THESEIS.

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THE PROGNOSIS AND TREATMENT
OF PULMONARY TUBERCULOSIS
COMPLICATED BY PREGNANCY.

A Study based on the Examination
of Two hundred and ninety five Cases.

By

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VOLUME II.

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GROUP I.

Cases of Chronic Fibroid Tuberculosis.

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HISTORY.

22.4.31. Patient has been ailing for the past year, always feeling tired and listless. Has had a cough accompanied by sputum for several years, and these have become more troublesome in the last few months. Three weeks ago she had a severe cold, and 4 days ago, she coughed up a spoonful of blood.

Has had 4 attacks of pleurisy, the last being 3 years previously.

DIAGNOSIS.

Radiological. Interstitial fibrosis changes throughout both lung fields, more marked R. mid-zone and base. Fibro-calcareous changes B. apex with scattered calcified foci both lungs. Increased broncho-vascular strands both bases with puckering of R. hemi-diaphragm.

Bacteriological. Sputum positive, 31.5.31.

Clinical. Chronic Fibroid Tuberculosis.

TREATMENT.

Dispensary Supervision.

PROGRESS.

7.4.32. Cough has gradually improved during the past year. Had a small haemoptysis 3 weeks ago. Apart from dyspnoea on exertion, chest never gives ground for complaint. No deterioration in pulmonary lesions since first visit to be demonstrated radiologically.

29.10.32. Patient 7 months pregnant. Feeling very well. No change to note locally.


Case No. 2.    Mrs E.D.    Age 27 yrs.    Para 2.

HISTORY.

7.10.30. Patient has always been subject to colds. Three weeks ago, she had an attack of bronchitis, which has left her with a cough and thick greenish sputum. Developed a sharp stabbing pain in the R. side of the chest 4 days ago.
DIAGNOSIS.

Bacteriological. Sputum positive on culture.

Clinical. 23.7.37.

TREATMENT.
Dispensary Supervision.

PROGRESS.

12.2.31. Reports 2 months amenorrhoea. Feels very well. Cough continues to improve.

3.10.31. Confined 13 days ago. No increase in cough or sputum. Feels rather tired in the evenings. No deterioration in pulmonary condition.

26.3.32. Feels very well. Chest never gives cause for complaint. X-ray shows no deterioration in lesion since first visit.

2.7.34. Confined 3 weeks previously. No change to note in local or general condition.

22.6.35. No evidence of activity in chest.

3.12.35. Keeps very well. Cough and sputum only occasionally. No deterioration in pulmonary condition in spite of above two pregnancies.

Case No. 3. Mrs G.C. Age 40 yrs. Para 1.

HISTORY.
12.3.37. Patient has had an aching, intermittent pain in the back for one month. Was referred to the Royal Victoria Dispensary by her own doctor, as her brother died of tuberculosis 3 months previously, and her husband is at present in a sanatorium. No cough or sputum.

DIAGNOSIS.
Radiological. Increase in interstitial lung markings L. mid-zone and base, radiating outwards from hilum to periphery. More localised fibrotic changes second L. interspace, and R. upper lobe.


Clinical. Chronic Fibroid Tuberculosis.
TREATMENT.
Dispensary Supervision.

PROGRESS.
26.12.37. Feels very well. Symptom free. No deterioration to be noted in local condition.
14. 7.38. Is 4½ months pregnant. No lung symptoms. No change to be noted in pulmonary condition.
16. 2.39. Confined 2 months ago. X-ray shows no deterioration in lung condition compared with that on first visit.

Case No. 4. Mrs S.S. Age 34 yrs. Para 6.

HISTORY.
31.7.33. Patient reported for contact examination, her 2 year old child dying of T.B. meningitis. Has never had any trouble with her chest.

DIAGNOSIS.
Radiological. Localised fibrotic changes L. upper lobe in infraclavicular region.
Bacteriological. Sputum positive, 23.11.38.
Clinical. Chronic Fibroid Tuberculosis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
30. 9.36. No deterioration to be noted in local or general condition during the last 3 years. Now 2½ months pregnant.
24.12.37. No radiological evidence of deterioration in lungs compared with their condition previous to pregnancy.

Case No. 5. Mrs E.U. Age 33 yrs. Para 3.

HISTORY.
6.4.33. Patient examined as a contact, her mother having died 3 weeks previously from phthisis. No complaints meantime, but there was a history of pleurisy 1 year ago.
DIAGNOSIS.

Radiological. Old-standing fibrotic changes in R. upper lobe with retraction of trachea to R., and elevation of interlobar fissure.

Bacteriological. Sputum positive, 3.6.39.

Clinical. Chronic Fibroid Tuberculosis.

TREATMENT.

Dispensary Supervision.

PROGRESS.

7.12.35. Apart from slight cough with very little sputum, patient has remained well for the last 2 years.

16.12.36. Is now 5 months pregnant. No deterioration in local or general condition to be noted.

2.6.37. Delivered 5 weeks ago. Feels tired, but no increase in cough or sputum. Pulmonary condition clinically satisfactory.

31.12.38. Well and working. Has put on weight since first visit. No chest complaints.


HISTORY.

21.7.37. Has been troubled with "bronchial" attacks for several years during the winter. Cough and sputum always present. Developed pain in the L. side of the chest 8 days ago. Pleurisy on R. side 4 years ago.

DIAGNOSIS.

Radiological. Increase in interstitial markings L. mid-zone and base, radiating from hilum to periphery.

Bacteriological. Sputum positive, 24.7.37.

Clinical. Chronic Fibroid Tuberculosis with superimposed bronchitis.

TREATMENT.

Dispensary Supervision.

PROGRESS.

13.12.37. Is 2 months pregnant. Cough and sputum have improved since first visit, but dyspnoea is still troublesome.

31.12.38. Confined 6 months ago. No deterioration to be found in local condition radiologically. General condition shows some improvement compared with that previous to pregnancy.
Apart from occasional bronchitic attacks during the past winter, patient has remained comparatively well since her confinement. No change to note in pulmonary lesions.

Case No. 7. Mrs E.C. Age 38 yrs. Para 3.

**HISTORY.**
19.7.34. Patient has suffered from bronchitis for a great number of years, and for the last 2 years has been having asthmatic attacks. Has been becoming increasingly breathless since then. Cough very troublesome on occasion and accompanied by thick greenish sputum.

**DIAGNOSIS.**

Bacteriological. Sputum positive on culture, 28.8.34.

Clinical. Chronic Fibroid Tuberculosis, with superimposed bronchitis and emphysema.

**TREATMENT.**
Dispensary Supervision.

**PROGRESS.**
9.1.35. Reports a 3 months pregnancy. No change to note in local or general condition.
7.9.35. Confined 6 weeks ago. Dyspnoea is troublesome, and patient complains of lassitude.
30.8.36. No deterioration radiologically evident in pulmonary condition compared with that previous to pregnancy. No change to note in general condition as well. Dyspnoea still incapacitating, but cough and sputum have decreased since first visit.
Case No. 8.  Mrs E.L.  Age 37 yrs.  Para 3.

HISTORY.
3.7.30. Patient had a small haemoptysis 3 years previously, but there was no recurrence until 7 days ago, and another yesterday. Has had a cough for several years. Sister died of phthisis 8 years ago.

DIAGNOSIS.
Radiological.  Fibrotic changes L. upper lobe with small calcified foci at R. apex. Increased interstitial markings throughout L. lung.

Bacteriological.  Sputum positive, 9.7.30.
Clinical.  Chronic Fibroid Tuberculosis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
22.6.31.  Confined.
6.7.32.  No deterioration in local or general condition compared with that on first visit. Cough and sputum occasionally. Had 3 further small haemoptyses during the last year. Manages her housework quite easily.

Case No. 9.  Mrs E.C.  Age 45 yrs.  Para 4.

HISTORY.
21.7.38.  Has been troubled with "bronchial attacks" for several years. Cough and sputum always present. Developed pain in the left side 8 days ago.
Pleurisy 4 years ago.

DIAGNOSIS.

Bacteriological.  Sputum positive, 23.8.38.
Clinical.  Chronic Bilateral Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
21.11.38.  2 months pregnant.  Cough and sputum I.B.Q.
PROGRESS (Continued)


26.12.39. X-ray shows no change in local condition. Slight loss of weight, but otherwise no change in general condition.

Case No. 10. Mrs D.A. Age 38 yrs. Para 3.

HISTORY.

19.7.37. Cough with greenish sputum for 2 months. Has become increasingly breathless since. Subject to bronchial catarrh.

DIAGNOSIS.

Radiological. Diffuse bilateral pulmonary sclerosis with increased broncho-vascular strands left base.

Bacteriological. Sputum positive, 6.8.37.

Clinical. Chronic Fibroid T.B., with superimposed bronchitis.

TREATMENT.

Dispensary Supervision.

PROGRESS.

9.1.38. Reports 3 months pregnancy. No change in local or general condition.

7.9.38. Confined 6 weeks ago. Feels well. No deterioration to note since first visit.

Case No. 11. Mrs A.S. Age 31 yrs. Para 3.

HISTORY.

15.6.31. Troubled with bronchitis for 3 years. Breathless on the slightest exertion.

DIAGNOSIS.

Radiological. Fibro-calcareous changes right upper lobe with deviation of trachea to the right. Fibroid changes left apex.

Bacteriological. Sputum positive on culture, 6.7.35.

Clinical. Chronic bilateral Fibroid T.B. with superimposed bronchitis.

TREATMENT.

Dispensary Supervision.
PROGRESS.
6. 2.32. Patient 3 months pregnant. Feels quite well.
7. 9.33. Confined 5 weeks ago. Attacks of bronchitis seemed to improve during pregnancy.
4. 7.35. Confined 6 months ago. No deterioration in local or general condition.
22.11.36. Patient delivered of a still-born child. Local and general condition continue to be satisfactory.
1.12.38. Patient delivered 3 weeks ago. In spite of 4 pregnancies, pulmonary condition shows no deterioration from first visit.


HISTORY.
7.12.35. Has had winter cough for several years with thick, greenish sputum. Breathlessness has been increasing lately.

DIAGNOSIS.
Radiological. Nodular fibrotic deposits both upper lobes.
Bacteriological. Sputum positive, 27.1.39.
Clinical. Chronic fibroid T.B. with superimposed bronchitis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
18. 5.38. Was confined 5 months ago. Feeling very well.
27.12.39. Confined 3 months ago. No deterioration to be found in local or general condition.


HISTORY.
1.2.29. Repeated bronchitic attacks for last 4 years. Cough and sputum increasing lately.
**DIAGNOSIS.**

Radiological. Generalised increase in lung markings with denser fibrotic changes left upper lobe.

Bacteriological. Sputum positive, 6.4.40.

Clinical. Chronic Fibroid T.B. with superimposed bronchitis.

**TREATMENT.**

Dispensary supervision.

**PROGRESS.**

4. 9.29. 2 months pregnant. No change in local condition.

26. 2.30. Confined 3 weeks ago. Cough and sputum I.S.Q.

2. 7.31. Confined 5 weeks ago. Feels very well. Dyspnoea improving.

6.11.32. 8 months pregnant. Local and general condition shows no change from first visit.

20. 4.34. Confined 1 month ago. Apart from increasing dyspnoea in later months felt very well.

17. 7.36. Had premature delivery 5 weeks ago. Feels very well, and working at household duties.

21.11.38. 3 month abortion 4 weeks ago.

31.12.39. Patient has been pregnant 5 times since first visit, with no noticeable deterioration in local condition.

**Case No. 14.** Mrs F.T. Age 30 yrs. Para 3.

**HISTORY.**

27.4.32. Has had a chronic cough for many years. Daughter notified as a case of Pulmonary Tuberculosis.

**DIAGNOSIS.**

Radiological. Diffuse bilateral pulmonary sclerosis, more accentuated left apex. Homogeneous opacity left base.

Bacteriological. Sputum positive, 4.5.39.

Clinical. Chronic Fibroid T.B. with L. basal catarrh.

**TREATMENT.**

Dispensary Supervision.
PROGRESS.
27.12.32. Cough and general condition improving.
3.4.33. 2 months pregnant. Improvement continues.
14.5.37. Confined 3 months ago. X-ray shows no deterioration in local condition. Has put on 6 lbs. since last confinement.

Case No. 15. Mrs A.B. Age 36 yrs. Para 4.

HISTORY.
1.11.33. Chronic cough for several years. Occasional pains across front of chest. Becoming more breathless lately.

DIAGNOSIS.
Radiological. Fibro-calcareous deposits both apices with emphysematous changes both bases.
Bacteriological. Sputum positive, 7.6.39.
Clinical. Chronic fibroid T.B. with superimposed emphysema.

TREATMENT.
Dispensary supervision.

PROGRESS.
2.6.34. 4½ months pregnant. No local lung change to note.

Case No. 16. Mrs M.M. Age 27 yrs. Para 0.

HISTORY.
24.6.36. Has had bronchial asthma for several years. Becoming more breathless, with troublesome cough and sputum.

DIAGNOSIS.
Radiological. Old chronic fibrotic changes both upper lobes. Emphysematous changes at bases.
DIAGNOSIS (Continued)
Bacteriological. Sputum positive on culture, 8.8.36.

Clinical. Chronic Fibroid T.B. with emphysema.

TREATMENT.
Dispensary supervision.

PROGRESS.
13.12.36. 2 months pregnant. Little change to be noted in lung condition.
11.2.38. Dyspnœa still troublesome. Lung lesions quiescent.
5.10.38. 10 weeks pregnant. No change in local or general condition.

Case No. 17. Mrs H.W. Age 30 yrs. Para 0.

HISTORY.
6.5.33. Has had asthma since childhood. Breathless on slightest exertion. Cough and sputum has been troublesome for the last 3 years.

DIAGNOSIS.
Radiological. Diffuse increase in interstitial lung markings, with fibro-calcareous nodules in upper lobes. Emphysematous changes both bases.

Bacteriological. Sputum positive, 9.6.33.

Clinical. Chronic Fibroid T.B. with superimposed emphysema.

TREATMENT.
Dispensary supervision.

PROGRESS.
7.12.35. Confined 6 weeks ago. No deterioration in local condition in the interval.
11.2.37. Now 4 months pregnant. Feels very well apart from dyspnœa.
26.12.38. X-ray shows disease inactive. No change in general condition since first visit.

HISTORY.
30.4.36. Developed pain in right shoulder 4 days ago. No cough or sputum.

DIAGNOSIS.
Radiological. Chronic fibro-calcareous deposits both upper lobes. Increased inter-cleido-hilar markings both lungs.
Bacteriological. Sputum positive on culture, 16.6.36.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
30.5.38. Was confined 6 months ago. Has developed slight cough and sputum. X-ray shows evidence of small infiltrate second interspace, R. side.
26.12.38. 4 months pregnant. Above infiltrate has disappeared in the interval. Cough and sputum I.S.Q.
31.12.39. Delivered 6 months ago. No deterioration in local or general condition. No cough or sputum.

Case No. 19.  Mrs S.A.  Age 45 yrs.  Para 4.

HISTORY.
7.1.33. Sputum bloodstained 4 days ago. Has had troublesome cough for last 5 years.

DIAGNOSIS.
Radiological. Fibroid deposits both upper lobes. Increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 7.6.33.
Clinical. Chronic fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
7.6.33. Another haemoptysis of 2 ounces, 1 week ago. Feels well except for cough.
13.12.33. 2 months pregnant.
PROGRESS (Continued)
7. 4.34. Now 6 months pregnant. Reports increasing dyspnoea with slight haemoptysis 4 days ago.
22. 8.34. Confined 1 month ago. Feels well.
26. 9.35. X-ray shows no deterioration in local condition. Reported 4 small haemoptyses in the last year. Keeps well, and manages heavy housework.

Case No. 20.  Mrs J.S.  Age 20 yrs.  Para 1.

HISTORY.
3.5.29. Had small haemoptysis 4 days ago. Losing weight recently and feeling tired. No cough or sputum. Sister died from Tuberculosis 3 months ago.

DIAGNOSIS.
Radiological.  Recent infiltrative changes right upper lobe, with appearances suggestive of cavitation under clavicle.
Bacteriological.  Sputum positive, 4.6.29.
Clinical.  Progressive fibro-caseous disease right side.

TREATMENT.

PROGRESS.
15. 3.35. Fibrotic changes R. upper lobe. Disease quiescent.
6.11.36. Apart from an occasional small haemoptysis at irregular intervals has been keeping very well.
4. 2.38. Patient confined. Baby premature at 7½ months.
14. 1.39. No deterioration in local or general condition compared with 6.11.36.


