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Photographs 26 143
PNEUMONIA, AN ANALYSIS OF 260 CASES IN MESOPOTAMIA.

Introduction

During the latter part of 1917 and the beginning of 1918, the Pneumonia and Malaria Section of an Indian General Hospital at Bazra was under my charge. The patients comprised Indians and Mauritian and a few Chinamen. Every case provisionally diagnosed in the Outpatients' Department as Pneumonia or Malaria was sent to this section for treatment. It is possible that mild cases were sent to other wards but on the other hand the majority of serious cases even if not definitely diagnosed to be Pneumonia were sent to this ward owing to the better nursing facilities. This was due to the fact that for a period at the commencement of my duties, the Pneumonia ward was the only one which had the services of a trained Nurse; her services were only available during the day.

§ Other diseases such as Bronchitis, Sandfly Fever, Lumbago, Typhoid occasionally found their way to this special ward, but considering the only possible arrangements for distributing the patients to the various wards it was remarkable how few wrong diagnoses were sent to this ward. On the other hand a large number of patients were sent to other wards and were afterwards transferred. Frequently they were admitted as P.U.O. or N.Y.D. and in a few days developed the signs and symptoms of Lobar Pneumonia.

Basra, where the hospital was situated, is on the west bank of the Shat-El-Arab or junction of the Tigris and Euphrates and is about a mile below the junction of the two rivers. Though 62 miles distant from the sea it is only 7.5 feet above sea level. Except for half a mile or a mile of cultivated land and date palms on each side of the river, there extends on all sides a wide plain of alluvial clay - dusty and arid in summer, damp and muddy in winter. The extremes of temperature are wide ranging in my experience from 124.5°F. in the shade in summer to below freezing point in winter. In October with a temperature of 91°F. the Wet Bulb has stood at 88°F. so that radiation of heat from the body by evaporation was effected with the small difference of 3 degrees Fahrenheit - a few more degrees saturation and evaporation through the skin and loss of heat would cease.

§ The average rainfall for ten years amounted to 8.46 inches per annum with an average of 18.7 rainy days. The variation between day and night temperature frequently amounted to 40 degrees. This large
variation together with the dusty atmosphere was conducive to the prevalence of Respiratory Diseases. In the winter months pneumonia was prevalent, in spring malaria, relapsing fever and plague; in summer dysentery, cholera and sandfly fever; in autumn malaria, relapsing fever and plague. The reason for the seasonal incidence of plague was due to the fact that the summer was too hot and the winter usually too cold for fleas to be in evidence. Cases of Cerebro-spinal fever and of typhoid occurred occasionally throughout the year.

II. Pneumonia is described as "as infection caused by the Pneumococcus of Fraenkel, characterised by inflammation of the lungs, a toxaemia of varying intensity and a fever which usually terminates by crisis. Secondary infections are common." It may be classed as one of the infective fevers. The eruption is in the lungs and the infectivity is low. In acute cases the spread of pneumococcal infection is similar to the spread of one erysipelas, it extends to adjacent parts by direct continuity. It probably starts near the root of the lung and spreads to the base.

The chief clinical symptoms of Lobar Pneumonia are, sudden onset with severe fever, cough, expectoration and dyspnoea. The clinical signs are consequent upon the anatomical changes which comprise - the accumulation of inflammatory products within the air cavities, and usually there is inflammation about and into the interstitial tissue. There are three stages in the disease as it affects the lung tissue, First Red Hepatisation; Second, Grey Hepatisation and Thidly, Resolution. "Grey Hepatisation does not occur in cases which recover." (Greenfield.) The descriptions of the lung condition in each of these stages is fully described in all textbooks of medicine so need not be dwelt upon here.

Usually an entire lobe or the entire lung is affected, thus differing from Broncho-Pneumonia in which there is distribution along the air passages and inflammation along the bronchi - i.e. Lobular Pneumonia as distinguished from Lobar Pneumonia. The term Catarrhal Pneumonia is applied to the Lobular form, as the disease is catarrhal in nature, characterised by proliferation of the epithelium from the alveoli and from the Bronchial Mucous Membrane into the air passages. Sometimes the pulmonary lobules coalesce to form large areas of consolidation, thus the disease becomes lobar in type. Of the cases under observation, 229 were Lobar and 36 definitely Lobular in type. It is sometimes difficult to differentiate between Lobar Pneumonia and Broncho-pneumonia following Influenza owing to the frequent combination of the
two diseases in the same subject. Other forms of pneumonia which may be mentioned are Hypostatic Pneumonia, generally a terminal pneumonia, due to enfeebled circulation. "Portions of the lung may become consolidated." (Douglas Powell) Acute Interstitial Pneumonia, which is rare, may occur in Broncho-Pneumonia, in Specific Disease and after Influenza. Pleuro-Pneumonia in cattle is of this type. Here the inflammation is almost entirely in the Interstitial tissue and in the pleura. The interlobular septa also become swollen. Inhalation Pneumonia which may follow the administration of anaesthetics or after noxious gases. It may be either Lobar or Lobular in type. A Malarial Pneumonia may also be met with. In this case there are symptoms of pneumonia - Croupous or Catarrhal, but there is an element of periodicity and a response to quinine. There is no doubt that there was a malarial element in a large number of these recorded cases. The inability to demonstrate the presence of the malarial parasite being no criterion.

Drs. R.R. Armstrong and J.G. Gaskell have recently published the results of their histological and experimental research upon the pneumococcal infections and their views are as follows:

"There are three varieties of the disease (1) Air-borne, (a) Lobar pneumonia, (b) broncho-pneumonia; (2) blood-borne, miliary pneumonia; and (3) lymph-borne infection, relapsing pneumonia.

In lobar pneumonia the infection is seen to be first localized in the bronchioles, all of which in the area of inflamed lung are affected; their epithelium rapidly becomes completely desquamated, and the infection thus spreads into the alveoli, reaching last those furthest from the bronchioles. As compared with this histological evidence, the occurrence of positive blood cultures is not regarded as an argument of weight in deciding the path of infection, for experiment shows that infection of the extremely vascular lung easily leaks into the general circulation, especially in the early stages before the establishment of local protective reactions. The generally accepted opinion that lobar and bronchopneumonia are essentially the same process is confirmed and extended; in both the pneumococcus reaches the lungs by the air passages and settles in the terminal bronchioles; the factors determining whether the reaction is lobar or bronchopneumonic are the virulence of the organism and the resistance of the host; for children and old persons react to less virulent infections than adults, in whom greater vigour of the respiratory movements may play a mechanical part by materially
assisting in the rapidity of infection of the alveoli, and so in rendering lobar pneumonia the prevailing form in adult life. There is an interesting suggestion as to the mechanism of the crisis in lobar pneumonia; the invading pneumococci are practically destroyed by the fifth day of the disease, and then the liberation of endotoxin, which is responsible for the general symptoms, comes to an end, and as soon as this endotoxin is neutralized, a process apparently occupying about forty-eight hours, the crisis follows, usually on the seventh day. Mililiary pneumonia, due to the infection of the alveoli by pneumococci reaching the lungs by the blood stream, is described and shown in a figure; this blood-borne infection spreads from the capillaries directly into the air vesicles, and the bronchi either escape or are affected only by secondary extension. An absence of polymorphonuclear exudate is characteristic of this lesion, which is widely spread through the lungs, is merely part of a general septicaemia, runs a very rapid course, and is almost confined to young children; it is analogous to generalized mililiary tuberculosis, and it is suggested that the pulmonary changes in pneumonic plague are also of this nature. The third method by which pneumococcal infection is spread in the lung is by way of the lymphatics, either from existing areas of infected lung or from the bronchi; this process, analogous to the spread of chronic pulmonary tuberculosis, is slow, and accounts for some cases of chronic and relapsing pneumonia.

There are many clinical varieties of Pneumonia described, the following are the chief—Asthenic, with insidious onset; Typhoid; Abortive; Central, the symptoms point to pneumonia, but the physical signs are slight. Sometimes the lesion extends to the periphery in three or four days; Apical; Creeping or Wandering; Massive; and Double Asthenic Type. Several cases of this form were noted e.g. Cases Nos. 103, 116, 126 and 202, and amongst the fatal cases, Nos. 154 and 159, the most characteristic being the case of a Ward Orderly who was under observation from the earliest stage of the disease. For two or three days the patient was in a state of prostration, with very feeble pulse and some resemblance to Encephalitis-Lethargica. No physical signs of pneumonia were present and the temperature was subnormal. Then quite suddenly the temperature shot up and pneumonia was diagnosable. Deep seated and Massive varieties were also seen. With reference to Wandering or Creeping Pneumonia, a term denoting more rapid locomotion would be quite appropriate for many cases. It will be noted
from the cases that patients on one day showed
the physical signs of Pneumonia in one lobe or lung
and on the next day showed similar signs in the
opposite lobe or lung. These facts were quite
definite and sometimes most puzzling.
In Lobar Pneumonia of all forms excepting Massive
or Double varieties, the degree of lung involvement
is no indication of the severity of the attack.
When a large area of lung is affected there is
increased dyspnoea, a greater deficiency of
oxygenation of the blood and more strain on the
right heart owing to the obstruction to the lung
circulation. But the determining factor is the
degree of toxæmia present. This may be as severe
with a small patch as with a large patch of consol-
idation. The Post Mortem findings of recorded fatal
cases confirm this view, and during the period of
my duties as bacteriologist and pathologist to the
hospital, further evidence to support this was
obtained.

Aetiology

The ages of the patients who came under observation
varied from sixteen to forty years amongst the
fighting men who included Drivers, Sepoys, Sappers,
Camel Corps, and Officers such as Naecks,
Lansnæck and Sowars (These are various grades of
Officers in the Indian Army); from fifteen years
to fifty three years amongst the followers who
included, Syces, Porters, Sweepers, Coolies,
Herdsmen, Dairymen, Bullock-drivers and Carpenters.
In the third group, Mauritians, the ages varied
from twenty to thirty eight years. The tables
below show the incidence of disease according
to ages and also the number of deaths for each
age group. This classification of cases is
determined by the difference of physique in each
group. As a general rule the fighting men were of
a better physique than the followers and the
Mauritians were superior to both. Their powers of
resistance were better.
Classifying the different races according to their
power of endurance and physique, the Chinamen would
take the premier position, followed by British or
White skinned race, then Mauritians and lastly the
Indians.
TABLE SHOWING THE NUMBER OF CASES AT THE DIFFERENT AGES AMONGST THE INDIAN FOLLOWERS.

<table>
<thead>
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<th>Age</th>
<th>Cases</th>
<th>Deaths</th>
<th>Age</th>
<th>Cases</th>
<th>Deaths</th>
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<td>1</td>
<td></td>
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<tr>
<td>18</td>
<td>4</td>
<td>1</td>
<td>19</td>
<td>4</td>
<td>25%</td>
</tr>
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<td>17</td>
<td>7</td>
<td>21</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>22</td>
<td>8</td>
<td>4</td>
<td>23</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>24</td>
<td>5</td>
<td>1</td>
<td>25</td>
<td>12</td>
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<td>3</td>
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INDIAN SOLDIERS.

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<th>Cases</th>
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<td>6</td>
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</tr>
<tr>
<td>25</td>
<td>9</td>
<td></td>
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<td>5</td>
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<td>2</td>
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<td>3</td>
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</table>

MAURITIANS.

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<th>Deaths</th>
<th>Age</th>
<th>Cases</th>
<th>Deaths</th>
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</thead>
<tbody>
<tr>
<td>20</td>
<td>8</td>
<td>2</td>
<td>23</td>
<td>1</td>
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<td>23</td>
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<td>25</td>
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<td>27</td>
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</table>

Addenda.

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<th>Deaths</th>
<th>Age</th>
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</tr>
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<tbody>
<tr>
<td>16</td>
<td>1</td>
<td></td>
<td>17</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>9</td>
<td></td>
<td>19</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Seasonal Incidence  The winter and spring months are usually stated to show the highest incidence of Pneumonia. Cold is often considered to be a predisposing cause. There is also another factor viz. the variation between day and night temperatures. It is probable that the number of admissions of pneumonia patients was largely influenced by this variation of temperature. Other conditions were possibly associated, for instance fatigue and excessive sweating after duties more onerous than usual together with insufficient protection from cold at night owing to loss of blankets or delayed issue of blankets from stores.

"Special predisposing causes are cold and changes of Temperature, debility of alcoholism, fatigue, great bodily and mental depression, influenza. It is particularly apt to occur in Typhoid, Diabetes and Brights." (Bruce Medical Notes.)

The table following shows the Maxima and Minima Temperatures from October 1917 to January 1918 and the number of cases admitted each day. There does not appear to be close relationship between the diurnal variation of temperature and the number of admissions as shown by the figures. At the same time the impression one obtained on the spot, was that a sudden drop in the night temperature or a wide difference between the temperatures of day and of night was followed by an increase in the number of patients admitted for treatment.
October 1917. Temperature Chart. Maxima and Minima.

Wet Bulb Maxima Readings and number of Pneumonia Patients admitted daily.
NOVEMBER 1917. TEMPERATURE CHART

Maxima and Minima, and Maxima Wet Bulb Readings.
With number of Pneumonia Patients admitted daily.
DECEMBER 1917. TEMPERATURE CHART.
With Maximal Wet Bulb Readings and number of Pneumonia Patients admitted daily.
JANUARY 1918. TEMPERATURE CHART.

Maxima and Minima, Wet Bulb Maxima and number of
Pneumonia patients admitted daily.
Infectivity. No definite facts were established in reference to the infectiousness of Pneumonia or its period of incubation. As stated previously the degree of infectivity is usually low. On the other hand there have been epidemics where the infective nature of the disease was well marked, possibly due to an enhanced virulence of the causal organism. These differences were noted in connection with the cases under observation. Out of a total of ten Ward Orderlies four contracted pneumonia at different dates during an interval of five months - not more than one being affected at the same time. None of these cases were fatal. This is suggestive of a low degree of infectivity. At one time it was customary to requisition the services of two or three men from the patient's corps or battalion, to act as continuous watchers for the more serious and delirious cases. Thus there might be eight or more attendants about the ward in addition to the ward orderlies. On one occasion four of these attendants contracted pneumonia in rapid succession - three with fatal results. It is possible that this outbreak was due to a more virulent strain of pneumococcus, though it was suggested that some of these cases were due to B Pestis. In one or two instances it was found that patients admitted to the malaria section contracted pneumonia after a short stay in hospital. This was a rare occurrence considering the number of cases under treatment.

Site of the Disease The most frequent site of pneumonia in the lung is in the Right lower lobe, the left lower lobe was the next in order of frequency of attack.

The figures below are a summary of 102 cases:

<table>
<thead>
<tr>
<th>Site</th>
<th>Right Upper</th>
<th>Left Upper</th>
<th>Middle</th>
<th>Lower</th>
<th>Entire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Upper Lobe</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Middle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entire</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>49</td>
<td>33</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Both lungs largely affected 4

Both Lower Lobes
Starting right 3
Starting left 3
Left Upper 2
Right Lower 2

Indefinite 8
With regard to the fatal cases, the incidence was as follows:—

<table>
<thead>
<tr>
<th></th>
<th>Right Upper</th>
<th>Left Upper</th>
<th>Middle</th>
<th>Lower</th>
<th>Entire</th>
<th>Both Upper</th>
<th>Both Lower</th>
<th>Indefinite or deepseated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>5</td>
<td>14</td>
<td>16</td>
<td>?</td>
<td>1</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

Norris and Landes give the localisation of pneumonia as, 3580 with Pneumonia of the Right Lung, 2548 of the Left and 538 with both lungs affected.

**Clinical Picture**  As the patients were Indians and Mauritians with a few Chinamen, some of the physical signs and features of the disease were not so well marked as amongst the light skinned races. Thus malar flush and pallor were not so distinctive. But as one gained experience these signs even if less marked were soon recognisable without much difficulty. Frequently the patients came into hospital after a trying journey—occasionally after transport in a bullock cart, and their general appearance was that of asthenia and feebleness with a low body temperature or very slightly raised. After a few hours rest in bed the temperature rose and the duskyiness of the face was indicative of the malar flush. The commonest position adopted by the patient was recumbency, preferably with the head and shoulders slightly raised. Some adopted a curled up position lying on the affected side. When the disease had asserted itself and the patient was definitely suffering from pneumonia, dyspnoea was soon evident. The movements of the alae nasae became pronounced. Whether these races possess better developed facial musculature is beyond my knowledge but certainly the working of the alae nasae was very noticeable, more so that in other patients met with. The expiratory grunt was present with unvarying frequency.

The expression of the patients—Indians—was that of mental stress and anxiety. This is largely due to their excitable and nervous disposition. They lack the sodidity and stability of some of the white races and of the yellow races. This was the general rule but those of the patients who came from Northern India showed traits more allied to the Tibetans and to the Chinese, and their features were not dissimilar.
Bacteriology
The Pneumococcus of Fraenkel is usually the causal agent in Lobar Pneumonia and Friedlander's Pneumobacillus along with other organisms are stated to be only secondary invaders. But the facts obtained from some of these cases was strongly suggestive of the view that a true Lobar pneumonia can be caused by Friedlander's Pneumobacillus. There were instances where Pneumococcus could not be demonstrated but Pneumobacillus were present in overwhelming numbers. The Pneumobacillus pneumonia was also of a different type, it was more severe, the onset usually more gradual; delirium and prostration more marked, the sputum more profuse and viscid, later becoming offensive and purulent, also convalescence was more prolonged. In fatal cases the lungs were found to be almost gangrenous and friable, there also appeared to be a greater tendency towards abscess formation.

Other organisms which were found in the sputum included, the organism of Vincent's Angina, Gram negative diplococci, Streptococci, Staphelococci and Spirillary forms. During my period of duty as pathologist there was an Influenzal type of pneumonia prevalent with large numbers of Micrococci Catarrhalis in the sputum and very few Pneumococci.

Out of Sputa examined (50) (and recorded, many I fear are unrecorded.)

Pneumococci were found in 16 cases
not found in 9 cases
Pneumobacilli were present in 8 cases
Of the fatal cases sputa recorded
Pneumococci were found in 3 cases
absent in 4 cases
Pneumobacilli were present in 2 cases.

It is stated that the Pneumococcus is rapidly killed at temperatures of 107 to 108 F. and that this is the reason why pigeons - whose temperature is about this figure are immune to pneumococcal infection. Strouse in 1909 reduced a pigeon's temperature by subcutaneous injection of pyramidon and then injected Pneumococcus intraperitoneally with the result that the bird died in a few hours with marked Pneumococcus peritonitis. It has also been shown that birds fed on a diet deficient in B-vitamin are susceptible to Pneumococcus injections. This is due to the reduction in body temperature resulting from the deficient dietary.

It was not possible with the Laboratory facilities at my disposal to differentiate between the various types of Pneumococci which occurred amongst these patients.

The relative incidence of the four types of Pneumococci are shown below.
Type I. II III IV
Opie, Blake etc. 2.9 5.9 17.6 32.4
Norris & Landis 35.0 33.5 9.01 21.5

Atypical None
Opie, Blake etc. 26.5 14.7

The latter gives an analysis of 223 cases as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>No. of cases</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>78</td>
<td>35.0</td>
<td>25%</td>
</tr>
<tr>
<td>II.</td>
<td>75</td>
<td>33.5</td>
<td>29%</td>
</tr>
<tr>
<td>III.</td>
<td>22</td>
<td>9.0</td>
<td>45%</td>
</tr>
<tr>
<td>IV.</td>
<td>48</td>
<td>21.5</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Type I showed the highest incidence but Type III was the most fatal.
The percentage of persons who normally harbour the Pneumococcus in the mouth is stated to be 80 to 90%.
Usually the coccus is of the relatively avirulent type No. IV and types I and II are rarely found.
Persons recovering from Pneumonia have been shown to be carriers for periods of 28 to 90 days.
(Lancet Jan. 5, 1924.)

The following is a summary of the Microscopical findings from the patients under treatment.

Recovered cases
- Pneumococcus present 16
- No pneumococcus found 9
- Pneumobacillus present (no pneumococcus found) 8
- Pneumococcus, Pneumobacillus, and Vincent's Angina 2
- Spirochaetae forms 5
- Streptocci and Staphylococci - Numerous

Fatal Cases
- Pneumococcus present 3
- No pneumococcus found 4
- Pneumobacillus present 2

It was noticed that the Pneumococcus occasionally was not found in the sputum in the early stages of pneumonia but its presence was readily shown in the later stages of the attack.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS
The diagnosis of Lobar Pneumonia is rather more difficult in Tropical than in Temperate Countries, as many other diseases may simulate Pneumonia or when Pneumonia is present they mask the signs and symptoms. The chief diagnostic signs to be relied upon are, - the increased frequency of respiration,
the altered pulse respiration ratio together with the usual symptoms of pain in the side and cough. Pyrexia in itself is not of great assistance as this could be attributed to many other causes which will be considered later. The ultimate diagnosis was made upon finding present in the lung the definite physical signs due to altered condition of the lung tissue viz. dulness, altered breath sounds which vary from harsh to bronchial together with accompanying rales either dry or moist – rhonchi or crepitations. Rusty sputum was not always a noticeable feature. Microscopic examination of the sputum was frequently carried out but this was not of great value as the presence of the Pneumococcus was easily found in the later stages of the disease about of after the crisis but in the initial stages it was sometimes difficult to demonstrate the organism.

Herpes was an extremely uncommon feature, it was noted in a few cases though not recorded in the case sheets.

The following diagrams illustrate the signs which we usually expect to find in a case of pneumonia.
With regard to the well known and frequently referred-to sign of tubular Breathing over an affected area of lung and which is generally accepted to be simply the propagation of the laryngeal and tracheal sounds through the bronchi and consolidated lung tissue, it is suggested that the method of causation is more complicated. Prof. E. Weill who has been correlating the appearance of consolidation as shown by the X rays with the findings on auscultation, states that there may be not only consolidation without tubular breathing but also tubular breathing before the appearance of consolidation. There are certainly grounds for believing that many factors are involved in the production of breath sounds in health and in disease and that consolidation alone is not itself the cause. Prof. Weill states that as a general rule "when both shadow and tubular breathing are found on the same side, the altered Breath sounds are found around the circumference and not immediately over the shadow." I am of opinion that this statement could be modified by adding that "tubular Breath Sounds would probably have been heard at an earlier period immediately over the area occupied by the shadow." One explanation could be suggested for this varying localisation of the altered breath sounds, viz. that a bronchus or bronchiole becomes blocked at a later stage when the consolidated area is more extended.

