	+	+	+	+	+
	Atrophia	-	-	-	-	-	-	-	-
	Pyknosis	-	-	-	-	-	-	-	-
Basophilic Chromophobe	Karyorrhexis	-	-	-	-	-	-	-	-
	Karyolysis	-	-	-	-	-	-	-	-
	Necrosis	-	+	+	-	-	-	-	-
	Congestion	+	+	+	-	-	+	-	-
Neurohypophysis	Edema	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	-	-	+	-	+
	Infiltration of Round Cells	-	+	+	-	-	-	-	-
	Hemorrhage	-	-	-	-	-	-	-	-
Posterior Intermediate	Infiltration of Round Cells	-	-	-	-	+	-	-	-
	Color of Colloid	R.	R.	R.	V.	V.	R.	R.	R.
	Vacuole in Colloid	+	+	+	+	+	+	+	+
	Desquamation of Cyst-wall cells	+	+	-	+	-	+	+	-

V.....Violet
R;.....red

~~CONFIDENTIAL~~

Hemorrhages in adeno-pituitary
body.



M-225

x130

Hemorrhages in pituitary body
(anterior lobe)



M-411

x130

~~CONFIDENTIAL~~

7350

[REDACTED]

[REDACTED]

Bacterial masses in capillaries
and perivascular parenchymatous
degeneration.



M-401

x320

Leucocytes in capillaries and
perivascular edema, in
anterior lobe.



M-404

x320

351

[REDACTED]

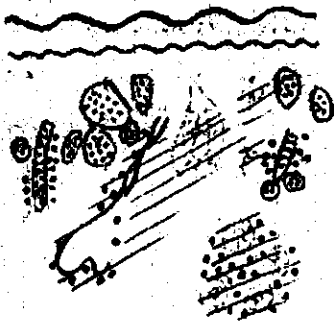
A) Microscopical Investigation.

54. Phlegmona diffusa.

Diffuse phlegmons in subcutaneous (in severe degree) and cutaneous tissues with intense leucocytes (and some lymphocytes) -infiltration, accompanied with severe serous exudation and intense diffuse hemorrhages (so-called blood-sea).

Capillaries in subcutaneous tissues with plentiful leucocytes, necrotic ruin of capillary-walls, intense perivascular edema and hemorrhages, intense leucocytes-emigration (hematogenous-metastatic characters), invading phlegmoneously all over the neighbouring tissues.

Accompanied with atrophic epidermis and atrophy or collapse of adnex-organs.



358.

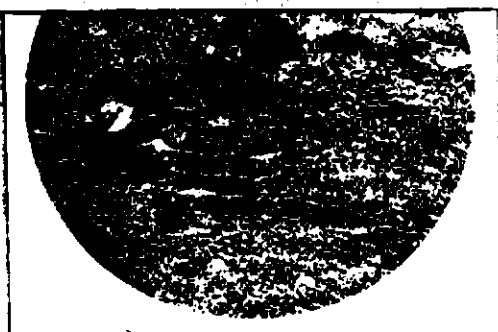
Remarkable congestion of capillaries at Str. subpapillare with some anthrax-bacillus

Accompanied with somewhat necrotic ruins of capillary-walls, perivascular edema in a high degree and some localised hemorrhages.

Some pericapillar lymphocytes (and leucocytes) accumulation and slight collapse of adnex-organs.

[REDACTED] 354

[REDACTED] 355



[REDACTED] 356

[REDACTED]

[REDACTED]

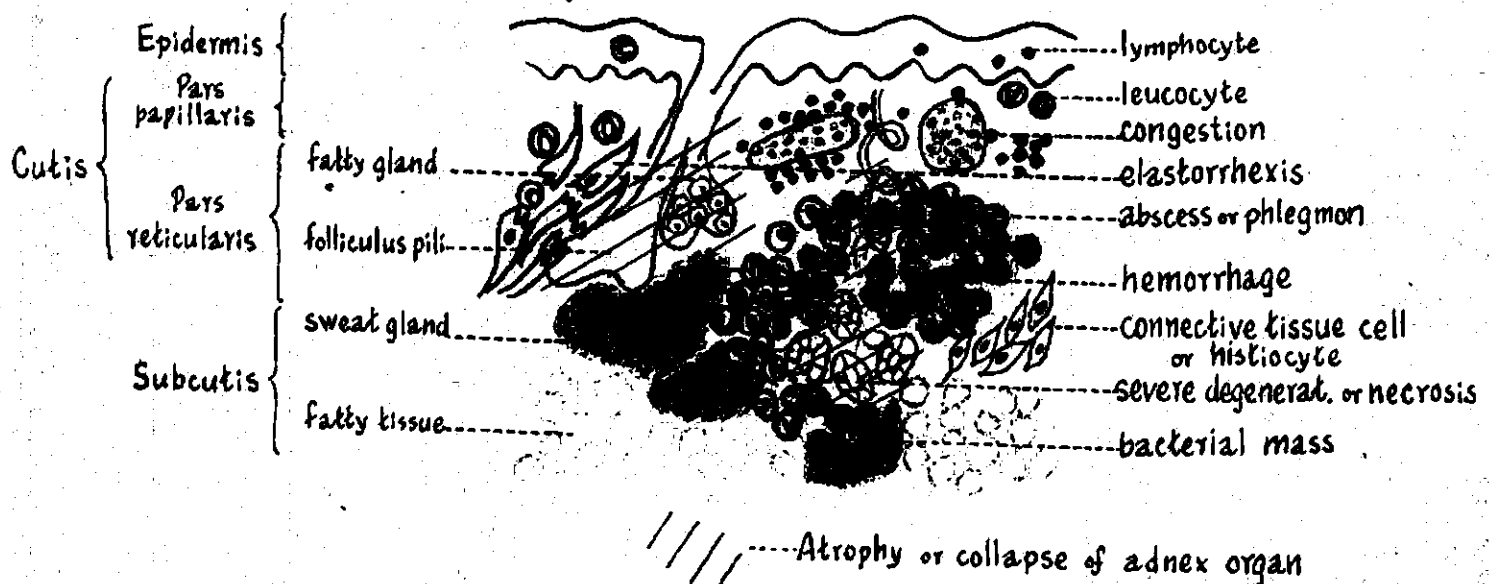
Edematous swelling of
subepithelial layers of
acini.
Degeneration of basophilic cells



M. 411

1320

Skin



S K I N

A) Microscopical Investigation.

54. Phlegmona diffusa.

Diffuse phlegmons in subcutaneous (in severe degree) and cutaneous tissues with intense leudocytes (and some lymphocytes) -infiltration, accompanied with severe serous exudation and intense diffuse hemorrhages (so-called blood-sea).

Capillaries in subcutaneous tissues with plentiful leucocytes, necrotic ruin of capillary-walls, intense perivascular edema and hemorrhages, intense leucocytes-emigration (hematogenous-metastatic characters), invading phlegmoneously all over the neighbouring tissues.

Accompanied with atrophic epidermis and atrophy or collapse of adnex-organs.

388.

Remarkable congestion of capillaries at Str. subpapillare with some anthrax-bacillus. Accompanied with somewhat necrotic ruins of capillary-walls, perivascular edema in a high degree and some localised hemorrhages. Some pericapillar lymphocytes (and leucocytes) accumulation and slight collapse of adnex-organs.

409.

Intense congestion of capillaries and localised hemorrhages at Str. subpapillare and Str. papillare, accompanied with somewhat diffuse perivascular cellular infiltration. (leucocytes, some of them being eosinophilic, lymphocytes and some histiocytes). Slight fibrosis of adnex-organs.

In epidermis, slight swelling and atrophy of pickle cells and some parakeratosis above the cutis.

B) S U M M A R Y

Considerable congestion (especially at Str. subpapillare).

Emigration of leucocytes and lymphocytes.

Atrophy of adnex-organs.

In No: 54 is diffused phlegmon with severe hemorrhages and fragmentation of degenerated epidermis. Hematogenous-metastatic character is considered from point of necrotic ruins of vessels and perivascular serous and cellular infiltration.