HISTORY.
7.6.31. Pain in left side 3 days ago. Cough and sputum for several years with intermittent bronchitis.
DIAGNOSIS.
Radiological. Fibrotic changes both upper lobes with enlargement of left root.
Bacteriological. Positive sputum, 4.6.36.
Clinical. Chronic bilateral Fibroid T.B. with bronchitis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
17. 8.32. 7 months pregnant. Coughing, with increasing dyspnoea. No evidence of local activity.

Case No. 22. Mrs E.L. Age 27 yrs. Para 3.

HISTORY.
19.10.33. Expectoration of blood-stained sputum 5 days ago. Slight cough and breathlessness with some loss of weight recently. Sister died of consumption 4 years ago.

DIAGNOSIS.
Radiological. Old infiltration R. upper lobe with more recent change L. infraclavicular region.
Bacteriological. Sputum positive, 26.10.33.

TREATMENT.
Admitted to Sanatorium. Hygieno-dietetic cure with full course of sanocrysin.

PROGRESS.
4. 7.33. Discharged from sanatorium. Symptom free. Put on 17 lbs.
16. 8.35. General condition continues to improve. Disease apparently quiescent.
3. 7.38. Normal delivery.
1. 7.39. X-ray shows no deterioration in lung condition. Has been putting on weight and now inclined to stoutness.
Case No. 23.  Mrs S.C.  Age 47 yrs.  Para 3.

HISTORY.

DIAGNOSIS.
Radiological.  Fibro-calcareous deposits both upper lobes with partial fixation of L. hemi-diaphragm and obliteration of costophrenic sinus.
Clinical.  Chronic Fibroid T.B. with evidence of recent L. pleurisy.

TREATMENT.
Sanatorium treatment for 3 months.

PROGRESS.
3. 3.39. Was confined 7 weeks ago. Staining 2 days ago. X-ray shows no change from previous.

Case No. 24.  Mrs S.L.  Age 37 yrs.  Para 8.

HISTORY.

DIAGNOSIS.
Radiological.  Increase in interstitial lung markings both upper and middle lung zones, with dense fibroid deposit fourth interspace L. Lung.
Bacteriological.  Sputum positive, 7.7.36.
Clinical.  Chronic interstitial fibroid tuberculosis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
2. 9.37. Was confined 3 weeks ago. Feels well. X-ray shows disease quiescent. Has gained 7 lbs. in the last 6 months.
2.10.38. General and local condition show no change.
Case No. 25. Mrs. E.B.  Age 35 yrs.  Para 4.

HISTORY.
6.7.30. Patient easily tired and beginning to lose weight. No cough or sputum. Father died 3 years ago with consumption.

DIAGNOSIS.
Radiological. Fibro-calcareous changes both upper lobes especially R. side. Deviation of trachea to right.
Bacteriological. Sputum positive, 16.7.39.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
5.11.32. Now married and 3 months pregnant.
23.7.33. Was confined 6 weeks ago. X-ray shows no change in lungs.
1.4.34. General and local condition I.S.Q. Manages housework easily. Slight loss of weight since confinement.


HISTORY.
7.4.33. Has been feeling tired and listless for 3 weeks. Commenced coughing 6 weeks ago.

DIAGNOSIS.
Radiological. Fibrotic changes both upper lobes.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
7.6.36. Was confined 3 weeks ago. X-ray shows no deterioration in local condition. Cough more severe.
14.10.38. 8 months pregnant. Feeling very well.
Case No. 27. Mrs. B.H. Age 33 yrs. Para 5.

HISTORY.

DIAGNOSIS.
Radiological. Fibroid changes L. apex. Increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 6.4.39.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
17.12.37. Patient 3 months pregnant.
7.8.38. Confined 6 weeks ago. Pulmonary condition I.S.Q.
18.9.39. 8 months pregnant. Feeling well apart from increasing dyspnoea.
31.12.39. Delivered 2 months ago. No deterioration to be noted in local condition. General condition improved.

Case No. 28. Mrs. M.P. Age 26 yrs. Para 0.

HISTORY.
21.9.32. Complains of cough and sputum for past 5 months. Subject to colds every winter.

DIAGNOSIS.
Bacteriological. Sputum positive 25.7.38.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
13.4.34. Cough in morning. Catching frequent colds. No deterioration in local condition.
26.6.34. 2 months pregnant.
15.2.35. Confined. Normal delivery.
13.2.36. X-ray shows no deterioration in local condition to be noted. Cough improving.
26.12.38. Well and working at household duties. No symptoms apart from occasional cough and sputum. Local condition inactive.
Case No. 29.  Mrs L.D.  Age 35 yrs.  Para 2.

HISTORY.
23.4.32. Has been troubled with "bronchial" asthma for several years. Developed severe pain across chest 2 days ago.

DIAGNOSIS.
Radiological. Scattered small nodular deposits L. upper lobe, with increased markings L. inter-cleido-hilar region.

Bacteriological. Sputum positive, 5.7.39.
Clinical. Chronic fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
3. 9.32. Troublesome cough. Apart from dyspnoea keeps well.
25.12.33. Confined 5 months ago. No deterioration in local or general condition.
7.11.36. Delivered 3 months ago. Has been keeping well except for breathlessness and troublesome cough at night.
Local condition I.S.Q.
3. 6.38. 4 months pregnant. Dyspnoea slightly improved.
22.11.38. Confined.
26.12.39. No active disease to be demonstrated in lungs. General condition appears improved since first visit.


HISTORY.
15.12.29. Has been feeling tired and listless for some weeks. Cough occasionally.

DIAGNOSIS.
Radiological. Increase in interstitial lung markings upper half of both lungs with small calcified foci scattered throughout lung fields.

Bacteriological. Sputum positive on culture, 6.2.30.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
23.6.30. 3 months pregnant. General condition improving.
PROGRESS. (continued).

7.1.31. Confined one month ago. Symptom free.

4.2.33. Was confined 3 months ago. Disease inactive radiologically.

13.4.35. Confined 6 weeks ago. No deterioration in local or general condition.

6.6.36. 2½ months pregnant. Cough more frequent, but otherwise feels well.

3.3.37. Confined 5 weeks ago.

17.1.38. General condition slowly improving. No activity to be demonstrated in chest.

Case No. 31. Mrs. R.E. Age 32 yrs. Para 3.

HISTORY.

8.10.34. Has commenced coughing lately. Pain in left side 2 days ago.

2 sisters notified T.B. Brother died from consumption 3 months ago.

DIAGNOSIS.


Bacteriological. Sputum positive, 18.10.34.

Clinical. Chronic Fibroid T.B.

TREATMENT.

Dispensary Supervision.

PROGRESS.

2.6.35. Having occasional breathless attacks but cough improving. Local condition appears I.S.Q.

17.11.36. Was confined 4 weeks ago. Little change in local condition to be noted radiologically.

29.11.37. 3 months pregnant. Dyspnoea only complaint.

1.6.38. Delivered.

2.6.39. 3 months pregnant. Disease appears quiescent.


15.12.40. Apart from breathlessness, patient remains well and manages her housework. No local activity can be demonstrated radiologically.
Case No. 32.  Mrs M.N.  Age 23 yrs.  Para 1.

HISTORY.
26.4.29. Developed a cough with thick yellow sputum 2 months ago. Losing weight recently with troublesome night sweats.

DIAGNOSIS.
Radiological. Infiltrative changes R. upper lobe down to third rib with appearances suggestive of multiple small cavities. Early changes B. upper lobe.
Bacteriological. Sputum positive, 30.4.29.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic treatment. Left at her own request after 6 weeks stay, owing to domestic difficulties.

PROGRESS.
31. 9.29. Confined to bed at home. Disease progressing, with cavity formation R. upper lobe.
6.12.29. Readmitted to sanatorium.
7. 2.31. Discharged from sanatorium. Local condition greatly improved. Sputum still positive.
2. 9.34. X-ray shows ulcero-fibroid changes throughout entire left lung with complete sinistro-cardia. Trachea pulled over to left. Old-standing, mainly fibro-calcareous disease R. upper lobe down to second interspace. Dorsal scoliosis. General condition very satisfactory. Still coughing. Sputum positive, 13.8.34.
4. 6.35. Is 2 months pregnant. Feels very well. No change to note in pulmonary condition.
4. 3.36. Confined 6 weeks ago. No deterioration demonstrable in lungs radiologically. General condition remains satisfactory.
8. 6.37. Local and general condition have shown no change during the past year.

Case No. 33.  Mrs R.T.  Age 24 yrs.  Para 2.

HISTORY.
14.3.33. Patient has always had a weak chest since infancy. Cough and breathlessness becoming increasingly evident. Coughed up a teaspoonful of blood 3 days ago. Sputum has been stained red since.
DIAGNOSIS.
Bacteriological. Sputum positive, 18.3.33.
Clinical. Chronic Ulcero-fibroid T.B.

TREATMENT.
Admitted to sanatorium. Course of Sanocrysin discontinued after 2 grammes of the gold salt had been given, owing to the appearance of a gingivitis. Hygieno-dietetic treatment.

PROGRESS.
6. 7.35. Improvement in local and general condition has been maintained during the past 2 years.
25. 9.35. Reports 3 months pregnancy.
15. 2.39. Was confined 4 weeks ago. No radiological changes to be noted since discharge from sanatorium. Slight loss in weight, otherwise general condition has been maintained as well.

Case No. 34. Mrs D.W. Age 24 yrs. Para 0.

HISTORY.
31.1.30. Has been feeling tired and listless for 3 weeks. Commenced coughing 3 months ago. Losing weight steadily recently.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes more marked left side.
Bacteriological. Sputum positive, 3.2.30.
Clinical. Progressive fibro-caseous bilateral T.B.

TREATMENT.

PROGRESS.
2.10.30. Discharged. Good improvement in local and general condition.
3. 5.31. Condition deteriorating. Disease especially active left upper lobe.
16. 7.31. Readmitted to sanatorium.
8. 8.32. Discharged. Lesion undergoing satisfactory fibrosis.
PROGRESS (Continued)
27.3.34. X-ray shows ulcer-c-cfibroid changes left upper lobe, with fibrotic changes R. apex.

Case No. 35. Mrs W.O. Age 37 yrs. Para 5.

HISTORY.
28.3.35. Patient has had a chronic cough for several years; occasionally productive. Three weeks ago, she developed a pain in the left side. Mother died from pulmonary tuberculosis.

DIAGNOSIS.
Radiological. Old-standing fibroid changes both upper lobes, more marked L. side. Enlarged L. root.

Bacteriological. Sputum positive, 26.5.38.

Clinical. Chronic Fibroid Tuberculosis.

TREATMENT.
Dispensary Supervision.

PROGRESS.
9.6.36. Slight improvement in general condition since first attendance at dispensary. Local lesions remain satisfactory.

29.3.37. Is 4 months pregnant. Feels very well. No increase in pulmonary symptoms. No deterioration locally.

12.9.37. Confined 2 weeks ago. Cough and sputum show slight increase lately after a recent cold. No change to note in pulmonary lesions.

9.6.38. Patient felt quite well until 3 weeks previously when she contracted a severe chill. Sputum now positive, and has increased in amount lately. X-ray shows the appearance of a small infiltrate in L. upper lobe.

24.6.38. Admitted to sanatorium.

30.10.38. Discharged. Disease now quiescent.

31.12.39. General condition has been maintained since discharge from sanatorium. No evidence of activity locally.

3.1.35. Has been keeping well. Symptom free apart from slight cough and sputum.

26.3.35. Is 2 months pregnant. No change to be noted locally.

17.12.35. Confined 5 weeks ago.

4.7.37. Confined 2 months ago. Disease still quiescent.
PROGRESS (Continued)

5. 6.38. 7 months pregnant. Small haemoptysis 10 days ago.
29.10.38. Confined 2 months ago. No deterioration in local or general condition.
31.12.39. Patient keeping well. No evidence of activity can be demonstrated in lungs radiologically.

(b) Diagnosed during pregnancy.

Case No. 36. Mrs I.C. Age 35 yrs. Para 3.

HISTORY.
8.8.37. Developed pain in the left side, 5 weeks ago. No cough or sputum, but dyspnoeic on slightest exertion.
Is 3½ months pregnant.

DIAGNOSIS.
Radiological. Fibrotic changes both upper lobes to second interspace. Increased basal markings.
Bacteriological. Sputum positive on culture, 19.9.37.
Clinical. Bilateral Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
23. 1.39. No deterioration in local or general condition compared with 8.8.37. Baby alive and well.

Case No. 37. Mrs A.V. Age 37 yrs. Para 5.

HISTORY.
20.4.31. Illness began with pleurisy 6 weeks ago. Pain in R. chest persists but is less severe. Dry cough of one weeks duration. Patient 8 months pregnant.

DIAGNOSIS.
DIAGNOSIS (Continued)
Bacteriological. Sputum positive 20.7.35.
Clinical. Chronic Fibroid T.B. with R. basal pleurisy.

PROGRESS:
22. 6.32. Disease inactive. No deterioration in local or general condition to be noted. Is 2½ months pregnant.
23. 1.33. Confined.
24. 2.34. No evidence of activity locally. Slight improvement in general condition lately.

(c) Diagnosed after pregnancy.

Case No. 38. Mrs J.B. Age 36 yrs. Para 2.

HISTORY.
18.1.29. Nasal catarrh for several years. Complains at present of cough and sputum, with dyspnoea on exertion. Confined 5 months ago.

DIAGNOSIS.
Radiological. Increased fibrous tissue left upper lobe; also increase in fibrous tissue right upper lobe especially in infra-clavicular region.

Bacteriological. Sputum positive, 23.11.37.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
22. 1.30. No deterioration to be noted in local or general condition within the past year. Slight improvement in symptoms.
25. 7.30. Reports a 4 months pregnancy. Feels very well.
23. 1.31. Confined 3 weeks ago. No change to note in pulmonary condition.
26. 7.33. Delivered 2 months ago. Apart from 2 attacks of pleurisy has kept well throughout the year.
7.11.35. 6 months pregnant. Dyspnoea incapacitating, otherwise feels fit.
16. 3.36. Confined 5 weeks ago.
23. 2.37. Cough still bothersome. No evidence of activity to be demonstrated in lungs.
PROGRESS (Continued)

24. 9.37. Sputum increasing. X-ray shows small infiltrate in L. infraclavicular region.

23. 6.38. Disease beginning to progress unfavourably. Activity would seem to date 14 months after birth of last child. Has been confined 3 times since notification.


HISTORY.

1.3.34. Been off work for the past 3 weeks. Complains of not feeling well for some time, and at intervals during the past 2 weeks has been spitting blood. Confined 4 months ago.

DIAGNOSIS.

Radiological. Increased markings in both Intercleidohilar regions, mostly on right.

Bacteriological. Sputum positive on culture, 14.4.34.

Clinical. Chronic Fibroid T.B.

TREATMENT.

Dispensary Supervision.

PROGRESS.

26.12.34. General condition very satisfactory. Symptoms not troublesome.

15. 3.36. 8 months pregnant. X-ray shows some increase in fibrous tissue formation in R. subclavicular region. L. apex seems clear.

26. 4.36. Confined.


4. 5.38. To be confined next month. No deterioration in local or general condition.

30. 9.39. In spite of the above 2 pregnancies patient's progress continues to be satisfactory.

Case No. 40. Mrs E.V. Age 38 yrs. Para 3.

HISTORY.

25.3.37. Previous to confinement 3 months ago patient felt quite well. Has now developed a cough with thick greenish sputum, and feels tired.
DIAGNOSIS.
Radiological. Increase in normal lung markings R. upper lobe with trachea slightly retracted to R.
Bacteriological. Sputum positive, 13.4.39.
Clinical. Chronic Fibroid T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
26.3.38. Cough and sputum have almost disappeared. Managing housework without any undue fatigue. No radiological evidence of local deterioration. Has gained 6 lbs. in weight since first visit.
GROUP II.

Cases of Acute Ulcero-Caseous Tuberculosis.

(a) Diagnosed before pregnancy. Cases 41 - 47.
(c) Diagnosed after pregnancy. Cases 68 - 87.
Case No. 41. Mrs E.L. Age 27 yrs. Para 1.

HISTORY.
8.8.35. Complained of a severe pain in the L. side of the chest 5 weeks ago. Developed a severe cough a few days later, which has gradually become worse and is accompanied by a thick sputum. Sweating heavily at night.

DIAGNOSIS.
Radiological. Widespread exudative changes throughout L. lung more marked at L. base external to heart border. Small nodular deposits first R. interspace.
Bacteriological. Sputum positive, 11.8.35.
Clinical. Acute Pulmonary Tuberculosis.

TREATMENT.
Patient refused hospitalisation. Attended dispensary for supervision.

PROGRESS.
11.12.35. Is 4 months pregnant. Morning sickness was troublesome. Has lost 8 lbs. during the last 3 months. General condition now beginning to improve. Physical signs at R. apex indicated extension in this area during this period.