In some instances Lobar Pneumonia has to be differentiated from the following conditions, Hypostatic Congestion, Bronchopneumonia, Acute Bronchitis and Pulmonary Infarction: it may simulate Delirium Tremens, Meningitis, Cerebro-Spinal Fever and Typhoid Fever. In connection with the cases recorded, the following diseases were the ones which either simulated Pneumonia or rendered the diagnosis uncertain for a time - Acute Bronchitis, Plague, Phlebotomus or Sandfly Fever, Dysentery, Kala-Azar, Malaria, Typhoid and Smallpox.

Acute Bronchitis During the first day or two this disease was difficult to differentiate from Pneumonia as very severe cases were admitted into hospital. Some ran up initial temperatures of 104 or 105. But the disease ran a different course but some cases admitted as Bronchitis developed into Lobar Pneumonias.
Plague. The Pneumonic form of Plague has to be
differentiated from ordinary lobar pneumonia. This
may not be difficult when the pneumonia type is
epidemic but there is certainly a difficulty when
only sporadic cases are met with. Mesopotamia is
an endemic area for plague and one was always on the
watch for glandular cases. Numerous Bubonic cases
were admitted to Hospital and some were only
diagnosed in the Post-mortem room. One fatality
occurred due to this owing to the Indian post-mortem
assistant pricking his finger - through rubber
gloves - when sewing up a body. The disease proved
fatal on the sixth day. In Pneumonic plague the
expectoration at an early stage is almost pure
blood or contains a large proportion bright red
blood. The symptoms are far in excess of the
physical signs. The diagnosis is confirmed by Micro-
scopical Examination of the sputum which is loaded
with B.Pestis. The crucial test for B.Pestis is
infection of a guinea pig through shaved unbroken
skin, which has been smeared with the pathological
specimen.

Phlebotomus or Sandfly Fever. This was extremely
common except during the cold months of the year.
It resembled pneumonia on account of the pyrexia,
the flushed or congested face and body pains.
But the conjunctivae are infected and reddened
and the pulse is slow - bradycardia.

Dysentery. Some of the patients complained of
Diarrhoea as one of the earliest symptoms. These
in most cases were sent to the dysentery ward, but
were afterwards transferred to the pneumonia
section. The type of dysentery usually met with was
amoebic, there were also infections with Trichomonas
Intestinalis, not troublesome unless in large
numbers; Lamblia and Balantidium coli were occasion-
ionally found. Ankylostomiasis was common. All these
conditions were frequently associated with high
fever together with a reflex cough. When a little
bronchitis was super added to the conditions it was
not un-natural for the patient to be transferred to
the Pneumonia ward for treatment.

§ A condition which simulated pneumonia more closely
was Hepatitis. In all these cases there was a
previous history of dysentery. Several patients were
found to have enlarged livers. This may have been
"tropical congestion" but some were undoubtedly
post-dystenerial. The physical signs and symptoms
were extremely suggestive of a commencing R.Lobar
Pneumonia. There was pain and tenderness over the
right side, cough slight dulness and the congestion
of the adjacent lung tissue showed the presence of
moist accompaniments to the breath sounds which were slightly harsher than normal. Injections of emetine was followed by rapid disappearance of the symptoms.

§ In ankylostomiasis there may not be a high temperature but there are pulmonary manifestations after a heavy infection when the larvae are migrating by way of the lungs.

§ Relapsing fever has to be diagnosed from pneumonia. There may be marked praecordial oppression and bronchial catarrh. The pulse in particular and the respiration in a less degree are accelerated, herpes and epistaxis may be noted. Headache and backache are prominent symptoms. The examination of the blood is necessary in order to demonstrate the presence of the Spirochaete. These patients were always infected with pediculi.

§ Kala Azar There is not much similarity to pneumonia, but one or two cases were in doubt as the pneumonic signs were masked. In Kala Azar the chief diagnostic features are the enlargement of the liver and spleen, and the double or treble rise of temperature in the 24 hours with a four hourly chart. Several cases of cutaneous Leishmaniasis were seen in hospital but Visceral Leishmaniasis was rare.

§ MALARIA This disease frequently caused a difficulty in diagnosis. A malarial attack often resembled pneumonia or it might be superimposed. The result of the blood examination was not of much value unless positive, owing to the weekly or bi-weekly prophylactic administration of quinine. Except in very severe malarial infection it was useless to take a blood drop when the patient's temperature was normal as one would find no parasites in the peripheral circulation. A pneumonic form of malaria is seen and in the ordinary forms of malaria there may be slight bronchitis. In malaria one expects to find a periodicity in the disease so that the temperature chart would be quite different to that of pneumonia. But practically and especially in double infections the chart may closely resemble a pneumonia record. Quinine too was found to be most beneficial in true pneumonia so that this affords very little help in the diagnosis, which in the end had to be made upon the course of the disease, the respiratory symptoms, and the pulse respiration ratio.*

§ SMALLPOX One patient was admitted as pneumonia. The disease was not diagnosable for several days. The earliest diagnosis was made by the Nurse who
diagnosed it from the odour alone. Her diagnosis was scoffed at, but the following day the rash appeared. The case was very misleading as the symptoms were indefinite and confusing. In addition to the pyrexia there were chest manifestations which resembled the commencing stage of a lobar pneumonia.

Enteric Typhoid Fever, Para A. and B. and Morgan Bacillus I and II. In ordinary circumstances a Widal would have been of assistance but owing to the troops all having received T.A.B. injections, Widal's was of no diagnostic value. I carried out several tests using Dreyer's Macroscopic method. One would have expected to find slight flocculation in all the test fluids. If the patient were suffering from enteritis due to one of these three organisms one would expect to find flocculation in the three series with the highest degree of flocculation in the tubes to which had been added the dead culture corresponding to the bacillus which caused the enteritis. In a few instances the results corresponded with the findings from cultures made from the faeces, but on the whole the results of the test could not be regarded as conclusive. Also there were only test fluid for Typhoid, Para Typhoid A. and B. and it was not possible to test for Morgan Bacillus. In the cases of Typhoid recorded amongst these patients it will be noted that the "staircase" type of temperature is not present and it was not possible to diagnose the disease except by elimination. After negative blood examinations i.e. for malaria and Spirochaetes, and negative results from the faeces for Entamoeba Histolytica, Ankylostoma, Lamblia etc. the diagnosis was made from three successive culture tests from the faeces.

It should be stated that as a routine practice the blood and faeces of each patient were examined as soon as possible after his admission to the ward.
LIST OF STOCK MIXTURES IN GENERAL USE IN THE PNEUMONIA WARD.

1. Mist. Alba or Mist. Salina
R./
Mag. Sulph. 1 drn
Mag. Carb. 5 gr.
Aq. Menth. Pip. ad $\frac{1}{2}$ fl. oz

Mistura Crocoshti.
R./
Crocoshti 2 m.
Syrupi 30 m.
Aquam ad $\frac{1}{2}$ fl. oz.

R./ Spirit. Aetheris Nitrosi $\frac{1}{2}$ fl. drn.
Liq. Ammonii Acetatis ad $\frac{1}{2}$ fl. oz.

R./
Tincturae Digitalis 10 m.
Potassii Iodidi 5 gr.
Spirit. Chloroform. 10 m.
Aquam ad $\frac{1}{2}$ fl. oz.

5. Mistura Pectoralis.
R./
Acet. Ipecac. 10 m.
Acet. Scillae. 15 m.
Tinct. Camphorae Co 30 m.
Glycerini 20 m.
Aquam Chloroformi ad $\frac{1}{2}$ fl. oz.

Mistura Pectoralis Stimulans.
R./
Ammonii Carbonatis 3 gr.
Chloroformi Per. 1$\frac{1}{2}$ m.
Tinct. Scillae 3 m.
Vini Ipecac. 10 m.
Infus. Quillaiac ad $\frac{1}{2}$ fl. oz.

7. Mistura Specific.
R./
Potassii Iodidi 10 gr.
Hydrargyri Perchlor. 1$\frac{1}{16}$ gr.
Infus. Quassiae ad $\frac{1}{2}$ fl. oz.

8. Mistura Salicylatis.
R./
Phenacetini 6 gr.
Sodii Salicylatis 10 gr.
Macil. Tragacanth. 40 m.
Liq. Cocc. Gaet. q.s.
Aquam Menth. Pip. ad $\frac{1}{2}$ fl. oz.
9. **Mistura Stimulans.**

R./._

Tinct. Digitalis .5 m.
Liq. Strychninae HCl 3 m.
Aq. Chloroformi ad ½ fl. oz.

10. **Mistura Terebenthinae.**

R./._

Olei Terebenth. 5 m.
Mucil. Acaciae 2½ fl. drn.
Mist. Amygdal. ad 1 fl. oz.

11. **Mistura Tonica or Bori-bori No. 1.**

R./._

Acid. Nitro-Hydrochlor. Dil. 10 m.
Liq. Strychninae Hydrochlor. 3 m.
Syrupi 40 m.
Infus. Gentianae Co. ½ fl. oz.

12. **Mistura Tonica Acid. or Bori-bori No 2.**

R./._

Acid. Nitro-Hydrochlor. Dil. 10 m.
Succi Taraxici 40 m.
Infusum Quassiae ad ½ fl. oz.

**HYPODERMIC INJECTIONS**

**Quinine.**

A 50% solution of a soluble salt.

Inject 6 to 10 grains intramuscularly.

**Camphor.**

A 20% solution of Camphor in

Pea nut oil (Oleum Arachis).

Olive oil was not obtainable.

**OTHER MIXTURES.**

**Mistura Belladonnae.** A simple cough mixture containing Belladonna in addition.

**Mistura Lobeliae.** a specialty of another Medical Officer.

This mixture was used chiefly for patients with marked bronchitis and emphysaema.

**Mistura Camphoridii.** occasionally used instead of Mistura Crocosi for offensive expectoration.
EXPLANATORY.

LINE LEAVE. A soldier is either fit for duty or else should be in hospital. Line leave was ordered when a patient was fit to return to his corps or depot but should not be allowed to undertake duty for the period stated on his discharge.

M.E. "Microscopical Examination" i.e. of sputum, blood or faeces.
An apparent oversight may be noticed in the case records viz.- A negative result for Malaria dated after an injection of Quinine. The explanation is that the blood specimens were collected as soon as the patients were admitted to the wards but the results were entered on a subsequent date frequently after an injection had been given.

The method adopted for examining blood specimens was as follows, a drop of blood was taken on a slide in fact a series of drops three or four in number from different patients were taken on one slide. These were air-dried, protected from flies which would have eaten all the specimens. The slide was placed face downwards, resting on glass rods in a 50 % solution of Giemsa or Borrell Blue for 15 to 30 minutes. The Red Blood Corpuscles were entirely decolourised and owing to the concentration of blood in one drop the malaria parasite, if present, was easily detected. Sometimes it was necessary to take a film in order to determine the type of parasite which was present.

In referring to cases, Reference numbers marked F eg. 137F refer to fatal cases.

It was intended to summarise interesting points in connection with the records. But owing to lack of time it has been only possible to underline these facts with Red ink on the Record Sheets.

A red vertical line on the case Temperature Chart indicates the date when the patient was transferred to the Phrenomea ward.
The Staff of Ward 3. - Pneumonia + Malaria Ward.

Part of the Hospital.

COMPLAINT.
Fever and Cough. DURATION. 3 days.
Temperature 100. Bowels Constipated. Skin Healthy.
Spleen enlarged ½ inch below costal margin. No anaemia.
Heart Mll. Lungs - Rhonchi and Rales.
13.9.17
Transferred to Pneumonia Ward.
20.9.17. No dulness marked.
21.9.17. Dulness posteriorly, rhonchi and rales.
1.10.17. Sputum examined, no T.B. Polymorphs numerous.
21.10.17. Stools examined for ova - negative.

TREATMENT.
Expectorant Mixture, Brandy 4oz. daily during acute stage, also Camphor Injections ml0. four hourly.
Emetine Injection gr.1. on 5.10.17.
Quinine Mixture during convalescence.
No. 12. Date of Admission 14.10.17. age 35.

          Heart Normal.
          Lungs rhonchi.
          Spine Normal, Bowels Regular.

15. 10.17  Transferred to Pneumonia Ward.


18.10.17  Taped sponge - Face and chest.

19.10.17  Extension to Left Lower lobe.
          On "Dangerously Ill" List.

24.10.17  Discharged. 4 days
          Line Leave.

TREATMENT.

Mist. Saline

DATE
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

TIME

C° F

Pulse
114 110 106 110 108 108 106 104 102 100 106 104 102 100 98 98 96 94 92 90 88 86 84

Resp.
14 16 14 12 10 10 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Motions
14 16 14 12 10 10 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Urine epx.
14 16 14 12 10 10 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

So Gr.
14 16 14 12 10 10 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Reac. Chn.
14 16 14 12 10 10 10 8 6 4 2 0 2 4 6 8 10 12 14 16 18 20 22 24 26 28

Albumin
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

Chlorides

Potass. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

Discharged: 14.11.17.
No.14. Date of Admission, 17.10.17  
age 27.

COMPLAINT. Fever, Headache, Cough and Pain in Back.  
DURATION. 18 hours.

Temp. 99.8. Bowels constipated. Tongue dirty, 
Eyes suffused. Spleen enlarged. No anaemia.  
Heart Nil. Blood showed no Malaria Parasite,  
Lungs Nil. Provisional Diagonsis - Sandfly Fever.

17.  
18. Patch of Pneumonia L.Base.  
Diagnosed Pneumonia.  
Toddy Sponge.
19. Ditto. Blood re-examined  
- negative.
25. Delirious  
26. Pus in ant. chamber of eye (left)  
27. Slight Head retraction.  

Milk Diet.  
Inj. Quinin. m.10.  
Mist. Pectoralis.  
Run 1 oz. 4 hourly.

23. Right eye - pus in anterior  
23. Some Diarrhoea.  

Convalescent Diet.

Argyrol Wash.  
Argyrol Wash.  
Mist Camphoridin.

Invalided to India 23.12.17.

| DATE | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |
|------|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| TIME | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 |

Invalided to India 23 XI. 1917.
No. 16. Date of Admission 15.10.17.  

Admitted to General Ward.

COMPLAINT.
Fever, Headache, Cough and Pain in Stomach.

DURATION. 3 days.

Temperature 100.  Heart and Lungs Normal.
Spleen enlarged 1 inch below costal margin.
Tongue furred and dry. Bowels constipated.
Blood for Malaria parasite - positive.
Patient very ill but no definite signs.

Provisional Diagnosis - MALARIA.

Oct.
18. Transferred to Pneumonia and Malaria Ward.

18. PNEUMONIA - Right Base
No Enlarged Glands
20. Rales at apex.
22. Heart irregular - missing a beat occasionally
23. Heart very irregular and feeble
24. Consolidation complete R.Lung
25. Coarse Crapitations Upper lobe
29. Clearing.

Nov.
2. To sit up.
9. Blood for Malaria - negative
12. Discharged 22.11.17.

TREATMENT.
Mag. Sulph.
Inj. Quin. 
Milk Dist.
Rum 2 oz.
Mist. Pectoralis.
Inj. Camphor
Rep. Injection
Rep. Injection
Mist. Pect. Stim
Ordinary Dist.
Mist. Quin.

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**Graphs and Data**

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COMPLAINT. Cough and Headache for 4 days. Temp. 102
Dry Skin and Furred Tongue. Eyes suffused. (Sned by jee.)
Rhonchi all over both lungs. Crepitations at bases.
Spleen not enlarged.

Oct.

TREATMENT. Expectorant Mixt.

Nov.
5. Discharged.
7th. Re-admitted to Pneumonia Ward. Expectorant Mixt.
17. Moist Sounds at bases.

17. Discharged.

DATE
Timel
NO.21

20 21 22 23 24 25 26 27 28 29 30 31 12 14 15 16 17 18 19

No. 27. Admitted to General Ward, 21.10.1917. age 20

COMPLAINT. Fever and Cough for 4 days. Tongue clean. Constipated.
Blood Examination for Malaria - Positive.
Right Lung - Crepitations front and back
Left Lung - Crepitations at bases

Oct.
23. Transferred to Pneumonia Ward Mist. Pectoralüss
Right Lobar Pneumonia 4oz. t.i.d.
Brandy Hourly.

Nov.
9. Discharged. 3 days line leave.
No. 28. Admitted to Pneumonia Ward 23.10.1917 age 18

COMPLAINT.
Fever and cough for 4 days. Rhonchi over both lungs. Spleen not enlarged. No malaria.

TREATMENT.
Mag. Sulph. ½ oz.
Mist. Diaphoratic.
Mist. Quininae. t.i.d.

No. 36. Admitted to general Ward 24.10.1917 age 25

COMPLAINT.
Pain in stomach and frequent motions for 4 days. Headache. No Blood or mucus in stools. No malaria.

TREATMENT.
Mist. Expectorants.

DATE
TIME
C41° F
105
90
80
70
60
50
40
30
20
10
0

Pulse
Resp.

DATE
TIME
C41° F
105
90
80
70
60
50
40
30
20
10
0

No. 28.

3. Sent to convalescent and then invalided to India.

9. Discharged to Convalescent H.

No. 36.

26. Signs well marked anteriorly.

5. Discharged to Convalescent H.
No. 38. Admitted to Pneumonia Ward, 31.10.1917, age 32.

**COMPLAINT.**
Fever, Cough, Pain in the chest and shivering for six days.

Skin hot but moist. Tongue dirty. Spleen palpable 1 inch below costal margin. Blood examination - no malaria parasite found.

Both lungs rhonchi and crepitations at left base.

**TREATMENT**

Oct.
31. Milk diet.

Nov.
1. Fine crepitations and pain at left base.
3. Convalescent diet.

12. Discharged.

COMPLAINT.
Fever and cough, and shivering.
P.E. Tongue dry and coated with blood. Malaria - negative.

-blood examination for malaria - negative.

TREATMENT.
Mist Salini.
Mist Expector. t.d.s.

Nov.
29.

1. Bronchial Breath sounds and crepitations at left base.
2. A few crops at right apex.
3. Transferred to Pneumonia Ward.

Oct.
29.

1. Signs of consolidation at right base.

Nov.
31.

6. Patient very weak.
8. Considerably improved.

14.

16. Left Otorrhea.

19. Discharged.

DATE 31/10 12 13 14 15 16 17 18 19
TIME 10 15 20 25 30 35 40 45

Pulse 100 90 90 80 80 70 60 50
Resp. 30 30 30 30 30 30 30 30
Motility 5 5 5 5 5 5 5 5
Urine 3 3 3 3 3 3 3 3
Reactions
Chlorides
Albumen
Bilirubin
No. 42: Admitted to general ward, 30. 10. 1917, age 22.

COMPLAINT.
Fever and pain in left shoulder.
P.E.
Heart and lungs - mil. Bowels constipated. Spleen enlarged.

Oct.
31.

Nov.

1. Rales both bases
2. Tongue very dirty. Coarse rales chiefly at left base.
3. R.Apex - Dulness and bronchial breathing, also at left lower apex.

TREATMENT.
Pil. Cathartic. 2
Mist. Quinin. bis.

Mist Pectoralis, tds
Rum 2oz daily.

Injection Camphor.

Argyrol douche.

Mist. Pectoralis Stim
4 hourly.

Mist Tonic.

11. Convalescent diet.
13. Discharged. 3 days line leave.
No.44. Admitted to general Ward. 28.10.1917. Age 22.

COMPLAINT. Fever cough and pain in chest for 4 days.

Physical Examination.

Oct.

TREATMENT.
Mag. Sulph. 1/2 oz. Mist Diaphoretic, tds.


30. Chief signs at R. lower apex. Mist. Pectoralis


22. Discharged
No. 45. Admitted to General Ward. 23, 10. 1917. age 30

COMPLAINT. Fever, and pains in stomach for 5 days.

Signs and Symptoms.
Spleen enlarged.

October.

Nov. 2. Right lung shows signs of pneumonia, rhonchi
and crupitations all over lung and dulness up to
fourth interspace. Left lung - a few rhonchi.

Transferred to Pneumonia Ward.

Nov. 3. Pneumonia of right side involving the middle
lobe chiefly.
Crisis on the eight day of the disease.

TREATMENT.
28th Oct. Magnesium Sulphate 2oz and diaphoretic
mixture.
30th Chest painted with Liniment of Iodine.
3rd November. Expectorant mixture given and 2oz of
Rum daily.
5th. Injection of Emetine gr. 1.

Normal Convalescence. Discharged on the 28th day.
No 46. Admitted to General Ward. 30.10.1917.

COMPLAINT. Fever and Cough for 10 days.

PHYSICAL EXAMINATION. Heart Healthy. Spleen normal.
Both lungs showed marked rhonchi and expectorations.

Nov. 1. Transfer to Pneumonia Ward.
3rd. Both bases showed moist expectorations.
12th. Much mucopurulent Sputum.
Discharged on the 30th day of the disease.

TREATMENT.
Oct. 30th. Quinine Mixture was given.
Nov. 2nd. Expectorant Mixture and Rum 4 oz daily.
Nov. 5th. Strychnine and Digitalis administered.
Nov. 10th. Creosote Mixture given for the mucopurulent sputum.

†
No. 48. Admitted to General Ward, 4.11.1917.

COMPLAINT. Fever. DURATION Five Days.

P.E. Bowels regular. Heart - nil. Spleen - not felt. Lungs, rales and pleuritic friction below left nipple.

November.

4th.

Treatment.
Pil. Cathartic. ij.
Paint with Iodine.
Mist Quinin. tds.
Mist. Pector. Stim, tds.
Rum. 2oz daily.

5th. Transferred to Pn. Ward.

6th. Pain on right anterior axillary line with tubular breath sounds.

7th. Tubular breathing Left apex and upper lobe.

11th. Coarse crepitations L. base.

13th. Ordinary diet.