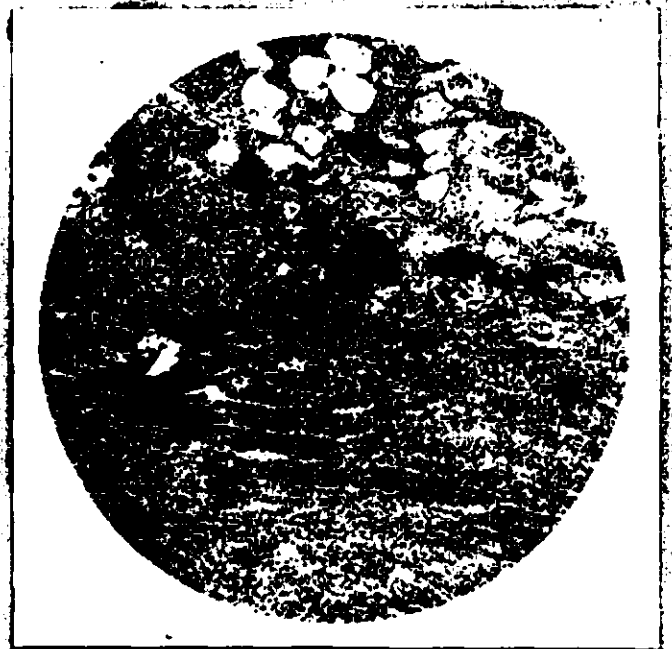
~~CONFIDENTIAL~~
M-388 Hypermia at Str. papillare.

x64



M-54 Hemorrhages and some leucocytes
dissemination in subcutaneous
tissues.

x80.



Lymphnode

Hypertrophy of germ center

Hypertrophy of
Reticulum cell.

Congestion of Sinus
Necrosis

Normal Sinus
Exudation



No remarkable changes

Bacterial masses.

Leukocytes dissemination.

Exudation

Fibrin

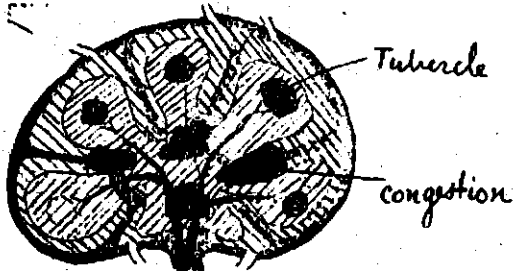
Sinus catarrh.

Hemorrhage of follicle

Congestion of Blood Vessel.

LYMPH-NODULUS.

(17) mesenterial



(A) Microscop. Investigation.

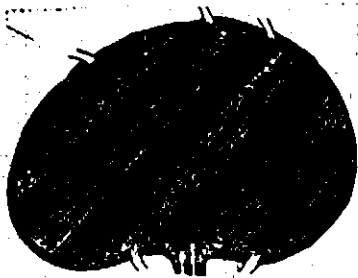
17. Mesenterial:

Lymphadenitis tuberculosa obsoleta with considerable congestion in medullary sinus, edematous swelling of capillary walls and slight reduction of follicular lymphocytes.

27. Mesenterial:

Extraordinary intense pericapsular hemorrhagic and leucocytic changes and also extremely severe hemorrhagic and necrotic changes in follicular tissues with intense diffuse leucocytes - emigration, various decayed cellular fragments and diffuse intense hemorrhages in follicular tissues,

(27) mesenterial



severe hemorrhagic necrotic change
numerous leucocytes

27. Mesenterial:

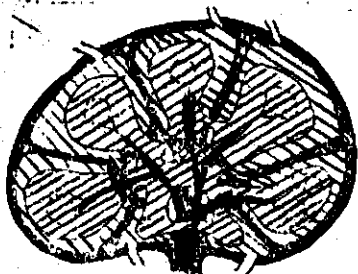
dime-large. Severest pericapsular hemorrhages and leucocytes - emigration and remarkable hemorrhagic exudative changes in peripheral sinuses. Intense diffuse hemorrhages, necrotic swelling of reticular tissues with remarkable leucocytes - emigration in medullary sinuses and remarkable

(27) mesenterial



[REDACTED]

(27) peribronchial

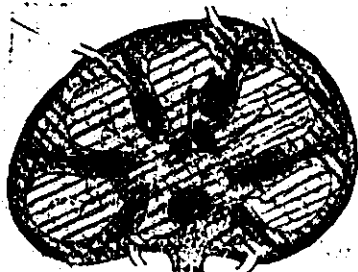


hemorrhagic-exudative processes in some germinative centres.

In yet remained other follicular tissues with remarkable reduction of follicular lymphocytes, and considerable leucocytes-emigrations.

Lymphadenitis haemorrhagico-necroticans in severe degree.

(225) mesenterial



27. Peribronchial:

Anthracosis and considerable congestion (a little leucocytes as capillary contents) and very slight reduction of follicular lymphocytes.

225. Mesenterial:

Slight pericapsular hemorrhages with slight leucocytes-accumulations, and slight catarrh of peripheral sinuses.

(325) mesenterial



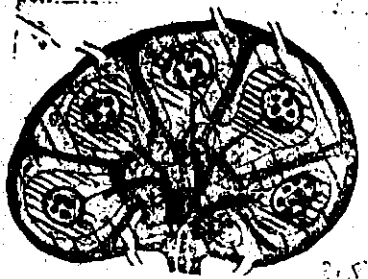
Slight swelling of pulpa-meshes and slight congestion and slight hyperplasia of reticulum-cells in medullary sinuses.

325. Mesenterial:

Sugar-corn large.

Slight pericapsular congestion and hemorrhages and remarkable catarrh of

(318)



peripheral sinuses.

In medullary sinus; severe congestion, necrotic ruins of blood-vessel-walls and multiple hemorrhages, accompanied with necrotic swelling of medullary tissues.

In pulpa-meshes: extremely severe hemorrhages, edematous swelling of reticulum-fibres and remarkable diminution of follicular lymphocytes.

Lymphadenitis haemorrhagico-necroticans gravis.

(318) peribronchial



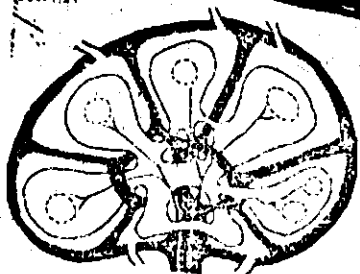
318. Peribronchial:

Sugar-corn large. Lymphadenitis caseosa tuberculosa and Anthracosis.

Slight catarrh of peripheral sinus and considerable hyperplasia of generative centers with some increased histiocytes, accompanied with slight congestion, slight perivascular edema and slight hyperplasia of reticulum-cells (some of them in erythrophagocytosis) in medullary tissues.

320. Peribronchial:

Slight catarrh of peripheral sinuses (slight hyperplasia of histiocytes)



peripheral sinuses (considerable hyperplasia and cloudy swelling of histiocytes, remarkable swelling of reticulum-fibres, plenty of leucocytes and some bacterial masses in peripheral sinuses).

In follicular tissues, at some places miliary caseonecrotic changes with some decayed masses of histiocytic and some bacterial accumulation and at other pulpa-meshes, considerable swelling with some leucocytes and slight reduction of follicular lymphocytes.

Germinative centres in considerable hyperplasia with some increased histiocytic cells and some of them fall into cellular fragments and some of them, into submiliary caseous masses.

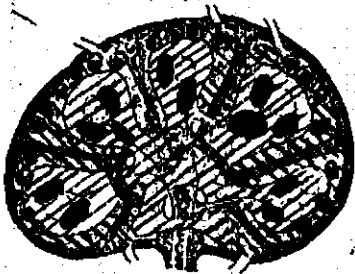
Bacterial accumulation in surrounding tissues of germinative centers.

Initial stage of acute lymphadenitis, due to anthrax-infection.

318. Mesenterial:

Severe pericapsular congestion and severe diffuse hemorrhages and severe bleeding with some leucocytes in

(320) peribronchi



(325) mesenterial



and considerable congestion in follicular tissues, (accompanied with slight hyperplasia of reticulum-cells in medullary tissues and slight swelling of pulpa-meshes with considerable reduction of lymphocytes in pulpa-meshes. Lymphadenitis catarrhalis and haemorrhagica levis.