5. 4.36. Feels improved now. Disease at R. apex less active than previously.
16. 5.36. Confined.
5. 8.36. Patient went rapidly downhill after confinement. Developed meningitis 11 days previously and died on this date.

Case No. 42. Mrs A.P. Age 25 yrs. Para 0.

HISTORY.
4.7.37. Has not been feeling well for the past month. Cough and sputum very troublesome. Has been losing weight very rapidly during this period.

DIAGNOSIS.
Radiological. Widespread ulcer-caseous disease both lungs with multiple small cavities both upper lobes.
Bacteriological. Sputum positive, 11.4.37.
Clinical. Acute Ulcero-caseous T.B.

TREATMENT.
Dispensary Supervision, patient refusing hospitalisation.
PROGRESS.
4. 3.38. Clinical signs of abdominal involvement now present. Complaining of severe headaches.
12. 3.38. Delivered this morning.
24. 3.38. Patient died. Post-mortem revealed tuberculous involvement of peritoneum and meninges with widespread ulcerocaseous changes in both lungs and terminal miliary spread at both bases.

Case No. 43. Mrs E.T. Age 22 yrs. Para 0.

HISTORY.
25.4.34. Patient developed a cough and sputum about 3 weeks ago, and has been feeling very tired and listless since. Night sweats very troublesome.

DIAGNOSIS.
Bacteriological. Sputum positive, 29.4.34.
Clinical. Acute Ulcerocaseous Tuberculosis.

TREATMENT.
Patient refused hospitalisation. Confined to bed at home.

PROGRESS.
26.8.34. Disease has made rapid progress in the R. lung. Cough and sputum considerably increased. Nausea and morning sickness have been marked during the last month.
15.12.34. Is now 6 months pregnant. Pulmonary symptoms have shown a marked amelioration during the last 2 months. Some improvement in local condition also during this period.
15. 4.35. Died. Developed an acute tuberculous broncho-pneumonia 12 days after confinement.
Case No. 44. Mrs M.A. Age 23 yrs. Para 0.

**HISTORY.**
21.7.37. Has not felt well for the past 3 months, always feeling tired and listless. Developed a cough 4 weeks ago. Father died of pulmonary tuberculosis 3 years previously.

**DIAGNOSIS.**
Radiological. Early infiltrative changes L. apical and sub-apical regions.
Bacteriological. Sputum positive, 24.7.37.
Clinical. Progressive Fibro-cassous T.B.

**TREATMENT.**
Dispensary Supervision. Patient refused hospitalisation.

**PROGRESS.**
22.4.38. Patient has been going downhill gradually since first visit. X-ray now reveals exudative changes throughout the greater part of the L. lung with small commencing cavity in the infraclavicular region.
2.6.38. Reported 2 months pregnant. Feels slightly better with some decrease in night sweats and amount of sputum.
23.7.38. Disease showing some exacerbation clinically, lung symptoms becoming more troublesome. Now 3½ months pregnant.
4.9.38. Feels some improvement in her condition last month. No evidence of progress of local lesion meantime.
30.1.39. Confined. Has felt some improvement in her cough, sputum and night sweats in the last 2 months.
37.2.39. Died, after developing a tuberculous broncho-pneumonia in the terminal stages.

Case No. 45. Mrs P.K. Age 21 yrs. Para 0.

**HISTORY.**
25.3.31. Severe pain in the back one week ago. Pleurisy a few months ago.
2 sisters died of phthisis.

**DIAGNOSIS.**
Radiological. Fibro-caseous changes in R. infraclavicular region. Early changes in L. mid-zone.
Bacteriological. Sputum positive, 6.5.34.
Clinical. Chronic Fibro-caseous T.B.
TREATMENT.

PROGRESS.
23. 3.34. Has been going downhill since discharge from hospital. Disease now ulcero-caseous in type.
24. 4.34. 6 weeks pregnant. Patient looking ill and toxic.
7. 7.34. Slight improvement in general condition. Feels better. 4½ months pregnant.
25.11.34. Confined. Dyspnoeic, but otherwise comfortable.
6.12.34. Patient went downhill rapidly after confinement and died.

Case No. 46. Mrs R.L. Age 20 yrs. Para 0.

HISTORY.
26.10.32. Becoming increasingly tired and lethargic for some weeks. Commenced coughing 5 weeks ago.

DIAGNOSIS.
Radiological. Bilateral apical infiltrative changes, with commencing cavitation first R. inter-space.
Bacteriological. Sputum positive, 1.11.32.
Clinical. Acute Pulmonary T.B.

TREATMENT.
Admitted to sanatorium. Left at her own request after 2 weeks.

PROGRESS.
25. 2.33. Disease now rapidly progressive. Patient 2 months pregnant.
3. 4.33. Vomiting troublesome. Feels worse than usual.
16. 6.33. Now 6 months pregnant. Feels slightly better. Disease very active.
3. 9.33. Patient died with T.B. bronchopneumonia.
Case No. 47. Mrs P.I. Age 24 yrs. Para 2.

HISTORY.
24.5.35. Patient developed a heavy cold 6 weeks ago, which has never cleared up. Has been losing a lot of weight recently, with occasional pains across the front of the chest.

DIAGNOSIS.
Radiological. Fibro-caseous changes scattered throughout R. lung with small cavity under clavicle. Calcified foci L. apex and infraclavicular region with recent activation in surrounding area.

Bacteriological. Sputum positive, 27.5.35.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
26. 7.35. Discharged from hospital at own request. Some improvement in general condition but little change to note locally.

7.12.35. General and local condition have remained stationary since discharge.

2. 4.36. Disease now progressing rapidly. Cavity R. upper lobe increasing in size, with exudative changes now present upper lobe L. lung, and commencing cavitation under L. clavicle. Disease now ulcero-caseous in character.

17. 8.36. Is now 3 months pregnant. Little change to note in local or general condition during the last 3 months. Readmitted to hospital.

26. 2.37. Transferred to maternity hospital 2 weeks ago for confinement and then readmitted to sanatorium. Slight extension of disease to both bases, otherwise no change to note in condition previous to labour.

3. 9.37. Patient going slowly downhill.

14. 3.38. Symptoms and signs of abdominal involvement now present. Extensive disease both lungs. Patient gravely ill.

22. 3.38. Patient died.
Case No. 48.    Mrs A.B.    Age 27 yrs.    Para 2.

HISTORY.
2.4.37. Patient has been feeling tired and out of sorts for the last few weeks. Cough and sputum commenced 4 weeks ago. Losing weight and sweating at night. 5 months pregnant.

DIAGNOSIS.
Radiological. Ulcero-caseous changes both upper lobes with multiple small cavities.
Bacteriological. Sputum positive, 5.4.37.
Clinical. Acute Ulcero-caseous T.B.

PROGRESS.
17. 6.37. Refused hospitalisation. 7 months pregnant. Feels improved with bed rest.
2.8.38. Confined. Dyspnoea has almost amounted to orthopnoea.
12.8.38. Patient went downhill rapidly after delivery and died.

Case No. 49.    Mrs. G.H.    Age 23 yrs.    Para 1.

HISTORY.
14.5.37. Patient developed "influenza" 3 weeks ago from which she never really recovered. Has been losing weight recently, 12 lbs. in 4 weeks. Amenorrhoea for 3 months.

DIAGNOSIS.
Radiological. Extensive exudative changes both upper lobes with cavitation occurring in both infra-clavicular regions.
Bacteriological. Sputum positive, 18.5.37.
Clinical. Acute Ulcero-caseous disease.

TREATMENT.
20.5.37. Admitted to hospital.
12.11.37. Transferred to maternity hospital. Progressive tendency of disease appeared to become slower during residence in hospital.
5.6.37. Patient went downhill gradually since her confinement, and died.
Case No. 50.  Mrs. R.C.  Age 32 yrs.  Para 2.

HISTORY.
2.4.36. Influenzal attack one month ago. Has been confined to bed since. Coughed up a mouthful of blood 2 days ago. 3 months pregnant.

DIAGNOSIS.
Radiological. Widespread infiltrative changes both infraclavicular regions with large cavity R. upper lobe.
Bacteriological. Sputum positive, 17.4.36.
Clinical. Acute Ulcero-caseous T.B.

PROGRESS.
5.7.36. Patient refused hospitalisation. Had another large haemoptysis 3 weeks ago. Now 6 months pregnant. Disease progressing slowly.
23.10.36. Confined one week ago. Apart from night sweats and troublesome cough in the morning, patient has felt quite comfortable.
27.12.36. Disease making progress locally. Patient looking toxic and ill.
23.3.37. Patient died.

Case No. 51.  Mrs. G.R.  Age 26 yrs.  Para 2.

HISTORY.
25.3.31. Patient coughed a large quantity of blood 3 days ago. Has been feeling tired and listless for some time. Developed a bad cough 2 months ago. 6 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 30.5.31.
Clinical. Acute ulcer-caseous T.B.

TREATMENT.

PROGRESS.
24.6.31. Confined. Has been very breathless during the last few months.
4.7.31. Developed Broncho-pneumonia, and died.
Case No. 52.  Mrs. M.M.  Age 24 yrs.  Para 0.

**HISTORY.**
8.5.38.  History of tiredness and loss of weight for 3 months. Cough troublesome, especially at nights. 8 months pregnant.

**DIAGNOSIS.**
Radiological.  Extensive ulcer-casesus disease both upper lobes, with multiple cavities.

Bacteriological.  Sputum positive, 19.5.38.

Clinical.  Bilateral Ulcer-caseous T.B.

**PROGRESS.**
30.5.38. Confined at home.
7.6.38. Patient went rapidly downhill and died on this day.

Case No. 53.  Mrs. R. R.  Age 30 yrs.  Para 3.

**HISTORY.**
1.4.35. Admitted to maternity hospital, 8¹/₂ months pregnant. Found to be suffering from extensive active bilateral tuberculosis.

**DIAGNOSIS.**
Bacteriological.  Sputum positive, 3.4.35.

Clinical.  Acute Ulcer-caseous disease.

**PROGRESS.**
Patient was delivered in the maternity hospital and then transferred to sanatorium, where she died on 24.4.35.

Case No. 54.  Mrs. J.D.  Age 30 yrs.  Para 4.

**HISTORY.**
7.3.38. Cough and sputum very severe. Complaining of very profuse night sweats.

**DIAGNOSIS.**

Bacteriological.  Sputum positive, 14.3.38.

Clinical.  Acute Ulcer-caseous T.B.

**PROGRESS.**
13.4.38. Admitted to sanatorium. Found to be 6 months pregnant.
30.6.38. Developed T.B. broncho-pneumonia, and died this morning.
Case No. 55. Mrs C.W. Age 22 yrs. Para O.

HISTORY.
19. 8.32. Found to be suffering from phthisis when 8 1/2 months pregnant.
One child died from T.B. meningitis, another from T.B. peritonitis.

DIAGNOSIS.
Bacteriological. Sputum positive, 18.8.32.
Clinical. Acute Ulcer-caseous T.B.

PROGRESS.
30. 10.32. Went rapidly downhill after her confinement, and died.

Case No. 56. Mrs C.B. Age 21 yrs. Para O.

HISTORY.
3. 4.34. Complaining of a cough for several months with recent loss of energy. Is now 2 months pregnant.

DIAGNOSIS.
Radiological. Exudative changes L. upper lobe with commencing cavitation in first interspace.
Recent infiltrate L. apex.
Bacteriological. Sputum positive, 14.5.35.

TREATMENT.
24. 4.34. Admitted to hospital. Collapse therapy unsuccessful. Full course of Sanocrysin given with doubtful good effect.
30. 9.34. Discharged from hospital at own request. Now 7 months pregnant.
Some improvement in local condition, but patient still ill.
28.11.34. Confined. Has felt comparatively well, for last few months.
6. 6.35. Disease making rapid progress in both lungs, especially the left.
Re-admitted to hospital.
5. 3.36. Died.
Case No. 57. Mrs. M.J. Age 19 yrs. Para 0.

**HISTORY.**
17.11.34. Patient has been feeling ill for 2 months, but has had to struggle on to the best of her ability. Cough very troublesome. Is 7 months pregnant.

**DIAGNOSIS.**
Radiological. Extensive bilateral mischief with cavitation at apices.
Bacteriological. Sputum positive, 19.11.34.
Clinical. Bilateral Ulcero-caseous T.B.

**PROGRESS.**
6.1.35. Patient refused hospital and was confined at home.
12.1.35. Died from T.B. broncho-pneumonia.

Case No. 58. Mrs. L.F. Age 25 yrs. Para 2.

**HISTORY.**
31.12.34. Has not been well for some months. Complains of cough, sputum, and pain in chest.

**DIAGNOSIS.**
Radiological. Widespread deposits both upper lobes with small multiple cavities.
Bacteriological. Sputum positive, 5.1.35.
Clinical. Acute Ulcero-caseous T.B.

**TREATMENT.**
1.5.35. Patient was discharged from hospital at her own request. Is now about 8 months pregnant. Has been going steadily downhill.
5.5.35. Was confined in maternity hospital.
9.5.35. Died.

Case No. 59. Mrs. A.C. Age 19 yrs. Para 0.

**HISTORY.**
10.4.34. Patient found to be suffering from rapidly advancing ulcer-o-caseous disease. Expected to be confined in about a month.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 9.10.34.
Clinical. Acute bilateral Ulcero-caseous disease.
11.10.34. Died. Patient was confined 4 months ago. Went slowly downhill for first 3 months, but disease advanced more rapidly in the last month of patient's life.

Case No. 60. Mrs E. McP. Age 23 yrs. Para 1.

History. 16.7.35. Patient admitted to maternity hospital for investigation as she was not doing well. Found to be suffering from advanced pulmonary tuberculosis. Was 8 months pregnant.

Diagnosis. Radiological. Extensive Ulcero-caseous disease both upper lung fields.

Bacteriological. Sputum positive, 18.7.35.

Clinical. Acute Ulcero-caseous T.B.

Treatment. Admitted to sanatorium for one month, and re-transferred to maternity hospital for confinement.

Progress. 29.7.35. Re-admitted to hospital after delivery 4 days ago. Patient very weak and ill.

31.7.35. Died.

Case No. 61. Mrs I.Q. Age 24 yrs. Para 1.

History. 4.2.30. Admitted to general hospital with very severe pain in left side. Has had troublesome cough for some weeks. May be 2 months pregnant.

Diagnosis. Radiological. Dense apical and sub-apical deposits both upper lung fields with cavitation occurring at R. mid-zone. Diffuse opacity at left base.

Bacteriological. Sputum positive, 8.2.30.

Clinical. Acute Ulcero-caseous T.B.

Progress. 8.2.30. Refused admission to sanatorium. Confined to bed at home.

23.7.30. Has been keeping fairly well recently.
PROGRESS (Continued)
24. 9.30. Admitted to hospital. Extensive progressive disease both lungs. Patient very ill.
24. 6.31. Patient has made no improvement since admission. Going slowly downhill.
4.11.31. Died from fulminating haemorrhage.

Case No. 62. Mrs L.P.  Age 24 yrs.  Para 0.

HISTORY.
20.3.37. Patient referred from ante-natal clinic on account of a persistent cough with thick yellowish sputum. Breathless on the slightest exertion. Is 3 months pregnant.

DIAGNOSIS.
Radiological. Dense shadow on left side, extending from second rib downwards obscuring heart shadow. Diffuse opalescence at L. apex. Increased markings right base.
Bacteriological. Sputum positive, 24.3.37.
Clinical. Acute Ulcero-caseous disease.

TREATMENT.

PROGRESS.
2. 7.37. Feels better after rest in bed. Sputum still copious, and very toxic.
16. 8.37. Went into labour this morning prematurely, and was delivered after 2 hours.
2. 9.37. Patient continued to lose ground slowly, and died.
Case No. 63.  Mrs. I.L.  Age 24 yrs.  Para 2.

HISTORY.  
24.3.33. Well until 3 months ago when a troublesome cough followed a cold in the head. Cough accompanied with copious foul sputum.

DIAGNOSIS.  
Bacteriological. Sputum positive, 28.3.33.  
Clinical. Acute Ulcero-caseous T.B.

TREATMENT.  

PROGRESS.  
2.4.33. Found to be 4 months pregnant. Eating and sleeping well.  
23.8.33. Confined. Patient has been keeping comfortable since admission but has made no improvement.  
3.9.34. Died. Went gradually downhill after confinement.

Case No. 64.  Mrs. N.E.  Age 23 yrs.  Para 1.

HISTORY.  
13.6.34. Patient notified to be suffering from phthisis. Is 7 months pregnant.

DIAGNOSIS.  
Bacteriological. Sputum positive, 20.6.34.  
Clinical. Extensive Ulcero-caseous T.B. left lung.