Mist. Tonic. 1oz. bis.

21st. Discharged. 1week line leave.

| DATE | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| TIME | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 |

| Pulse | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 |
| Resp. | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  | 20  |
| Motions |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Urine |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Secr. |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Reaction |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Chlorides |    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Albumen |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Glucose |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
No. 49. Admitted to Pneumonia Ward, 5.11.1917.

COMPLAINT. Cough and vomiting for four days.
Lungs. Right - Rhonchi all over.
Left - Rhonchi and expectorations at base.

November
5th
Milk Diet.

Treatment.
5th


11th Coarse crops. R. base


29th
Inj. Quinain. ml0.
Mist. Quinin. bis.

DATE | 6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27
TIME | 0  4  8  12  16  20  24  28  32  36  40  44  48  52  56  60  64  68  72  76  80  84

DATE | 28  29  30  31  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18
TIME | 0  4  8  12  16  20  24  28  32  36  40  44  48  52  56  60  64  68  72  76  80  84

Timeline and Graphical Data.
No. 51. Admitted to General Ward 2.11.1917
Transferred to Pneumonia Ward, 6.11.1917.

COMPLAINT.
Fever and Cough. DURATION. One month.
P.E.
Spleen not palpable. Blood negative.
Lungs - rales all over.

November.
3rd. Sputum frothy,
4th. Rales marked.
5th. Blood for malaria
- Negative
6th. Rhonchi all over bases.
7th. Patch of pneumonia above and
to left of L. nipple.
11th. Chest cleared.
12th
21st. Discharged. 5 days line leave.

TREATMENT.
Mist. Diaphoretic.tds.
Mist. Pneum. Stim.4hrly
Mist. Tonic. bis.
No. 53. Admitted to General Ward 5.11.1917.
   Transferred to Pneumonia Ward 8.11.1917.

COMPLAINT. Fever, Cough and pain in chest.
DURATION. 4 days.
P.E. Temperature 103. Heart normal.
Spleen not palpable. Blood examination - Negative.
Bowels irregular. Tongue dirty
A few crepitations in left lung.

Data.
5th. Treatment.
6th. Milk diet and extras.
8th. Rhonchi in R. Lower Lobe and Rum. 4oz daily.
   Left Upper Lobe posteriorly.
9th. Pneumonic sign's Left upper lobe.
14th. Convalescent.
15th. Convalescent diet.
17th. Ordinary diet.
21st. Discharged. 5 days line leave.

DATE
5th 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
TIME
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

Pulse
Resp.
Motions
Urine
Sugar
Reaction
Chlorides
Albumen
Proteins

No. 53
No. 54. Admitted to General Ward. 4.11.1917.
        Transferred to Pneu. Ward. 8.11.1917.

COMPLAINT.  DURATION.
Fever and Cough.  4. days.

PHYSICAL EXAMINATION.
Bowels regular. Heart normal. Spleen not palpable.

DATE.  TREATMENT.
5th.  Cold Sponge.
6th.  Cold sponge.
7th.  Tapid sponge.
8th.  Brandy.2oz. daily.
11th.  Mist. Pect Stim. 4hrly.
12th.  Rum. 3oz daily.
13th.  Convalescent Diet.
14th.  Ordinary diet.
15th.  Discharged. 5 days leave.

DATE  TIME  4°C  5  6  7  8  9  10
TIME  C4F  100  90.  80.  70.  60.  50.  40.
Pulse  80-70  60-50
Respirations  24-30  14-24
Motions  1  4  4  1  2  2  2  2  2
Urine  6  4  4  2  2  2  2  2
Sp. Reaction  1     1     1
Chlorides  1
Albumen  1     1     1
Drowsy.
No. 55. Admitted to General Ward. 5.11.1917.
Transferred to Pneum. Ward. 8.11.1917.

COMPLAINT.
Headache, fever and cough, pain in joints & chest.

DURATION.
6 days.

PHYSICAL EXAMINATION.
Tongue furred. Heart normal. Spleen not felt.
Left lung - fine rales. Right lung - Nil.
Blood for Malaria - Negative.

DATE.
5th. Convalescent Diet.
6th. Moist expectorations over
        Left lung.
8th. Milk diet & extras.
        Pneumonic signs chiefly
            over left lower apex.
        Bronchitis over R.Lung.
14th. Calomel gr 4 once.
16th. Calomel gr 4 once.
17th Ordinary Diet.
21th. Otitis and Otorrhoea.
28th. Sent to Convalescent Hospital.

TREATMENT.
Mist Salin. tds.
Mist.Pect. Stim. 4hrly.
Rum 4oz daily.

DATE
TIME

\[
\begin{array}{cccccccccccccc}
\text{No. 55} \\
\text{Date} & 6 & 7 & 8 & 9 & 10 & 11 & 12 & 13 & 14 & 15 & 16 & 17 & 18 & 19 & 20 \\
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\text{Pulse} & \text{120} & \text{102} & \text{108} & \text{120} & \text{112} & \text{106} & \text{130} & \text{120} & \text{112} & \text{106} \\
\text{Resp.} & \text{36} & \text{32} & \text{34} & \text{36} & \text{32} & \text{34} & \text{42} & \text{44} & \text{36} & \text{38} \\
\text{Motions} & \text{Urine.} & \text{Sa Cr} & \text{Reaction} & \text{Urobilin} & \text{Albumen} & \text{DeaverBx} & \text{1} & \text{3} & \text{10} & \text{15} & \text{20} \\
\end{array}
\]
No. 56. Admitted to General Ward. 7.1.1917.
Transferred to Pneumonia Ward. 8.11.1917.

COMPLAINT.
Fever, pain in chest and cough. 5 days.

PHYSICAL EXAMINATION
Tongue furred, bowels regular. Spleen not felt.
Pneumonia signs in left lung.

DATE.
7th. Milk Diet.
8th. Marked Tubular Breathing
    Left Lower Lobe and friction.
    Resid. Crepitations and slight
    pleuritic friction at base.
11th. Course crops. in L. Lower Lobe
    and extension to Upper Lobe.
17th. Convalescent Diet.
27th. Discharged to Convalescent Base.

DURATION.

TREATMENT.
Mist Saline tds.
Brandy 4 oz daily.
Mist. Strychnine and
Digitalis.

4 hourly.

Mist. Tonic. bis. in die.
No. 62.B.
Admitted to General Ward. 9.11.1917.
to Pneumonia Ward. 11.11.1917.

COMPLAINT.
Pain in chest and cough. 2 days.

DURATION.

PHYSICAL EXAMINATION.
Tongue furrowed. Heart nil. Spleen not felt.
History of Dysentry a year before.

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<tr>
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<tbody>
<tr>
<td>9th.</td>
<td>Milk Diet</td>
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<td>12th.</td>
<td>R. Lower Lobe - Pneumonia.</td>
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<tr>
<td>13th.</td>
<td>Tubular B.S. marked and increased Vocal Resonance. Mist. Strychnin, and Digitalis t.d.s.</td>
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<td>18th.</td>
<td>Chest clearing.</td>
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<td>Returned to General Ward.</td>
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| DATE | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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| 36-97| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87| 36-87| 38-87|

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No. 64. Admitted to Pneumonia Ward. 15.11.1917.

COMPLAINT. Fever and Cough. DURATION. 1 month.

PHYS. EXAM. Temperature 103. Bowels Constipated.
Skin healthy. Tongue coated. Eyes nil.
Spleen not palpable. No flanks. Heart nil.
Blood nil.
Provisional diagnosis Bronchitis.

DATE.
15th. Fine crepitations at bases.
17th. Tail end of pneumonia.
21th. Convalescent diet.
26th. Ordinary Diet.

DISCHARGED 29th

TREATMENT.
Milk diet and extras.
Calomel gr.5.
Mist. Creosote tds.
Brandy 3oz daily.

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No. 69. Admitted to General Ward. 15.11.1917.
to Pneumonia Ward. 17.11.1917.

COMPLAINT. Fever, pain in L. side. DURATION 2 days.

Bowels irregular. Tongue clean.
Lungs, Right and Left - Rales. R. base Distant B.S.

DATE.
16th.
Milk diet & Extras.
17th. Fine crepitations R. side.
19th.
20th. Rhonchi and crepitations general.
21st.
26th.
28th. Coarse crepitations all over chest.
1st.

10th. DISCHARGED.

TREATMENT.
Pil. Cathartic.
Cold Sponge.
Mist Post. Stim 4hry
Calomel gr2.
Mist. Digitalis 4hry
Run 4oz daily
Inj. Camphor. m10.
Inj. Quinin. m10.
Apply Lin. Todi.
Ordinary Diet.
No. 73. Admitted to General Ward. 17.11.1917.
- to Pneumonia Ward. 17.11.1917.

Complaint. Fever, pain in chest and cough.

Spleen not palpable.

Date.
17th. L.side 2" below scapula
B.S. Harsh to bronchial and fine crepitations.
23rd. Sputum for pneumococci - result negative.
25th
28th Ordinary diet
5th.

Discharged.
4 days line leave.

Treatment.
Brandy 4oz daily.
Mist. Diaphor. once.
Mist Pect. Stim. 4hrly.
Mist Digitalis tds.
Rum 3oz daily.

Convalescent Diet.
Rum 2oz daily.
Lin. Iodi - apply.
No. 76. Admitted to General Ward. 18.11.1917.
- to Pneumonia Ward. 21.11.1917.

COMPLAINT. Fever and cough.
DURATION ?.

Patient has Pneumonia R. side. A few croupitations
Sputum blood stained. No definite signs.
History of dysentery 1 month previously.

DATE.
18th. Milk diet.

TREATMENT.
Transfer to P. Ward.

DATE
21st.

TREATMENT.
Rum 4 oz daily.

22nd.

TREATMENT.
Inj. Emetin. gr 1.

23rd. Pneumonia of R. Mid. Lobe

TREATMENT.
Do.

24th. Sputum for M.E. = Pneumococi.

25th

TREATMENT.
Mist. Digitalis. bis


TREATMENT.
Inj. Quinin. m 10.

6th Convalescent Diet.

TREATMENT.
Ditto.

17th Transferred to General Ward.
No. 77  

Admitted to General Ward 15.11.1917


DURATION. 3 days.


DATE. TREATMENT.

15th.  Mist. Diaphoretic. tds

TRANSFER TO PNEUMONIA WARD.

18th.  Crops. L. Base. Harsh B. S.
       Odema R. side.  
       Paint with Lin. Iodi.


21st.  Sweating profusely.


27th.  Convalescent Diet.


14th. DISCHARGED.

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Note: The chart shows the patient's vital signs and laboratory results over the course of treatment.
No.79. Admitted to General Ward. 12.11.1917.

COMPLAINT. Fevery pain in chest and in neck glands.

DURATION. Glands 15 days, Fever 3 days.


DATE.
12th Milk diet.
14th. Loss of voice. Palate and faucets healthy. Lungs full of rales.
17th. Blood for Malaria = Negative.

TREATMENT.
Mist. Diaphoretic. tds.
Mist. Lobelia. tds.

DATE.
21st. TRANSFER TO PNEUMONIA WARD.

21st. Inj. Quinin. m 10.
23rd. Quinin. tis.
24th. Supervene "MALARIA"

29th. DISCHARGED.
No. 82. Admitted to Pneumonia Ward 17.11.1917.

COMPLAINT. Fever, pain in chest and cough.


DATE. TREATMENT.

17th Calomel. gr. 5.
20th Vomited a round worm Mist. Diaphoretic. tds.
21st. Tubular breathing marked, at lower angle of right scapula. Santonin gr. 3.

Blood stained spumum.

22nd. Mist Belladonna 4hrly.
9th Doc. Inj. Quinin. gr. 10.

9th Doc. DISCHARGED.

DATE
TIME
17 18 19 20 21 22 23 24
CAP'T
100 96
Pulse
Resp
Motions
Urine etc
Sa. Gr
Reaction
Chlorides
Albumen
Bicarb.
No. 84. Admitted to General Ward. 22.11.1917.

COMPLAINT. Fever, cough, pain in the ears.

DURATION 4 days.


DATE.
22nd. Mild diet & extras.
23rd. Rales all over and expectorations at bases.
24th. Transfer to PNEUMONIA WARD.

TREATMENT.
23rd. Cold sponge.

DATE.
24th. Pain in R. ear.
25th. A few coarse crops and rhonchi, L. lower apex.
1st. Convalescent Diet.
2nd. Ord. Tonic tds.

17th. DISCHARGED.

No. 89. Admitted to General Ward 24.11.1917.

COMPLAINT. Pain in R. Chest and Cough.

P.E. R. Lung, Crops. Increased Dullness, and V.R.

DATE.
24th Milk Diet.
TREATMENT.
TRANSFER TO PNEUMONIA WARD.
Rum 4oz daily.
26th. Marked tubular B.S.
at R apex.

2nd.

DATE. TREATMENT.
22nd Milk Diet. Inj. Quinin. m 10.

6th.

TRANSFER TO GENERAL WARD.

COMPLAINT. Tenderness in Right side.

P.E. Laboured breathing. Marked oedema.

DATE.
22nd Milk Diet.
TREATMENT.
Inj. Emot. gr.1.
Mist. Salin. once.


25th. TRANSFER TO PNEUMONIA WARD.


Rum 4oz daily.

27th. Coarse crops, do.

Inj. Emot. gr.1.

Pain over liver.

2nd Dec. Convalescent Diet

TRANSFER TO MAURITIAN WARD.
No. 91. Age 20 years.
Admitted to Mauritian Ward. 23. 11.1917.

COMPLAINT. Pain in chest attributed to an accident
P.F. Bases show Dulness, Increased Vocal Resonance and
Vocal Fremitus.

DATE. TREATMENT.

TRANSFER TO PNEUMONIA WARD.
25th Sweating profusely Mist. Post. Stim. 4hrly
Rum. 4 oz daily.

26th. No definite signs. Mist. Strych. at
27th. Tubulat Breathing in Digital. b.i.d.
left side-mid axillary line
28th. Inj. Quinin. m10.
29th. Calomel gr 5.
30th Convalescent Diet.
3rd. Spleen felt below ribs.
4th. Coarse crepitations in
left lung.
5th. Tepid sponge.
7th. No history of dysentery. Inj. Quinin. m 10.
8th. Pain over liver. Inj. Emet. gr. l.
9th. L. Apex Harsh Breathing.
and also at base, with
crepitations at base.
12th. Inj. Emet. gr. l.

TRANSFER BACK TO MAURITIAN WARD. 15th. Dec. 1917.
No. 92. Age. 20 years.

Admitted to General Ward 22.11.1917.

COMPLAINT. Fever, Cough and pain in left side.

P.E.
Lungs - Rales both R. and L. Spleen palpable.
Blood Examination - No malaria parasite.

DATE.
22nd.

TREATMENT.
Pil. Cathart. 2
Mist Diaphorot. tds.

26th TRANSFER TO PNEUMONIA WARD

26th. No sputum
27th. Broncho-V. Breathing at left base.

2nd Dec. Left base - Diminished Breath sounds. Left Sub clavicular marked bronchial B.S. with fine crepitations.

11th. Sputum for T.B. - negative.

19th TRANSFER TO GENERAL WARD.
No. 93. Age 23 years.

Admitted to Mauritian Ward. 25.11.1917.

COMPLAINT. Pain and tenderness over chest.

P.E. Dullness over right chest. Harsh B.S. Fine Crepitations.

DATE. TREATMENT.
26th. Rusty Sputum
27th
TRANFER TO PNEUMONIA WARD.
 Been ill for 20 days. Cough for three days.
 No definite signs but a few crepitations at Right Base. Blood Exam. for Malaria - Negative.
 History of Dysentery 7 days previously.
 Pain over liver. Liver enlarged.

27th.
1st Dec. Mist. Stimulans. b.i.d.
2nd.
6th. TRANSFER BACK TO MAURITIAN WARD.
NO. 94, Age 32.
Admitted to Pneumonia Ward 27.11.1917.

COMPLAINT. Fever, Pain and Cough, Blood in sputum.
DURATION. 1 day ?.

P.E. Temp. 103. Bowels Constipated. Skin hot and dry.
Tongue white. Spleen not palpable. Glands normal.
Lungs. R.Base post. Diminished B.S. A few rhonchi.
Left - Nil.

DATE.
27th
28th
29th
TREATMENT.
Calomel gr.5.
Inj. Quin. ml0.
Mist. Belladonna. 4hrly
Inj. Quin. ml0.
Brandy 3 oz daily.
Mist. Post Stim. 4hrly.

5th TRANSFER TO MAURITIAN WARD.
NO. 96. Age 25.
Admitted to Mauritian Ward. 23.11.1917.

COMPLAINT. Headache. Pain about Right Shoulder on coughing.

DATE. TREATMENT.
23rd. Mist Pect Stim tds.
24th Calomel gr 5.
26th Mist. Quinin. tds.

TRANSFER TO PNEUMONIA WARD.
27th.
Milk Diet. Inj. Emot. gr $\frac{1}{2}$
Blood for Malaria - negative

28th
Inj. Emot. gr $\frac{1}{2}$.
Rum 4oz daily.

29th.
Inj. Quinin. ml 10.

2nd.
Mist. Quinin. tds.

4th. TRANSFER TO MAURITIAN WARD.
No. 97. Age 19.

Admitted to General Ward. 4.11.1917.

(No chart available).

COMPLAINT. Fever and cough. DURATION. 3 days.


DATE. TREATMENT.
4th. Mist Pect Stim. tds.
13th. Consolidation left Base.

TRANSFER TO PNEUMONIA WARD.

Dullness marked Rum 4 oz daily.
14th. L. base marked consolidation.
17th. Calomel gr3

28th. TRANSFER TO CONVALESCENT BASE.

CHART NOT AVAILABLE.

COMPLAINT. Fever and Colic. DURATION. 5 days ?.


DATE. TREATMENT.
21st. Ol. Ricini ½ oz. 
27th. Stools exam. for ova-nil.
28th. Crepitations all over both lungs. TRANSFER TO PNEUMONIA WARD.
No crepitations Mist. Pect. Stim. 4hrly
30th. 1st Doc. Bronchial B.S. and Brandy 2 oz daily.
4th. No marked signs in chest. Mist. Stimilans. bid.

DISCHARGED 7.1.1918.
No. 100. Age 24.
Admitted to General Mauritian Ward 25.11.1917.

COMPLAINT. Fever, Pain in Abdomen and Legs.
DURATION. 2 days.
P:E. Physical Signs of Pneumonia.
DATE 25th.
TREATMENT.
TRANSFER TO PNEUMONIA WARD.
27th.
Milk diet. Pain in Left side.
29th. Tubular B.S. and fine crops.
2" outside and below Left nipple.
1st Doc. Pain in ears.
5th. TRANSFER BACK TO MAURITIAN WARD.

Admitted to General Ward. 29.11.1917.

COMPLAINT. Fever, Cough and pain in Chest, for 3 days
Heart nil. R.Lung - Slight dullness at base. L.Lung rales.
DATE 29th. Milk Diet.
TREATMENT.
Mist. Ablu. once.
TRANSFER TO PNEUMONIA WARD.
2nd. Course Crops R. Base.
R. Lower Apex marked
8th.
9th.
17th DISCHARGED.
No. 102. Age 30.
Admitted to General Ward. 16.11.1917.

COMPLAINT. Fever and Cough. DURATION. 14 days.

P.E. Temp. 101.4. Tongue Dirty. Bowels Open, regular.?
Spleen not palpable. Heart - nil. Rales at R. Base.

DATE.
16th. Milk Diet, & extras.
17th. Faint B.S. Left Base.
23. Left Base - rales.
R.Lung Post. Crepitations below scapular border.
Sputum exam. for T.B. - negative
Do. for B.Pneumonia etc.

TREATMENT.
Pill. Cathartic. 1

26th. Medium crops both bases.
30th Blood in sputum.

2nd Doc. Sputum exam for T.B. Mist. Belladonna. 4hrly
-Negative.

3rd. Ordinary Diet.

10th.

DISCHARGED TO CONVALESCENT BASE.
No. 103. Age 37.
Admitted to Mauritian Ward. 23.11.1917.
COMPLAINT. Pain in chest and cough.

DATE.                     TREATMENT.

1st Dec. TRANSFER TO PNEUMONIA WARD.

2nd. Right lung posterior - a few
fine crepitations. Mist. Stimulans. bid.
Sputum Exam for pneumococi - negative.
4th. Right marked dullness and
numerous fine crops.
7th.
8th. Crops. and Tubular B.S.
over Middle lobe. Restless.
10th. Convalescent Diet.
13th. Much improved.
14th.

TRANFER BACK TO MAURITIAN WARD.

No. 104. Age 25 years.
Admitted to General Ward. 25.11.1917.
COMPLAINT. Fever, cough and headache for 3 days.

Heart - nil. Lungs - a few rhonchi both bases.

DATE.                     TREATMENT.
26th. Blood negative for malaria

1st Dec. TRANSFER TO PNEUMONIA WARD.

Dullness and fine crops over Mist. Pect. Stim. 4hrly.
Right Base.
2nd. Increased dullness and crops
over right base.
4th. Sputum negative for Pneumococi.
7th. Convalescent Diet.
17th. DISCHARGED.
No. 105. Age 20 years.
   Admitted to Mauritian Ward. 2.13.1917.
P.E. Physical Signs of Pneumonia with Rusty Sputum.

DATE.  TREATMENT.
2nd. TRANSFER TO PNEUMONIA WARD.  Inj. Quinin. m 10.
      Right Base. Rhonchi, fine  Mist. Post Stim 4 hrly
      crops and B.S. Harsh to  Brandy 3oz daily
      Bronchial.
4th Compensatory B.S. over R.  Inj. Quinin. m10.
      Lung.
10th. TRANSFER BACK TO MAURITIAN WARD.

No. 105 B. Age 18.
   Admitted to General Ward. 1.12.1917.
   COMPLAINT. Fever and Cough for 2 days.
      Heart - nil. Lungs - a few rhonchi.