325. Mesenterial:

Sugar-corn large. Slight catarrh of peripheral sinuses and considerable hyperplasia of reticulum-cells in pulpa-meshes and medullary tissues. Considerable swelling of pulpa-meshes and with some leucocytes-emigrations and considerable diminution of follicular lymphocytes.

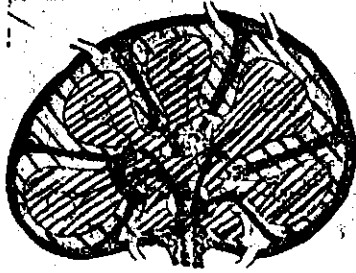
380. Mesenterial:

large.

Almost normal, very slight catarrh of peripheral sinuses, slight hyperplasia of reticulum-cells in medullary tissues with slight congestion. No considerable reduction of follicular lymphocytes.

388. Mesenterial:

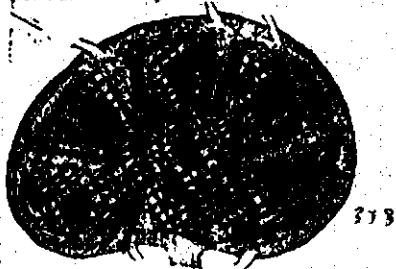
(380) mesenterial



(388) mesenterial



(388) peribronchial



Sugar-corn large
Slight pericapsular leucocytes- emig-
rations and slight hemorrhages and
considerable hemorrhagic necrotic chan-
ges in peripheral sinuses (considerable
hemorrhages, more or less remarkable
leucocytes- and bacterial accumulations).
Considerable congestion, (plenty bacterial
masses in capillaries), necrotic ruins
of vessel-walls, severe necrotic swelling
and considerable hemorrhages in medull-
ary tissues and multiple submiliary
hemorrhagic-necrotic portions in folli-
cular tissues, accompanied with bacterial
accumulations, severe edematous swelling
and remarkable diminution of follicular
lymphocytes in pulpa-meshes.

Lymphadenitis haemorrhagico-necroticans.

388. Peribronchial:

Sugar-corn large.

The same hemorrhagic-necrotic changes.

388. Submaxillaris:

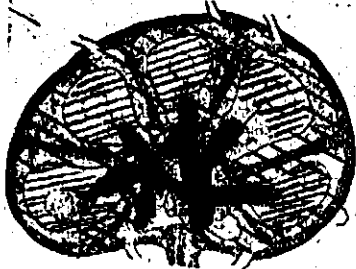
The same, hemorrhagic-necrotic changes.

388. Axillaris. Some lymphnodus in
large.

Extraordinary intens pericapsular hemorr-
hages, edematous swelling and leucocytes-

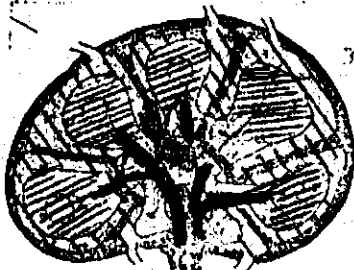
Very slight catarrh in peripheral sinuses

(389) mesenterial



and remarkable congestion in medullary tissues, accompanied with slight edematous swelling and slight localised hemorrhages in medullary tissues and considerable swelling with some leucocytes in pulp-meshes with considerable diminution of follicular lymphocytes.

(393) peribronchial



395. Mesenterial:

Slight catarrh of peripheral sinuses and slight congestion and slight swelling in medullary tissues.

393. Mesenterial:

Lymphadenitis tuberculosa.

Slight catarrh of peripheral sinuses and multiple caseous parts in follicular tissues with considerable increased histiocytes-walls as perifocal changes (with some giant cells).

No congestion in follicular tissues and slight diminution of follicular lymphocytes.

393. Radical mesenterial lymphnodus:

Remarkable pericapsular inflammatory changes (remarkable congestion, considerable hemorrhages with some bacterial accumulations) and severe hemorrhagic-necrotic changes in peripheral sinuses.

(395) mesenterial



(393) mesenterial



393 M

[REDACTED]
(severe hemorrhages, necrotic swelling of reticulum-fibres and some bacterial masses).

Severe congestion (with some bacterial masses as capillary contents), necrotic ruins of capillary walls, severe necrotic swelling and severe hemorrhagic-exudative changes of medullary tissues.

No significant hyperplasia of reticulum-cells.

(393) Radical-mesenterial



393 R

Multiple hemorrhages in pulpa-meshes, accompanied with severe swelling and some bacterial accumulations in pulpa-meshes and remarkable diminutions of follicular lymphocytes.

Lymphadenitis haemorrhagico-necroticans gravis.

395. Peribronchial:

Total hemorrhagic ruins of follicular tissues and severe diffuse pericapsular hemorrhages.

396. Mesenterial:

Almost normal, slight hyperplasia of medullary reticulum-cells. No significant congestion.

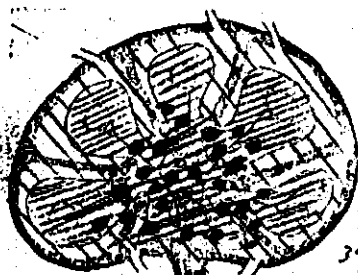
397. Mesenterial:

(395) peribronchial



395 p

(396) mesenterial



396

Sugar-corn large.

Slight pericapsular inflammatory changes (slight congestion, slight leucocytes-emigrations and slight edematous swelling) and remarkable hemorrhagic exudative changes in peripheral sinuses (remarkable hemorrhages, remarkable exudation and some decayed cellular masses).

Considerable congestion, necrotic ruins of capillary walls, severe necrotic swelling and severe hemorrhagic-exudative changes in medullary tissues and multiple hemorrhages in pulpa-meshes, accompanied with severe swelling and severe congestion in pulpa-meshes with remarkable diminution of follicular lymphocytes.

397. Peribronchial:
large.

Slight catarrh in peripheral sinuses and remarkable congestion, slight swelling and slight hyperplasia of medullary tissues.

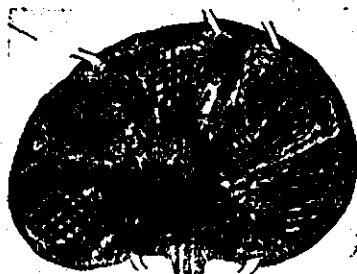
No. significant diminution of follicular lymphocytes.

397. Mesenterial:

Slight catarrh in peripheral sinus

[REDACTED]

(397) mesenterial



and slight hyperplasia of medullary reticulum-cells. Remarkable congestion, necrotic ruins of capillary walls and severe necrotic swelling of medullary tissues, plenty of leucocytes-emigrations and at some places remarkable hemorrhages in follicular tissues, accompanied with severe swelling and considerable diminution of lymphocytes in pulpa-meshes. Lymphadenitis haemorrhagica.

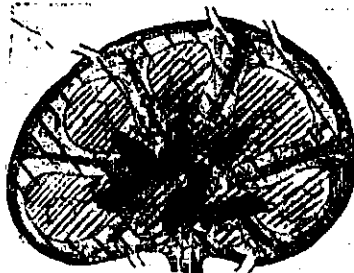
397. Para-pancreal:

Extremely severe hemorrhagic exudative changes in pericapsular tissues and severest haemorrhagic exudative changes in follicular tissues (severest congestion, necrotic ruins of capillary walls, necrotic swelling, plenty of leucocytes-emigrations, considerable hemorrhages and some bacterial accumulations in medullary tissues and peripheral sinuses). Severest swelling of yet remained pulpa-meshes and remarkable diminution or diminish of follicular lymphocytes.

399. Mesenterial:

Almost normal, slight catarrh of peripheral sinuses and slight hyperplasia of

(397) peribronchial



(397) mesenterial



(397) para-pancreal



397 p.

~~CONFIDENTIAL~~

medullary reticulum-cells.

At some places in follicles, slight congestion and slight hemorrhages.

No remarkable changes else.

399. Axillar:

Almost normal.

399. Peribronchial:

Some lymphnodulus in Sugar-corn large.

Extremly severest hemorrhagic exudative changes in pericapsular and follicular tissues.

Extremly severest congestion, necrotic ruins of capillary walls, severe necrotic swelling of medullary tissues with remarkable leucocytes-emigrations and severe diffues hemorrhages.