PROGRESS.  
8.8.34. Confined at home.  
14.8.34. Admitted to hospital. Patient seriously ill.  
8.10.34. Died.
Case No. 65. Mrs. I.M. Age 32 yrs. Para 3.

HISTORY.
3.5.38. Admitted from a general hospital suffering from acute and extensive pulmonary tuberculosis. Pregnant.

DIAGNOSIS.
Radiological. Extensive ulcero-caseous disease both lungs.
Bacteriological. Sputum positive, 1.5.38.
Clinical. Advanced ulcero-caseous T.B.

PROGRESS.
4.5.38. Found to be 8 months pregnant, and went into labour on the day of admission to sanatorium.
10.5.38. Re-admitted to sanatorium from maternity hospital. Acutely ill.
17.5.38. Died from T.B broncho-pneumonia.

Case No. 66. Mrs. D.F. Age 24 yrs. Para 2.

HISTORY.
31.5.37. Complaining of severe pain in the back. Very troublesome cough and sputum for some weeks. Is 5 months pregnant.

DIAGNOSIS.
Radiological. Extensive exudative changes both upper lung fields with cavitation occurring under both clavicles.
Bacteriological. Sputum positive, 6.6.37.
Clinical. Ulcero-caseous disease both lungs.

PROGRESS.
1.7.37. Patient confined at home. Refused hospitalisation.
12.7.37. Admitted to hospital. Patient desperately ill.
2.8.37. Died.
Case No. 67. Mrs. C.M. Age 23 yrs. Para 1.

**HISTORY.**
18.3.35. Has been ailing for a year. Had "influenza" 2 months ago, and has been coughing and breathless since. Pleurisy three years ago. Is 2 months pregnant. Father died of tuberculosis.

**DIAGNOSIS.**
Radiological. Extensive exudative changes throughout left lung with large cavity in the second interspace. Early infiltration right upper lobe with small cavity infraclavicular region. Increased broncho-vascular strands right base.

Bacteriological. Sputum positive, 23.3.35.
Clinical. Extensive Bilateral Ulcer-caseous T.B.

**TREATMENT.**

**PROGRESS.**
28.8.35. Patient left hospital at her own request when 7 months pregnant. Made no progress during her stay, although her general condition improved slightly.
9.10.35. Confined at home.
20.10.35. Re-admitted to hospital. Some deterioration in local condition.
24.5.36. Local condition continues to deteriorate. Night sweats very troublesome.
2.11.36. Patient very ill. Looking very toxic. Disease making more rapid progress in both lungs.
13.11.36. Patient had moderately severe haemorrhage 3 days ago, and sputum has been stained with blood since.
24.11.36. Died.
Case No. 68.  Mrs N.S.  Age 33 yrs.  Para 2.

HISTORY.
8.9.33. Patient admitted to City Fever Hospital with a diagnosis of Puerperal Fever. Was confined 3 weeks before this date, and has felt ill and depressed since. Has had a cough for 6 weeks, but no sputum, and during this period night sweating has been very troublesome.

PROGRESS.
12.9.33. No clinical or bacteriological evidence of puerperal infection obtained. Patient beginning to complain of violent headaches, and temperature very unsettled. Dyspnoeic.
16.9.33. Clinical manifestations of T.B. meningitis now present. Tubercle Bacilli recovered from the C.S.F.
24.9.33. Patient died. Post-mortem revealed tuberculous cavitation of both upper lobes with terminal miliary spread to both bases, as well as evidence of T.B. meningitis.

Case No. 69.  Mrs H.S.  Age 18 yrs.  Para 0.

HISTORY.
9.6.34. Patient admitted to the City Fever Hospital with a diagnosis of Puerperal Pyrexia. Patient confined on 26.5.34. full time; normal delivery. The patient had been running a temperature for 10 days before admission. No definite evidence of puerperal infection found. Has had a cough for 2 months but there had been no sputum at any time.

DIAGNOSIS.
Bacteriological.  Sputum positive, 23.6.34.

PROGRESS.
22.6.34.  B. coli pyuria present on admission cleared up. Temperature still very unsettled. Cough disturbing patient at night and now accompanied with thick yellowish sputum.
24.6.34.  Broncho-pneumonic process in both lungs extending rapidly. Patient critically ill.
13.7.34. Died.
Case No. 70.  Mrs L.D.  Age 19 yrs.  Para 0.

HISTORY.
24.5.36. Patient admitted to the City Hospital with the diagnosis of Puerperal Fever. Has been running a temperature since her confinement 12 days ago. Coughed up some blood-stained sputum 3 weeks before confinement, but has never had any other chest symptoms.

DIAGNOSIS.
Bacteriological. Sputum positive, 4.6.36.

PROGRESS.
29.5.36. Lung condition deteriorating rapidly. Disease has probably extended to the peritoneum.
10.6.36. Patient died.

Case No. 71.  Mrs J.G.  Age 32 yrs.  Para 2.

HISTORY.
4.3.31. Patient was confined about 2 weeks ago. Has been running a temperature since. Admitted to the City Fever Hospital diagnosed as Puerperal Pyrexia. Has not felt well even before delivery, always tired and dyspnoeic.

DIAGNOSIS.
Bacteriological. Sputum positive, 26.3.31.

PROGRESS.
31.3.31. Patient's condition deteriorated rapidly, with local disease spreading throughout both lungs.
2.4.31. Died.

Case No. 72.  Mrs E.W.  Age 23 yrs.  Para 1.

HISTORY.
14.7.37. Patient was confined 9 days ago. Has not been feeling well for the last 3 weeks with occasional pains in left side of chest. Temperature has been swinging hectically for a week. Admitted to City Fever Hospital as a case of Puerperal Fever.

DIAGNOSIS.
Bacteriological. Sputum positive, 21.7.37.
Clinical. Acute Ulcero-caseous T.B.
Case No. 73.  Mrs T.E.  Age 26 yrs.  Para 1.

HISTORY. 5.8.32.  Patient admitted to general hospital with the diagnosis of pneumonia. Was confined one week ago. Coughing for last 2 months.

DIAGNOSIS.
Radiological.  Bilateral exudative changes both lungs with cavitation both apical regions.
Bacteriological.  Sputum positive, 8.8.32.
Clinical.  Acute Ulcero-caseous T.B.

PROGRESS.
11.8.32.  Transferred to sanatorium. Patient very ill and toxic.
27.8.32.  Condition steadily deteriorated since admission, and patient eventually died this morning.

Case No. 74.  Mrs M.D.  Age 22 yrs.  Para 0.

HISTORY. 14.3.32.  Patient was confined about 6 weeks ago. Since then, has been confined to bed with marked breathlessness. Cough and sputum are very troublesome, and have been present even before the confinement. Developed a severe pain in the side 3 days ago. A similar pain was present 2 weeks before confinement, but not so severe.

DIAGNOSIS.
Radiological.  Widespread exudative changes throughout left lung, with multiple cavities in upper lobe.
Bacteriological.  Sputum positive, 20.3.32.
Clinical.  Acute ulcero-caseous T.B.

PROGRESS.
19.3.32.  Patient admitted to hospital.
13.4.32.  Patient went downhill and died.
Case No. 75  MRS. J.B.  Age 23 yrs.  Para 1

**HISTORY.**
30.3.38. Patient has been feeling ill for the last 2 months, when she developed a cough. Was confined 6 weeks ago. A week later was admitted to the City fever Hospital with the diagnosis of pneumonia.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 28.8.38.

**PROGRESS.**
7.4.38. Progress in hospital consisted of rapid deterioration in local and general condition, and patient died on this date.

Case No. 76  MRS. M.V.  Age 28 yrs.  Para 3

**HISTORY.**
8.7.31. Patient was confined 4 weeks ago. Was treated for pneumonia one week later, and admitted to a general hospital. Thereafter was transferred to a sanatorium. Has had a cough and husky voice for some time before delivery.

**DIAGNOSIS.**
Radiological. Extensive bilateral pulmonary T.B. with cavitation in both upper lung fields.
Bacteriological. Sputum positive, 17.7.31.

**PROGRESS.**
26.7.31. Died.

Case No. 77  MRS. A.D.  Age 24 yrs.  Para 0

**HISTORY.**
6.12.37. Patient confined 8 weeks ago. Has been very ill since with very distressing cough and dyspnoea, which were present before delivery.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 7.12.37.
Clinical. Acute Ulcero-caseous T.B.

**PROGRESS.**
8.12.37. Patient admitted to sanatorium, and died two days later.
Case No. 78.  Mrs. M.G.  Age 18 yrs.  Para 0.

HISTORY.
4.2.30. Patient admitted to a general hospital suffering from a severe pain in the right side. Was confined 2 weeks ago. Troubled with a severe cough, which has been present for some months.

DIAGNOSIS.
Radiological. Scattered widespread exudative deposits throughout both lungs with commencing cavitation in R. infraclavicular region.
Bacteriological. Sputum positive, 6.2.30.
Clinical. Acute Ulcero-caseous T.B.

TREATMENT.

PROGRESS.
5.4.30. Patient made some improvement in her general condition during the last month. Little change to note in local condition.
16.5.30. Patient's condition now deteriorating. Temperature very high in the evenings. Breathlessness very incapacitating.
4.6.30. Patient died.

Case No. 79.  Mrs. R.L.  Age 29 yrs.  Para 3.

HISTORY.
6.10.29. Was confined 3 weeks ago. Since then has been suffering from increasing breathlessness. Has had a cough accompanied by thick yellowish sputum for the last 6 weeks.

DIAGNOSIS.
Bacteriological. Sputum positive, 4.6.29.
Clinical. Acute Ulcero-caseous T.B.

PROGRESS.
10.10.29. Admitted to hospital. Patient very ill and toxic.
1.11.29. Going downhill rapidly. Disease progressing throughout both lungs.
31.11.29. Patient had a severe haemorrhage 2 days ago, and has been very distressed since.
Case No. 80. Mrs. B.F. Age 21 yrs. Para 1.

HISTORY.
15.4.30. Patient was complaining of tiredness and lassitude some time before her confinement. After delivery 10 days ago, she suddenly coughed up some bright red blood.

DIAGNOSIS.
Bacteriological. Sputum positive, 23.4.30.
Clinical. Acute ulcero-caseous T.B.

TREATMENT.
Admitted to hospital.

PROGRESS.
23.4.30. Patient died. During her short stay in hospital had 3 sharp haemoptyses, and went downhill very rapidly.

Case No. 81. Mrs. H.C. Age 19 yrs. Para 0.

HISTORY.
25.1.35. Patient was confined one week ago. Has not been feeling well for the last 3 weeks. Very tired and breathless, with very troublesome cough in the morning.

DIAGNOSIS.
Bacteriological. Sputum positive, 29.5.35.
Clinical. Acute ulcero-caseous T.B.

TREATMENT.
Admitted to hospital. As disease was mainly confined to one lung an artificial pneumothorax was attempted, but was unsuccessful.

PROGRESS.
23.3.35. Some little improvement in general condition. Locally, however, disease has spread to the other lung. Weight stationary.
25.4.35. Disease progressing. Patient looking very toxic.
5.6.35. Patient still going downhill. Temperature very erratic.
22.7.35. Developed symptoms of meningitis, and died three days later.
Case No. 82.  Mrs. E.F.  Age 22 yrs.  Para 1.

HISTORY. 6.7.29.
Was confined 11 days ago, and admitted later to a general hospital with a diagnosis of pneumonia. Has had a troublesome cough for some weeks, and has been running a high temperature lately with increasing breathlessness.

DIAGNOSIS.
Radiological. Widespread bilateral active pulmonary T.B. with cavities in both upper lobes.
Bacteriological. Sputum positive, 16.7.29.
Clinical. Acute ulcero-caseous T.B.

TREATMENT.
Transferred to sanatorium.

PROGRESS.
17.7.29. Developed hoarseness of the voice, with difficulty in swallowing a week later.
26.7.29. Was removed from hospital by parents.
11.8.29. Died.

Case No. 83.  Mrs. V.J.  Age 23 yrs.  Para 2.

HISTORY.
18.8.36. Patient confined 8 days ago. Suddenly vomited a pint of blood this morning. No cough or sputum, but has been feeling out of sorts lately. Has been sweating profusely at nights recently.

DIAGNOSIS.
Bacteriological. Sputum positive, 27.8.36.
Clinical. Acute ulcero-caseous T.B.

TREATMENT.
Admitted to sanatorium.

PROGRESS.
4.9.36. Patient very ill and toxic. Disease spreading rapidly.
25.9.36. Another copious haemorrhage.
28.9.36. Developed broncho-pneumonic process both bases of lungs. Very distressed and breathless.
5.10.36. Died.
Case No. 84. Mrs S.G. Age 29 yrs. Para 4.

HISTORY.
30.8.33. Confined 2 months ago. Had a cough and developed a husky voice a few weeks before the birth of the baby. Admitted to a general hospital 3 weeks ago complaining of cough and sputum, accompanied by a pain in the back.

DIAGNOSIS.
Radiological. Exudative deposits both upper lung fields with appearances suggestive of cavitation in second interspace R. side.
Bacteriological. Sputum positive, 26.8.33.
Clinical. Acute ulcero-caseous T.B.

PROGRESS.
2.9.33. Patient refused admission to sanatorium and went home. Died 17 days later.


HISTORY.
26.8.31. Has had a troublesome cough for 2 months. Was confined 4 weeks ago, and has not felt well since. Has been losing weight recently.

DIAGNOSIS.
Radiological. Ulcero-caseous changes throughout both upper lung zones.
Bacteriological. Sputum positive, 30.8.31.
Clinical. Acute Ulcero-caseous T.B.

TREATMENT.
Admitted to sanatorium.

PROGRESS.
29.10.31. Patient very emaciated. Cough, sputum and breathlessness very troublesome.
Case No. 86. Mrs. R.A. Age 21 yrs. Para 0.

HISTORY.
12.1.34. Has had a cough for about 3 months. This has become worse recently child was born 2 months ago. Accompanied by much sputum. Mother died with phthisis 3 years ago.

DIAGNOSIS.
Radiological. Exudative changes in upper and mid zones of left lung, with cavitation under clavicle. Early changes R. upper lobe.
Bacteriological. Sputum positive, 23.1.34.
Clinical. Acute Ulcero-caseous T.B.

TREATMENT.
Admitted to sanatorium.

PROGRESS.
24.2.34. Patient was making some progress towards stabilisation, when she suddenly had a large fulminating haemorrhage.
26.2.34. Developed a broncho-pneumonia. Patient critically ill.
3.3.34. Died.

Case No. 87. Mrs. M.S. Age 22 yrs. Para 0.

HISTORY.
31.12.29. Patient was confined 10 weeks ago. Felt quite well, apart from slight tiredness, until three weeks ago, when she developed a severe chill. Now complaining of cough, spit, and hoarseness.

DIAGNOSIS.
Radiological. Extensive exudative deposits L. upper and mid lung zones, with multiple small cavities. Increased broncho-vascular strands both bases with increased markings R. intercleido-hilar region.

PROGRESS.
13.7.29. Patient was making slow but steady improvement in her local and general condition when she asked for her discharge from hospital. Definite cavity now present in L. upper lobe.
26.11.29. Confined to bed at home. Steadily losing ground. Staining recently for a few days.
16.1.30. Developed meningeal symptoms and signs, and died 8 days afterwards.
GROUP IIIA.

Cases of Healing Fibro-caseous Tuberculosis.

(c). Diagnosed after pregnancy. Cases 125-150.
Case No. 88.  Mrs. J.W.  Age 28 yrs.  Para 3.

HISTORY.
20.2.32. Patient contracted influenza 6 weeks ago, with a relapse 2 weeks later. Still complains of severe pain in the chest. Losing flesh rapidly.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes extending to second rib anteriorly. Small cavity present R. infra-clavicular region.
Bacteriological. Sputum positive, 25.2.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
19.8.32. Patient discharged from hospital. Substantial improvement in her local and general condition.
19.12.32. Local lesion continues to undergo healing.
26.3.33. Patient 2 months pregnant. Feels well.
11.6.33. No change to note in local or general condition. Still some cough and expectoration. Sputum positive.
1.10.33. Confined.
14.4.34. Pulmonary condition deteriorating.
2.5.34. Disease continues to progress. Patient going downhill.
13.7.34. Patient died.

Case No. 89.  Mrs. C.T.  Age 23 yrs.  Para 1.

HISTORY.
3.7.35. Had a severe cold 7 months ago, and was in bed complaining of cough and general weakness. Cough still present, with pain in left side posteriorly.

DIAGNOSIS.
Radiological. Fibro-caseous changes both apical regions especially R. side.
Bacteriological. Sputum positive, 11.7.35.
Clinical. Progressive fibro-caseous T.B.