DATE.  TREATMENT.
1st. TRANSFER TO P. WARD.  Mist. Diaphoretic tis.
2nd. Milk Diet. Left Lower Apex  Mist. Post Stim, tds
      chiefly affected. also Left  Rum 4 oz daily.
      base shows dullness and B.S.
      Tubular, increased V.R.
3rd.  Mist Stimulans. bid.
6th. Convalescent Diet.
8th. Ordinary Diet.
21st. DISCHARGED.
No. 107. Age 22.
Admitted to General Ward. 30.11.1917.
COMPLAINT. Fever Pain in chest for 3 days.

TRANSFERRED TO PNEUMONIA WARD. 30.11.1917.

DATE.
30th. Fine crops chiefly confined to left lung.
V.R. Increased.


TREATMENT.
Mist. Alba. once.
Mist. Post. Stim. 4hrly
Rum. 4oz daily.

DISCHARGED.

No. 111. Age 20.
ADMITTED TO MAURITIAN WARD. 2.12.1917.

COMPLAINT. Cough and pain in chest.
P.E. Rusty Sputum (?). A few crops at R. base.

TRANSFER TO PNEUMONIA WARD. 2.12.1917.

DATE.
3rd. No signs in chest
4th.

TREATMENT.
Mist. Quinin. tds.
Inj. Quinin. m. 10.

7th TRANSFER BACK TO MAURITIAN WARD.
No. 114. Age 19.  
Admitted to General Ward. 4.12.1917.  

COMPLAINT. Pain in back cough and fever for 3 days.

TRANSFER SAME DAY TO PNEUMONIA WARD.

DATE.  
4th. R. Apical Pneumonia well  
marked tubulat Breathsounds  
TREATMENT.  
Mist. Diaphoretic.  
Milk Diet and extras.  
Inj. Digital. 1/100.  
Inj. Quinin. m10.

6th.  
Marked blood in sputum.


8th. Microscopic Ex. Sputum shows  
Diplo an Staphylococci and Organism  
of Vincent's Angina.

Patient Delirious.

9th. Tubular B.S. still marked  
at R. Alex.

9th. Considerable Improvement.  

11th. Convalescent Diet.  
Ordinary Diet.

13th. Convalescent Dist.  
Mist. Tonic. tds.

Emul. 01. Morrh. bid.

Admitted to General Ward. 5.12.1917.

COMPLAINT.
Pain in chest, cough and giddiness for 2 days.
P.E.
A few rhonchi in the right side.

<table>
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<tr>
<td>5th</td>
<td>Calomel gr3.</td>
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<td>Mist. Salicyl. tds.</td>
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<td>Mist Post Stim tds.</td>
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<td>Brandy 2 oz daily.</td>
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DATE. TREATMENT.
5th. Cough at at night. 
8th. Blood negative for malaria. 
9th. TRANSFER TO PNEUMONIA WARD. 
10th. Pneumonia R.Base. 
14th. Delirious. 
19th. Improved. 

30th DISCHARGED.

No.122. Age 32.
Admitted to Pneumonia Ward. 7.12.1917.

COMPLAINT. Fever, cough and pain in side for 3 days.
P.E.
Tongue dirty, bowels constipated. Heart and Spleen-nil.

DATE. TREATMENT.
7th. Milk diet and extras: Mist. Alba once. 
Sputum negative for B.Pest. Brandy loz 4 hrly.
(plague), Pneumococci found  
9th. Chest signs indefinite. 
11th. Left base shows a few rhonchi. 
13th. Rash B.S. some crops. Dullness and V.R. increased. 
14th. Convalescent Diet. 
18th. Ordinary Diet. 
26th DISCHARGED.
No. 124h, Age 19.
Admitted to General Ward, 7.12.1917.

COMPLAINT.
Fever, cough and pain in side for 5 days.
P.E.
Tongue white and moist. Bowels constipated. Heart and
spleen - nll. Lungs - Rales all over.

DATE.
7th.
8th. Milk Diet.
Blood for malaria - negative.
Fine crops at R. Base.

TRANSFER TO PNEUMONIA WARD
8th. R. Lung Ant. between middle
and lower lobe. Crops and
9th. Harsh B.S. Sputum for Pneumo-
cocci - negative

11th. R. Lung clearing.
Left. Apex. Rhonchi and crops.
Tubular B.S. esp. Posteriorly.
D. and V.R. increased.

12th. Extension to lower lobe.

14th. Inflammation of L. Eye.
General Solaritis, Cornea
ulcerated.

17th.
Sputum for Pneumococci.
Positive.

20th. Eye Swab - Pus cells and
epithelial cells no organisms.

26th. Ordinary diet.
30th. Pain in foot.
Knee jerks absent.

31st. TRANSFERRED TO SPECIAL HOSPITAL FOR
NERVOUS CASES.

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Pulse
Resp.
Nations
Urine
S&G
Reactions
Chlorides
Albumen
Bicarbonate
No. 125. Age 20.
Admitted to General Ward, 5th 11, 1917.

COMPLAINT.
Fever and cough for 2 days.
P.E.
Tongue furred. Heart nil. Lungs crops and dulness at both bases.

DATE.
5th.

6th. Bases show increased D.

Rhorbit all over.

7th.
TRANSFER TO PNEUMONIA WARD

7th. Pneumonia of Left Lung chiefly.

8th.
12th. Much improved.
14th.
27th.

DISCHARGED.

TREATMENT.
Calomel. gr 3.

Mist Saline once.

Mist Diaphoretic tis.

Cold sponge once.

Mist. PectStim 4hrly

Brandy 4oz daily.

Mist. Digitalis. bid.

Ordinary Diet.

DATE
TIME

38
39
40
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60

TEMP.

36.27
37.2
38.1
39.1
40.1
41.1
42.1

PULSE

80
90
100
110

RESP.

28
30
32
34
36

MENSTR.

39
40
41
42

URINE.

30
32
34
36

S.G.

101.1
102.0
103.0
104.0

REACTION

A

KETONES

P.

ALKALI

H.

ALBUMEN

O.

D.
No. 126. Age 20 years.
Admitted to General Ward 6.12.1917.

COMPLAINT
Fever and Cough for 4 days.

P.E.
Tongue clean. Bowels regular. Heart healthy. Spleen nil
Lungs. Rales both Right and Left.
Blood Exam. No malaria parasite.

DATE.
6th. Milk Diet
TREATMENT.
7th. TRANSFER TO PNEUMONIA WARD.
Inj. Quinin.
R. Lung Pneumonia.
10th.
Rapid convalescence. Discharged 30.12.1917:

---

No. 129. Age 21 years.

COMPLAINT
Fever and Cough.

DATE.
7th TRANSFER TO PNEUMONIA WARD.
Dysentery 2 years ago in Mauritius.
12th.
16th Convalascent Diet.
18th TRANSFER BACK TO MAURITIAN WARD.

(12th. Sputum for Pneumo-cocc - Positive)
No. 130. Age 25.

Admitted to Pneumonia Ward 11.12.1917.

COMPLAINT. Fever, pain in chest and cough for 6 days.

P.E.

Temp. 100. Bowels costive 8 days. Tongue dirty. Skin hot.


Lungs. Rhonchi and fine crops over R. axilla.

Tubular B.S. marked Dullness and fine crops below left scapula.

DATE. TREATMENT.

11th. Milk diet.

12th. Calomel gr 4.

13th. Partial Pneumococci present.

14th. Improved. False crisis.


28th. Compains of Drop wrist.

31st. Improved.


DISCHARGED 10.1.1917.

* The Blood Sample is always taken before any Quinine is administered, but the result may be recorded after Quinine has been given. (See "Explanatory Table" page.)
No. 132. Age 19.

COMPLAINT.
Fever, cough, pain in chest for 3 days.
P.E.
Left lung posteriorly. Increased dulness and V.R. & V.F.
Breath sounds - tubular.

DATE.
11th
11th TRANSFER TO PNEUMONIA WARD.

13th Sputum profuse
15th
20th TRANSFER BACK TO MAURITIAN WARD.

DATE
11
12
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20

TREATMENT.
Mist. Stim. tds.
Mist. Pect. Stim. 4hrly
Mist. Belladon. 4hrly.
Mist. Pect. tds.

DATE
9/0
10/0
11/0
12/0
13/0
14/0
15/0
16/0

TIME
0° 10° 20° 30° 40° 50° 60° 70° 80° 90° 100° 110°

Pulse
Resp.
120 110 100 90 80 70 60 50 40 30 20 10


COMPLAINT. Cough and Fever for 5 days.
P.E. Temp. 105.4 Tongue dirty. Bowels costive.
Spleen not palpable. Rales over both lungs.

DATE
11th. Milk Diet.
Pneumococci in sputum (M.E.)
12th. Milk Diarrhoea.
Pneumonia of right lung.
21st. Feverish, shivering before fever.
22nd. Blood exam - negative.

TREATMENT.
Ol. Ricini 1 oz.
Mist. Diaphoret. tds.
Mist. Pect. Stim. 4hrly.
Brandy 3 oz daily.
Convalescent Diet.
Mist. Tonic. tds.

DISCHARGED, 10.1.1918.

COMPLAINT.
Cough and Fever.

DURATION. 5 days.
P.E.
Spleen not palpable. Lungs - rales.

DATE. TREATMENT.
Diagnosed pneumonia, R. Lung. Mist Diaphoretic tds

TRANSFER TO PNEUMONIA WARD.

12th. Otorrhea. R. ear.
17th. Convalescent Diet.
22nd. Shivering before fever
Blood negative for malaria.

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Date

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Motions

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---
No. 136. Age 21 yrs. Admitted to Pneumonia Ward 12/12/17

COMPLAINT.

Phys. Exam.

Lungs. Tubular B.S. over Middle lobe.

DATE.
12th. Milk Diet.
Sputum for Pneumococci - Result negative.

30th. Convalescent Diet.
Gradual Recovery.

DISCHARGED 4. 2. 1918.

TREATMENT.
Calomel gr 3
Mist. Pect. Stim. 4 hrly.
Rum 3 oz daily.
Mist. Quinin. bid.

DATE
2/13 15 17 18 19 20 22 23 24 25 26 27 28 29 30 31
TIME
36.97 37.7 37.98 38.1 38.3 38.5 38.8 39.2 39.6 39.9 40.3 40.8 41.1 41.5 42 42.5


COMPLAINT.
Pain in chest and cough.

P.E.

DATE
13th. Milk Diet.
14th. Rusty Sputum.

TRANSFER TO PNEUMONIA WARD.
17th. Sputum for P.C. - negative
but Pneumobacilli present

21st. Blood for M.E. - no malaria

TRANSFER BACK TO WARD M.
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COMPLAINT.
Fever, Headache and Cough for 2 days.

P.E.
Temp.100.4. Tongue furred. Bowels regular. Heart nil
Blood Exam. for Malaria - Negative.

DATE.  
10th.  
Milk Diet.

TREATMENT.  
Calomel gr2.  
Mag.Sulph.½oz. once.  
Mist.Diaphoret.tds

DATE. TREATMENT.  
12th. Pain all over.  
Milk Diet.

TRANSFER TO PNEUMONIA WARD.

D. plus.

20th. DISCHARGED 6.1.1918.

DATE  
TIME  
Pulse Resp

No.140. Age 35. Admitted to General Ward. 11.12.1917.

COMPLAINT.
Pain in back and joints.
P.E.

Glands nil. Crop and harsh B.S. over Right Base.

DATE.  
11th.  
TRANSFER TO PNEUMONIA WD.


21st Convalescent.

7th Jan. DISCHARGED. 3 days line leave.

COMPLAINT.

Fever and Cough. DURATION ?.

Physical Signs of R.Lobar Pneumonia.

DATE.

7th. Milk Diet.

TREATMENT.

Mist. Stimulants tds.

Brandy 5 oz daily.

14th TRANSFER TO PNEUMONIA WARD.
17th. Convalescent.
23rd. TRANSFER BACK TO MAURITIAN WARD.


COMPLAINT.

Swelling of Left Leg (below knee) for 3 days.

DATE.

9th. Ordinary Diet.

TREATMENT.

Pil. Cathartic 2 nocter

Mist. Specific. tds.

9th. Reflexes normal (Bari-beri?)

Urine for Albumen & casts - nil.

Result Negative.


15th. Rusty Sputum. No signs of Consolidation.

Urine M.E. for pus - nil.

Blood for Differential Count - nil.

TRANSFER TO PNEUMONIA WARD.
15th. Urine for Albumen - nil.


18th. Sputum for M.E. - nil.

8th Jan. DISCHARGED.
COMPLAINT.
Headache, Pain in Chest and Fever for 5 days.
P.E.
Lungs - A few rales at bases.
DATE
13th.
TREATMENT.
Calomel & Mag. Sulph.
Mist. Diaphoretic tds.
14th Blood Exam. - nil.
TRANSFER TO PNEUMONIA WARD.
15th Blood in sputum
Chief signs L. base.
16th Rhonchi. Crops. Tubular B.S.
both bases.
20th. Sputum for Pneumococci - nil.
10th. Jan. DISCHARGED.

COMPLAINT.
Fever and Cough for 4 days.
P.E.
Rhonchi in lungs no signs of consolidation.
Blood for Malaria - Negative.
DATE
10th. Milk Diet.
TRANSFER TO PNEUMONIA WARD.
    R. base marked dulness.
17th. Mist Stimulans. bid.
18th TRANSFER BACK TO MAURITIAN WARD.

COMPLAINT. Cough. Fever and pains in body.

DURATION. One month.

P.E.
P.D. Bronchitis, Jaundice.

DATE.
17th. Milk Diet.


18th. Stools for Ankylostoma ova - nil.

L. lower lobe - Tubular B.S.

19th. Dulness plus. and cramps.

20th Pain in L. side.

21st Pain on passing urine.


27th. Convalescent.

TREATMENT.
Mist Diaphoretic. bis.
Mist. Post. Stim. 4hrly.
Inj. Quinin, m10 once.

DISCHARGED 25th Jan. 1918.

COMPLAINT. Cough, Fever and Pain in Chest

DURATION. 8 Days.
P.E. No definite signs in chest. A few rhonchi R. side.
Spleen enlarged L. No glands. Heart nil.

Blood for Malaria Parasite - negative.

DATE.
19th.

TREATMENT.
Lin. Camphora.
Mist. Pect. Stim. 4hrly

22nd. Rhonchi esp. R. side.
Sputum for pneumococci - positive.

28th. Spleen enlarged & hard.

30th
4th Dry Cough.

5th
7th. Presystolic murmur.

20th. Spleen hard.

Heart - Tic tac rhythm.

DATE
TIME

12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31


COMPLAINT.
Pain in chest and cough.
P.E. Both lungs - Rhonchi. Creps and Dulness.

DATE.
16th.

TREATMENT.
TRANSFER.
Brandy.

1oth. No definite signs in chest.

Blood for Malaria - negative.

21st

CONValescent

TRANSFER BACK TO MAURITIAN WARD.

COMPLAINT. Cough and pain in chest.

DATE. 19th. Milk diet.
TRANSFER TO P. WARD.
21st. R. base fine crops.
TREATMENT. Hist. of Dysentry one month previously.

DATE. 23th. Much improved.
TRANSFER TO MAURITIAN WARD.


COMPLAINT. Pain in chest and back. Fever.
DURATION. 8 days.
P.E.
Spleen and Heart nil.
Lungs. Rhonchi - general.
Crops at R. apex. Dulness marked.

DATE.
22nd.
24th Milk diet & extras.
TREATMENT. Patient lies on left side.
26th.
R. apex affected.
28th Convalescent Diet.
DISCHARGED 7th January 1918.

COMPLAINT. Fever, Cough and Pain in chest.
DURATION. 5 days.
P.E.
Tongue white and dirty. Bowels regular. Heart nil. Rhonchi in both lungs.

DATE.
20th Milk diet.
21st. Pneumonia R.Lung.
TRANSFER TO PNEUMONIA
22nd. Fine crops and rhonchi both lungs.
23rd. Tubular B.S. post.
2" below R.scapula
26th. R. Lower Lobe crops and increased dullness and V.R.
27th. Improved.
28th Convalescent Diet.
31st. Ordinary Diet
1st Jan. Fine crops or pleural rub on R side
19th
25th DISCHARGED.

TREATMENT.
Milk diet & extras.
Brandy 3 oz dily
Mist.Post Stîm 4hrly.
Mist.Stimulans bis.

Mist.Expect. tds.

WARD.
Milk diet & extras.
Brandy 3 oz dily
Mist.Post Stîm 4hrly.
Mist.Stimulans bis.

Mist.Tonic b.i.d.

(23rd Sputum examined for P.C. - Result no Pneumo- cocci found but Spirilla present)

COMPLAINT.
Fever, Cough, pain in stomach (no vomiting) for 14 days.


DATE
TREATMENT.

22nd. Pneumonia L.base. Rusty Sputum
TRANSFER TO PNEUMONIA WARD.
Sputum for M.E. - Rum 5 oz daily.
Pneumococci present. Hist. Stimulants. his.

14th DISCHARGED TO CONVALESCENT BASE.


COMPLAINT.
Pain in chest & stomach. DURATION ?.

P.E. Patch off dullness below R.scapula. Tubular B.S.
Fine crops. V.R. and V.F. increased.

DATE.
22nd. Milk Diet.
TRANSFER TO PNEUMONIA WARD.
25th. Sputum for Pneumococci - negative.
26th
29th TRANSFER BACK TO MAURITIAN WARD.

COMPLAINT. Pneumonia
Pain in chest, Fever & cough for 4 days.

P.E.

DATE. TREATMENT.
27th. V. R. marked and tubular B.S.
28th. DISCHARGED.


COMPLAINT. Pneumonia
Pain in chest, Fever & cough for 4 days.

P.E.

DATE. TREATMENT.
27th. V. R. marked and tubular B.S.
28th. DISCHARGED.

**COMPLAINT.** Cough and pain in side.

**DURATION.** 7 days.

**P.E.**
- Tongue white and dry. Bowels regular. Heart nil.
- Lungs a few rhonchi

**DATE.**
- 24th.
- 25th: Pneumonia L. base.

**TREATMENT.**
- Mist. Expect tds.

**TRANSFER TO PNEUMONIA WARD.**
- 25th: Sputum for M.E. - positive.
  - Pneumococci, Pn. bacilli and Vincent's Angin. Organism.
  - 26th: Pain in joints, esp. L.arm.
  - 27th: Blood in sputum marked.
  - 28th: Blood disappeared.
  - 31th: Blood in sputum.

**DATE.**
- 3rd Jan.
- 8th: Slight dulness about L. nipple.
- 15th: Improved greatly.
- 25th: DISCHARGED.

**DATE** 24th 25th 26th 27th 28th 29th 30th 31st 1st 2nd 3rd 4th 5th

**TIME** 1 2 3 4 5 6 7 8 9 10 11 12 13

**CAP F** 100 90 80 70 60 50 40 30 20 10 0

**Respirations**
- 24th 40 30 20 10 3 2 1 0
- 25th 45 35 25 15 5 3 1 0

**Temperature**
- 37.9 38 38.5 39 39.5 40 40.5 41 41.5 42 42.5 43 43.5
- 24th 37.9 37.8 37.7 37.6 37.5 37.4 37.3 37.2 37.1 37 36.9 36.8 36.7

**Pulse**
- 121 120 119 118 117 116 115 114 113 112 111 110 109
- 24th 121 120 119 118 117 116 115 114 113 112 111 110 109

**Movements**
- 24th 1.2 1.1 1.0 0.9 0.8 0.7 0.6 0.5 0.4 0.3 0.2 0.1 0.0
- 25th 1.2 1.1 1.0 0.9 0.8 0.7 0.6 0.5 0.4 0.3 0.2 0.1 0.0

COMPLAINT.
Weakness, pain in all joints and one night's fever.

DURATION. 3 days.

P.E. Gums inclined to bleed a trace of pyorrhoea.

Dulness over R. Lower Lobe, moist rales and tubular B.S.

DATE.
26th.

TREATMENT.
Mist. Sodii Salicyl. tds

TRANSFER TO PNEUMONIA WARD.

27th. Pneumonia signs marked.

27th R. Lower Lobe. D. very marked Mist. Stimulans, tds.

Breath sounds absent. Mist. Post Stim. 4 hrly

Brandy 3 oz daily.

21st Jan. DISCHARGED.

COMPLAINT.
Fever, Cough and pain in chest.

DATE.
22nd.

fine creps. Tubular B.S.

TRANSFER TO PNEUMONIA WARD.
27 Pneumonia of R. Base.

DATE.
22nd. Mist. Diaphorot. tds.

3rd Jan. TRANSFER BACK TO MAURITIAN WARD.

COMPLAINT.
Fine crops. Tubular B.S.

TREATMENT.
Mist. Diaphorot. tds.

3rd Jan. TRANSFER BACK TO MAURITIAN WARD.

Pneumonia.

DATE.
27th.

TREATMENT.
Mist. Pect. Stim. 4 hrly


COMPLAINT.
Pain in chest, fever and headache for 4 days.

DATE.
29th.

1st Jan. Rusty Spatum.

3rd Slightly better.

TREATMENT.
Calomel gr 3

10th Transfer to Convalescent Ward.

20th. Blood from gums. (?malingering).

DISCHARGED.

COMPLAINT.
Fever, Cough and pain in R.side for 2 days.
P.E.
Right Lung. A few rales, and fine crops. at Base (R).

DATE
28th.

TREATMENT.
Milk Diet & Extras.
Pill. Cathartic. 2. once
Mist. Diaphoretic. tds.
Mist. Pect. Stim. 4hrly.

29th. TRANSFER TO P. WARD.

30th. Tubular B.S. D & V.R.
Increased at R.Base.


5th. Postid Sputum.

10th. Ordinary Diet.

21st. DISCHARGED.


COMPLAINT.
Fever and Cough. DURATION. 5 days.
P.E.
Skin, dry & hot. Tongue dry & brown. Eyes nil.
Spleen enlarged 1" below costal. margin.
Left Lung. Fine crops at base. Rhonchi general.
Right. Metallic rales at each inspiration, anteriorly.
Posterior. Tubular B.S. Fine crops. D plus. V.R. plus practically from the apex to the base.

DATE.
31st. Milk Diet & extras.

TREATMENT.
Rum 4 oz daily.
Inj. Quinin. ml 10 once.
Mist. Pect. Stim. 4hrly.