Severest swelling, necrotic swelling of reticulum-fibres (at some places, some submiliary necrotic parts) and remarkable diminution of lymphocytes in pulpa-meshes.

Lymphadentis haemorrhagico-necroticans.

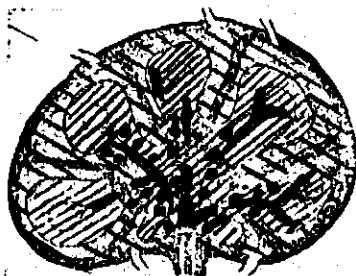
400. Peribronchial:

Some lymphnoduls in Sugar-corn large.

Considerable congestion, edematous

swelling and some leucocytes-emigration

(399) mesenterial



399

~~CONFIDENTIAL~~

[REDACTED]

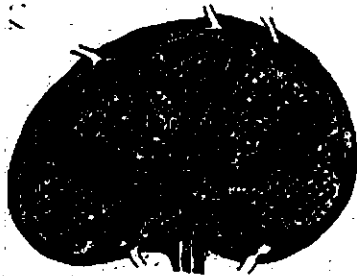
(399) axillar

[REDACTED]



399

(399) peribronchial

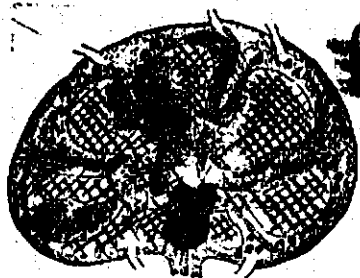


399

[REDACTED]

370

[400] peribronchial



pericapsular tissues and remarkable congestion of efferent vessels.

Remarkable hemorrhagic-exudative changes in peripheral sinuses (remarkable congestion, severe exudation, plenty of leucocytes and necrotic ruins of reticulum-fibres or reticulum-cells) and also extremely severe hemorrhagic-necrotic changes in medullary tissues and pulpameshes: remarkable congestion (with some leucocytes as capillary contents), necrotic ruins of capillary walls, severe edematous and hemorrhagic processes in medullary tissues and considerable swelling of pulpameshes with remarkable diminution of follicular lymphocytes.

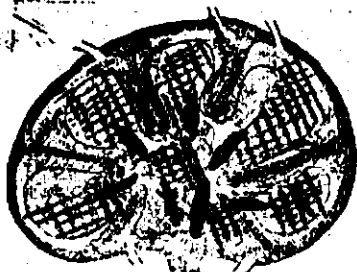
[400] mesenteric



400. Mesenteric:

Very slight pericapsular inflammatory changes and slight catarrh in peripheral sinuses. Considerable congestion and edematous swelling of medullary tissues (with some leucocytes-emigrations) and considerable congestion (at some places, bacterial accumulations) and swelling of pulpameshes with considerable diminution of follicular lymphocytes.

(401) peribronchial



401. Peribronchial:

Extremely severest hemorrhagic-exudative changes of pericapsular tissues: severe diffuse hemorrhages, some leucocyte - emigrations and necrotic swelling of pericapsular tissues, and also extremely severest hemorrhagic-exudative changes of follicular tissues: severe congestion, severe necrotic swelling of medullary tissues and pulpa-meshes, accompanied with severe diminution or diminish of follicular lymphocytes.

Lymphadenitis hemorrhagico-necroticans.

401. Mesenterial:

Slight pericapsular inflammatory changes: slight congestion and some leucocytes-emigrations and remarkable hemorrhagic exudative changes of follicular tissues: remarkable congestion, necrotic swelling of capillary walls and more or less considerable diffuse hemorrhages in medullary tissues, Slight swelling of pulpa-mesh with some slightly increased, cloudy swollen histiocytes and slight congestion. Lymphadenitis haemorrhagica.

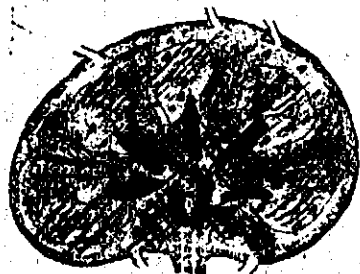
401. Mesenterial:

(401) mesenterial



Considerable hemorrhagic-exudative changes in pericapsular tissues and peripheral sinus: considerable congestion, hemorrhages, exudation and some leucocytes-emigrations, and intense hemorrhagic-exudative changes in follicular tissues: severe congestion, necrotic swelling of capillary walls and medullary tissues, diffuse intense haemorrhages and plenty leucocytes-emigrations.

(403) peribronchial



Considerable swelling of pulpa-meshes, with plenty of leucocytes and necrotic swelling of reticulum-fibres in pulpa-meshes, accompanied with remarkable reduction of follicular lymphocytes.

403. Peribronchial:

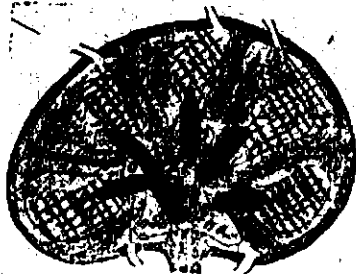
Remarkable congestion, intense diffuse hemorrhages and plenty of leucocyte-emigrations in pericapsular tissues and peripheral sinues.

Remarkable hemorrhagic-exudative changes in follicular tissues:

Remarkable congestion, necrotic swelling of capillary walls, necrotic swelling of medullary tissues and plenty leucocytes-emigrations and diffuse multiple hemorr-

[REDACTED]

(403) mesenterial



[REDACTED]

hages (at some places, multiple submi-
liary bionecrotic parts).

Considerable congestion, edematous swelling
and some leucocytes-emigration of pulpa-
meshes with remarkable reduction of
follicular lymphocytes.

403. Mesenterial:

Extremely severe hemorrhagic exudative
changes of pericapsular tissues and
peripheral sinuses and also the same
extremely severest hemorrhagic necrotic
changes of follicular tissues: severest
congestion and diffuse severe hemorrhages,
accompanied with necrotic swelling of
medullary tissues and remarkable edema-
tous swelling of pulpa-meshes (with plen-
ty leucocytes-emigration and severe
diminution of follicular lymphocytes).

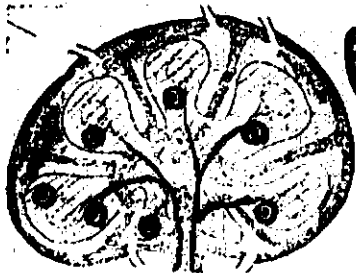
(404) peribronchial



405. Peribronchial:

Slight pericapsular hemorrhagic changes:
slight congestion, slight bleeding and
some leucocytes-emigration and the some
hemorrhagic-exudative changes of peri-
pheral sinuses: sligh exudation, some
leucocyte-emigration and slight hyper-
plasia of histiocytes.

(405) peribronchial



Very slight congestion, a few leucocyte-emigrations and slight hyperplasia of swollen histiocytes in medullary tissues, and no considerable reduction of pulpa-meshes.

405. Mesenterial:

Very slight pericapsular inflammatory changes, slight catarrh of peripheral sinuses and slight congestion, slight swelling and slight hyperplasia of medullary tissues.

405. Radical mesenterial:

The same changes.

404. Peribronchial:

Extremely severe pericapsular edematous and exudative changes with slight congestion, slight bleeding and some leucocyte-emigrations and slight catarrh of peripheral sinuses (slight exudation, some leucocytes and slight hyperplasia of swollen histiocytes).

Very slight congestion with a few leucocytes and slight swelling of medullary tissues. Slight swelling and no other significant changes of pulpa-meshes.

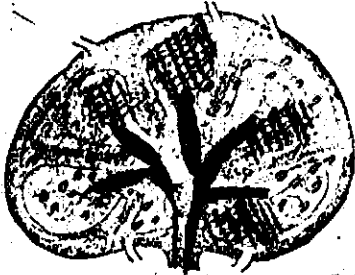
407.

pericapsular hemorrhagic

(407)



(407) Radical-mesenterial



407 γ-heart-sack



~~CONFIDENTIAL~~
changes with some leucocytes and extremely severe hemorrhagic exudative changes in peripheral sinuses: intense exudation, extremely severe hemorrhages, plenty leucocytes and necrotic swelling or necrotic ruins of reticulum-fibres. In medullary tissues: extremely intense congestion, necrotic ruins of capillary walls, extremely severe necrotic swelling and remarkable diffuse hemorrhages and in pulpa-mesh: remarkable swelling of reticulum-fibres, diffuse intense hemorrhages and exudation, accompanied with remarkable diminution of follicular lymphocytes.