TREATMENT.
18.7.35. Admitted to sanatorium. Hygieno-dietetic treatment, with course of gold therapy.
PROGRESS.

22.4.36. Patient discharged from hospital. General condition very satisfactory. Locally, lesions undergoing fibrosis.

14.8.36. 2 months pregnant. Feels well. No deterioration in local or general condition.


6.9.37. Slight increase in activity noted in the lesion situated in R. upper lobe. Apart from some increase in cough and sputum, patient feels very well.

23.11.37. Local lesions stabilising once more. Patient's weight beginning to increase once more. Feels very well.

Case No. 90.

Mrs. M.D. Age 19 yrs. Para 0.

HISTORY.

14.2.38. Contracted a heavy cold 6 weeks ago, and has never felt well since. Cough very troublesome, but is not productive.

DIAGNOSIS.

Radiological. Extensive involvement of entire R. lung with cavity under the clavicle. Fresh deposits in L. para-hilar zone.

Bacteriological. Sputum positive, 23.2.38.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to sanatorium. Hygieno-dietetic regime.

PROGRESS.

1.7.38. Discharged from hospital in excellent condition. Good improvement in local lesions.

23.10.38. Reports 3 months pregnancy. No change to note in local or general condition.


23.12.39. Cough and sputum beginning to diminish once more. No change to note locally.
**Case No. 91.  Mrs. H.C.  Age 32 yrs.  Para 1.**

**HISTORY.**
30.4.31. Patient had excision of cervical glands 16 years ago, and has never felt well since. Developed a cough three months ago, and has now a thick yellow sputum.

**DIAGNOSIS.**
Radiological. Fibro-caseous disease both upper lobes with more recent disease second R. interspace.
Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to Sanatorium. Hygieno-dietetic regime.

**PROGRESS.**
22.2.32. Discharged from sanatorium. Improved in local and general condition.
27.6.32. Local lesion continues to undergo fibrosis. Is 4 months pregnant.
26.10.32. Confined.
26.3.32. Some deterioration in local condition noted. Has lost 7 lbs. compared with weight on discharge from sanatorium.
14.8.34. Staining for 3 days, with some increase in cough and sputum. No change to be noted in local condition.
8.1.35. 5 months pregnant.
25.6.35. Was confined one month ago. No great activity to be made out locally.
23.8.35. Beginning to gain weight again. Feels well. X-ray shows lesions slowly undergoing fibrosis.

**Case No. 92.  Mrs. A.S.  Age 24 yrs.  Para 1.**

**HISTORY.**
4.12.35. Has been ailing for the past 7 weeks. Coughing and spitting with occasional pain in the chest.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 24.12.35.
Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**

**PROGRESS.**
7.7.36. Discharged from sanatorium. Pulmonary lesions have undergone satisfactory.
Case No. 93.  Mrs M.M.  Age 40 yrs.  Para 4.

HISTORY.
2.10.33. Has been spitting blood during the past week. Cough present, but not troublesome.

DIAGNOSIS.
Radiological.  Old-standing fibro-caseous changes both upper lobes, with evidence of old pleurisy R. base.
Bacteriological.  Sputum positive, 24.10.33.
Clinical.  Healing Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium.  Hygieno-dietetic regime.

PROGRESS.
14. 2.34. Discharged from hospital at own request. Very little improvement to note in local condition.
18. 9.34. Confined 10 days ago.
22. 9.35. Disease still active both upper lobes but is not progressing. Feels well. Cough and sputum not troublesome.
6. 7.36. Confined 2 months ago. X-ray shows fibro-caseous disease still present both upper lobes, with fibrotic reaction predominating.
62.

Case No. 54.  Mrs C.A.  Age 22 yrs.  Para 0.

HISTORY.
13.10.37. Patient has had repeated bronchitic attacks for the past 2 years, and has noticed her cough and sputum increasing during the last 3 months. Coughed up a mouthful of blood 4 days ago, and sputum has been stained red since.

DIAGNOSIS.

Bacteriological. Sputum positive, 24.10.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.

25. 7.38. Is 2 months pregnant.
3. 8.38. No deterioration to note in local or general condition.
31.12.39. Patient feels very well. Slight cough and sputum in the mornings, otherwise symptom free. Radiograph shows no deterioration in pulmonary condition compared with that before pregnancy.
Case No. 95.  Mrs M.P.  Age 26 yrs.  Para O.

**HISTORY.**
21. 9.32. Complains of cough and sputum for past 5 months. Subject to colds every winter. Father is a notified case of phthisis.

**DIAGNOSIS.**
Bacteriological.  Sputum positive, 30.9.32.
Clinical.  Healing Fibro-caseous T.B.

**TREATMENT.**

**PROGRESS.**
6. 2.33. Discharged from hospital. Lesion L. upper lobe quiescent.
10. 3.35. Confined 2 months ago. No deterioration was to be noted in local or general condition in spite of pregnancy and confinement.

Case No. 96.  Mrs C.C.  Age 24 yrs.  Para 3.

**HISTORY.**
5.10.36. Cough and sputum several years, and during past 3 weeks especially, after patient developed a severe cold. Has had 2 attacks of pleurisy in the last 3 months.

**DIAGNOSIS.**
Bacteriological.  Sputum positive, 8.10.36.
Clinical.  Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to hospital. Hygierno-diетetic treatment, with full course of gold therapy. Phrenicectomy performed 16/11/36.

**PROGRESS.**
22. 4.37. Discharged from hospital. Locally, lesions undergoing fibrosis.
15. 3.38. Local improvement continues. Patient 2 months pregnant.
22.10.38. Patient delivered.
31.12.39. Local condition satisfactory. Fibrotic reaction continues to predominate over any destructive process.
Case No. 97. Mrs S.O. Age 36 yrs. Para 3.

HISTORY.
2.8.33. Developed very troublesome cough and sputum 3 months ago. Was confined to bed 2 weeks ago with sharp stabbing pain in the R. side.

DIAGNOSIS.
Bacteriological. Sputum positive, 7.8.33.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
23.12.33. Some deterioration in general condition but local condition remains unchanged.
4. 2.34. Reports 2 months amenorrhoea.
2. 5.34. Becoming slightly breathless. Cough and sputum slight. No deterioration in lungs.
12.10.34. Confined 3 weeks ago. Feels tired, but has no chest symptoms apart from slight cough.
3.11.35. Slight improvement in general condition during the last year. X-ray shows disease in R. upper lobe has undergone further fibrosis and diminution in extent.

Case No. 98. Mrs A.M. Age 26 yrs. Para 3.

HISTORY.
16.6.37. Patient reported as a contact; her mother having been noted as a case of pulmonary tuberculosis. Has had a cough and sputum of one month's duration.

DIAGNOSIS.
Radiological. Fibro-caseous changes R. upper lobe, with small cavity under clavicle. L. lung appears clear.
Bacteriological. Sputum positive, 16.6.37.
Clinical. Progressive Fibro-caseous T.B.
TREATMENT.

Admitted to sanatorium. Collapse therapy unsuccessful. Hygierno-dietetic treatment, with course of gold therapy.

PROGRESS.

5.11.37. Discharged from hospital. Symptom free. X-ray shows local lesion has undergone fibrosis, and no evidence of activity seen.

11.7.38. Patient 4 months pregnant. No deterioration in local or general condition.


31.12.39. No deterioration in local or general condition to be noted compared with 11.7.38.

Case No. 99. Mrs F.M. Age 22 yrs. Para 2.

HISTORY.

2.4.30. Complains of persistent cough and sputum. Has been ailing for last 5 weeks, with an attack of pleurisy 4 days ago.
Baby of two years died with T.B. meningitis 6 months ago.

DIAGNOSIS.


Bacteriological. Sputum positive, 4.4.30.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Dispensary supervision.

PROGRESS.


24.8.32. Local and general condition have remained much I.S.Q. No complaints.

24.4.35. Is 6 months pregnant. X-ray shows marked increase in lung markings lower half of L. lung with retraction of heart to left. A few small calcified foci in second L. interspace.

31.7.35. Confined 2 weeks ago. Feels very well and fit.

12.12.35. X-ray shows no change in local condition.
Case No. 100. Mrs A.F. Age 29 yrs. Para 3.

HISTORY.
5.9.32. Referred to the dispensary by her own doctor on account of a brisk haemoptysis 2 weeks ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 2.8.39.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
25. 4.33. Discharged. Local condition greatly improved.
26. 7.35. Feels very well. X-ray shows increase in inter-cleido-hilar regions, with non-homogeneous opacity L base.
3.12.35. Reports 4 months pregnancy. Entirely symptom free. As the fibrotic reaction seemed in the ascendancy, and the patient was able to make arrangements for the child to be brought up by a sister, the pregnancy was allowed to continue.
16. 5.36. Confined 2 weeks ago. Feels very well.
24. 5.37. Local and general condition very satisfactory. X-ray shows interstitial fibrosis both upper lobes, with non-homogeneous opacity L base. Very little change from previous X-ray on 26.7.35.

Case No. 101. Mrs S.A. Age 22 yrs. Para 0.

HISTORY.
13.10.37. Patient has had a troublesome cough for some weeks, accompanied by thick, yellowish sputum. Has been losing weight rapidly recently.

DIAGNOSIS.
Radiological. Fibro-caseous changes both upper lobes, with scattered calcareous foci R. lung.
Bacteriological. Sputum positive, 20.10.37.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
PROGRESS.

20.12.37. Left hospital at own request to be married.

17.10.38. Cough persists, otherwise no complaints. X-ray shows fibrotic changes R. apical and sub-apical zones. Recent changes in L. inter-cleido-hilar zone with para-hilar fibrotic changes.

6.3.39. Reports 2 months pregnancy. Feels well. As patient was very desirous of having a child, and the financial and social conditions of her household were satisfactory, it was decided to allow the pregnancy to continue. Moreover X-ray showed no deterioration had occurred since the previous X-ray, which also gave reason for satisfaction.

24.9.39. Confined 2 weeks ago. No change to note in local or general condition compared with state before pregnancy.


Case No. 102. Mrs J.B. Age 25 yrs. Para 0.

HISTORY.

20.9.36. Patient transferred to Edinburgh from Glasgow clinic, after having received Artificial Pneumothorax therapy for 7 years. Meanwhile is symptom free.

DIAGNOSIS.

Radiological. Partial pneumothorax R. lung Disease still shows some evidence of activity.

Clinical. Healing fibro-caseous T.B.

PROGRESS.


25.11.37. Caught cold with sore throat. Coughing but no sputum. A.P. continues satisfactory.

24.3.38. Was delivered 5 weeks ago. Feels very well.

3.3.39. General and local condition very satisfactory. X-ray shows little change from that taken previous to pregnancy.
Case No. 103. Mrs A.M. Age 22 yrs. Para 1.

HISTORY.
8.1.37. Patient has had a pain in the left shoulder for 8 weeks. Slight cough but no sputum.

DIAGNOSIS.
- Radiological: Definite infiltrative changes L. apex, with appearances of early cavity formation in first interspace, and above clavicle.
- Bacteriological: Sputum positive, 13.1.37.
- Clinical: Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Artificial Pneumothorax induced on L. side, and maintained satisfactorily.

PROGRESS.
2.12.38. Reported 2 month pregnancy. Feels very well. A.P. X-ray shows satistfactory collapse. No adhesions or exudates.
4.1.39. Had 3 months abortion.

Case No. 104. Mrs H.M. Age 20 yrs. Para 0.

HISTORY.
18.7.32. Has not been feeling well for the past 5 months. Developed a cough 3 weeks ago, and was spitting blood for 3 days last week.

DIAGNOSIS.
- Radiological: Fine infiltration first L. interspace. L. root markedly increased, and radiating into lung parenchyma.
- Bacteriological: Sputum positive, 21.7.32.
- Clinical: Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Artificial Pneumothorax induced on left side and maintained satisfactorily.
PROGRESS.
14.11.33. Has been keeping very well. No cough or sputum. A.P. being maintained with refills at 3 weekly intervals.
24.8.34. Reports 5 month pregnancy. No complaints. Local condition remains satisfactory.
9.12.34. Feels very well. No change in local condition. Now 8½ months pregnant.
24.1.35. Delivered 2 weeks ago. Feels tired, otherwise no complaints.
16.6.35. No change to note in local or general condition.
18.8.36. 2 months pregnant. Some nausea in the morning. No cough or sputum. A.P. being maintained satisfactorily.
3.3.37. Confined.
11.4.38. Local and general condition very satisfactory. No symptoms. A.P. still maintained.

Although this patient underwent 2 pregnancies within little over 2 years, no deterioration could be noted in either her local or general condition.

Case No. 105. Mrs C.S. Age 26 yrs. Para 3.

HISTORY.
4.7.36. Has not felt well for one week. Complains of cough and pain in the back. Brother died of Pulmonary Tuberculosis.

DIAGNOSIS.
Radiological. Dense irregular shadow occupying L. apex from first rib to second interspace. Increased markings R. base.
Bacteriological. Sputum positive, 22.4.36. Progressive Fibro-caseous T.B.
Clinical.

TREATMENT.
Admitted to sanatorium. Artificial Pneumothorax induced on L. side and maintained with satisfactory results.

PROGRESS.
27.2.38. Reports 2 months amenorrhoea. Slight morning sickness. Occasional cough but no sputum. Having refills at 3 weekly intervals.
Case No. 106. Mrs M.M. Age 30 yrs. Para 3.

HISTORY.
27.8.35. Complains of cough of 3 months duration with accompanying sputum and dyspnoea. Has not been keeping well for the last few months.

DIAGNOSIS.
Bacteriological. Sputum positive, 1.9.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Artificial Pneumothorax induced on R. side, and maintained satisfactorily.

PROGRESS.
4. 4.36. Discharged from hospital. Symptom free. General condition very satisfactory. R. artificial pneumothorax producing good clinical result.
12.11.38. Now 4½ months pregnant. Feels well. A.P. being continued at 16 day intervals.
29. 4.39. Confined one month ago. General condition does not seem to have deteriorated. A.P. being continued at usual intervals.
27. 5.40. Feeling very well. No change in pulmonary condition compared with that before pregnancy.
**Case No. 107.**  Mrs McS.  Age 24 yrs.  Para 1.

**HISTORY.**
4.9.34. Ailing for some time. Has had troublesome cough with a slight hoarseness of the voice for the last 3 weeks.

**DIAGNOSIS.**
Radiological. Subclavicular infiltration with signs of vomitionc at level of second rib.
Bacteriological. Sputum positive, 8.9.34.
Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Artificial pneumothorax induced on R. side, and maintained with satisfactory results.

**PROGRESS.**
15.12.35. Feels very well. No change to report in local or general condition.
17.2.37. Reports 7 months pregnancy. No complaints. A.P. being maintained satisfactorily on 4 weekly refills.
22.4.38. Was confined 3 weeks ago. No change to note in local or general condition compared with patient’s state before pregnancy.

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**Case No. 108.**  Mrs W.S.  Age 27 yrs.  Para 3.

**HISTORY.**
28.9.37. Illness began 3 months ago. Developed cough and began to feel very tired. Cough has been increasing for the last four weeks and is now accompanied by a thick greenish sputum.

**DIAGNOSIS.**
Radiological. Infiltrative changes R. upper lobe, with appearances of commencing cavitation sub-clavicular region.
Bacteriological. Sputum positive, 3.10.37.
Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Artificial Pneumothorax induced on R. side and maintained satisfactorily.
**PROGRESS.**

28. 3.38. Discharged from hospital. A.P. being maintained satisfactorily. General condition very good.

5. 7.38. Is 10-12 weeks pregnant. No change to note in local or general condition. A.P. being maintained satisfactorily on 12 day intervals. X-ray shows total collapse of R. lung with no exudates or mediastinal shift.


31.12.39. No deterioration to be noted in local or general condition. Patient keeps very well. Working as tailorress.

**Case No. 109**

Mrs C.N. Age 24 yrs. Para 1.

**HISTORY.**

14.10.37. Patient had pleurisy one year ago, and has never felt well since. Now complains of cough and sputum with occasional pain in the R. chest.

**DIAGNOSIS.**


Bacteriological. Sputum positive, 20.10.37.

Clinical. Healing Fibro-caseous T.B.

**TREATMENT.**

Admitted to sanatorium. Artificial Pneumotheorax induced R. side, and maintained satisfactorily.

**PROGRESS.**

4. 3.38. Discharged from hospital. Artificial pneumothorax being maintained on 14 day interval refills. General condition good.

31. 8.38. 4 months pregnant. A.P. being continued on 3 weekly refills with satisfactory results.


Case No. 110. Mrs E.U. Age 32 yrs. Para 3.

**HISTORY.**

**DIAGNOSIS.**

Bacteriological. Sputum positive, 15.9.36.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Artificial pneumothorax induced R. side and maintained with satisfactory results.