1st. "Wants another injection.

felt better after the first.
Sputum for M.E. = Pneumobacilli.

3rd. Better Pulse improved.


8th. Convalescent.

21st.kład

28th DISCHARGED.

COMPLAINT. Fever & Cough for 3 days.

DATE.
28th.
29th. Diminished V.R. R Side.

DATE.
28th.
29th. Diminished V.R. R Side.

DATE.

TRANSFER TO PNEUMONIA WARD.
3rd. Better
21st DISCHARGED TO CONVALESCENT BASE.


COMPLAINT.
Fever and pain in chest for 6 days.

DATE.
31st. Signs marked L.base.

TRANSFER TO PNEUMONIA WARD.
1st. Jan.
Rusty Sputum.

6th. Sputum frothy, purulent.
14th. Plural Rub R.base.

28th DISCHARGED 2 DAYS LINE LEAVE
No. 190A. Age 32. Admitted to General Ward 1.1.1918.

**COMPLAINT.**
Pain in chest, Cough, Blood in sputum, Fever one night.

**DURATION.**
5 days.


Lungs: Consolidation Left Axillary Region, Tubular B.S. Dulness and V.R. increased.

**DATE.**
1st. Milk Diet. 
2nd. Blood for Malaria - negative 
3rd. Milk Diet & Extras. 
4th. Crups coarser, D plus.

**TREATMENT.**
1st. Milk Diet. 
Mist. Diaphoretic tds.

TRANSFER TO PNEUMONIA WARD.


Spumum for M.E. No Pneumococci but Pneumobacilli found.

Left Lower apex shows marked tubular B.S. No crops. D plus.

**DATE.**
2nd. Jln. 

**TREATMENT.**
2nd. Blood for Malaria - negative 
3rd. Milk Diet & Extras.

Left Upper lobe post. shows Tubular B.S. D plus. V.R. plus.

**DATE.**
5th. Improved.

10th TRANSFER BACK TO MAURITIAN WARD.

---


**COMPLAINT.**
Cough, Pain in chest. DURATION 9 days.

P.E.
Harsh B.S. and Rales over R. lung.

**DATE.**
2nd. Jln. 
3rd. Milk Diet & Extras.

**TREATMENT.**
2nd. Blood for Malaria - negative 
3rd. Milk Diet & Extras.

Left Upper lobe post. shows Tubular B.S. D plus. V.R. plus.

**DATE.**
5th. Improved.

10th TRANSFER BACK TO MAURITIAN WARD.

COMPLAINT.
Fever and cough for 3 days.
Lungs R hones chiefly at bases. Blood negative for M.P.

DATE.
1st.

3rd.
TRANSFER TO PNEUMONIA WARD.
3rd. Fine crops at bases.

5th. Sweating profusely.
7th. Much improved.
14th. Irritable cough.
25th. DISCHARGED.

No. 199. Age 30. Admitted to General Ward. 5.1.1918.

COMPLAINT. Fever, pain in chest, for 5 days.
P.E.
Sent to hospital as Pleurisy.
Lungs—R.injg shows bronchial B.S. above and outside of R. nipple, and harsh B.S. at R base.

DATE.
5th. Milk Diet.

7th. TRANSFER TO PNEUMONIA WARD.
History of Haemoptysis or spitting of blood 2 months previous.

Some crops. Tubular B.S. and D plus over R. Middle lobe.
8th. Sputum for T.B. negative
12th. Convalescent.
25th. DISCHARGED 2 Days LINE LEAVE.

COMPLAINT. Fever, Cough, Pain in chest.

P.E.
L. Base posterior. Harsh B.S. a few fine crops.

DATE. TREATMENT.
8th. Mist. Diaphoretic. tds.
12th. Sputum for Pneumococci - Positive.
13th Improved. 
20th. DISCHARGED.

No. 201. Age 34. Admitted to Pneumonia Ward 8.1.1913.

COMPLAINT. Fever, Cough and Pain in Chest for 3 days.

P.E.

DATE. TREATMENT.
Sputum for T.B. - Negative.
11th. In statu quo.
12th Improved.
13th Convalescent Diet.
25th DISCHARGED.

COMPLAINT. ?

DATE. TREATMENT.
9th. 
10th. Cough present.

11th. Face very flushed.

TRANSFER TO PNEUMONIA WARD.

12th. 

13th. R. Lung Post. Fine crops at lower apex, coarser crops at base. Breath Sounds V.R. + D = +


18th. Pulse very feeble.

19th. Improved.

20th. Convalescent Diet.

22nd. Bases clear.

8th. Feb. DISCHARGED.
No. 203. Age 25. Admitted to Pneumonia Ward. 9.1.1918.

COMPLAINT. Fever, Cough and pain in chest.

DURATION: 3 days.

P.E.


Lungs. Right. Rhonchi all over B.S. - 

Left. B.S.↓ D ↓ posteriorly.

Consolidation L Lower Lobe.

DATE. TREATMENT.


10th. Rhonchi increased Rum 4 oz daily.

12th. Wants food.

Sputum for P.C. - nil.

28th. DISCHARGED.

No. 204. Age 21. Admitted to General Ward. 2.1.1918.

COMPLAINT. Pain R. side of chest.

Fever and Cough for 4 days.

P.E. Heart and lungs nil. Spleen palpable.

Tongue coated. Blood for Malaria - negative.

DATE. TREATMENT.


7th. Fine creps R. apex.

Mist. Quinin. tds.

Sputum rusty.

TRANSFER TO PNEUMONIA WARD.


Rum 3 oz daily.

13th. Rice Diet.

19th Convalescent Diet.

25th DISCHARGED.

COMPLAINT.
Fever and Cough.

DURATION.
5. days.

P.E.
Heart nil. Lungs Left Lung. Crops, Bronchial Breathing over infra scapular region.

DATE.
10th. Milk Diet.

TREATMENT.
Ol. Ricini. statim.
Mist. Pect. Stim. 4hrly.

TRANSFER TO P. WARD.

10th. L. Lung. Sub. scapular region
B.S. marked Tubular Breathing.
V.R. much increased. Sputum rusty and viscid.
11th. Sputum for M.E..
12. Pneumohactilli found but no Pneumococci.
Cough and much sputum.
Chest almost clear.
15th. Much better.
19th Convalescent Diet.
4th Feb. DISCHARGED.


DURATION. 2 days.

Heart nil. Lungs - Rhonchi all over. Blood negative.

DATE.
9th. Milk Diet.

Lungs rhonchi all over.
Gripes & rais L. Base.
Sputum rusty.

TRANSFER TO PNEUMONIA WARD
12th. L. Lower Apex.

D + V R +.

14th. Vomited once.

15th. Sputum for M. E. no
Pneumococci found.

19th. Rice Diet.

20th. Ordinary Diet.

28th. Severe Headache.

31st. No Physicals signs
in lungs.

1st Feb. Blood for Relapsing
Fever (M. E.) - Negative.

2nd. Urine for Bile Pigments
6th. - nil.

27th. D.A.H.

1st March. Improved.

14th. DISCHARGED.

COMPLAINT.

Fever, Cough, pain in chest, for 6 days.

P.E. Temp. 103.

Heart full. Spleen not palpable. Bowels constipated.

Blood for Malaria - Negative.

Lungs Rales all over. Crops Left lung anteriorly.

DATE

TREATMENT

12th

Mist. Diaphoretic. tds.

13th

Mist. Pect. Stim. 4 hrly.

Milk Diet & extras.

20th Signs in status puer.

Inj. Quinin. m15.

21st Coarse Crops. border of left lung.

23rd Rhonchi all over.

Signs of Broncho Pneumonia.

24th. Sputum negative for T.B. and Pneumococci.

27th. R.Apox. E.S. V.R.t

Posterior crops at bases. ed and Dulness slightly increased.

28th. Bases slight Dulness.

V.R. Normal.

29th.

Inj. Quinin. m10.

31st.

Inj. Quinin m10.

8th Feb. Stools for ova.

- negative.

9th Improved.

10th Sputum positive for Pneumococci & Pneumo-

bacilli

12th March. DISCHARGED.
COMPLAINT.
Fever, Cough and Hicouogh, and Headache
DURATION ?.
P.E. Temp. 103.4. Bowels constive 3 days. Sploen nil.
Heart Normal. Lungs R. & L. Rales.
DATE.
22nd. Milk Diet.
23rd. Tubular B.S. R. Lung. and crops.
TRANSFER TO PNEUMONIA WARD.
23rd. Rhonchi R. base.
24th. R. & L. bases - Fine Craps
No marked dulness. At R. base. Mist. Diaphoretic tds.
B.S. almost Tubular.
26th. In statu quo.
1st. Convalescent.
4th. Convalescent Diet.
16th. DISCHARGED.

COMPLAINT.
Fever, Cough and shortness of breath. for 10 days.
P.E. Constipated 10 days (?).
L.Iang. Rhonchi chiefly at base.
Pulse 130.

DATE
21.1.1918

TREATMENT.
Pil Cathartic 2.
Mist. Expect. tds.

TRANSFER TO PNEUMONIA WARD.

23rd.

Milk Diet & extras.
Rum 2 oz.
Mist. Pect. Stim. 4hrly &
Mist. Stimulans tds.
Alkaline Mouth Wash.


COMPLAINT.
Fever, Headache, Cough and pain in chest.
DURATION. 8 days.
P.E.
Tongue clean, Bowels constive. Spleen enlarged.
Lungs. Right nil.
Left, dulness, Increased V.R. Tubular B.S.
over post. axillary line.

DATE
26th. Milk Diet.

TREATMENT.
Mist. Expect. tds.
Mist. Alba. 3oz. once.

TRANSFER TO PNEUMONIA WARD.

29th. Pneumonia L. Lower lobe
3rd. Improved.
1st. March. DISCHARGED.
No. 231. Age 30. Admitted to Pneumonia Ward, 27.1.1918.

COMPLAINT.

Pain in Left Side and Fever for 3 days.

P.E.


Lungs. Left Upper lobe, /\+ D++. VR+. ***marked

DATE. TREATMENT.


29th Marked delirium. Calomel gr 3 statim.

30th. Do. Calomel & Saline


1st. Feb. 5th. Sputum negative for Pneumo
cocci and bacilli.

2nd. Pulse good, no delirium. Enema.


1st March. DISCHARGED.

COMPLAINT.
Fever, Headache, Pain in chest and stomach, Cough.

DURATION 4 Days.
P.E. Bowels constipated. Heart nil. Rhonchi in both lungs. Blood negative for Malaria and for Spirilla.

DATE.
29th.
3rd. Marked Rhonchi in lungs.

FE Subscription sputum
Feable pulse. Heart failing?
3.30 pm.
3.30 pm.

TRANSFER TO PNEUMONIA W.
Breathing distressed. Patched of Bronchial B.S.


Sputum for M.E. No T.B.

14th. Coarse crops. Both lower apices, esp. on the Right.

15th.

18th. Both lungs full of crops. Em.01. Morrh. daily.

Sputum shows numerous pus cells, streptos. & diphlos.

No B.Tubercle.

25th. Ordinary Diet.


29th. Query - Bronchioctasis.

DIED. 8.11.1917.
No. 23. Age 30. Admitted to Pneumonia Ward. 22.10.1917.
COMPLAINT.
Pain in chest & Headache. DURATION 1 day.
P.E.
Skin hot & moist. Tongue flamed. Bowels Costive.
Heart nil. Fine crops Right Base. B.S. Harsh Upper Lobe
DATE.
22nd. Milk Diet.
TREATMENT.
26th. R. Upper Lobe Pneumonia. Delirious.

COMPLAINT.
Cough and pain in chest. DURATION 4 days.
P.E.
History of pneumonia 12 months previous. Sputum is slightly blood stained.
DATE.
21st. Milk Diet.
23rd. Pleurisy L. side and areas of consolidation in both lungs. Temp. suddenly shot up to 105° F.
TRANSFER TO PNEUMONIA WARD.
25. Patch of Pneumonia on R. side below clavicular. V.R.
30th. Heart very irregular.
Patient very restless.

DATE
TIME
C° F
106.0
40.0
37.5
36.8

Pulse
Respirations
Motions
29
25
0

DATE
TIME
C° F
106.0
40.0
37.5
36.8

Pulse
Respirations
Motions
25
24
6

DATE
TIME
C° F
106.0
40.0
37.5
36.8

Pulse
Respirations
Motions
27
26
0

DATE
TIME
C° F
106.0
40.0
37.5
36.8

Pulse
Respirations
Motions
29
24
0

DATE
TIME
C° F
106.0
40.0
37.5
36.8

Pulse
Respirations
Motions
27
26
0

COMPLAINT.
Fever, Cough pain in abdomen and diarrhoea. For 2 days.
P.E. Splenomegaly and palpable. No stools first day.

DATE.
20th.

TREATMENT.
01. Ricin. once.
Mist. Diaphoretic tds.

21st. Stools - liquid, bile stained


24th. L Axillary Pneumonia.

TRANSFER TO PNEUMONIA WARD.


27th. Heart failing.

DIED. 3.15. pm.


COMPLAINT.
Fever, Cough and Pain in chest for 10 days.
P.E. Blood negative for Malaria.

DATE.
26th.

TREATMENT.
Mist. Diaphoretic. tds.

TRANSFER TO PNEUMONIA WARD.


30th.


6th.

DATE
TIME
C° F

36.5

37

37.5

38

38.5

39

39.5

40

40.5

41

36.5

37

37.5

38

38.5

39

39.5

40

40.5

41

Pulse
Respirations
Motions

DATE
TIME
C° F

36.5

37

37.5

38

38.5

39

39.5

40

40.5

41

Pulse
Respirations
Motions


COMPLAINT.
Fever, Cough pain in abdomen and diarrhoea. For 2 days.
P.E. Splenomegaly and palpable. No stools first day.

DATE.
20th.

TREATMENT.
01. Ricin. once.
Mist. Diaphoretic tds.

21st. Stools - liquid, bile stained


24th. L Axillary Pneumonia.

TRANSFER TO PNEUMONIA WARD.


27th. Heart failing.

DIED. 3.15. pm.


COMPLAINT.
Fever, Cough and Pain in chest for 10 days.
P.E. Blood negative for Malaria.

DATE.
26th.

TREATMENT.
Mist. Diaphoretic. tds.

TRANSFER TO PNEUMONIA WARD.


30th.


6th.

DATE
TIME
C° F

36.5

37

37.5

38

38.5

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40.5

41

Pulse
Respirations
Motions

DATE
TIME
C° F

36.5

37

37.5

38

38.5

39

39.5

40

40.5

41

Pulse
Respirations
Motions


COMPLAINT.
Fever and Cough. DURATION 8 days.
P.E. Tongue dirty. Heart and spleen nil.
Lungs: Croppitations at Left Base.

DATE. TREATMENT.
29th. Pneumonia of left L. lobe Mist. Pect. 4 hrly.
Consolidation below L. scapula
Milk diet & extras. Brandy 2 oz daily.
2nd. Nov Tepid sponge.
3rd. Walked to door of Ward whom not observed.
Coarse crops at bases.
10th Delirious. Mist Digital. 4 hrly.

No.57. Age 18. Admitted to General Ward. 4.11.1917.

COMPLAINT.
Fever, Pain in chest and Cough for 3 days.
P.E. Tongue very dirty. Bowels open. Heart weak.
Spleen at palpable (palpable 10.11.1917).
Lungs - Crops both side, no ronchi.

DATE. TREATMENT.
7th Diagnosed Pneumonia.
TRANSFER TO PNEUMONIA WARD.
9th. R. Mid. & lower Lobe - crops.
Mist Pect. Stim. 4 hrly.
9th. L. base - Bronchial E.S. Mist. Stimulans. tds.
No.61. B. Age 35. Admitted to General Ward. 4.11.1917.

COMPLAINT.
Fever & Cough. DURATION. 11 days. 
P.E.
Lungs - Rales both R. and L.

DATE. TREATMENT.
9th. Fine crops R. Base.
11th. TRANSFER TO PNEUMONIA WARD
14th. L. Base - Tubular B.S.
17th. Inj. Camph. m.10.


COMPLAINT.
DURATION. 6 days.
P.E.
Heart normal. No definite signs in lungs.
Spleen enlarged to Umbilicus.

DATE. TREATMENT.
10th Milk Diet. Mist. Diaphoretic tds.
14th. Lungs full of rales. Brandy 5 oz tds.
a few crops all over chest.
18th. Coarse crops. all over except Left apex. Double Pneumonia.
20th. Inj. Camph. m 10. 4thly.

DIED. 20.11.1917.
No. 65. Age 21 years. Admitted to General Ward 7.11.1917.

COMPLAINT.
Fever, Cough, Headache, and Giddiness for 4 days.
P.E.
Heart and Spleen – nil. Crops at Right Base.

DATE

TREATMENT
8th. Blood for M.P. negative
11th. Rhonchi both lungs
15th. Tubulat B.S. both sides

TRANSFER TO PNEUMONIA WARD

16th. Laryngitis

DIED 17.11.1917.

No. 66. Age 30. Admitted to General Ward. 8.11.1917.

COMPLAINT.
Fever, Headache and Cough. DURATION 5 days.
P.E.
Scattered Rhonchi over R. Lung. Crepitations L Lung.

DATE
8th. Milk Diet.

TREATMENT
14th. Lungs show Rhonchi, Crops and harsh B.S.
15th. Rhonchi and Harsh B.S. at R Base. Left Lung - rhonchi also friction at nipple line

TRANSFER TO PNEUMONIA WARD

16th Patch of pneumonia below Left Mist. Post Stim 4 hrly

nipple. R Base B.S. tubular Rum 4 oz daily

19th Bronchitis over rest of lung Inj. Digital. 1/100
No. 67. Age 32. Admitted to General Ward 8.11.1917.

COMPLAINT.
Fever, cough, and pain in chest. DURATION 3 days.
P.E.
Tongue furrowed and dry. Spleen not enlarged.
Rhonchi over lungs also crops at R apex.
P.D. Acute Bronchitis.

DATE
8th. Milk Diet.
9th. Blood negative for Malaria
14th. R.Isch - Rhonchi and crops
15th. TRANSFER TO PNEUMONIA WARD.
16th. Pneumonia R. middle lobe.

TREATMENT
Ol. Ricini 1 oz. once
Mist. Expect. tds.
Rum 2 oz daily.

No. 68. Age 20. Admitted to General Ward 15.11.1917.

COMPLAINT.
Fever, cough, and pain in chest. DURATION 3 days.
P.E.
Tongue very dirty. Spleen not felt.
Temperature 100.4 F. Respiration 38.

DATE
15th.
16th.

TRANSFER TO PNEUMONIA WARD
16th. Pneumonia of R. lower lobe.

DIED 2 pm. 16.11.1917.
No. 71. Age 34. Admitted to General Ward 8.11.1917.

COMPLAINT.
Cough and pain in the chest.
P. E.
Spleen palpable. Rhonchi all over chest. Pleural
Friction on left side.

DATE. TREATMENT.
8th. Milk diet. 

10th. Convalescent Diet.
13th Ordinary Diet.

16th. TRANSFER TO PNEUMONIA WARD.
17th. Left side ascites posterior, crops and tubular B.S. 
Sat up in bed suddenly.

DIED 17.11.1917.


COMPLAINT. Fever and pain in stomach. DURATION 4 days
P. E.
Bowels open, watery. Tongue coated. Heart - nil.
Spleen easily felt. Blood negative for Malaria.

DATE. TREATMENT.
15th. Milk Diet.

16th. Fine to Medium crops at R Base. No other Pneumonia
signs. Sputum shows traces of blood. Breathing easily.
17th. L. Apex consolidated 
Hiccough present.

TRANSFER TO PNEUMONIA WARD.
19th. Persistent Hiccough

DIED 20.11.1917.
No. 75. Age 22. Admitted to Pneumonia Ward 17.11.1917.

**COMPLAINT.**
Fever and Cough. Duration 4 days.

**P.F.**
Right Base. Crops and B.S. Harsh to Tubular.

**P.D.** Pneumonia.

**DATE.**
18th. Blood stained sputum.

**TREATMENT.**
Mist. Pect Stim tds.


Brandy 1/oz 3 hrly.

20th. Patient very ill.

Inj. Digital.

DIED. 2.30 pm. 20.1.1917. (Query - Plague)


**COMPLAINT.**
Fever. Cough and pain in chest. Duration 5 days.

**P.F.**
Right Lung - Fine Rales Lower and posterior part of lung.

**DATE.**
18th. Milk Diet.

**TREATMENT.**
Mag. Sulph. once.

19th. Transfer to Pneumonia Ward.

R basal Pneumonia.

Run 2 oz daily.

Mist. Digital. bid.

Mist. Pect Stim 4 hrly.

Paint with Iodine.

Nov. 1st. Pain R side.

8th. R. side oedematous.

Diminished B.S.

9th. Chest tapped.

100z yellow creamy fluid withdrawn.

DIED 6.1.1918.
No. 81. Age 20. Admitted to General Ward. 20.11.1917.

**COMPLAINT.**
Fever, Cough and pain in left side. **DURATION.** 3 days
P.E.
Temp. 104. F. Heart Normal. Spleen palpable.
Dullness, Crops. Tubular B.S. over Left Lung, posterior

**DATE.**
20th. Milk Diet.
21st. **TRANSFER TO PNEUMONIA WARD.**
22nd. Left Base affected.
25th. DIED. 5 a.m.

**TREATMENT.**
Mist. Diaphoretic tds.
Mist. Digitalis. bid.
Mist. Pect. Stim. 4thly.

**DATE.**
20th. 'ilk Diet.
21st. **TRANSFER TO PNEUMONIA WARD.**
22nd. Left Base affected.
25th. DIED. 5 a.m.

---


**COMPLAINT.**
Fever and Cough. **DURATION.** 2 days
P.E.
Lungs - Rales all over. Spleen not palpable.

**DATE.**
17th. Milk Diet.
18th. Extra diet.
19th. Rales all over chest.
Tubular B.S.
24th. **TRANSFER TO PNEUMONIA WARD.**
24th R. Lung. crops, chiefly over middle lobe. Rhonchi and a
Few crops over L. Lung.
26th. Inj. Quinin. m10.