407. Radical mesenterial:
the same changes.

409. Peribronchial:
Extremely severest diffuse hemorrhages with some leucocytes in pericapsular tissues and also extremely intense hemorrhagic changes in follicular tissues, the most intense diffuse hemorrhages all over the follicular tissues with remarkable diminution of all follicular cellular elements: remarkable congestion,

~~CONFIDENTIAL~~

(409) axillar



necrotic ruins of capillary walls, diffuse intense hemorrhages and exudation, necrotic swelling or diminish of medullary tissues, remarkable diminution of pulpamashes with remarkable swelling, intense hemorrhage and remarkable reduction of follicular lymphocytes.

409. Axillar:

Considerable pericapsular hemorrhages with some leucocytes-emigrations and remarkable hemorrhages with some leucocytes-emigrations and necrotic swelling of reticulum-fibres in peripheral sinuses. Remarkable congestion, intense edematous swelling and diffuse hemorrhages in medullary tissues and remarkable edematous or bionecrotic swelling of reticulum-fibres, some leucocytes-emigration, considerable hemorrhages and remarkable diminution of lymphocytes in pulpamashes.

4II. Peribronchial:

Considerable pericapsular inflammation and remarkable hemorrhages in peripheral sinuses.

(400) peribronchial

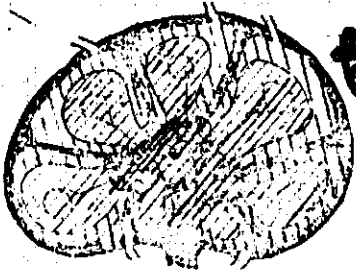


(412) peribronchial



[REDACTED]

(4/2) mesenterial



[REDACTED]

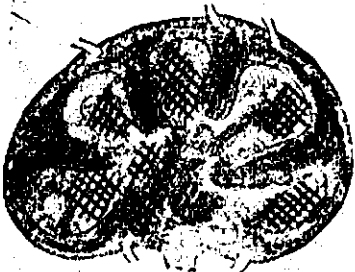
Extremely intense total hemorrhagic-necrotic changes in follicular tissues with remarkable bionecrotic decay or diminution of all follicular cell-components.

Lymphadenitis haemorrhagica gravis.

412. Peribronchial:

The most intense diffuse hemorrhagic changes (diffuse hemorrhages with some leucocyte-emigrations) in pericapsular tissues and also the same changes (remarkable hemorrhages, considerable exudation, some leucocytes, and necrotic swelling of reticulum-fibres) in peripheral sinuses.

(4/2) peribronchial



Intense hemorrhagic changes in follicular tissues (severe congestion, bionecrotic swelling and some leucocyte-emigrations in medullary tissues and intense edematous swelling, severe congestion, localised multiple hemorrhages and intense diminution of lymphocytes in pulpa-meshes).

412. Mesenterial:

Almost normal, slight swelling and slight hyperplasia of medullary tissues and slight swelling and slight reduction of pulpa-meshes.

[REDACTED]

(4/12) mesenterial



~~no remarkable changes else.~~

412. Peribronchial:

Extremely intense hemorrhagic changes in pericapsular tissues (intense diffuse hemorrhages and plenty leucocytes-emigrations) and extremely intense diffuse hemorrhagic changes in follicular tissues (the most intense diffuse hemorrhages, necrotic swelling, at some place submiliary bi-necrotic parts and remarkable diminution of ruins follicular cell-elements in medullary tissues and remarkable diminution or diminish of pupla-meshes).

Lymphadinitis haemorrhagica gravis.

412. Mesenterial:

Slight pericapsular inflammation (with a few leucocytes) and slight catarrh (with some histiocytes) in peripheral sinuses. Considerable congestion and slight edematous swelling of medullary tissues with some leucocytes and slight swelling of pupla-meshes with slight diminution of follicular lymphocytes. No significant congestion in follicular tissues.

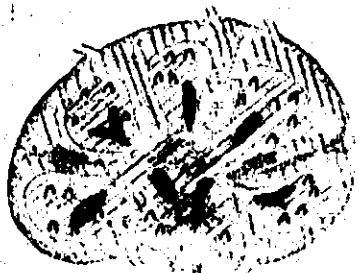
412. Mesenterial:

(4/12) mesenterial



[REDACTED]

(417) peribronchial



Very slight pericapsular congestion and considerable congestion with very slight swelling in follicular tissues. No remarkable changes else.

417. Peribronchial:

Considerable pericapsular hemorrhages with considerable hemorrhagic-exudative changes in follicular tissues (considerable congestion, swelling slight perivascular hemorrhages, and some leucocytes-emigration in medullary tissues and remarkable hemorrhages, some leucocytes-emigration, edematous swelling of reticulum-fibres and slight hyperplasia of reticulum-cells which fall into bionecrotic cloudy swelling in pulpa-meshes, accompanied with remarkable diminution of follicular lymphocytes.

(417) mesenterial



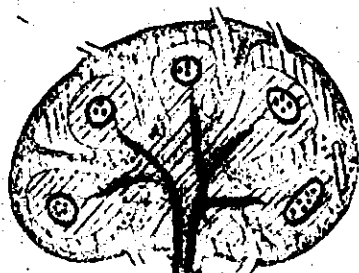
417. Mesenterial:

Almost normal, slight catarrh in peripheral sinuses and considerable congestion with slight hyperplasia of reticulum-cells in medullary tissues.

No significant changes else.

417. Axillar:

Slight catarrh in peripheral sinuses,



[REDACTED]

(417) Radical-mesenterial



Slight congestion with slight hyperplasia of medullary tissues, slight reduction with slight swelling of pulp-meshes and slight hyperplasia of germinative centers with some cloudy swollen reticulum-cells.

No remarkable changes else.

(417) peribronchial at bifurcation



417. Radical mesenterial:

Slight pericapsular inflammation and slight exudation with some leucocytes in peripheral sinuses. Considerable congestion, bionecrotic swelling and plenty leucocytes-emigrations in medullary tissues with considerable reduction of pulp-meshes (some leucocytes-emigrations, intense swelling of reticulum-fibres and considerable diminution of follicular lymphocytes).

417. Peribronchial:

Lymphnodulus at bifurcation.

Extremely intense hemorrhagic-exudative changes in pericapsular tissues (the most intense diffuse hemorrhages and exudation with leucocytes), in peripheral sinuses (the same changes) and also in follicular tissues (the most intense



[REDACTED]

[REDACTED]

congestion, the most diffuse hemorrhages, plenty leucocytes-emigration, bionecrotic swelling or diminish of cellular components in medullary tissues and the most intense reduction of pulpa-meshes with the most intense exudation, hemorrhages, plenty leucocytes-emigration, necrotic ruins of reticulum-fibres and remarkable diminution of follicular lymphocytes in pulpa-meshes).

Lymphadenitis haemorrhagica gravis,

[REDACTED]

[REDACTED]

S U M M A R Y .

I) The cases of peroral infection.

The bird's-eye-view of pathological changes in all remained microscopical slices.

a) Mesenterial Lymphnodes.

17. Lymphadenitis tuberculosa with considerable follicular congestion.

27. Lymphadenitis haemorrhagico-necroticans with severe pericapsular inflammation.

225. Considerable follicular congestion.

Pericapsular congestion and some hemorrhages, accompanied with some leucocytes as capillary contents.

318. Lymphadenitis haemorrhagico-necroticans with severe pericapsular inflammation.

325. Lymphadenitis haemorrhagico-necroticans with slight pericapsular inflammation.

320. I have only 3 remained microscopical slices of mesenterial lymph-nodes.

3 of them fall into typical hemorrhagic-necrotic inflammation, 2 of them fall into considerable follicular congestion, accompanied with some leucocytes as capillary contents, namely initial stage of acute inflammation.

b) Peribronchial lymph-nodes.

-
27. Considerable congestion with some leucocytes. Anthracosis.
318. Lymphadenitis tuberculosa.
320. Considerable follicular congestion and slight catarrh of sinus.
-

Only 3 peribronchial lymph-nodes are remained.