**PROGRESS.**
26.5.37. Discharged from hospital. No symptoms. A.P. being maintained satisfactorily on 12 day interval refills.


11.11.38. Patient confined.


Case No. 111. Mrs G.S. Age 37 yrs. Para 4.

**HISTORY.**
24.6.33. Coughed up some blood for 2 days one week ago. Has had a troublesome cough for some months now, but no sputum till recently. 2 brothers notified phthisis.

**DIAGNOSIS.**
Radiological. Infiltrative changes R. upper lobe from first interspace to third rib with appearances suggestive of cavitation.

Bacteriological. Sputum positive, 28.6.33.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Artificial pneumothorax induced on R. side and maintained satisfactorily.
PROGRESS.

22. 1.34. Discharged from sanatorium. A.P. being maintained satisfactorily on 10 day intervals. General condition very good.


2.12.36. Confined 2 weeks ago. Feels very well. No change to note in local or general condition.


Case No. 112. Mrs H.M. Age 32 yrs. Para 4.

HISTORY.

16.10.33. Patient caught a heavy cold 2 weeks ago. Is now suffering from a very troublesome cough with copious expectoration. Is also breathless with some pain in the left chest.

DIAGNOSIS.

Radiological. Extensive fibro-caseous disease L. upper lobe with large cavity in the infraclavicular region. Increased markings R. intercleidohilar zone.

Bacteriological. Sputum positive, 20.10.33.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to sanatorium. Artificial Pneumothorax induced L. side, but had to be discontinued as adhesions prevented a satisfactory clinical result. Phrenicectomy then undertaken with good results.

PROGRESS.

14. 1.36. Discharged from hospital. General condition excellent, with very great improvement in local condition.

22. 2.37. Has kept well. Symptom free. Reports 3 months pregnancy. X-ray shows old fibrotic changes upper half of L. lung with marked elevation of the diaphragm. Increased markings in R. infraclavicular zone.

**HISTORY.**

26.6.34. Patient had an attack of pleurisy one month ago. Is now complaining of a similar pain in the right side of the chest.

2 sisters have died from tuberculosis. Another 2 sisters are notified cases of phthisis.

**DIAGNOSIS.**

Radiological. Fibro-caseous changes in R. upper lobe in infraclavicular region. Early changes in L. mid-zone.

Bacteriological. Sputum positive, 6.5.36.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**


**PROGRESS.**

23.12.34. Discharged from hospital. Good improvement in general condition. Locally lesions undergoing fibrosis.

25.7.35. No great change to note in local or general condition. Local lesions still undergoing fibrosis. Is 2 months pregnant.

3.12.35. Now 7 months pregnant. Feels well apart from slight dyspnoea.

4.2.36. Confined 10 days ago. Feels well.

30.7.36. X-ray shows no deterioration in local condition compared with that preceding pregnancy.

14.8.37. Patient 4 months pregnant. Locally, patient’s condition satisfactory. Owing to the fact that the financial status of the patient left much to be desired and that she already had 5 children, abortion was recommended.

20.8.37. Hysterotomy and sterilisation performed.

16.7.38. Patient well and carrying out her numerous household duties. No deterioration to detect in local or general condition compared with that previous

HISTORY.
31.1.30. Patient developed severe pain in the left side 5 days ago. Has had a cough for the last few weeks, but has no sputum. Sweating occasionally at night.

DIAGNOSIS.
Radiological. Infiltrative changes L. upper lobe to second interspace.
Loss of clarity L. base with obliteration of costo-phrenic sinus.

Bacteriological. Sputum positive, 3.2.30.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygiene-dietetic treatment with full course of gold therapy.

PROGRESS.

15. 3.33. Patient has maintained general condition. Pulmonary lesions still undergoing fibrosis, but sputum positive, 2.3.33.

5. 7.33. Reports 3 months pregnancy. Feels well. No change to note in local or general condition. Owing to the length of time, which had elapsed since the last progressing process, and the satisfactory financial conditions of the household, it was decided to allow the pregnancy to continue.

15. 1.34. Patient confined 3 weeks ago. X-ray shows no deterioration in the local condition.

27.12.34. Patient well and working as tailor. Local and general condition were satisfactory with no deterioration to be noted compared with 15.3.33.
Case No. 115. Mrs R.E. Age 33 yrs. Para 4.

HISTORY.
10. 5.34. Patient has been feeling tired and losing weight for the last 6 weeks. Cough commenced 10 days ago, but patient has only a slight expectoration in the morning.

DIAGNOSIS.
Radiological. Fibro-caseous changed both upper lobes, more extensive L. side, with small cavity in the infraclavicular region.
Bacteriological. Sputum positive, 15.5.34.
Clinical. Progressive fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic treatment with full course of gold therapy.

PROGRESS.
12. 3.35. Discharged from sanatorium. Marked improvement in local and general condition. Lesions fibrosing satisfactorily with disappearance of cavity in L. upper lobe.
8. 8.35. General condition shows some deterioration compared with state on discharge from hospital. Locally, little change to note.
15.12.35. X-ray shows some fresh deposits in R. mid-zone. Fibrosis still marked both upper lobes. Sputum positive.
6. 3.36. Feels well. X-ray shows little change from previous. Patient reported 2 months pregnant.
19.3.36. As patient's financial condition was rather precarious, and she already had 4 children, it was decided to carry out a therapeutic abortion. Patient's sputum was positive on 4.2.36.
31. 3.36. Abdominal hysterotomy and sterilisation performed.
4. 3.37. Patient well and attending to household duties, which are rather arduous. No deterioration in local condition on X-ray, if anything slight improvement.

HISTORY.
16. 4.35. Patient had a small haemoptysis 2 weeks ago, with slight staining of her sputum for 2 days following. Has been losing weight recently. Brother died of pulmonary tuberculosis 2 years ago.

DIAGNOSIS.
Radiological. Fibro-caseous changes both upper lobes. Increased markings both bases.
Bacteriological. Sputum positive, 20.4.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
14. 2.36. Patient reports 8 weeks amenorrhoea with slight morning sickness. No deterioration in local or general condition.
1. 4.36. Patient definitely pregnant. Feeling very well. Local condition I.S.Q.
15. 4.36. As patient's social and financial conditions were not satisfactory, and it was not considered that treatment had had sufficient time to establish a satisfactory barrier against any possible flare-up in the pulmonary lesions, therapeutic abortion was recommended and carried out on 28.4.36.
5. 3.37. Patient well and working in a drapery. No deterioration in local or general condition compared with 14.2.36.

Case No. 117. Mrs R.K. Age 33 yrs. Para 3.

HISTORY.
4.11.35. Patient had an attack of pleurisy 3 months ago, with a recurrence 2 weeks ago. Has a cough, which developed some months previously, but has never been troublesome.
DIAGNOSIS
Bacteriological. Sputum positive, 11.4.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3.9.36. Patient reports amenorrhoea for 6 weeks. No other symptoms of early pregnancy. No change to note in local or general condition.
16.10.36. Patient undoubtedly pregnant. Owing to the short time which had elapsed since the local condition had been progressive, and the patient already had 3 children, it was decided to carry out therapeutic abortion.
28.10.36. Evacuation of uterus.
28.12.36. Patient feeling no ill-effects from operation. Some activity still present L. apex, but no deterioration to be noted. Some deterioration in general condition. No increase in cough or sputum.

(B) Diagnosed during Pregnancy.

Case No. 118. Mrs J.K. Age 26 yrs. Para 1.

HISTORY.
8.8.36. Was attending ante-natal clinic, when she commenced to feel pain in the left side of the chest in front. Was x-rayed and then referred to the dispensary. Is 32 months pregnant.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes to second interspaces, mainly fibrotic in nature. Increased basal markings.
DIAGNOSIS (Continued)

Bacteriological. Sputum positive, 18.8.36.
Clinical. Healing Fibro-caseous T.B.

PROGRESS.

7.10.36. Patient refused sanatorium treatment. Feels very well apart from some dyspnoea on exertion. No cough or sputum. Now 6 months pregnant.
27.1.37. Confined 2 weeks ago. Feels no upset. No evidence of deterioration to be noted in local condition.
26.12.37. Patient well and working. X-ray shows no deterioration to have occurred locally compared with 8.8.36.

Case No. 119. Mrs J.J. Age 32 yrs. Para 0.

HISTORY.

19.6.33. Patient was admitted to a general hospital complaining of a haemoptysis 3 days ago, with sputum still blood-stained. Very little cough and occasional night sweats. Is 3 months pregnant.

DIAGNOSIS.

Radiological. Infiltrative changes R. apex and infra-clavicular region, generally of a fibrotic character.

Bacteriological. Sputum positive, 1.7.33.
Clinical. Healing Fibro-caseous T.B.

PROGRESS.

26.8.33. Patient refused sanatorium treatment owing to domestic difficulties. Feels well, with no chest symptoms. Now 5 months pregnant.
4.12.33. To be confined shortly. Has no lung symptoms. Locally no deterioration can be elicited compared with condition on first visit.
26.11.34. Delivered 2 weeks ago. Feeling very well apart from slight lassitude. Pulmonary condition satisfactory.
24.11.34. Local and general condition remain stationary and satisfactory.
23.7.36. Reports 3 months pregnancy. No chest symptoms. X-ray shows chronic fibroid changes R. upper lobe.
Case No. 120. Mrs G.O. Age 42 yrs. Para 4.

HISTORY.
30.9.32. Patient had been troubled with a cough for several years. Developed a severe pain in the side 4 days ago, which is still present on deep breathing. Is 2 months pregnant.

DIAGNOSIS.
Radiological. Fibro-caseous changes mainly fibrotic at both upper lobes. Loss of clarity L. base with obliteration of costo-phrenic sinus.

Bacteriological. Sputum positive, 5.10.32.
Clinical. Healing Fibro-caseous T.B., with evidence of recent L. pleurisy.

TREATMENT.
Dispensary Supervision.

PROGRESS.


13.5.34. Local and general condition remain satisfactory. X-ray shows very little evidence of activity at both upper lobes.
Case No. 12.  Mrs A.Y.  Age 42 yrs.  Para 3.

HISTORY.
6.4.36. Patient has had a troublesome cough for some years but after a recent cold, she developed a thick yellowish sputum. Has been losing weight recently. Is 4 months pregnant.

DIAGNOSIS.
Radiological. Chronic fibro-caseous changes R. upper lobe to third inter-space of old standing. More recent deposit L. infra-clavicular region with increased inter-cleido-hilar markings.

Bacteriological. Sputum positive, 12.4.36.

Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
12.6.36. Patient left hospital at her own request. General condition shows some improvement, and locally lesions have undergone some way towards stabilisation.

29.9.36. Confined 2 weeks ago. Little change in general condition. X-ray shows some increase in disease in L. infra-clavicular region. Little change to note in R. upper lobe.

24.1.37. After coughing up blood-stained sputum for 4 days patient had a fulminating haemorrhage and died 2 days later.

Case No. 122.  Mrs W.B.  Age 36 yrs.  Para 1.

HISTORY.
6.4.35. Patient developed a heavy chill 3 weeks ago, and has had a very troublesome cough and sputum since. Is 42 months pregnant. Father died from pulmonary tuberculosis 3 years ago.

DIAGNOSIS.
Radiological. Infiltrative changes R. upper lobe, mainly fibrotic in nature Increased markings L. inter-cleido-hilar zone.


Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Dispensary Supervision.
PROGRESS.
27. 8.35. To be confined soon. Still has slight cough and sputum. No deterioration to be noted locally.
29. 9.35. Confined.
24. 12.35. Feeling very well. No increase in cough or sputum. X-ray shows lung lesions undergoing stabilisation.
6. 11.36. No deterioration can be demonstrated to have occurred during the last year in the patient's condition. X-ray shows lesions in R. upper lobe to have undergone further fibrosis, with no change to note in L. inter-cleido-hilar zone.

Case No. 123. Mrs A.M. Age 27 yrs. Para 0.

HISTORY.
7. 8.35. Illness began about 5 months ago with cough, scanty sputum and general weakness. Is 8 months pregnant.
Father died from tuberculosis 15 years ago.

DIAGNOSIS.
Bacteriological. Sputum positive on culture, 10. 9.35.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Dispensary Supervision.

PROGRESS.
25. 9.35. Was confined 2 weeks ago. Meantime has no chest symptoms. Skiagram shows no changes from previous X-ray.
28. 8.36. Patient's general condition excellent. Local lesion has undergone further calcification, otherwise no change to note in pulmonary condition.
Case No. 124.  Mrs R.C.  Age 30 yrs.  Para 2.

HISTORY.
16.3.30. Patient had an attack of influenza 3 weeks ago, and has never felt well since. Now has a very troublesome cough with thick, yellowish sputum. Having occasional night-sweats lately. Is 2 months pregnant.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes, which have undergone fibrotic changes. More recent deposits L. infra-clavicular region. Increased basal broncho-vascular strands.
Bacteriological. Sputum positive, 21.3.30.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic regime.

PROGRESS.
23.8.30. Discharged from sanatorium. Local and general condition greatly improved. Is now 7 months pregnant.
2.11.30. Was confined 11 days ago. Slight cough but feels well. Disease still active, especially L. upper lobe.
14.3.31. Had a small haemoptysis 3 days ago. Sputum blood-stained for the day following. X-ray shows small cavity forming in L. infra-clavicular region. Slight loss of weight since confinement.
26.3.31. Patient has had recurring small haemoptyses for the last 2 weeks. Looking toxic and sweating at nights.
11.4.31. Has developed fresh lesions at R. base suggestive of bronchogenic spread. Patient very ill.
26.5.31. Patient died.
Diagnosed after Pregnancy.

Case No. 125. Mrs E.W. Age 22 yrs. Para 0.

**HISTORY.**
16. 3.34. Patient was confined 2 months ago. For 6 weeks preceding delivery, she developed a very troublesome cough, and was sweating occasionally at night. Since confinement cough has become more severe, and is now accompanied by a thick copious sputum.

**DIAGNOSIS.**
- Radiological: Fibro-caseous changes both upper lobes, especially R. side.
- Bacteriological: Sputum positive, 20.3.34.
- Clinical: Healing Fibro-caseous T.B.

**PROGRESS.**
- 24. 3.34. Patient refused hospital treatment, owing to domestic difficulties.
- 4. 5.34. Patient eventually agreed to accept hospitalisation, but only remained for one month, and was discharged on 17.6.34. Very little improvement resulted during stay.
- 26. 7.34. Patient continues her household duties, and refuses to rest. Lesions gradually extending. Has lost 12 lbs in the last 3 months.
- 3.12.34. Now confined to bed. Very ill.
- 5. 2.35. Patient died.

Case No. 126. Mrs I.C. Age 24 yrs. Para 1.

**HISTORY.**
25.11.30. Patient has had a chronic cough for several years. This cough became gradually worse 3 months ago and was accompanied by increasing dyspnoea. After her confinement one month ago, she coughed a small amount of blood.

**DIAGNOSIS.**
- Bacteriological: Sputum positive, 29.11.30.
- Clinical: Healing Fibro-caseous T.B.

**PROGRESS.**
- 7.12.30. While patient was awaiting admission to hospital, she had a fulminating haemorrhage and died from T.B. broncho-pneumonia.
Case No. 127.  Mrs A. McK.  Age 23 yrs.  Para 0.

HISTORY.
8.4.35. Patient was confined 7 weeks ago. She felt perfectly well, until 5 days ago, when she suddenly coughed up a teaspoonful of blood. Her sputum was blood-stained for the following 2 days. Now has very little cough or sputum. Pleurisy 4 years ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 12.4.35.
Clinical. Healing Fibro-caseous T.B.

PROGRESS.
12.5.35. Patient admitted to hospital.
7.10.35. Was making satisfactory progress towards improvement, when she suddenly developed a large R. pleural effusion with spread of the disease throughout the entire L. lung.
26.10.35. Patient died.

Case No. 128.  Mrs J. M.  Age 25 yrs.  Para 0.

HISTORY.
20.11.36. Patient was confined 5 weeks ago, and has never felt well since. Feels tired and useless, with troublesome cough and breathlessness.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes to second inter-spaces mainly fibrotic in nature. Loss of clarity R. base.

Bacteriological. Sputum positive, 28.11.36.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3.1.37. Patient was making slow progress towards recovery when she had to leave hospital owing to domestic difficulties.
14.10.37. Patient died.
Case No. 192. Mrs W.B. Age 28 yrs. Para 2.

**HISTORY.**
3.10.38. Patient developed a cough 2 months after her confinement on 28.7.38. Is now complaining of pain in the chest, and with it, night-sweating, breathlessness, anorexia, and constipation.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 6.10.38.
Clinical. Healing Fibro-caseous T.B.

**PROGRESS.**
19.5.39. Patient now confined to bed at home.

Case No. 130. Mrs K.O. Age 24 yrs. Para 0.