---

**DATE.**
18th 19 20 21 22 23 24 25 26 27 28 29 30
**TIME.**
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

**Pulse.**
130 128 140 130 132 136 130 132 130 132 134 130 128 130 132 134 130 128 130 132 134 130 128

**Resp.**
20 22 22 24 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22

**Motions.**
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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**DATE.**
18th 19 20 21 22 23 24 25 26 27 28 29 30
**TIME.**
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

**Pulse.**
130 128 140 130 132 136 130 132 130 132 134 130 128 130 132 134 130 128 130 132 134 130 128

**Resp.**
20 22 22 24 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22

**Motions.**
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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**DATE.**
18th 19 20 21 22 23 24 25 26 27 28 29 30
**TIME.**
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

**Pulse.**
130 128 140 130 132 136 130 132 130 132 134 130 128 130 132 134 130 128 130 132 134 130 128

**Resp.**
20 22 22 24 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22 22 20 22

**Motions.**
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
No. 87. Age 22. Admitted to General Ward 10.11.1917.

COMPLAINT.
Fever, Cough and Vomiting. DURATION. 3 days.

P.E.
Temp. 103.4. Heart Normal. Bowels constipated.
Blood negative for malaria. Lungs - rales.

DATE.

13th.TRANSFER TO PNEUMONIA WARD.

14th. Fine rhonchi all over and a few crops.
Boil's paralysis.
16th. Patches of Broncho-Pneu.

20th.

22nd. Delirious.

Kernig's indefinite

DIED. 25th 11.1917.

---

No. 95. Age 40. Admitted to General Ward 24.11.1917.

COMPLAINT.
Fever, Cough and pain in R. chest. DURATION 2 days.

P.E.
Heart and Spleen normal. Loud rhonchi in both lungs.

DATE.

TREATMENT.
Milk diet & extras. (24th) Pil. Cathartic. 2
28th. TRANSFER TO PNEUMONIA WARD.

29th. R Apical Pneumonia

Mist. Pect. Stim. 4 hrly

Mist. Digitalis. bid.

Inj. Digitalin tid.
Brandy 1/2 oz 3hrly.

30th.

1st Dec.

---

DIED.

COMPLAINT.
Fever, Cough and Dyspnoea. DURATION. 5 days.
P.E. Spleen palpable down to umbilicus. Blood positive for malaria. - Positive.

DATE
25th. Milk Diet.

TREATMENT.
Mist. Quinin. L/cq bid.


DATE
27th. Milk Diet.

TREATMENT.
Mist. Stimulans stat.

28th. Pneumococci and Vincent's Angina organism in sputum.

DATE
28th. B.S./A. in both axillae crops. D = +

TREATMENT.
Inj. Quinin. ml 10

TRANSFER TO PNEUMONIA WARD

29th. R. lower lobe chiefly affected.

DATE
1st Dec. Pulse feeble

TREATMENT.
Mist. Expector tds.

DIED. 10.30 p.m.

No. 100B. Age 27. Admitted to General Ward 29.11.1917.

COMPLAINT.
Fever, Cough, Breathlessness. States he as had similar attacks before.

DATE
29th. Milk Diet.

TREATMENT.
Mist. Expect. tds.

30th. TRANSFER TO P.WARD.

DATE
1st Dec.

TREATMENT.
Brandy 2 oz daily.

3rd. DIED. 5.30 am.
No. 106. Age 30 years. Admitted to General Ward 5.11.17.

COMPLAINT.
Pain in throat. Cough. DURATION 5 days.
P.E. No marked physical Signs.

DATE
5th. Milk Diet.
18th. TRANSFER TO PNEUMONIA WARD.
19th. R.Side pneumonia.

TREATMENT.

DATE
21st. Sputum negative for T.B.
and P.O. (pneumococci).

Emul. 01. Morrhuae bid.

26th. Sputum blood stained.
Inhal. 01. Terebinth. DIED 2.12.1917. (Post-pneumonia phthisis ?)


COMPLAINT.
Pain in chest and cough. DURATION 4 days.

DATE
3rd. TRANSFER TO PNEUMONIA WARD.
Harsh B.S.

5th. Brandy. 3 oz daily.

7th. Delirious

8th. Mist. Stimulants bid.

DIED 8.12.1917.

COMPLAINT.
Pain in back, Fever and cough. DURATION 4 days.

DATE.
4th. Milk diet.

TRANSFER TO PNEU. WARD.

6th. Extra Dist.


COMPLAINT.
Fever, Pain in Spleen and Legs and Cough. For 1 month.
P.E. Heart and Spleen normal. Rales all over lungs.

DATE.
27th.

TREATMENT.
Mist. Expect. tds.

29th. Spatun negative for T.B.
30th. Crops R. Lung.
2nd Dec. Lungs clear.

4th. TRANSFER TO PNEU. WARD.

4th. Milk diet & extras.

Patch of Harsh B.S. and crops. below L. nipple.

6th. 1/2.

8th. Almost a metallic click below R. nipple. Pulse bad.

Rhonchi at left base. No crops.


DIED. 17.12.1917.

**COMPLAINT.**  
Cough.  
P.E.  
Heart Healthy. Rales at bases of both lungs.  
Sploon not palpable  

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<tr>
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<tbody>
<tr>
<td>4th</td>
<td>Milk Diet.</td>
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<tr>
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<td>TRANSFER TO PNEUMONIA WARD.</td>
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<tr>
<td>5th</td>
<td>Rum. 3 oz daily.</td>
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<td>Milk Diet &amp; extras.</td>
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<tr>
<td>6th</td>
<td>M. Poot Stim. 4 hrly.</td>
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<tr>
<td>7th</td>
<td>A few rhonchi. Edge of R lung. Mammary line.</td>
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<tr>
<td>9th</td>
<td>Inj. Camph. m 10.</td>
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<tr>
<td>10th</td>
<td>Inj. Quinina mL 10.</td>
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<tr>
<td>12th</td>
<td>Inj. Digitalin. 1/100</td>
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<td>14th</td>
<td>Inj. Digitalin1/100.</td>
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COMPLAINT.
Diarrhoea. DURATION ?.

F.E.
Tongue furred. Pain in abdomen - stools watery but no blood or mucus. Lungs - a few rales and rhonchi.

DATE

TRANSFER TO PNEUMONIA WARD.
16th. Delirious. Inj. Pituitrin. 3 pm.

DIED. 8.45 pm. 16.12.1917.


COMPLAINT.
Pain in chest. Fever for 2 days.

DATE
9th. Milk Diet.

TRANSFER TO PNEUMONIA WARD.
9th. Milk Diet & extras. A few rhonchi and fine crops below left nipple.
12th. Delirious.
13th. Do.
14th. Not so restless.


COMPLAINT.
Fever, Headache. DURATION 5 days.
P.E.
Heart Healthy. Spleen enlarged. Left Otorrhoea.
Blood negative for malaria.
Both lungs full of rhonchi.

DATE.
1st. Milk Diet.
   Left lower lobe dull and diminished V.R.
5th. Pneumonia L. Lower Lobe.

TRANSFER TO PNEUMONIA WARD
8th. Pain in left side.

10th. Breathing laboured.
13th. Quieter, breathing earlier.
14th. Coarse crops and dulness both bases.
16th. Rhonchi and coarse crops all over. Dulness marked over R. Lower lobe.
Sputum negative for P.C.

DIED. 9.15p.m. 16.12.1917.

TREATMENT.
Mist. Diaphoretic. tds
Mist. Lobelin. tds.
Brandy 4 oz 4hrly.

Mist. Digitalis. tds.
Brandy 4 oz daily.

Mist. Belladonna 4hrly.

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COMPLAINT.
Cough, Fever and pain in chest.
P.E.
Lungs. R - Rhonchi at base.
L. Rhonchi, Crops, Marsh B.S. Dulness s. Increase.
P.D. Pneumonia.

DATE.
19th. Milk Diet & extras.
   Marked RA B.S. below left scapula.
23rd. R. base - crops & rhonchi.
26th. L. lower lobe.
28th. Patches R. side below nipple.
29th. Sputum for M.E. - no. 2c.
30th.
   L. base Dulness S. and crops.

DIED. 1.1.1918.

TREATMENT.
Mist. Diaphoretic once
   Inj. Quinin. ml. once
Mist. Belladonna Hourly
   Apply L. n. Camph.
   Inj. Quinin. ml.
   Mist. Stimulants. tds

POST MORTEM FINDINGS.

R & L Plural cavities - no fluid.
L. Lung. Lower Lobe adherent to chest wall.
Two areas of consolidation in upper lobe.
Pericardial cavity - loz fluid.
Heart - nil.
Small intestine and spleen - nil.
No. 128. Age 44. Admitted to General Ward. 6.12.1917.

COMPLAINT. Fever, Cough, and pain in the stomach.
DURATION. 8 Days.
P.E.
Heart and spleen healthy, Tongue dirty.

DATE.  TREATMENT.
      Crops and tubular B.S. in R.  Mist. Foot. Stin. thrity
      Axilla.

TRANSFER TO PNEUMONIA WARD.
9th. No enlarged glands.  Inj. Digitalin 1/100
10th. Rhonchi over R Lung.  No marked dulness.
      No enlargement.
12th. Heart failing.
      Died 1 pm. 12.12.1917.


P.D. Acute Bronchitis.

DATE.  TREATMENT.
Milk Diet.  Rna 4 oz daily.
13th.
      Mist. Belladonna. once.
14th. Breathing easier.
      Left base shows crops, rhonchi.
      Breathing easier.
      Increased dulness.
      Suppervene "Pneumonia".
      Died. 17.12.1917.
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COMPLAINT. Fever and Cough for 6 days.

Lungs show Crepitations in R. axillary.

DATE.
13th. Milk diet
TRANSFER TO PNEUMONIA WARD.
14th. R. lower Lobe shows crops Tubular B.S. and incorrect Dulness.
15th. Delirious


COMPLAINT. Fever, Cough and pain over spleen.

P.E.
Heart Healthy. Spleen enlarged. Lungs rhonch.

DATE
14th. Stools for ova - nil.
22nd Lungs better.
24th. Convalescent diet.
1st Dec. A few crops R. apex
Sputum for T.B. = Negative.
10th
15th. Extra diet.
TRANSFER TO PNEUMONIA WARD.
15th. Milk diet & extras. Lungs show fine crops and rhonch.
Harsh B.S. No D. Left side.
13th.
20th Bad night.
23rd Coarse crops L. base.
27th. Lungs clearing.
COMPLAINT. Fever and Cough for 6 days.
P.E. Lungs show Crepitations in R.axilla and R.base.

DATE. TREMAT.ENT.
TRANSFER TO PNEUMONIA WARD.
14th. R.Lower Lobe shows crops Brandy 3 oz daily.
Tubular B.S. and increased Mists. Pect. Stim. 4hly.
Dulness.
15th. Delirious

COMPLAINT.
Fever and Cough and pain over spleen.
P.E. Heart Healthy. Spleen enlarged.

DATE
Milk Diet. P.D."Splenitis"
14th. Stools for ova - nil.
22nd Lungs better.
24th. Convalescent diet.
1st. Doc. A few crops R.apex
Sputum for T.B. = Negative.

DATE
10th
16th. Extra diet.
TRANSFER TO PNEUMONIA WARD.
15th. Milk diet & extras. Lungs show fine crops and rhonchi
Harsh B.S. No D. Left side.
18th.
19th. Bad night.
27th. Lungs clearing.

COMPLAINT.
Fever, Cough and pain in Left side. DURATION 3 days.
P.E. Heart and spleen healthy. Rhonchi over both lungs.
Blood negative for Malaria.

DATE.
14th. Milk Diet
16th TRANSFER TO PNEUMONIA WARD.
17th. L.Upper lobes crops. and marked dulness and tubular E.S. Coarse crops at bases.
18th. Sputum negative for P.C.
19th Bubbling rales in side.


COMPLAINT. Pain in chest Headache and cough.

P.E. Heart transposed? Apex beat on Right side.

DATE.
14th Milk Diet
16th R. Lung full of crops in front V.R. below scapula.
L. Lung clear ant. Tubular B.S. at vert. border of scapula.
20th TRANSFER TO PNEUMONIA WARD.
20th.
22nd
23rd


P.M. Left Lung. Extensive adhesions ant. and to diaphragm and to back of pleural cavity. Left lower lobe - solid - red hapatisation.
R. Lung. Partial collapse, adhesions all over Heart & Pericardium. Ant. border of L Lung bound down to pericardium. Heart enlarged and pushed to R side.
Large A.M. clots in both ventricles.

COMPLAINT.
Fever and Cough. DURATION 5 days.
P.E.
Tongue furred. Bowels constipated. Lungs. Indefinite physical signs.

DATE 20th TREATMENT

21st. TRANSFER TO PNEUMONIA WARD.
22nd. Died immediately after admission.


COMPLAINT.
Pain and cramp of left foot.
P.E.
Tongue coated. Heart rapid. Lungs nil. Gums healthy. Patient has debility and foot condition seems due to defective circulation.

DATE 11th Milk diet.

TREATMENT.
Mist. Tonica tds.

20th Two rights ago temp. rose suddenly to 105. No apparent cause. Lungs clear. Tender over liver. Blood negative for Relapsing fever.


22nd. Rt Apical Pneumonia.

TRANSFER TO PNEUMONIA WARD.

Died. 25.12.1917.

COMPLAINT.
Fever cough and Pain in chest. DURATION 3 days.
P.E.
Lungs Rhonchi and dry cough. Spleen nil.

DATE. TREATMENT.
20th. Milk diet. Mist Diaphoretic tds.
23rd Extras Crops inside of R scapula. Tubular B.S. dull.
A few crops R base.
TRANSFER TO PNEUMONIA WARD.
24th Pneumonia R Lower Lobe Mist Post Stim 4 hrly
25th Mist Stimulans bid


COMPLAINT.
Fever and cough. DURATION 3 days.
P.E. Rhonchi and rales over lungs.

DATE. TREATMENT.
22nd Milk diet. Calomel gr2.
23rd In statu quo Mist Diaphoretic tds.
24th Pain in chest. Mist Lobelia tds
26th Dullness R base.
26th TRANSFER TO PNEUMONIA WARD.
27th Distended abdomen. No head retraction. Eyes inflamed.
R.Base = % B.S./& D++ Argyrol Eye drops.
28th Pulse better.
29th Slight Kernig's. Jaundice.
30th Kernig's marked. Retraction.
31st Cheyne Stokes Breathing Died. 1.1.1918

Post Mortem.
L.Pleura - No fluid. L.Lung Nil abnormal.
Pericardium. 3 oz fluid.
Liver, Mottled appearance. Reduced size firm and cirrhotic. Spleen - nil.

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**No.174. Age 16. Admitted to General Ward 26 Dec 1917.**

**COMPLAINT.**
Cough and pain in chest. DURATION 3 days. P.E. Crepitations over both lungs.

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<td>TRANSFER TO PNEUMONIA WARD</td>
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<tr>
<td>27th</td>
<td>Extras.</td>
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<td>28th</td>
<td>Pneumonia L apex. B.S. Inj. Digit. 4 hrly</td>
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Died 28 Dec 1917.

**COMPLAINT.**

**COMPLAINT.**
Pain in chest and abdomen. Diarrhoea. No blood or mucus. P.E. Crops and rhonchi over both lungs.

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Died 31st Dec 1917.

Post Mortem.
Right Lung. Slight adhesions. Some consolidation of lower lobe.

COMPLAINT.
Fever, Cough and Shortness of breath for 5 days.
P.E.
Lungs show Rales and some Tubular B.S. Spleen palpable

DATE

TREATMENT.
27th. Milk Diet. "Pneumonia" Mist Diaphoret.t. tds
28th. TRANSFER PNEUMONIA WARD. Pil.Cathartic 2
29th. Signs of Bronchitis and Mist Belladonna 4hrly

Emphysema.

Died 31.12.1917

Post Mortem.
Right Lung - Strong recent adhesions of lower lobe to
chest wall. Portions of lung left behind. Adhesions were broken down.
Left Lung - slight congestion.
Liver - Adherent all over to diaphragm. Left lobe
attached to spleen. Spleen enlarged - peri-
splenditis.


COMPLAINT. Fever and cough.
P.E. Crepitations at Right Base. Heart & Spleen - nil.

DATE

TREATMENT
21st. Creps and rhonchi both bases
22nd. 3 watery stools. Round worm passed.
25th. Bile stained liquid stools
27th. Creps all over. No consolidation.
30th. TRANSFER TO P.WARD. "Bronchitis.

Died 1st Jan. 1918.

Post Mortem.
L. Lung. Lower Lobe consolidated.

COMPLAINT.
Fever and pain in chest. Slight cough. For 2 days.
P.E.
Heart nil. Spleen palpable. Rales at both bases.

DATE. TREATMENT
26th Milk Diet, and Extras. 0.1 Ricini 2oz.
Blood negative for Malaria. Mist Quinin tds.
Rusty sputum.
30th. TRANSFER TO WARD 3 (PNEUMONIA)
1st Jan. Sputum purulent. Mist Torebinth 4hrly
R lung solid. Died 1.1.1918.

Post Mortem
R pleural cavity. 10oz of turbid fluid and stringy pus
Flakes of pus on lung. Grey hepatisation of lower
lobe. L lung - congested. 8oz clear fluid in cavity.


COMPLAINT.
Pain in chest, Fever, Cough and shortness of breath.
DURATION 4 days.
Heart normal.
Lungs. R. a few crops. Harsh B.S. at bases and dulness
L. crops. Harsh B.S.
P.D. Pneumonia. Died day of admission.

Post Mortem.
Body has a distended stomach.
R Lung. Some patches of consolidation in upper lobe
on the outer aspect of the lung.
L Lung is adherent to the diaphragm. No consolidation.
Heart and spleen slightly congested appearance.

COMPLAINT.
Fever, Headache, Cough and pains all over.
DURATION. 11 days.

P.E.
Bowel constipated seven days. Spleen well below ribs.

DATE.
29th Rice diet.
2nd Jan. Rules and Harsh B.S. at both bases.
3rd Pain over Right Base. Crops both sides.
Bronchial B.S. at R base. Dulness at lower angle of Left Scapula.
Pneumococci in sputum (M.E.) Brandy 4oz daily.

TRANSFER TO PNEUMONIA WARD.

5th
Left lower apex

6th. Sweating profusely

7th R Lower lobe ant. Mist Digitalis 4hrly

8th. L Lower lobe post. Mist Digitalis 4hrly

Died 8.1.1918.

Post Mortem.
Lungs. R. Adherent to chest wall. Nearly all in a state of Red Hepatisation except apex.
Left Lung. also similarly affected, slightly less so than the right. A patch of fibrin 2" diam. on surface.
Plural cavity 2 oz of fluid.
Heart - White patch ½" diameter on front and posterior wall of R. ventricle. seeming to follow course of veins. 2oz fluid in pericardial cavity.

COMPLAINT:
Fever and Headache, DURATION. 7 days.
P.E.

DATE:
3rd. Milk Diet

TREATMENT:
Pil.Cathartic 2
Mist Diaphoretic tds

4th. Diagnosis N.Y.D.

TRANSFER TO PNEUMONIA WARD.

5th. Milk diet & extras.


6th

7th Blood for Leucocytosis

8th. R Base shows marked dulness.

11th. Ant. Chest \& Post. Chest

Sputum for T.B. & P.C.

12th Laboured Breathing

R. apex D = +

Died 12.1.1918.

Post Mortem.

Pleural Cavities - No fluid.

Right Lung. Lower lobe and parts of upper and middle lobes in state of Red Hepatisation.

Left Lung. Only a small patch in lower lobe in state of Red Hepatisation.

Pericardial Cavity los of fluid. Heart contains ante mortem clot.

ANTERIOR ASPECTS.

R. \& L.

COMPLAINT.
Fever, Cough and Vomiting. DURATION 7 days.

P.E.
Tongue dirty. Bowels Constipated. Spleen not palpable
Heart Normal. Rales over both lungs.

DATE
3rd Milk Diet.

4th Blood negative for Malaria.
Numerous rales. R base dull.

5th. TRANSFER TO PNEUMONIA WARD.

6th. all over, D = 0
Teeth loose. Mouth Foul.

7th. Sputum for P.C. = Pneumo-
cocci present.

24th. Condition improved.

20th. Sputum negative for T.B.

21st. Crabs & bronchi all over
Harsh B.S. at Lower apices.

27th Marked dyspnoea.

tubercular condition.

Died. 30.1.1918.

Post Mortem.
Plural Cavities.
R. 6oz fluid. L - 10 oz fluid.

Lungs.
Right. Adhesions to diaphragm.
Grey Hepatization of Lower lobe.
Left Lung - Adhesions to chest wall and to diaphragm. Lung is
covered with thick plaques of fibrin. Lower lobe (most part)
and upper lobe (small part) in state of grey hepatization.

LATERAL ASPECTS

R.

L.

COMPLAINT.

Pain in chest, cough and constipation.

DURATION. 15 days.

P.E.

Both lower lobes consolidated esp. of left lung.

DATE.

9th. Milk Diet

TRANSFER TO PNEUMONIA WARD.

10th Milk Diet & extras.

Left base consolidated.

11th. Left base and R. base both show ++.

Breath very offensive.

Died. 11.1.1913.

TREATMENT.

Pil. Cathartic 2

Rum 3 oz daily

Mist Stimulans tds.

Mist. Post Stim & hrly

Post Mortem.

PLEURAL CAVITIES.

R. No Fluid.

L. loz of bloody fluid.

LUNGS.

Right upper lobe adherent to chest wall at places.

Two areas of consolidation, one small one large.

Left. No adhesions. Lower lobe in state of red opacification, involving contiguous portion of upper lobe.

Pericardial cavity contains 2 teaspoons full straw coloured fluid.

Heart shows antemortem clot.

Stomach very much blown up and about three quarts of greenish yellow fluid.

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COMPLAINT.
Pain in back, cough and fever. DURATION 3 days.
P.E. Lungs - No definite signs.

DATE.
7th Milk Diet. Blood negative for M.P.
9th Coarse crops. L. base. Bronchial
B.S. at lower angle of scapula
Rhonchi all over
TRANSFER TO PNEUMONIA WARD

10th Left Lower Lobe consolidation. D-; // V.R.; +
11th Rusty sputum at 5 pm
13th Died at 1.30 a.m.