2 of them with considerable congestion and some leucocytes, as signs of initial stage of acute inflammation, due to secondary infection. No remarkable changes else.

II) The cases of pernasal infection;

The bird's-eye-view of pathological changes in all cases.

Mesenterial ld.

Peribronchial ld.

388. Lymphadenitis haemorrhagico-necroticans

Lymphadenitis haemorrhagico-necroticans.

389. Slight catarrh of sinus.
Considerable congestion and some hemorrhages in medullary tissues with some leucocytes.

Lymphadenitis haemorrhagico-necroticans.

393. Lymphadenitis haemorrhagico-necroticans gravis.

L. haemorrhagica.
Slight catarrh of sinus.
Medullary congestion and some hemorrhagic places.

390.	Lymphadenitis haemorrhagica [REDACTED]	Lymphadenitis haemorrhagica gravis.
396.	No remarkable changes.	Lymphadenitis haemorrhagica gravis.
397.	Lymphadenitis haemorrhagico- necroticans gravis.	Lymphadenitis catarrhalis levis.
399.	Lymphadenitis catarrh. levis. Slight congestion and slight hemorrhages.	Lymphadenitis haemorrhagico- levis.
400.	Lymphadenitis and Periadentitis levis. Considerable congestion with some leucocytes in follicles.	Lymphadenitis haemorrhagico- necroticans.
401.	Lymphadenitis haemorrhagico- purulenta.	Lymphadenitis haemorrhagico- necroticans.
403.	Lymphadenitis haemorrhagico- necroticans.	Lymphadenitis haemorrhagico- necroticans.
404.	L. haemorrhagica.	Periadentitis exsudativa gravis. Lymphadenitis catarrh levis (slight congest and some leu- cocytes)
405.	Lymphadenitis acuta levis. (slight congestion, exudation [REDACTED])	Lymphadenitis catarrh. levis. slight catarrh and slight con-

[REDACTED]

AND/SOME/LEUCOCYTES/ [REDACTED]

And some leucocytes)

gestion.

Slight Pericapsular hemorrhages.

407. Lymphadenitis haemorrhagico-purulenta.

Lymphadenitis haemorrhagica.

Periadenitis haemorrhagico-purulenta.

409. Lymphadenitis haemorrhagica.

Lymphadenitis haemorrhagica gravis.

411. Lymphadenitis haemorrhagica.

Lymphadenitis haemorrhagica gravis.

412. Slight catarrh of sinus.

Lymphadenitis haemorrhagica gravis.

No remarkable changes.

417. Lymphadenitis acuta.

Lymphadenitis haemorrhagica.

Slight exudation, congestion
some leucocytes.

Slight Periadenitis.

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Accordingly the common changes in all cases are as following:

1st

Submaxillar ld.

Lymphadenitis haemorrhagico-
necroticans.

Axillar ld.

Lymphadenitis haemorrhagico-
necroticans.

Mesenterial ld.

L. tuberculosa.

Mesenterial ld.

L. haemorrhagica.

Axillar ld.

No remarkable changes.

Mesenterial ld.

L. acuta levis.

Mediastinal ld.

Lymphadenitis haemorrhagica
gravis.

Axillar ld.

Lymphadenitis haemorrhagico-
purulenta.

Peribronchial ld. (at bifurcation).

Lymphadenitis haemorrhagica
gravis.

Axillar ld.

Lymphadenitis catarrhalis levis.

[REDACTED]
[REDACTED]
2) . Pernasal infection.

a) Peribronchiolar lymph-nodulus.

All investigated 17 cases.

with hemorrhagic (in severe degree).

or hemorrhagic-necrotic changes. 14 cases.

with severe Peradenitis and
considerable follicular congestion. 1 case.

with slight catarrha and slight
congestion. 2 cases.

Almost all cases fall into intense hemorrhagic or hemorrhagic
necrotic changes all over the follicular tissues or severe
perifollicular exudation, accompanied with always the most intense
hemorrhagic-exudative swelling of mediastinal tissues.

The later, mediastinal tumours (Mediastinitis haemorrhagico-
exsudativa) could be diagnosed easily by X-rays clinically.

2 cases are not attended with severe Lymphadenitis of peribron-
chial lymph-nodulus : No. 404 and No. 397 case.

In No. 397 case, Anthrax-bacillus broke into alimentary canals
after pernasal infection and caused some intestinal disturbances,
then severe inflammation (hemorrhagic-necrotic all over the follicu-
lar tissues) of mesenterial lymph-nodulus, accompanied with remar-
kable ascites. The later was the cause of death.

In. No. 405 cases.

Anthrax-bacillus broke into difectly pulmonal tissues, not
accompanied with severe changes of peribronchial lymph-nodulus and
caused Endobronchitis and bronchogenous pneumonia: multiple acinous,
hemorrhagic-exudative [REDACTED] was the cause of death.

b) Peri-bronchiolar lymph-nodulus.

After capturing peribronchial lymph-nodulus, Anthrax-bacillus intrude furthermore into peribronchiolar lymph-nodulus. General sketch of these progresses in all investigated cases are as following.

c) Submaxillar or axillar lymph-nodulus.

In some cases (esp. No. 388 and No. 409), submaxillar or axillar lymph-nodulus fall into intense inflammatory changes with hemorrhagic-leucocytic infiltration.

[REDACTED]

d) Mesenterial lymph-noduli [REDACTED]

All investigated

17 cases.

with severe hemorrhagic or
hemorrhagic-necrotic changes.

10 cases.

with some signs of acute
inflammation.

4 cases.

Without any remarkable changes.

2 cases.

Most cases of them are attended with severe inflammatory changes of mesenterial lymph-nodes, accompanied with hemorrhagic-exudative swelling of lymph-nodes in heaps, gelatinous swelling of mesenterial fatty tissues and remarkable ascites.

In these cases, Anthrax-bacillus broke into alimentary canal, besides pulmonal tissues and caused some times intense intestinal disturbances so as described in chapter (), then intense acute inflammatory changes of mesenterial lymph-nodulus.

10 cases of them are accompanied with acute hemorrhagic inflammation of mesenterial lymphnodulus, but I could found, based on the investigation of survived microscopical slices, which I have recieved during war-time, only 2 cases with severe hemorrhagic fungous swelling of intestinal walls.

In other 8 cases, Anthrax-bacillus should intrude into mesenterial lymph-nodulus, not causing severe intestinal symptoms or I may not have obtained the microscopical slices of intestinal disturbances at insues

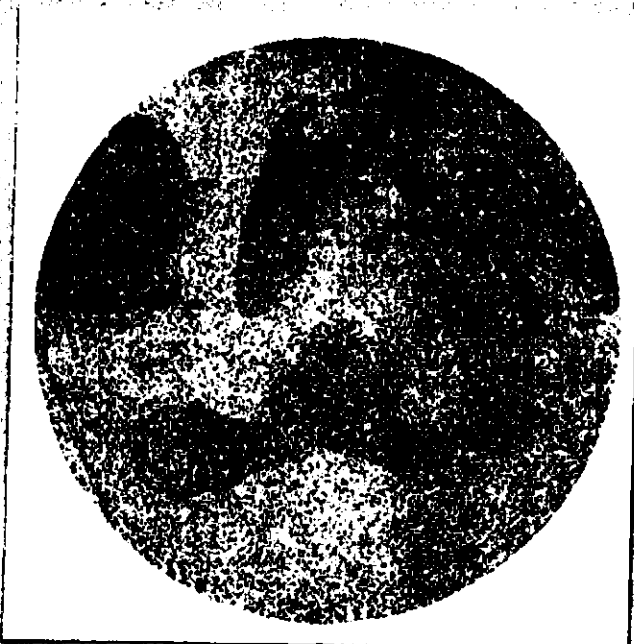
All all events, Anthrax-bacillus invade into mesenterial lymph-nodulus, causing sometimes severe intestinal symptoms or some times not.