**HISTORY.**
18.12.29, Patient has never felt well since her confinement 4 months ago. Is now complaining of pain in R. side of chest, with cough and sputum.
Sister is a notified case of pulmonary tuberculosis.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 23.12.29.
Clinical. Healing Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Hygieno-dietetic regime.

**PROGRESS.**
26.3.30. Discharged from hospital at own request. Little change in local or general condition.
3.4.30. Had a haemorrhage of about 2 pints at home. Very ill.
11.4.30. Readmitted to hospital. Patient very ill with fresh deposits of disease at L. base.
16.6.30. Patient has gone downhill since admission. Removed by relatives to her own home.
23.6.30. Died.
Case No. 131. Mrs H.P. Age 24 yrs. Para 0.

HISTORY.
24.6.30. Patient has never felt well since her confinement 5 months ago. Went to her doctor 2 months ago, complaining of tiredness, and was treated for anaemia. A few weeks later she developed a cough and was sent to the dispensary for investigation.

DIAGNOSIS.
Radiological. Chronic fibro-caseous changes both upper lobes, fibrotic reaction predominating. Increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 28.6.30.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
5.12.30. Patient's general and local condition were improving satisfactorily, when she suddenly commenced to run a temperature with increase in cough and sputum. Examination revealed spread of disease throughout entire R.base.
6.4.30. Patient went downhill gradually, and died 7 days later.

Case No. 132. Mrs M.S. Age 23 yrs. Para 1.

HISTORY.
4.6.30. Patient felt well until 2 months ago, when she developed a cough and sputum. Has been losing weight recently. Confined 4 months ago. This baby died of T.B. meningitis 6 weeks ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 10.6.30.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
24.8.30. Discharged from hospital. General condition has improved, but there is little change to note locally.
26.11.30. Disease has been gradually spreading since patient's discharge home. Social and financial status of the patient very unsatisfactory.
PROGRESS (Continued)

5. 3.31. Patient readmitted to hospital. Marked deterioration in local condition since patient's discharge from hospital 7 months ago.

13. 5.41. No improvement since admission. Going rapidly downhill.

18. 5.31. Developed T.B. broncho-pneumonia and died 3 days later.

Case No. 133. Mrs J. McL. Age 35 yrs. Para 2.

HISTORY.

5. 8.32. Patient has not felt well since her confinement 7 weeks ago. Is meantime complaining of cough, sputum and general weakness.

DIAGNOSIS.

Radiological. Fibrotic changes L. upper lobe with more recent infiltrative changes R. infraclavicular region.

Bacteriological. Sputum positive, 12.8.32.

Clinical. Healing Fibro-caseous T.B.

TREATMENT.


PROGRESS.

30.11.32. Discharged from hospital very much improved in both local and general condition.

6. 4.33. Has been losing weight gradually since discharge from hospital. Home conditions very unsatisfactory.

18. 7.33. Had severe haemorrhage.

14. 8.33. Has been confined to bed for the last month. Going downhill gradually.

30.11.33. Is now getting up to attend to household duties against medical advice.

14. 1.34. Readmitted to hospital. Patient very ill.

6. 3.34. Patient went downhill rapidly after admission and died.
Case No. 134. Mrs O.D. Age 21 yrs. Para 0.

**HISTORY.**

20.3.34. Patient was confined 4 weeks ago. Has been troubled since with increasing weakness, loss of weight, cough and night sweats.

**DIAGNOSIS.**

Radiological. Infiltrate changes L. upper lobe, mainly fibrotic in character with emphysematous changes at bases.

Bacteriological. Sputum positive, 25.3.34.

Clinical. Healing Fibro-caseous T.B.

**PROGRESS.**

26. 4.34. Patient refused hospitalisation owing to domestic difficulties. No change to note in pulmonary condition.

15. 6.34. Dyspnoea becoming very troublesome. No local change to be demonstrated.

23.12.34. Has been steadily losing weight. Disease appears to be extending in L. upper lobe.

22. 3.35. Has lost 12 lbs. since notification. Cough and dyspnoea worse. Apart from progress noted in L. upper lobe, little change to note locally since notification.

26. 7.37. Disease now present in both upper lobes. Losing ground gradually.


Case No. 135. Mrs H.B. Age 32 yrs. Para 3.

**HISTORY.**

13.2.33. Patient has never felt really well since her confinement almost 3 months ago. Developed bronchitis 3 weeks ago, and has been troubled with a cough, accompanied with copious sputum, ever since.

Sister died of phthisis.

**DIAGNOSIS.**

Bacteriological. Sputum positive, 19.2.33.

Clinical. Healing Fibro-caseous T.B.

**TREATMENT.**

Admitted to hospital. Hygieno-dietetic regime.

**PROGRESS.**


11.12.33. Slight deterioration in local condition since discharge from hospital. No lung symptoms.
PROGRESS (Continued)

14. 1.34. Had a severe haemoptysis 4 days ago. Sputum has been stained since. Running a temperature at night.

6. 2.34. Disease beginning to make headway. General condition deteriorating.

15. 3.34. Now being allowed up. Disease still very active.

Case No. 136. Mrs N.M. Age 23 yrs. Para C.

HISTORY.

12.12.29. Patient has been ailing since her confinement 2 months ago. Developed influenza 3 weeks previously, and now has a cough and spit. Mother meantime in sanatorium, suffering from phthisis.

DIAGNOSIS.
Radiological. Chronic fibro-caseous changes both upper lobes, more extensive L. side.
Bacteriological. Sputum positive, 16.12.29.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.
Admitted to Sanatorium. Hygierno-dietetic regime.

PROGRESS.

15. 6.30. Discharged from hospital. Good improvement in local condition. General condition very satisfactory.


14. 9.30. Readmitted to hospital. Local condition has undergone considerable deterioration since discharge.

26.12.30. Little improvement in local or general condition since admission. Still running an evening temperature.

15. 4.31. Patient developed T.B. broncho-pneumonia and died 9 days later.
Case No. 137. Mrs M.C. Age 27 yrs. Para 1.

HISTORY.
2. 5.32. Patient has been feeling off colour since her confinement 6 weeks ago. Had a sharp attack of pleurisy 6 days ago; and is now losing weight rapidly. Very little cough and spit.

DIAGNOSIS.
Bacteriological. Sputum positive; 7.5.32.
Clinical. Healing Fibro-caseceus T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic regime.

PROGRESS.
23.11.32. Discharged from hospital. General condition shows improvement, but little change locally.
12. 3.33. Has been gradually losing ground since discharge.
13. 4.33. Had severe haemorrhage 4 days ago, with a slight recurrence 2 days later. Disease spreading locally. New deposits R. base.
19. 5.33. Going downhill slowly. Looking cyanosed.

Case No. 138. Mrs M.M. Age 23 yrs. Para 0.

HISTORY.
13.3.35. Patient developed a very troublesome cough and sputum shortly after her confinement. Occasional pains in L. side of chest.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes, mainly fibrotic in nature. Increased lung markings L. base.
Bacteriological. Sputum positive, 17.3.35.
Clinical. Healing Fibro-caseceus T.B.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation.
PROGRESS.
24. 5.35. Feels well. Some improvement in cough.
29. 6.35. No great change to note in local condition. Slight loss of weight since patient's first visit.
4. 8.35. Some deterioration in local condition. Disease very active L. upper lobe.
10. 12.35. Had a small haemoptysis 3 weeks ago. No recurrence since. Losing ground steadily.
26. 3.36. Disease gradually extending both upper lobes. General condition only fair.
5. 11.36. Patient died.

Case No. 132. Mrs T.Y. Age 24 yrs. Para 0.

HISTORY.
4. 2.37. Patient was confined 5½ months ago. Felt quite well until 6 weeks ago, when she suddenly coughed up a small amount of blood. Father died from tuberculosis 3 years ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 8.2.37.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
15. 9.37. Discharged from hospital. Feels very well. Local lesions mainly fibrotic in character. General condition very good.
7. 2.38. Satisfactory maintenance of local and general condition. Patient feeling very well.
Case No. 140. Mrs M.J. Age 35 yrs. Para 3.

History.
19.7.29. Patient was confined 4 months ago. Felt quite well until one week ago, when she developed a stabbing pain in the L. side. Has been losing weight recently, and has a slight cough and sputum.

Diagnosis.
Radiological. Chronic fibro-caseous disease L. upper lobe, chiefly fibrotic in character. Increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 24.7.39.
Clinical. Healing fibro-caseous T.B.

Treatment.
Admitted to hospital. Hygiene-dietetic regime.

Progress.
26.9.29. Discharged from hospital at own request. Some improvement in local condition, little change locally.
29.11.29. Had a severe attack of bronchitis last week. Cough more troublesome. Slight deterioration in local condition. Losing weight.
2.5.30. Small infiltrate now present in R. upper lobe. Disease slightly more extensive L. apex.
23.7.30. No great change to note in pulmonary or general condition compared with previous report.
20.12.31. Had a miscarriage 2 weeks ago. Amenorrhoea for previous 3 months. Awaiting bed in gynaecological ward for treatment of endometritis which developed later.
12.12.32. Has been keeping well for the last few months. Fibro-caseous changes R. upper lobe, undergoing fibrosis. Fibrotic changes R. apex.
Case No. 141. Mrs M.S. Age 36 yrs. Para 4.

HISTORY.
4. 5.34. Was confined 4 months ago. Had an attack of pleurisy 10 days ago. Now has slight cough but no sputum. Sweats occasionally at night.

DIAGNOSIS.
Radiological. Infiltrations L. apex in upper zone, and in middle and upper zone R. lung. Trachea pulled over to R.
Bacteriological. Sputum positive, 8.5.34.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
5. 1.35. Discharged from hospital. Pulmonary and general condition satisfactory.
7. 3.35. Had a small haemoptysis 10 days ago. Disease active R. upper lobe. Losing weight rapidly. Home conditions very unsatisfactory.
23. 5.34. Deterioration continues. Still losing weight.
4. 4.35. Very little change to note in general and local condition during the last year. Reports 2 months amenorrhoea.
20. 5.35. Owing to poor home conditions, and to the fact that the patient already had 4 children, evacuation of the uterus and sterilisation was carried out. In addition, it was very doubtful whether patient's pulmonary condition would have allowed pregnancy to continue.
27. 9.35. Pulmonary condition has remained stationary since sterilisation.
15. 6.36. Patient has kept well during the last year. Weight remains stationary. Fibro-caseous changes both upper lobes, slightly more extensive than when patient first came under observation.
Case No. 142. Mrs C.C. Age 28 yrs. Para 0.

HISTORY.
25.9.39. Patient felt well until one month after confinement. Developed enlarged cervical glands 3 weeks after confinement. One week later developed hard cough. Was confined 24.5.39. Cough has gradually become worse and 4 days ago sputum was blood-stained.

DIAGNOSIS.

Bacteriological. Sputum positive, 3.10.39.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic treatment, with full course of gold therapy.

PROGRESS.
29. 3.40. Discharged from hospital. Very great improvement in local or general condition. Lesion L. upper lobe has undergone satisfactory fibrosis.

26. 8.40. Slight deterioration in local condition since discharge from hospital. Has lost 9 lbs. in weight, with slight cough and sputum.

Case No. 143. Mrs M.R. Age 26 yrs. Para 0.

HISTORY.
1.12.38. Patient was confined 2 months ago. Has never felt well since. Had a difficult labour and required a blood transfusion afterwards. Has always felt tired since. 3 weeks after confinement caught a cold, and has had a cough and sputum since.

DIAGNOSIS.
Radiological. Fibro-caseous changes both upper lobes, more extensive R. side. Scattered calcified nodules throughout R. lung.

Bacteriological. Sputum positive, 5.12.38.

Clinical. Healing Fibro-caseous T.B.

Treatment.
Admitted to hospital. Hygieno-dietetic regime.
Case No. 144. Mrs M.T. Age 36 yrs. Para 3.

PROGRESS.


31.12.39. Local and general condition has been maintained. X-ray shows lesion R. upper lobe has undergone fibrotic change but activity still present.

HISTORY.

13.7.33. Was confined 7 weeks ago. Has not felt well since, always tired and listless. Developed a pain in the L. shoulder 3 weeks ago, and now has a troublesome cough.

DIAGNOSIS.

Radiological. Apices clear. Diffuse loss of clarity at left base. Root markings accentuated on both sides.

Bacteriological. Sputum positive, 19.7.38.

Clinical. Healing Fibro-caseous T.B.

TREATMENT.


PROGRESS.

26. 9.38. Left hospital at own request. Very little change in local or general condition since admission.


13. 5.38. Condition remains much I.S.Q. Losing weight gradually.

24.10.38. Patient had cerebral haemorrhage and died 10 days later.
Case No. 145.   Mrs M.C.   Age 31 yrs.   Para 0.

HISTORY.

3.1.38. Patient has had a cough and sputum for the last three years following an attack of bronchitis. This has become much worse since her confinement 4 months ago, since when she has always lacked energy, and now become easily tired.

DIAGNOSIS.


Bacteriological. Sputum positive, on culture, 8.5.38.

Clinical. Healing Fibro-caseous T.B.

TREATMENT.

Admitted to Sanatorium. Hygieno-dietetic treatment. Full course of gold therapy given.

PROGRESS.


26.12.38. Slight deterioration in local condition. General condition has been maintained satisfactorily.


Case No. 146.   Mrs D.H.   Age 41 yrs.   Para 4.

HISTORY.

12.17.37. Patient has felt tired since her confinement over 3 months ago. Developed a hacking cough two months afterwards, and suddenly 3 weeks ago coughed up a spoonful of blood.

DIAGNOSIS.


Bacteriological. Sputum positive, on culture, 14.2.37.

Clinical. Healing Fibro-caseous T.B.
TREATMENT.
Dispensary Supervision, patient refusing hospitalisation.

PROGRESS.
15.7.37. No deterioration in local or general condition. No further haemoptyses.
5.2.38. X-ray shows no deterioration to be noted in disease in R. upper lobe.
General condition has improved slightly since patient first came under observation.

Case No. 147. Mrs C.G. Age 32 yrs. Para 0.

HISTORY.
26.5.33. Patient has felt tired and lethargic since her confinement 5 months ago. Cough became troublesome 2 months ago, and is now accompanied by a thick yellowish sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 29.5.33.
Clinical. Healing Fibro-caseous T.B.

TREATMENT.

PROGRESS.
14.5.33. General condition shows slight deterioration in weight since discharge from hospital. R. upper lobe shows evidence of activity, but X-ray gives no suggestions that disease is spreading.
Case No. 148. Mrs A.R. Age 23 yrs. Para 0.

HISTORY.
16.9.36. Patient suddenly coughed up a mouthful of blood 3 weeks ago. Was admitted to a general hospital on the same day. Has no cough or sputum. Confined 2 months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 19.9.36.
Clinical. Healing fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic treatment with full course of gold therapy.

PROGRESS.
15.7.37. Patient discharged from hospital. Excellent improvement in local and general condition.
23.9.37. Pulmonary lesions continue to undergo fibrosis. Weight has remained stationary since discharge from sanatorium.

Case No. 149. Mrs V.T. Age 20 yrs. Para 0.

HISTORY.
7.8.35. Patient was confined 4 months ago. Felt quite well until 3 weeks ago, when she developed a cutting pain in the side. Apart from slight cough and sputum has no complaint.

DIAGNOSIS.
Bacteriological. Sputum positive, 10.8.35.
Clinical. Healing Fibro-caseous T.B.

PROGRESS.
11.9.35. Patient discharged from hospital at own request. Slight improvement in local and general condition.
26.4.36. Lesions continue to undergo healing. General condition still improves.
3.9.36. Improvement continued during the past 3 months. Very little activity in chest.
Case No. 150.  Mrs I.A.  Age 25 yrs.  Para 0.

HISTORY.
26.11.36. Patient developed a troublesome cough and sputum 2 months ago. Occasional pain in the R. side. Was confined 5 months ago.
Brother at present in a sanatorium.

DIAGNOSIS.

Bacteriological.  Sputum positive, 29.11.36.
Clinical.  Healing Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
15. 5.37.  Discharged from hospital. Local and general condition.
23.11.37.  Local lesions have undergone almost complete fibrosis. General condition maintained.
GROUP III B.

Cases of Progressive Fibro-caseous Tuberculosis.

Case No. 151. Mrs. E.W. Age 28 yrs. Para 0.

**HISTORY.**

5.4.34.
Patient has had a troublesome cough for the last 3 months. Is now accompanied with thick sputum. Sputum was blood-stained 3 days ago.

**DIAGNOSIS.**

Radiological. Diffuse infiltrative changes both upper lung zones, more extensive R. side.

Bacteriological. Sputum positive, 10.4.34.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to sanatorium. Hygro-dietetic regime.