TREATMENT.
Pil Cathartic 2
Mist Diaphoretic tds
Brandy 3 oz daily
Mist Stimulans tds
Mist Post Stim & hrly

Post Mortem.
Pleural Cavities - No fluid.
Lungs. Right. - Adhesions of lower
lobe to chest wall. Large flakes
of pus on upper and lower lobes.
The whole lung except a small part
of middle lobe in state of Red
Hepatisation.
Left. Adhesions to chest wall and
to diaphragm. Lower lobe in state
of Red Hepatisation.
Pericardium 1/2 teaspoonful of fluid
Heart - Antemortem clot. Small
atheromatous patches above orifices of coronary
arteries.
Stomach - Blown up with gas and greenish yellow fluid

**COMPLAINT**

Fever and Cough.  

**DURATION 8 days.**

P.E.

Heart Normal. Blood negative for malaria, also on 21st.  

Lungs-Dulness at R.basal. Harsh B.S. Crops.

**DATE.**

9th. Milk Diet  

10th.  

11th  

**TRANSFER TO PNEUMONIA WARD**

13th B.S. diminished. R lower lobe anterior.  

14th R side D + +  

16th Sputum negative to T.B.  

18th

19th.

20th. Breath foul. Test for glycosuria is negative  

23th Pulse weak  

23rd.

**Died 23.1.1913**

**TREATMENT.**

Calomel & Mag.Sulph.  

Mist Digitalis 4hrly  

Mist Digitalis 4 hrly

Inj. Digitalin  

& Strychnin.  

Rep.4hrly.

Mist Terrabinth 4hrly  

Ind Adrenalin m10

**DATE**  

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

**TIME**  

4°C 10°C  

96 90 88 88 88 88 88 88 88 88 88 88 88 88 88 88

**Pulse**  

None

**Post Mortem**

3 oz of offensive odoured grey pus from R pleural cavity. Some consolidation.

**Pus smear shows presence of Pneumo bacilli.**
No. 209 A. Age 45. Admitted to Pneumonia Ward 12.1.1918.

COMPLAINT:
Fever, Cough, Shortness of breath and Pain in chest.
DURATION 9 days. P.E. Bowels constipated 15 days(?)
Skin dry. Eyes nil. No glands.
Heart Sounds not audible. Lungs - Rhonchi all over.
Crepitations at Right lower border.
P.D. Bronchitis and Emphysaema.

DATE:
12th Milk Diet

14th. Lungs coiled up. Dyspnoea.
15th. Died at 5 15 pm.

Post Mortem.
Pleural Cavities - No fluid.
R.Lung. Adhesions all over to chest wall and diaphragm.
Heart. 1 dr. of fluid in pericardium. Adhesions to Aorta R.Ventricile adherent near base to pericardium. and L.Ventricile adherent posteriorly to pericardium. Heart enlarged to size of foetal head.

No. 212. Age 18. Admitted to Pneumonia Ward. 15.1.1918.

COMPLAINT. Fever and Cough. DURATION 10 days.
P.E.
Lungs. Anterior borders. D = Slight, \( \frac{\pi}{\pi} \) \( \frac{\pi}{\pi} \) Posterior \( \frac{\pi}{\pi} \) \( \frac{\pi}{\pi} \) B.S. \( \frac{\pi}{\pi} \) at bases

DATE:
15th Milk diet & extras.
16th S.Doliridum
17th.

As soon as blood is taken - - Died 18.1.1918.

Post Mortem.
Pleural Cavities - No fluid.
R.Lung. Part of Upper and most of Lower lobe - Red Hepatisation.
L.Lung - Most of Lower lobe - Red hepatisation.
No. 218. Age 33. Admitted to General Ward. 15.1.1918.

COMPLAINT.

Pain in right knee. DURATION 7 days.

P.E. Tongue coated. Bowels regular.

Heart and lungs nil.

Knee - nothing apparent. Pain referred to inner side of patella.

DATE.
15th. Milk Diet

17th Complains of Cough and pain in chest.

18th. Crepitations at R apex. and patch of crops (coarser) over 2nd interspace

20th TRANSFER TO PNEUMONIA WARD.

22nd Patch extending downwards.

A.terior - crops & rhonchi

27th. Collapse.

28th R. Lower Apex shows Post Mortem.

Flural Cavities.

R. A little bloodstained fluid

L. 5 oz brownish fluid and flakes of Fibrin.

Lungs.

R. Shaded portion in stage of R
to brown hepatisation. Adhesions
to chest wall and diaphragm

L. No consolidation or adhesions.

Pericardium.

Size of foetal head. 12 oz of yellowish fluid.

Pericardium thickened, 2" near base.

Heart. covered all over with greenish yellow cardlike flakes of fibrin. Heart slightly enlarged. showing congested surface. Valves normal.

Liver. 4" below Costal Margin. Thickened capsule near gall bladder.

Urethra. Gonorrhoeal Discharge

TREATMENT.

Calomel gr4.

Lin. Iod to knee.

Mist. Sod. Salic. tds

Mist Digit. & Strychn 4 hrly.

Mist Post Stim 4 hrly

Mist Digital. tds

No. 218

R. Lung.

Flural CAVITIES.

R. A little bloodstained fluid

L. 5 oz brownish fluid and flakes of Fibrin.

Lungs.

R. Shaded portion in stage of R
to brown hepatisation. Adhesions
to chest wall and diaphragm

L. No consolidation or adhesions.

Pericardium.

Size of foetal head. 12 oz of yellowish fluid.

Pericardium thickened, 2" near base.

Heart. covered all over with greenish yellow cardlike flakes of fibrin. Heart slightly enlarged. showing congested surface. Valves normal.

Liver. 4" below Costal Margin. Thickened capsule near gall bladder.

Urethra. Gonorrhoeal Discharge

P.E.
Condition very bad. 7 days illness.
No dulness at bases, very slight at apices.
Rhonchi all over. Fine crops in upper lobes.

DATE.
19th. Milk Diet & extras.

TREATMENT.
Brandy, statin.

Inj. Digital. 4hrly.

9pm. Pulse very bad.
20th. Bases not examined.
Ant. a few crops. coasts. on
Left side. Some rhonchi.
21st. Condition slightly better
Died. 7.1pm.

Post Mortem.
Pl. Cavities - No fluid.
R. Lung. No adhesions. No consolidation.
L. Lung. Adhesions to chest wall.
Patch of consolidation lower lobe.
Pericardium -3dr. of yellow fluid.
Heart - Auto-mortem clot.
Stomach - 10oz fluid and gas.


Fever Cough and pain in the chest. DURATION 8 days.

P.E.
Heart & Blood - normal. Spleen not felt.
Lungs full of rhonchi.

DATE.
16th Milk diet.
21st. Tubular B.S. and dulness
near angle of R. scalpa.

TREATMENT.
Inj.Expect. stat. d. 4hrly.

TRANSFER TO PNEUMONIA WARD.
21st. R. Lower Lobe. A7 + Mist Stimulans 4hrly.
Condition bad at 3 pm.

22nd Condition bad. Coarse crops Inj. Adr onal m 10
R. side.

23rd. Condition improved.
26th Died at 1.30. am.

Post Mortem.
Pl. Cavities - No fluid.
R. Lung. Small area of consolidation, lower lobe.
L. Lung. Small patches of consolidation, chiefly lower lobe. They slw as red patches on lung surface.

COMPLAINT.
Cough and Fever. 

DURATION 15 days. 
P.E.

History of blood in sputum 7 days previously.


Lungs. Ant. - Fine and a few.

Post. <<::: 3. at bases.

DATE.
25th. Milk Diet.

26th. Slight dulness R base.

29th Laboured breathing

31st Do. but improved.

2nd Feb. Condition bad.

Died. 3.2.1918.

Post Mortem.

Pleur. Cavititis - No fluid.

R Lung.No adhesions - small area of consolidation

L Lung. No adhesions, no consolidation.

Spleen and Liver very dark coloured.


COMPLAINT. Pain in chest and Cough.

DURATION. 5 days.

P.E. Left Lung. B.S. / \ : LOWER Lobe. D = + + V.R. = + +

DATE.
29th. Milk Diet & extras.

31st. Condition good.


Condition not so good.

2nd. Pulse fair. delirious.

4th. Crops whole of L Lung. Pulse strong and rapid.


8th. Condition fair.

9th. Breathing laboured. Coarse crops left base. Died. 9.2.1918

Post Mortem. R. Pleural Cavity. \frac{1}{2} oz fluid. Left. 2 oz.

Small area of consolidation Lower lobes both right and left lungs.

COMPLAINT: Fever, Pain in chest.

Cough, Deafness, Right ear.
P. E. Splen. enlarged. Bowels constipated.
R. Lung. Tubular B.S. and Dullness posteriorly.

DATE: 1st. Milk Diet & extras.

TREATMENT: Pil Cathartics 2.

TRANSFER TO P. WARD.

2nd. R. Lower Apex. \( \overline{7/6, 8/0, L} \). Mist Diaphoretic.

5th. Condition good.

8th. Wants to sit up.

9th. Moved to Convalescent Ward.

13th. Sudden relapse. Died 15th. 2. 1918.

Post Mortem:

Lungs. Adhesions to chest wall and diaphragm. Portions of upper & middle lobe consolidated.

Left. No adhesions. Brownish red on section.

Pericardium. Thickened. 10 oz pus.


No. 251. Age 30. Admitted to Pneumonia Ward 4.2.1918.

COMPLAINT: Fever, Cough, pain in chest for 6 days.

P. E. Left upper lobe consolidated.


TREATMENT: Rum. 4 oz daily.


Post Mortem:

Left Pleural Cavity. 2 oz blood stained fluid. R - nil.

R. Lung. Adherent to chest wall and diaphragm.

Consolidation of upper & part of middle lobe.

L. Lung. Adhesions as in Right. Consolidation every where except tips of lobes. Large plaques of fibrin on lower lobe.

COMPLAINT. Fever and shivering.
DURATION. 8 days.
P.E.
Tongue coated. Bowels regular. Spleen not felt.
Lungs. Rhonchi and fine creps. Left base.
Blood for Malaria Parasite, Negative.

DATE.
20th. Milk Diet.
22nd. Complains of pain in Right side.
P.D. PNEUMONIA.
TRANSFERS TO PNEUMONIA WARD.

26th. Pneumonia L. Lower Lobe?
Signs not marked.
4th. Convalescent Diet.
8th. Supervene "MALARIA".
13th. Inj. Quinin. m.10.
14th. Inj. Quinin.

27th. DISCHARGED.
Two days Leave.

TREATMENT.
Pil. Cathartic. 2.
Mist. Diaphoretic. t.d.s.
Mist. Quinin. t.d.s.
Inj. Quinin. m.10.
Run 2 oz.

DATE
TIME
C E L F I G

P E 3 1 A P D 3 1 A S U P V E N T M A L A R I A

DATE
TIME
C E L F I G

P E 3 1 A S U P V E N T M A L A R I A

COMPLAINT.

Fever and Cough for 4 days.

P.E.
Heart normal. Blood negative for Malaria, also negative on 18th. 1918. Tongue coated. Spleen not palpable.
R. Upper Lobe posterior. V.R. slightly increased. B.S. tendency to Bronchial type.

DATE

3rd. Milk Diat.

TRANSFER TO PNEUMONIA WARD.

5th. B.S.: No sign, V.R. D = 0

7th. No shivering, no definite signs. No sputum.


13th. Sputum for T.B. and pneumo-cocci = Negative.

14th. Patches of Harsh B.S.

15th. General Condition better.

19th. States he is alright.

20th. Stools for Enteric Group (Culture)

23rd. No dulness at bases.

20th. Stools for Enteric Group (Culture)

26th. R. Base. D = S, B.S. No crops.

V.R. Normal.

L. Base. Dulness O. V.R. Nil

normal. B.S. Normal.

31st. Enteric Group found.

TRANSFERRED TO ISOLATION HOSPITAL.

DATE 3/1 5 7 9 11 13 15 16 17 19 20 21 22 23

TIME 36° 36 35° 34° 33° 32° 31° 30° 29° 28° 27° 26° 25°

TY Phoid


COMPLAINT.

Fever and Cough for 4 days.

P.E.
Heart normal. Blood negative for Malaria, also negative on 18th. 1918. Tongue coated. Spleen not palpable.
R. Upper Lobe posterior. V.R. slightly increased. B.S. tendency to Bronchial type.

DATE

3rd. Milk Diat.

TRANSFER TO PNEUMONIA WARD.

5th. B.S.: No sign, V.R. D = 0

7th. No shivering, no definite signs. No sputum.


13th. Sputum for T.B. and pneumo-cocci = Negative.

14th. Patches of Harsh B.S.

15th. General Condition better.

19th. States he is alright.

20th. Stools for Enteric Group (Culture)

23rd. No dulness at bases.

20th. Stools for Enteric Group (Culture)

26th. R. Base. D = S, B.S. No crops.

V.R. Normal.

L. Base. Dulness O. V.R. Nil

normal. B.S. Normal.

31st. Enteric Group found.

TRANSFERRED TO ISOLATION HOSPITAL.

DATE 3/1 5 7 9 11 13 15 16 17 19 20 21 22 23

TIME 36° 36 35° 34° 33° 32° 31° 30° 29° 28° 27° 26° 25°

TY Phoid


COMPLAINT.

Fever and Cough for 4 days.

P.E.
Heart normal. Blood negative for Malaria, also negative on 18th. 1918. Tongue coated. Spleen not palpable.
R. Upper Lobe posterior. V.R. slightly increased. B.S. tendency to Bronchial type.

DATE

3rd. Milk Diat.

TRANSFER TO PNEUMONIA WARD.

5th. B.S.: No sign, V.R. D = 0

7th. No shivering, no definite signs. No sputum.


13th. Sputum for T.B. and pneumo-cocci = Negative.

14th. Patches of Harsh B.S.

15th. General Condition better.

19th. States he is alright.

20th. Stools for Enteric Group (Culture)

23rd. No dulness at bases.

20th. Stools for Enteric Group (Culture)

26th. R. Base. D = S, B.S. No crops.

V.R. Normal.

L. Base. Dulness O. V.R. Nil

normal. B.S. Normal.

31st. Enteric Group found.

TRANSFERRED TO ISOLATION HOSPITAL.

DATE 3/1 5 7 9 11 13 15 16 17 19 20 21 22 23

TIME 36° 36 35° 34° 33° 32° 31° 30° 29° 28° 27° 26° 25°

TY Phoid


COMPLAINT.

Fever and Cough for 4 days.

P.E.
Heart normal. Blood negative for Malaria, also negative on 18th. 1918. Tongue coated. Spleen not palpable.
R. Upper Lobe posterior. V.R. slightly increased. B.S. tendency to Bronchial type.

DATE

3rd. Milk Diat.

TRANSFER TO PNEUMONIA WARD.

5th. B.S.: No sign, V.R. D = 0

7th. No shivering, no definite signs. No sputum.


13th. Sputum for T.B. and pneumo-cocci = Negative.

14th. Patches of Harsh B.S.

15th. General Condition better.

19th. States he is alright.

20th. Stools for Enteric Group (Culture)

23rd. No dulness at bases.

20th. Stools for Enteric Group (Culture)

26th. R. Base. D = S, B.S. No crops.

V.R. Normal.

L. Base. Dulness O. V.R. Nil

normal. B.S. Normal.

31st. Enteric Group found.

TRANSFERRED TO ISOLATION HOSPITAL.
No. 38. Age 25. Admitted to Infectious Ward. 22.11.17.

On admission. Gland in neck - juice negative for B.Pestis.

COMPLAINT. Fever & cough.

DURATION 3 days.

P.E.

DATE.
22nd. Milk Diet.
   Vomited once.
23rd. P.D. Acute Bronchitis.
25th. 1 p.m. TRANSFERED TO PNEUMONIA WARD.
   2pm. Blood stained Sputum.
   Blood sent for M.E. for B.Pestis.
   Crops. R. Lower Lobe.
   5.30. Patient much worse.
   6pm. B.Pestis found in sputum.

DIED IN AMBULANCE ON WAY TO ISOLATION HOSPITAL. 9.30 p.m.

It is considered fatal to come within the distance of 3 feet from a Pneumonic Plague case. Though a Nubbe in one case escaped infection in spite of the patient having covered her face with sputum and vomit in a sudden fit of coughing. The diagnostic sign of great importance in plague esp. pneumonic form is, THAT THE SYMPTOMS ARE FAR IN EXCESS OF THE PHYSICAL SIGNS.

In the case the physical signs were trivial but the patient was exceedingly ill.

+ in lieu of breathing or coughing.
COMPLAINT.
Shortness of breath and cough, for.
3 days.
P.E.
Tongue dirty.

DATE.
Milk Diet.

6th. Rales all over chest.
7th. Creps. L. Lung anteriorly.

TREATMENT.
Pil. Cathartic 2.
Mist. Expect. 4 hrly.

TRANSFERED TO PNEUMONIA WARD 2 pm.

7th. Patient seriously ill.
No marked signs in chest.
Mist. Belladonna. 4hrly

DIED AT 3am. 8.12.1917.

No. postmortem but probably a case of B Pestis.
Out Patient Shelter - a group waiting for T.A.B. inoculation

Interior of Ward 3
PROGNOSIS.

Pneumonia is one of the most serious of the acute diseases, 1 case in 4 is usually fatal. Some of the conditions which tend to an unfavourable prognosis are, privation, alcoholic excess and old age. It is stated that in young adults the danger of a fatal termination is not so great, but my patients of 18 to 22 suffered severe attacks with a high mortality as given in the percentage table on page 6. Frequently a robust, "full-blooded" patient succumbed whilst another of poorer physique recovered.

The degree of leucocytosis present is a guide to the severity of the attack, a slight leucocytosis indicating a mild attack. Absence of leucocytosis often indicates a fatal termination.

The use of adrenalin has been suggested for diagnostic purposes, "A single hypodermic injection which produces a well defined or violent reaction being indicative of reserves of vitality and a capacity on the part of the organism to overcome an infectious process. Particularly in the case of influenza complicated by disease of the lungs and pleurae has this test proved helpful."

Temperature is of some guidance. A sharp reaction with a high temperature of an inverted "U" type or more definitely thus \( \frac{100^\circ F}{\text{or more}} \) than a low inverted "W" type i.e. \( \frac{\text{high}}{\text{low}} \) (Vide cases 137 to 118, 119a, 194, 198, and 222) all fatal)

This swinging temperature is rather suggestive of Pneumo-bacillary infection.

Prune juice sputum is unfavourable.

Delirium is common and cannot afford much guidance.

The pulse respiration ration is important, 4 to 1 is the normal and the nearer they approximate the more serious the prognosis, 2 to 1 is bad. Marked dyspnoea and cyanosis and apathy are unfavourable as they indicate a failing heart or clotting in the right side of the heart.
POST MORTEM FINDINGS

Lungs. The lesions in the lungs were usually found to correspond fairly closely to the diagnostic findings during life, but there were instances where post mortem the lung involvement was much greater than had been diagnosed from the physical signs and the converse was true, that a large area of lung consolidation was suggested from the physical examination whereas the post mortem findings showed that the consolidated area was insignificant. It has been stated that after the first thorough examination, the patient was disturbed as little as possible. This may partly account for the discrepancy though it will not explain all the cases. A marked feature in many instances was the occurrence of numerous adhesions both recent and old, the latter showing that the patients had previously suffered from lung disease. Adhesions were found between the lungs and the chest walls, the pericardium, diaphragm also the liver and spleen sometimes adherent to the diaphragm. Very offensive pus was found in cases where Pneumobacilli were present. Occasionally large plaques of fibrin were found over the surface of the lung. One case was diagnosed as dextro-cardia, it was found post mortem that the condition was due to adhesions and collapse of the right lung. No 154.

Heart
More cases of pericarditis were found in the Post Mortem than were diagnosed during life. In one instance the surface of the heart resembled a rough towel. Endocarditis was not frequently found. Yellow transparent or chicken fat clot was frequently found in the right side of the heart. A common abnormality was the occurrence of whitish plaques of fibrin - like wet paper - on the surface of the heart, sometimes following the course of the veins.

Stomach
This was often found to be greatly distended with gas and greenish yellow fluid. As much as six pints were found in one instance. (No 206.)
Treatment. An account must be given in the first place of the conditions under which treatment was carried out. The wards were buildings over 200 feet long and 16 to 18 feet wide, the roofs were of corrugated iron sheets, which were covered over with a layer of mud and thin matting. This was for the sake of warmth in winter and coolness in summer. A bare corrugated iron roof would have made the heat within unendurable. As the roof was entirely supported by angle iron uprights, there were no real side walls, but the sides were closed in by open wicker work to within a foot or two of the eaves. The lower part of this wicker work was covered up to a height of six feet with "chitai" or coarse matting. All the patients were thus treated by the "open air" method. This method may be satisfactory in buildings where the night chill can be lessened by efficient heating but where the only heating was supplied by oil stoves, the method is a little severe. The patients were protected by having as many blankets as they wished for and by the use of hot water bottles. When advisable the bed was screened and a bronchitis kettle used but this was not necessary in the treatment of the Pneumonia cases.

The wards contained 96 to 100 beds and were divided into sections, first 32 for acute pneumonia, middle section for Malarias, distant section for convalescents. The staff of the ward at the disposal of the Medical Officer consisted of 2 Dressers (I am uncertain what training these men had, a year or 18 months general training in Medicine, I should imagine - they kept the records, indents etc.); chief ward orderly; 3 or 4 general orderlies, a sweeper and a "bedpan and urine bottle" man.

It has to be realised that caste enters into the working of the hospital. The sweeper was low caste and the "bedpan and urine bottle" man still lower. It was rumoured that in most of the wards the "bedpan and urine bottle" man did not encourage the use of the bedpan amongst convalescent patients, unless baksheish was forthcoming. I was not able to prove or disprove this, but it is quite possible that his income was augmented by methods not entirely in accordance with Army Regulations.