[REDACTED]

[REDACTED]

[REDACTED]

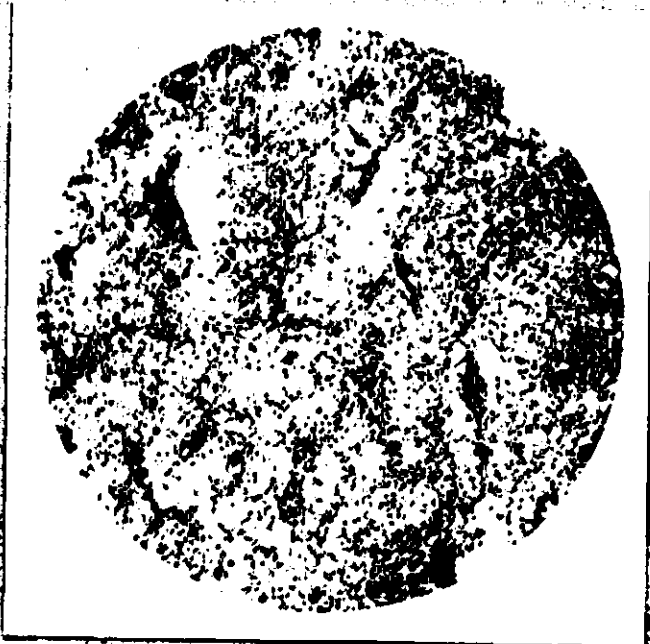
is called "blood sea" of fascicular
tissues.



M43

X 70

Intense edema of sinuses, with some
edema.



M397

X 80

[REDACTED] 391

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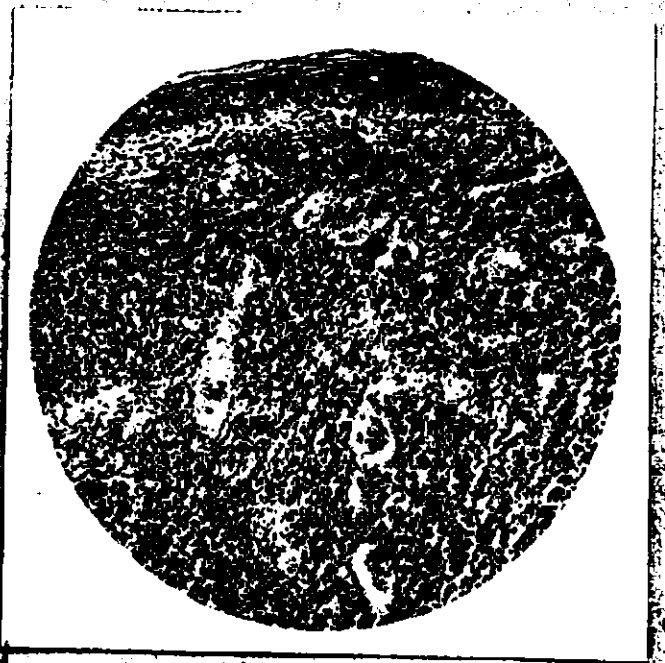
Intense congestion and intense edematous swelling of follicular tissues, esp. in subepithelial tissues.



M 412

X 100

Remarkable congestion and edematous swelling of follicular tissues,



~~CONFIDENTIAL~~ M 43

392

X 80

[REDACTED]

[REDACTED]

Edematous swelling of follicles,



M 393 4.

240

Hyalinous swelling of perifollicular
tissues and hyperplasia of reticulum
fibres.



M. 407.

60.

[REDACTED]

[REDACTED]

[REDACTED]

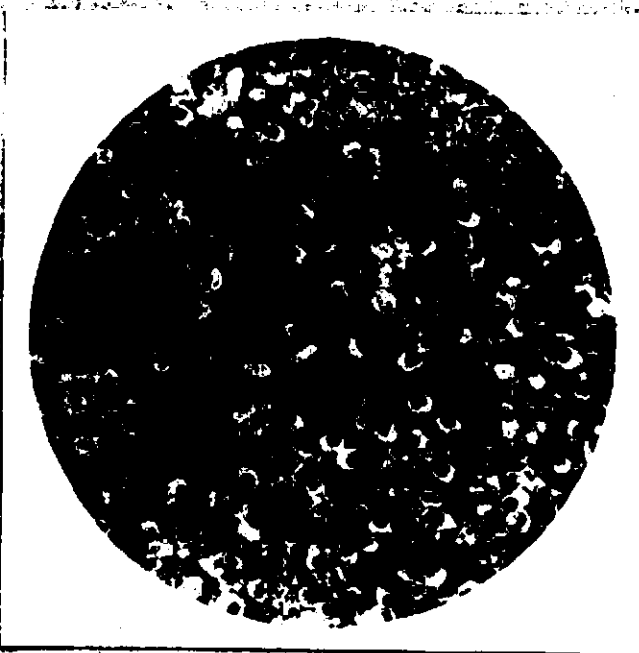
Intense suppurative changes in
pericardial tissues.



M 318 (b).

X 240

Intense suppurative changes of
pericardial tissues.



M 403.

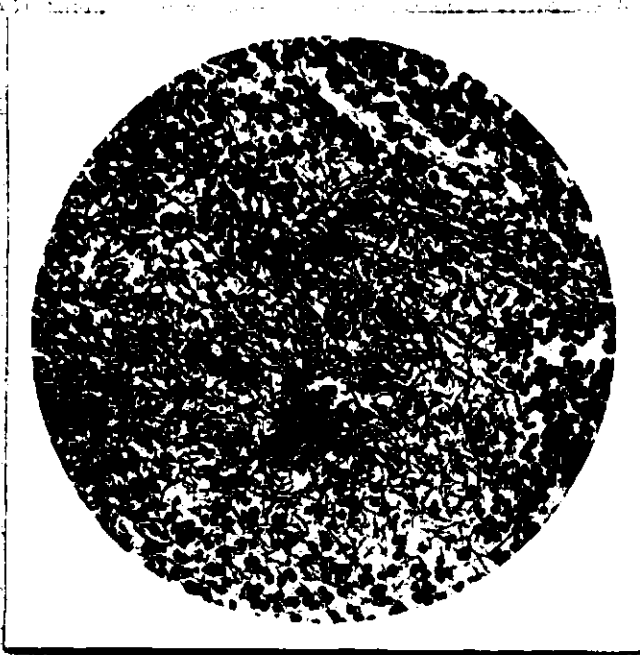
X 330

[REDACTED]

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Material accumulation and histo-
cytic changes of fascicular tissue



M388(b)

x250

Suppurative changes of fascicular
tissue.



M393(a)

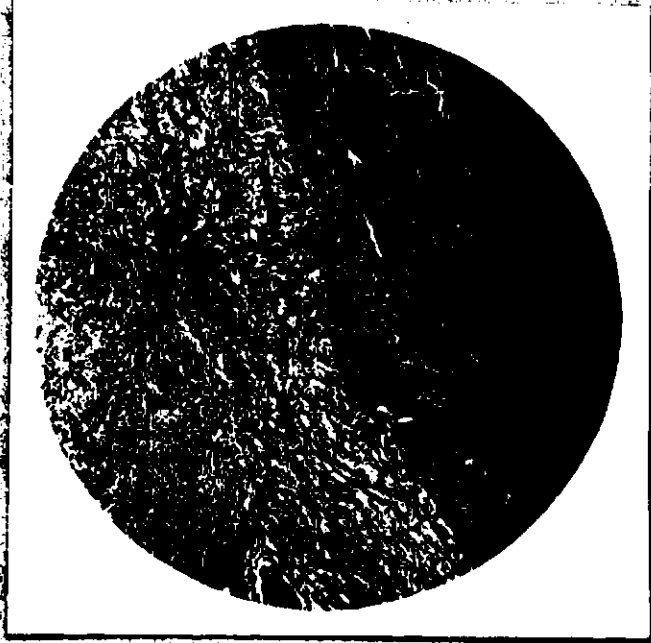
x340

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[REDACTED]

[REDACTED]

Epithelial accumulation and diffuse
inflammation.



M-318 (c)

x 60

Glandular metaplasia.
Some keratin cells in sinuses.



M-413 (a)

x 520

[REDACTED]

[REDACTED]

[REDACTED]

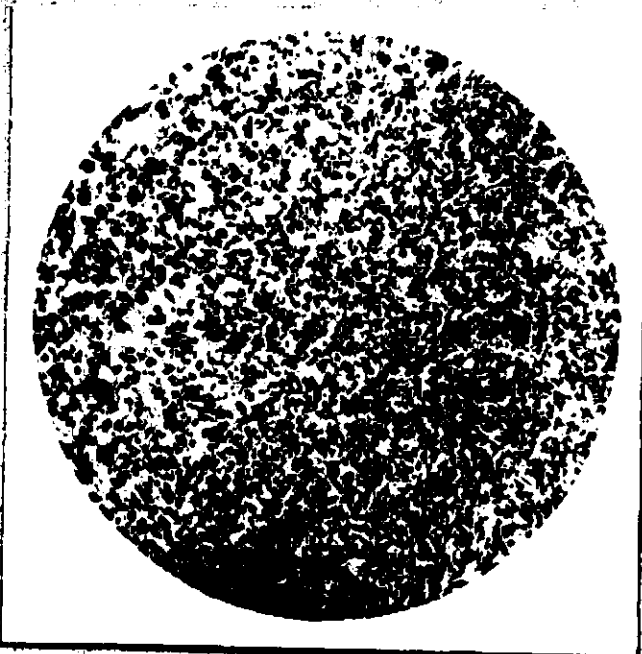
Diffuse bionecrotic changes of
follicles.



M 388 (a).

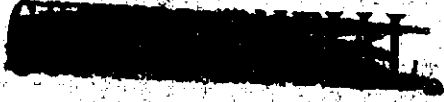
40

Diffuse bionecrotic changes of
follicles, in high power.



M 388 a

270



Other Organs

B R A I N .

(A) Microscop. Investigation.

CEREBRUM :

225.

Considerable congestion with leucocytic contents. Slight perivascular edema. Slight degeneration of ganglion cells with slight hyperplasia of glia cells.

325.

Slight stasis of meninges.

Slight congestion and slight edema of brain. Slight degeneration of ganglion cells.

411.

Slight stasis of meninges. Considerable congestion and slight perivascular hemorrhages and edematous swelling.

Slight degeneration of ganglion cells with slight hyperplasia of glia cells.

388.

Slight congestion and no remarkable changes else.

417.

Considerable congestion with slight perivascular hemorrhage.

Slight degeneration of ganglion cells.

CEREBELLUM :

225.

Slight edema and congestion with slight perivascular hemorrhage.

Slight degeneration of ganglion cells.

320.

No remarkable changes.

325.

The same changes as above mentioned.

388.

Considerable congestion, slight perivascular hemorrhages and slight edema of meninges.

Considerable congestion, slight perivascular hemorrhages and slight edematous swelling of brain.

411.

Slight congestion and slight perivascular edema. Slight degeneration of ganglion cells.

[REDACTED]

(B) S U M M A R Y .

Cerebrum :

.Generally with very slight, not severe changes.

a) Meninges with slight congestion, sometimes slight perivascular hemorrhages and slight perivascular edema.

b) Brain-masses : slight congestion, slight perivascular edema and sometimes slight perivascular hemorrhages. Slight degeneration of ganglion cells (swelling, atrophia and slight karyolysis) with more or less degenerative nucleus (pycnosis and karyolysis in slight degree). Very slight hyperplasia of glia cells.

Cerebellum :

Slighter changes than in brain.

Considerable congestion with sometimes perivascular hemorrhages and perivascular edema. Slight degeneration of ganglion cells.

[REDACTED]

BRAIN

Cr-----Cerebrum
M-----Mesencephalon
Cl-----Cerebellum

		Cr 225	Cr 325	Cr 388	Cr 411	M 411	Cl 320	Cl 388	Cl 411
Meninges	Edema	+	+	+	+	+	+	+	+
	Hemorrhage	+	+	+	+	+	+	+	+
	Contents of Blood vessels	Erythrocytes	+	+	+	+	+	+	+
		Leucocytes	+	+	+	+	+	+	+
		Lymphocytes	+	+	+	+	+	+	+
		Monocytes	+	+	+	+	+	+	+
	Endothelium	Swelling	+	+	+	+	+	+	+
		Desquamation	+	+	+	+	+	+	+
		Hyperplasia	+	+	+	+	+	+	+
	Infiltration of Leucocytes		+	+	+	+	+	+	+
	Infiltration of Lymphocytes		+	+	+	+	+	+	+
Nerve Cells	Proliferation of Astrocytes		+	+	+	+	+	+	+
	Swelling		+	+	+	+	+	+	+
	Atrophy		+	+	+	+	+	+	+
	Tyrosinosis		+	+	+	+	+	+	+
	Vacuolar Degeneration		+	+	+	+	+	+	+
	Changes of Nuclei	Swelling	+	+	+	+	+	+	+
		Pyknosis	+	+	+	+	+	+	+
		Karyorrhexis	+	+	+	+	+	+	+
		Karyolysis	+	+	+	+	+	+	+
	Satellitosis		+	+	+	+	+	+	+
Substance of Brain	Neuronophagy		+	+	+	+	+	+	+
	Number		+	N	+	N	+	+	+
	Granular Proliferation of Glia		+	+	+	+	+	+	+
	Nodular Proliferation of Glia		+	+	+	+	+	+	+
	Contents of Blood vessels	Erythrocytes	+	+	+	+	+	+	+
		Leucocytes	+	+	+	+	+	+	+
		Lymphocytes	+	+	+	+	+	+	+
		Monocytes	+	+	+	+	+	+	+
	Virchow-Robin Spaces	Erythrocytes	+	+	+	+	+	+	+
		Leucocytes	+	+	+	+	+	+	+
		Lymphocytes	+	+	+	+	+	+	+
		Adventitial Cells	+	+	+	+	+	+	+
	Edema		+	+	+	+	+	+	+
	Hemorrhage		+	+	+	+	+	+	+
	Necrosis		+	+	+	+	+	+	+

A O R T A.

17, 26, 54,

325, 389, 397, 403, 405, 401,

412, 413, 417.

No remarkable changes.

320, 338, 390, 407, 409, 410.

Slight stasis of periadventitial tissues.

409. Slight stasis of periadventitial tissues and bacterial masses in blood vessels.

393. Slight congestion of vasa vasorum of media.

PHARYNX.

(A) Microscop. Investigation.

54.

Slight keratification and desquamation of epitheliums.

Considerable congestion, some edema and some pericapillar round-cell-infiltration in submucous tissues.

225.

Considerable congestion and some round-cell-infiltration at perivascular and periglandular tissues.

Glandulae pharyngeae with some desquamative epithelialiums.

318.

Intense congestion and some hemorrhages in mucous tissues.

Slight infiltration of round-cells and some leucocytes in mucous tissues and epithelial layers.

320.

Slight congestion and some edema.

Diffuse round-cell-dissemination (plasma-cells and some lymphocytes) in submucous tissues.

Slight hyperplasia of lymph-nodulus.

[REDACTED]

M U S C L E .

(A) Microscop. Investigation.

54. Phlegmona diffusa.

Diffuse phlegmons in subcutaneous (in extraordinary intense degree) and cutaneous tissues with intense leucocytes (and some lymphocytes)-infiltration, accompanied with severe serous exudation and intense diffuse hemorrhages (so-called blood-sea) :

Capillaries in subcutaneous tissues with plenty of leucocytes, necrotic ruins of capillar walls, intense perivascular edema and hemorrhages, intense leucocytes-emigration (hematogenous-metastatic characters), invading phlegmneously all over the neighbouring tissues.

Accompanied with atrophic epidermis and atrophy or collapse of adnex-organs.

388.

Remarkable capillar congestion at Stratum subpapillare with some anthrax-bacillus in some capillaries.

Accompanied with somewhat necrotic ruins of capillar walls, perivascular edema in high degree and some localised hemorrhages.

Some pericapillar lymphocytes (and some leucocytes)-accumulation and slight collapse of adnex-organs.

409.

Interse capillar congestion and localised hemorrhages at Str. subpapillare and Str. papillare, accompanied with somewhat diffuse perivascular cellular infiltration. (leucocytes, some of them being eosinophilic, lymphocytes and some histiocytes). Slight fibrosis of adnex-organs.

[REDACTED] 405

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In epidermis, slight swelling and atrophie of pickle cells and some parakeratosis above the cutis.

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