Reference has been made in the introduction to the meteorological conditions prevalent in the country, the high temperatures, the wide variation between the day and night temperatures. The Relative humidity was fairly high. The table following gives the averages for the four months October 1917 to January 1918.
<table>
<thead>
<tr>
<th></th>
<th>Maximum Temperature</th>
<th>Minimum Temperature</th>
<th>Wet Bulb Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>93.8</td>
<td>60.0</td>
<td>69.1</td>
</tr>
<tr>
<td>November</td>
<td>84.8</td>
<td>53.1</td>
<td>66.1</td>
</tr>
<tr>
<td>December</td>
<td>66.4</td>
<td>42.6</td>
<td>56.2</td>
</tr>
<tr>
<td>January</td>
<td>64.3</td>
<td>41.8</td>
<td>52.9</td>
</tr>
</tbody>
</table>

Until the winter rains came, dust storms were not infrequent. They added to the discomfort of the patients. In a few minutes a sudden dust storm would cover everything with a thick layer of dust. The faces of all the patients would appear to be one uniform colour, - a dirty grey, unless they sheltered under the bed clothes. At the commencement of my duties the Nurse was only available in the daytime, but later, Nurses were quartered in the hospital and one was on duty night and day. The constant service of a nurse was undoubtedly most beneficial as all the other personnel were not very experienced, though they very quickly became excellent workers. One might have expected difficulty over Religious questions but in actual practice I found that my chief "dresser" a Mohammedan made no distinction between Hindu and Mohammedan patients. The chief dresser also acted as Interpreter for the Indian patients, my own knowledge of Chinese sufficing for the Chinese patients. Apart from the above mentioned inconveniences there were adequate supplies of all drugs and foods required for the treatment of the patients - with one exception viz. that Antipneumococcal vaccines and sera were not available during my period of duty. It will have been noted that many patients were put on Milk Diet and extras. The latter included - extra milk, chicken extract, jelly, fresh eggs, broth, essence of beef, bovril, arrowroot etc., any article deemed necessary and advisable could be ordered for the patient. Oxygen, pneumonia jackets, poultices etc. were all available and used when deemed advisable. The alcholic stimulants supplied were, Whisky, Brandy, or Rum. The milk used was Ideal tinned milk - as fresh milk was not available, and this was diluted with water to the required bulk. This is an Unsweetened condensed milk of the following average composition. Total solids 38%; Fat, 12.4%; Milk Sugar, 16%; Proteins, 8.3%. It is evidently condensed from whole milk (unskimmed). In the manufacture of condensed milk the total number of bacteria present in the original milk are greatly reduced, often several
It is doubtful whether this Tinned milk contained a sufficiently high content of B-Vitmin, and to remedy this fresh eggs were given to most of the patients.

General Treatment. The two most important things at the commencement of the disease were rest and diet. Rest to save the heart and liberal sustaining diet, so long as it could be taken, to build up the patient's strength so that there would be some reserve to fall back upon during the days when he could take little else but a small quantity of milk and alcohol. It was not always possible to follow this line of treatment as many of the patients came into hospital when the attack was fully developed and they were not able to assimilate a liberal dietary; alcohol was found beneficial in these cases. The importance of rest cannot be over emphasised, this rule was impressed most strongly upon the Ward Orderlies and they rigidly adhered to it. After Pneumonia was definitely diagnosed the patient was moved about as little as possible, every day Physical Examination and auscultation were done without disturbing the patient at all. The patient's condition can be judged by the state of the pulse, the respiration and general condition will afford a much better guide than by estimating the condition of the lung, as to whether the affected area is increasing or otherwise. The patients sometimes become very restless and may require constant watching, otherwise they may sit up or get out of bed, when this happens about or after the crisis a fatal result is likely to ensue. Cases of this type will be noted in the records (vide cases Nos. 37 and 71).

Usually there is not much difficulty in ensuring that the patient is kept perfectly quiet, but in cases of maniacal delirium or semidelirium it may be difficult to keep the patient in bed without restraint. In one instance where it was necessary to use restraint it was found that a short length of bandage from the patient's wrists to the sides of the bedstead suffice, it was not much physical restraint and the effect seemed to be largely psychical, as the restlessness recommenced when the bandages were removed for a short interval. The activity displayed by the patients were sometimes extraordinary, on one occasion a patient was found to have climbed 8 or 9 feet up upon the rafters of the outpatient shelter, where he was chattering like a monkey. When he was brought down he was found to be suffering from Acute Pneumonia.
with a temperature of 106 F. Needless to say there was a fatal termination the following day. In another case one of the patients managed to get out of bed and walk to the door of the ward on the day when the crisis occurred (Case 37F.) In other instances unusual exertion such as sitting up suddenly in bed was followed by sudden collapse. There seemed to be just sufficient reserve of power to carry on when perfect rest was maintained but the slight extra effort turned the scale and was followed by death.

Another condition of which little mention is made in the Text Books is flatulence and dyspepsia. The condition of the abdomen should be carefully watched, as flatulence and tympanites may seriously distress an already overburdened heart and increase the difficulty of Breathing. Fussell has drawn attention to this symptom - acute dilatation of the stomach - as a complication fraught with great danger to the patient, easily relieved and generally unrecognised. The cause has been found post mortem to be a constriction of the duodenum at the root of the mesentery in practically every case. He believes it to be due to some toxic condition affecting the innervation of the stomach. The dilatation causes by traction a constriction of the duodenum leading to the filling of the stomach with a huge amount of material. Tympanites is a very unfavourable sign, slight jaundice is not so. The post mortem in some cases showed a marked degree of intestinal stasis and gastric distention. It is possible that these conditions of flatulence and stasis were partly due to the change of diet. Normally the diet consisted of rice and curry which was highly spiced and contained a liberal amount of "ghee" or native butter. This dietary is no doubt the result of experience, (personally and from the experience of the other officers of the mess, it was found that one appreciated the highly spiced curries in a tropical climate, which would not be acceptable at home.) This diet was to some extent prophylactic against intestinal troubles such as dysentry and other intestinal parasites. The usual remedies given for flatulence were Sp.Am.Aromat, Tinct.Zingiber and Ol.Cajaput and for the Tympanites calomel, salines etc., enemata or suppositories were also of service.

Hydrotherapy Occasionally tepid water or cold sponging was used in hyperpyrexia but not frequently as this line of treatment did not appear to be beneficial. Broadbent supports this view in
The following extract (Lancet Jan.5.24)
"In the treatment of pneumonia it is most important that the patient should be kept as quiet as possible, since auto-inoculation takes place on any movement. Nurses should be told that washing must be limited to a minimum. Many years ago in a case of pneumonia I had the patient's temperature taken just before the morning's elaborate ablutions, and again half an hour after their completion, and there was a rise of nearly a degree, with very distinct malaise. On the next morning the temperature was taken at the same times without any washing of the patient, and no rise was shown. Sponging without moving is comforting and good."

The most refreshing method of sponging I adopted from the Chinese - a towel is wrung as dry as possible out of boiling water and the face and hands wiped with this and not rubbed dry afterwards. It is far superior to cold sponging as this method contracts the surface arterioles and no further cooling can take place, on the other hand the application of a hot moist towel temporarily dilates the surface vessels and the infinitesimal amount of moisture on the surface evaporates and thus cools the relatively large quantity of blood in the dilated capillaries. The inefficiency of cooling by cold sponging was noted in cases of heat stroke where the application of cold to patients well covered with fat only served to drive the overheated blood into the deep tissues where there was no means of cooling it.

Cough An expectorant mixture was given in all cases and was certainly of value, with a dry irritating cough a mixture of Acet. Scillat., Tinct. Camph. Co. had a sedative effect, but in the majority of cases a mixture containing Ammon. Carb. and Vin Ipecac. was the most beneficial. In patients with marked emphysaema and bronchitis which were frequently present a mixture containing Lobelia was indicated. This condition - emphysaema was very common. A mixture containing Belladonna was helpful in cases with profuse expectoration. Pneumonia Jackets were comforting to the patients and poultices were also helpful. Morphia injections were rarely used, they checked the cough too much and led to accumulation of secretions in the air passages.

Hiccough This was occasionally very distressing and usually of grave import when persistent. In a fatal case it continued for two days or more without remission and it was found - post mortem -
that there were numerous adhesions to the chest wall and to the diaphragm. It was not surprising that the usual remedies were of no avail - Spir. Ammon. Aromat. Tinct Zingiberis, Inj. Atrop, and sinapisms.

**Delirium** This was best treated by injection of Hyscine 1/200 to 1/100 grain.

**Sleenlessness** This was not a marked feature in these cases and did not call for any special treatment. Bromides and chloral were given as hypnotus when required. Morphia was not used.

**Pain** was frequently complained of and was combatted by employing hot poultrices, sometimes by Morphia injections in severe cases. Pain was commonly found during convalescence, probably due to the coming together of the inflamed pleurae which had previously been separated by fluid exudation. One or two applications of Iodine painted over a large area caused rapid improvement.

**Cardiac Failure** This was the most dangerous symptom and one which had to be carefully watched. It is stated "that if the Blood pressure in millimetres does not fall below the pulse rate there is no immediate danger." A pulse over 120 is considered serious, many cases attained 140 and over and recovered. The highest rate recorded was 160 to a rate which could not be counted.

Digatolis and Strophanthus were generally used early in the disease in small doses and strychnine was frequently given in combination not as a direct heart stimulant but as a general tonic. Strychnine injections for failing heart were given but seemed to be of little value. Camphor in olive oil was generally used by my predecessor and I gave it a long trial but it was of doubtful value, the drug which gave me most satisfaction was adrenalin in 10 m. doses hypodermically. In sudden collapse and appearance of imminent death 3 or 5 minim capsules of Amyl Nitrite were found useful.

Fuller consideration of these drugs is given later.

**Drugs**

**Cathartics and Aperients** Treatment was always begun with a dose of aperient medicine. Each Medical Officer had his preference. One used "Pill No.9," another Mag. Sulph., another Ol. Recim. Calomel followed by a saline was my usual treatment. It was necessary to administer an aperient as the majority of the patients required it. Some were constipated for anything up to 10 days before admission.

**Diaphoretic Mixtures.** A simple mixture containing Sp. Acet. Nit. and Lig. Ammon. Acet. was very helpful
especially in those whose skin was hot and dry. This with bland drinks such as barley water and soda water produced relief by inducing slight diaphoresis and made the patient more comfortable, though it had little effect upon the temperature. Quinine is a most valuable drug in the treatment of Pneumonia, it is possible that this was due partly to the malarial element present in many of the cases, but even in the non-malarial cases it is most useful as it has the advantage of possessing a more prolonged action and of causing less risk of depression than the other antipyretics. It was always administered by intramuscular injections during the attack (and by the mouth if required afterwards). Out of several hundred injections only two gave trouble; abscess in one case and paralysis of the Musculo-Spiral Nerve in a very thin patient with poorly developed Musculature. Quinine arrests the movements of the White Blood Corpuscles and the activity of the white blood corpuscles or at any rate a leucocytosis is a favourable sign in Pneumonia so that the use of Quinine would appear to be contradicted, but its advantages outweigh its disadvantages. Quinine except in large doses stimulates respiration, it reduces the pyrexia and in medicinal doses stimulates the heart, possible reflexly, through stimulation of the stomach. One patient asked for a second injection of Quinine as he felt so much benefited by the first. An injection of Quinine about the 7th day seems to assist or hasten the crisis — these may have been coincidences but the phenomenon was frequently observed. In cases where there is severe toxaemia and great leucocytosis wonderful results have followed the hypodermic injection of the Acid Hydrochloride of Quinine in 2 grain doses every two hours or every hour. This is the method of treatment advocated by Jurgensen — a massive quinine dosage. He affirms that Quinine has not only an antipyretic action but also a direct antagonistic action upon the fever causing agent in the body. Emetine Injections of emetine 1/3 grain were administered in these cases where these cases had a history of Dysentery. Contradictions to its use are a failing heart. No bad effects were attributed to its use, in spite of its depressing effect upon the heart. It has a beneficial effect upon the cough and assisted expectoration. It aborted a case of hepatitis which had been sent in as a case of Pneumonia. The patient had some signs of right sided Pneumonia but all these cleared up after two doses of emetine. It had apparently no effect upon the temperature. The action of the drug
has to be carefully watched owing to its action upon the heart. Large doses are powerful depressors. Its chief usefulness was in cases of pneumonia combined with intestinal infections e.g. amoebae, balandidium.

Morphia was practically never used. It entered into the composition of one of the stock mixtures in the form of Tinctura Camphorae Composita. This mixture was used occasionally for the irritating dry cough which may be found at the Commencement of the attack.

Heart Stimulants

Camphor. There is a diversity of opinion concerning the use of camphor as a cardiac stimulant in pneumonia. It is regarded by many as a powerful heart stimulant. On the other hand Heard and Brooks from a chemical investigation of its therapeutic value came to the conclusion that Hypodermic Injections of camphor oil up to 50 gr. are not of any clinical value as a cardiac stimulant (A.J.M.S. 1913 i 235). My own experience tends towards this latter view. Any effects following the hypodermic administration of camphor in oil can probably be ascribed to its irritant or stimulant action upon the stomach and thus reflexly upon the heart. It has been mentioned elsewhere (V.p. 144) that flatulence and distention of the stomach is a common complication of Pneumonia. Camphor by improving this condition would cause amelioration of the action of the heart.

Strychnine, Digitalis and Strophanthus. The same diversity of opinion exists with regard to these drugs. They are praised by some and condemned by others. Ambrose Owen, dealing with a series of 225 cases discontinued the use of Strychnine and Digitalis after the first few cases. He suggests that they may be harmful by raising the blood pressure too much in the acute stage (B.M.J. 17.6.22). Many of my patients were given a mixture of digitalis and strychnine, also hypodermic injections of these drugs were used. No striking results followed their exhibition, but I believe their effect was beneficial.

Pituitrin. This has been recommended as an intravenous injection, or subcutaneously or intra-muscularly. The injection of Pituitrin intravenously is followed by a slow rise of blood pressure and the effect is maintained for some time. Clinically I failed to find any marked result following its use. It was tried in several cases and there was no appreciable beneficial effect upon the heart or circulation.
The diuretic action of pituitrin should have been beneficial in that elimination of the toxins would be promoted. No definite results were observed.

Adrenalin. This was the drug upon which towards the end of my cases, I placed the most reliance. It is true that not many of the case sheets record the administration of this drug but it was used for a very considerable number of cases in repeated injections, but owing to change of duty I was unable to procure records of these cases. After a trial of many cardiac tonics such as those previously mentioned, strychnine, pituitrin etc., I found 5 to 10 minim doses of adrenalin in normal saline most beneficial even when injected subcutaneously. The effects of adrenalin are usually studied after intravenous injections concerning which Cushing states that "On the intravenous injection of adrenalin a very marked rise in the arterial blood pressure occurs accompanied at first by acceleration then by slowing and later again by acceleration of the heart. The acceleration of the heart is due to stimulation of the terminations of the accelerator nerves in the heart muscle, and is therefore accompanied by a stronger contraction and more complete evacuation of the chambers, if the dose injected be large the accelerator action is too great to admit of complete relaxation during diastole and the output of the heart may be smaller and a drop in blood pressure is observed.

Bronchial Muscle. Adrenalin injected intravenously dilates the bronchi widely."

Four hourly Hypodermic injections of adrenalin in 10 minim doses were found to strengthen the heart contractions. In post critical collapse its effects were very noticeable. Marked improvement of the pulse and in the general condition of the patient were observed. It is possible that in spite of the increase of blood pressure, the action of adrenalin in dilating the small vessels in the lungs, relieved the right side of the heart which has so great a strain thrown upon it owing to the obstruction of the pulmonary circulation by the consolidated areas. The claim put forward for adrenalin that its hypodermic use is of value for prognosis is mentioned in another section under "prognosis."
General Drugs

Creosote. This has been vaunted as a specific for pneumonia, one author quoting a series of 500 cases with only four deaths, and he concluded that its administration improved the temperature and respiration within four hours of the initial dose. His view was that the drug was excreted by the lungs and was thus brought into almost direct contact with the lesion. The drug was tried for several of my patients at all stages of the illness but I failed to observe any specific action upon the disease. The drug was found to be of most benefit at the later stages of the attack and after the crisis especially where the sputum was purulent and offensive. Turpentine was also administered in the same way, but Creosote was to be preferred in most cases.

The views regarding the beneficial drugs in pneumonia are most divergent. As previously stated on physician believe Creosote to be a specific then another states "that the much vaunted Iodide and Creosote mixture was tried in two cases; they both died," and then he found that three cases treated with Calcium Chloride recovered so that drug obtains a premier position as a cure for pneumonia. One would rather expect it to embarrass the right heart by favouring the formation of ante mortem clot.

Sodium Citrate. This has been used in pneumonia with the idea of lessening the coagulability of the blood. I tried it in a few cases and no bad effects followed but in two other patients a blood stained expectoration occurred - with bright red blood in the sputum and the result was unfavourable. Since then I discarded the use of this drug. At the same time its use may be indicated in certain cases, as for instance in one case where I attempted to perform a Venesection where there was a full bounding pulse with a failing right heart. In this instance a medium sized cannula was not sufficient to withdraw blood, which clotted in the cannula and blocked the passage after a few drops of blood had issued.

Fleming holds the view that the firm opaque fibrinous clots found in the right heart in Pneumonia are ante-mortem. His statistics show that out of 61 Postmortem examinations of Pneumonia cases, 39 showed the presence of this yellow agonal clot. In contrast, out of 162 autopsies (other than pneumonias) only 20 showed the presence of this antemortem or colourless clotting. The use of sodium citrate has been advocated with a view of diminishing this tendency to antemortem
clotting. Its action does not appear to be reliable, and Fleming states that his results with Citric Acid were unsatisfactory and found that stimulation of the heart was the best method of preventing the formation of Antemortem Clot.

Alcohol.
Most authorities favour the use of alcohol in the treatment of Pneumonia. It is not recommended to begin stimulating the heart with digitalis, strychnine and alcohol from the very commencement but to administer them gradually and as the condition of the heart requires. In normal persons the effect of alcohol on the heart is to increase the contractions and quicken the rate, also the blood vessels are dilated. In small doses alcohol is decomposed in the body, none is eliminated unchanged. The amount a normal person can dispose of within 24 hours is from ½ fluid ounces to 2 fluid ounces much diluted. In dietetical equivalents one fluid ounce of alcohol is equivalent to 200 calories which is approximately one third of the carbohydrate contents of a suitable dietary. Alcohol has also an antipyretic effect. In ordinary conditions a small dose only affects a slight lowering of temperature. "But under high temperatures - about 105° F. - even with large doses, very little is eliminated, more is consumed in the body and no intoxication is produced." The antipyretic action of large doses compares favourably with other antipyretic drugs e.g. quinine, in fact alcohol often succeeds where quinine fails and at the same time alcohol improves the circulation. In brief, the administration of alcohol in pyrexias serves two purposes - a drug which is a cardiac stimulant and also as an article of diet. Wynn states "The heart can be best helped by giving food and oxygen." The best food for the heart is sugar and this can be given from the first as cane sugar, milk sugar or honey along with other foods. Intravenous injections of 10% glucose are perhaps the most valuable of all remedies when circulatory failure has commenced. Alcohol in large doses is of much value as a food substance. In disease it supplies the carbohydrate content of a normal diet which cannot be assimilated by the patient. The most suitable form of alcohol in my experience is Rum, Brandy and Whisky were also tried but it is my opinion that Rum is superior to these. The carbohydrate content of Rum is higher and being distilled from Molasses, it contains one of the
best heart foods and its products - cane sugar. The patients took rum well and did better than with Brandy as its effects were not so fleeting. The following tabular comparison shows that rum contains a higher percentage of spirit and esters than brandy:

<table>
<thead>
<tr>
<th></th>
<th>Brandy 1 year old</th>
<th>Rum Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol by volume</td>
<td>66%</td>
<td>69.5%</td>
</tr>
<tr>
<td></td>
<td>In milligrammes per litre.</td>
<td></td>
</tr>
<tr>
<td>Acids</td>
<td>192.0</td>
<td>1224.0</td>
</tr>
<tr>
<td>Aldehydes</td>
<td>76.5</td>
<td>154.1</td>
</tr>
<tr>
<td>Furfural</td>
<td>8.1</td>
<td>20.8</td>
</tr>
<tr>
<td>Esters</td>
<td>668.8</td>
<td>3080.0</td>
</tr>
<tr>
<td>Higher Alcohols</td>
<td>1716.0</td>
<td>625.8</td>
</tr>
</tbody>
</table>

Regarding alcohol in these conditions as a part of the diet rather than a drug, it was my practice to start giving it early in the disease, when the patient's appetite failed rather than when his heart began to fail. The amounts given varied from 3 fluid ounces to 8 fluid ounces per diem. It is impossible to make an exact comparison of the brandy versus Rum treated patients, seeing that it was impossible to compare patients with attacks of identical severity. But the general conclusion obtained was that rum was by far the best form of alcohol for administration.
Summary and Conclusions

Pneumonia is an acute disease with a high mortality rate. It accounts for slightly more than 1% of the total death rate. The degree of infectivity is low.

Fraenkel's Pneumococcus is the chief causal agent but Friedlander's Pneumobacillus causes a small percentage.

The toxaemia produced is the chief danger, as it weakens a heart already overstressed owing to the impedance in the pulmonary circuit.

The most important points in the treatment are

Efficient Nursing
Adequate ventilation - provided the air is warm, cold night air is decidedly harmful.
Rest is of paramount importance, to save the heart and to avoid the risk of heavy dosage of toxins by auto-inoculation.

Alcohol is of much value both as a food and for its stimulant action upon the heart. Rum was found to be a most suitable form for administration.

The action of most heart stimulants is uncertain, the effect is frequently transient or unnoticeable. Digitalin, Strophanthin, Ether, Camphor, Strychnine, Pituitrin, Adrenalin are much in the same category - though Adrenalin is far superior to the others.

There are no drugs which have a direct specific action upon the disease - except possibly Quinine and its derivatives such as Opto-chin.

A high temperature is not an unfavourable sign; pari passu it is better than a low temperature which denotes a poor reaction against the disease.

On the analogy of other infective processes the most rational methods of procedure should be, vaccines for prophylaxis and sera for treatment, but up to the present these have not proved absolutely satisfactory.
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