**PROGRESS.**

16.4.35. Discharged from hospital. Immense improvement in local and general condition. Lung lesions have undergone satisfactory fibrosis.

5.9.35. Has lost some weight since discharge from hospital and cough and sputum have returned. Some deterioration in local condition on auscultation.

10.2.38. During the last 3 years, lesions have slowly undergone deterioration in lungs X-ray shows fibro-caseous changes of a progressive nature both upper lobes with a small cavity at the level of the first rib on the R. side. Is 4½ months pregnant.

22.5.38. Disease slowly extending locally. Now 8 months pregnant. Feels very breathless, and cough increasing.


16.7.38. Patient went rapidly downhill and died one week later.
Case No. 152. Mrs. J.D. Age 32 yrs. Para 2.

HISTORY.
26.6.33. Patient had an attack of influenza 6 months ago, and has never felt well since. Had a small haemoptysis last night. Sputum still blood-stained.

DIAGNOSIS.
Radiological. Infiltrations upper and mid-lung zones with cavity formation at both apices.
Bacteriological. Sputum positive, 30.6.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
24.8.33. Patient discharged from hospital at her own request. Some improvement noted in local condition.
15.9.34. Slow deterioration in local and general condition since discharge from hospital. Reports 4 months pregnancy.
3.12.34. Local deterioration continues slowly. Has developed swollen ankles and albuminuria. Now 7 months pregnant.
23.12.34. Had a large haemoptysis of 8 ounces 2 days ago. Temperature elevated in the evenings.
4.2.35. Delivered 2 days ago, and admitted to sanatorium.
15.2.35. Developed broncho-pneumonic spread of disease and died 5 days later.


HISTORY.
10.12.34. Chest has been troubling patient for some months past. Cough frequent and hard, but no sputum. Breathless on the slightest exertion. Son died with T.B. meningitis 2 years ago.

DIAGNOSIS.
Radiological. Dense infiltrative changes R. side down to level of fourth rib. L. lung appears clear.
Bacteriological. Sputum positive, 16.1.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT/
TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
21.2.35. Slight deterioration in pulmonary condition. Cough shows no improvement. Reports 2 months amenorrhoea.
20.4.35. Does not feel well at all. Morning sickness very troublesome. Local condition still deteriorating.
2.7.35. Now 7 months pregnant. Feels improved. Dyspnoea only distressing symptom. No further deterioration in local condition, but small cavity now present in S. second R. interspace.
13.9.35. Confined 3 days ago. Admitted to sanatorium.
25.9.35. Looking very ill and toxic. Large cavity forming at R. base. Disease now ulcero-caseous in character.
24.10.35. Looking very ill and toxic. Large cavity forming at R. base. Disease now ulcero-caseous in character.
24.10.35. Patient went rapidly downhill and died 3 days later.

Case No. 154. Mrs. A.G. Age 22 yrs. Para 0.

HISTORY.
30.5.34. Patient has not been feeling well for the last 2 months. Has a very troublesome cough at nights. Has been losing weight recently.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes with cavitation R. infra-clavicular region. Increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 3.6.34.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to sanatorium. Hygieno-dietetic treatment. A course of gold therapy had to be discontinued as patient developed albuminuria.

PROGRESS.
5.10.34. Discharged from hospital at own request. Good improvement in local and general condition. Going to stay in the country.
3.9.35. Returned from country. Definite deterioration in local condition. X-ray/
X-ray shows fibro-caseous changes in the upper lobe have extended with some increase in the size of the cavity in the infra-clavicular region. Fresh deposits in the infra-clavicular region.

14.10.35. Feels ill and is being sick in the morning. Amenorrhoea for the last 3 months.

16. 1.36. Feeling much better. Apart from slight breathlessness and occasional bouts of coughing, has no complaints. No change in local condition.

24. 4.36. Was delivered 3 weeks ago. Feels weak and sputum has been increasing lately. Disease has made some slight progress.

4.10.36. Lung condition deteriorating slowly. Fresh deposits now present at the L. base.

6. 1.37. Patient going downhill. Looking very ill and toxic.

12. 1.37. Had 2 large haemoptyses yesterday.


HISTORY.

1.6.36. Patient developed a heavy cold 3 weeks ago, and has never felt well since. Has a cough and sputum with a sharp cutting pain in the left side.

DIAGNOSIS.

Radiological. Extensive disease of fibro-caseous type both lungs, but mainly the L. with cavities in the L. upper lobe.

Bacteriological. Sputum positive, 4.6.36.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to sanatorium. Hygieno-dietetic regime.

PROGRESS.

21.11.36. Discharged from hospital. Satisfactory improvement in local and general condition.

13. 8.37. Has been attending as out-patient for supervision. Disease making slow progress locally.

27.12.37. Not feeling well. Reports 3 months amenorrhoea. No change to note locally.

20. 4.38./
TREATMENT (Contd.)


24. 9.38. Local deterioration more evident. Looking ill and toxic.

27. 12.38. Going downhill slowly. Confined to bed.

3. 5.39. Patient died.

Case No. 156. Mrs. M.G. Age 27 yrs. Para 3.

HISTORY.

30. 1.36. Had a severe attack of influenza 4 weeks ago, which has left patient with a very troublesome cough, and sputum. Sweating at night.

DIAGNOSIS.

Radiological. Fibro-caseous changes both upper lobes with appearance of multiple small cavities R. upper lobe.

Bacteriological. Sputum positive, 4.2.36.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to sanatorium. Hygieno-dietetic treatment with full course of gold therapy.

PROGRESS.


31. 8.38. Disease beginning to become very active. General condition poor.

14. 9.38. Does not feel well. Local condition continues to deteriorate. 3 months pregnant.

27. 12.38. Cough and sputum show some improvement. Little change to note locally.


Case No. 157. Mrs. V.A. Age 20 yrs. Para O.

HISTORY.
4.11.29. Patient coughed a small amount of blood 10 days ago. No other complaints apart from slight cough.

DIAGNOSIS.
Radiological. Fibro-caseous changes L. upper lobe with commencing cavitation first interspace. R. lung appears clear.

Bacteriological. Sputum positive, 7.11.29.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. L. artificial pneumothorax commenced and maintained satisfactorily.

PROGRESS.
8. 3.30. Discharged from hospital. General condition very satisfactory. L. artificial pneumothorax being maintained with satisfactory clinical result.
14. 4.31. Developed an obliterative pleuritis which necessitated the discontinuance of collapse therapy. General condition still satisfactory. Well and working as clerkess.
29. 6.33. Condition beginning to deteriorate. Cough and sputum have returned. Disease very active L. upper lobe with fresh infiltrates in R. first and second interspace.
23. 9.33. Little change to note in local or general condition.
26.12.33. Reports 6 months pregnancy. Feels very well. X-ray shows little change in pulmonary condition compared with 29.6.33.
24. 4.34. Confined 2 weeks ago. Feels quite well apart from lassitude. Local condition shows no change.
26.12.34. Developed severe attack of pleurisy. Disease advancing slowly.
27. 3.35. Has lost 6 lbs. in the last 2 months. Looks ill and toxic. Going downhill slowly.

HISTORY.
8. 4.30.
Patient had an attack of influenza 6 years ago, and has had a troublesome cough and sputum since. Has been feeling very tired lately and losing weight.

DIAGNOSIS.
Bacteriological. Sputum positive, 11.4.30.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
6. 3.31. Discharged from hospital. Very satisfactory improvement in local and general condition.
21. 1.34. General condition has undergone very noticeable deterioration. Has not been attending for supervision. Extensive progressive fibro-caseous disease both upper lobes with large cavity in R. infra-clavicular region. Is 7 months pregnant.
6. 4.34. Confined 10 days ago. Slight deterioration in local condition. Feels quite well.
20.11.34. Going downhill slowly. General condition poor. Fresh deposits L. base.
11. 5.35. Looking cyanosed and toxic. Now confined to bed. Disease progressing rapidly in lungs.

Case No. 159. Mrs. A.B. Age 30 yrs. Para 1.

HISTORY.
18. 7.31.
Patient has been ailing for the past 7 months. Is now complaining of cough and general debility, and has been receiving treatment for anaemia.

DIAGNOSIS.
Radiological. Extensive fibro-caseous changes R. upper lobe with appearances suggestive of cavitation.
Bacteriological. Sputum positive, 21.7.31.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT/
TREATMENT.

PROGRESS.
11. 6.32. Discharged from sanatorium. Very satisfactory improvement in both local and general condition.
24. 9.35. Has been enjoying fairly good health until recently. Disease now beginning to make progress locally. Cough very troublesome.
23. 7.36. Extensive fibro-caseous disease R. upper lobe and mid-zone with more recent changes in L. first and second interspaces. General condition only fair.
30. 9.36. Was confined 3 weeks ago. Feels fairly well. Some deterioration to be noted locally.
3. 5.37. Disease slowly advancing. Poor general condition.
2.10.37. Confined to bed at home. Sinking slowly.

Case No. 160. Mrs. F.C. Age 26 yrs. Para 2.

HISTORY.
21. 9.33.
Patient has always been healthy until a slight cough commenced about 4 weeks ago. This was followed by blood-stained sputum about 4 days ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 24.9.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
12.11.34. Discharged from hospital. Considerable improvement in local and general condition.
3. 4.37. Is 3 months pregnant. Morning sickness troublesome. Disease shows little deterioration.
30. 6.37. Feels better. No change locally. Now 6 months pregnant. Abortion refused 2 months ago.

HISTORY.
3.11.33. Patient had a small haemoptysis 10 days ago, followed by a stabbing pain in the r. side 3 days later. Now has a cough and copious sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.11.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
28. 5.34. Discharged from hospital. Very satisfactory improvement in local and general condition.
24. 7.36. Patient losing ground. Progressive fibro-caseous T.B. both upper lobes. General condition only fair.
23. 1.37. 6 months pregnant. Feels very well. Cough still troublesome. Slight improvement locally.
3. 5.37. Confined 10 days ago. Not doing well. Local condition deteriorating slowly.

Case No. 162. Mrs. J.M. Age 32 yrs. Para 1.

HISTORY.
6.12.29. Patient has been ailing for the last 2 months. Had a haemoptysis 2 weeks ago and has been confined to bed since. Cough at present very troublesome.

DIAGNOSIS.
Radiological. Dense deposits R. upper lobe with small cavity in second interspace. Increased markings L. inter-cleidohilar zone.
Bacteriological. Sputum positive, 7.12.29.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
23. 7.35/
PROGRESS (Contd.)

23. 7.35. Patient returned to Edinburgh after 4 years absence. Progressive fibro-caseous T.B. both upper lobes. Looks cyanosed and toxic.

22. 3.36. Slight improvement in local and general condition.

4. 9.36. Reports 4 months pregnancy. Local condition continues to improve slowly. As patient's condition was beginning to improve, and the social and financial conditions were satisfactory, abortion was not carried out.

14. 2.37. Confined 3 weeks ago. Feels quite well, but cough and sputum troublesome. Local condition shows slight extension of disease.

26. 3.38. Local condition has continued to deteriorate slowly during the past year. General condition leaves room for improvement.

Case No. 163. Mrs. J. McD. Age 22 yrs. Para 0.

HISTORY.

16. 7.30. Patient has had a troublesome cough accompanied with a thick greenish sputum for the last 3 months. Suddenly developed a pain in the chest and back 2 weeks ago. Is breathless on the slightest exertion. Sister died of tuberculosis.

DIAGNOSIS.


Bacteriological. Sputum positive, 20. 7.30.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.


PROGRESS.

23. 9.30. Left hospital at own request. Very little improvement in local or general condition.

26. 5.33. Pulmonary condition continues to deteriorate. Not doing well.

27. 9.33. Patient reports 6 months pregnancy. Has been feeling better lately. Dyspnoea increasing however.

16. 1.34. Confined 4 weeks ago. Has been confined to bed since. Now feeling better./
PROGRESS (Contd.)

better. Local condition gradually deteriorating. Poor general condition.

23. 1.35. Patient confined to bed. Sinking rapidly.

9. 3.35. Patient died.


HISTORY.

3. 4.35. Patient has had a bad cold of 3 months duration. Is meantime complaining of a severe cough and sputum. Mother and brother died from tuberculosis.

DIAGNOSIS.

Radiological. Extensive bi-lateral infiltration in mid-zone both sides with cavity under R. clavicle and overlying second rib on R. side.

Bacteriological. Sputum positive, 11.4.35.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.


PROGRESS.

26.11.35. Discharged from sanatorium. Good improvement in local and general condition. Pulmonary lesions healing nicely.

22. 2.37. Patient's resistance lowered by poor social conditions. Disease progressing locally.

7. 2.38. Reports 7 months pregnancy. Feels fairly well. Lesions very active locally, but have been improving recently.

10. 4.38. Confined 11 days ago. Feels quite well, but tired at the end of the day. Very little cough and sputum. Some deterioration in local condition.

25. 6.38. Readmitted to hospital. Very satisfactory improvement in local and general condition.

24. 4.39. Has maintained improvement since discharge. Bilateral fibro-caseous disease both upper lobes but cavities present on admission have disappeared.
Case No. 165. Mrs. J.G. Age 27 yrs. Para O.

HISTORY.
10. 8.31.
Patient has not felt well for the last 9 weeks. Developed a cough 2 months ago, which has gradually become more troublesome, and is now accompanied by a thick sputum. Sister is a notified case of pulmonary tuberculosis.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.4.34.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
19. 3.32. Discharged from hospital. Very great improvement in local and general condition.
23.11.33. Patient's condition beginning to deteriorate. Losing weight.
2. 5.34. Deterioration continues. Progressive fibro-caseous T.B. both upper lobes, more extensive than on first visit.
15.11.34. Reports 4 months pregnancy. Very little change since last report. Owing to patient's strong desire to have a baby, and fibrosis being radiologically evident to a satisfactory extent, it was decided to allow the pregnancy to continue.
28. 4.35. Confined 8 days ago. Feels quite well. No deterioration to be noted in local condition.
2. 6.35. Had a small haemoptysis this morning.
24. 6.35. Admitted to hospital.
30. 1.36. Discharged from hospital. General and local improvement marked.
2. 5.36. Improvement generally maintained.

Case No. 166. Mrs. A. McM. Age 28 yrs. Para 1.

HISTORY.
Patient has been ailing for the past month. Caught a chill 3 weeks ago, and has had a cough and spit since, with a sore throat, which developed 6 days ago.

DIAGNOSIS./
DIAGNOSIS.
Radiological. Infiltration with the appearance of small vomica below L. clavicle. Small deposit below R. clavicle.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
23. 7.32. Discharged from hospital. Lesions have undergone satisfactory fibrosis.
22. 1.34. Not doing well. Confined to bed.
6. 4.34. Feels much better. Disease advancing slowly. General condition only fair.
26. 7.34. Pulmonary condition continues much I.S.Q. Is 5 months pregnant. Owing to the slow progress of the disease, the advanced state of gestation, the satisfactory home conditions, and the possibility of admitting patient to hospital after confinement, the pregnancy was allowed to continue.
28. 12.34. Admitted to hospital.
4. 6.35. Discharged from hospital. Satisfactory improvement in local condition. Lesions undergoing fibrosis.
3. 1.36. Very little change in local condition. General condition has been maintained also.


HISTORY.
11. 4.37. Patient was admitted to a general hospital suffering from an acute attack of pleurisy, one week ago. Now has slight cough and sputum.

DIAGNOSIS.

Bacteriological. Sputum positive, 15.4.39.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS/
Case No. 168. Mrs. N.C. Age 24 yrs. Para 0.

HISTORY.

23. 1.32.
Has a troublesome cough with thick, yellowish sputum. Both have been present for the last 3 months. No other complaints except recent loss of weight.

DIAGNOSIS.

Bacteriological. Sputum positive, 27. 1.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to hospital. Hygiene-dietetic regime.

PROGRESS.

18. 6.32. Discharged from hospital. Striking improvement in pulmonary condition. Bi-apical lesions undergoing fibrosis.

23. 1.33. Improvement not maintained. Lesions beginning to break down. Small cavity now present at L. apex, with progressive fibro-caseous T.B. at both upper lobes. Patient reports 3 months amenorrhoea.

4. 2.33./
PROGRESS (Contd.)

4. 2.33. Owing to the progressive nature of the pulmonary condition, it was felt that the patient would be unable to undertake the strain and physical exertion of labour, and therapeutic abortion was advocated. If satisfactory progress resulted in the local condition, it was felt that pregnancy might be allowed later.

23.10.33. Little change to note in local condition.

3. 2.34. Local condition shows very little change during the past year. Some slight progress in general condition with improvement in patient's cough and sputum.

Case No. 169. Mrs. J.S. Age 33 yrs. Para 1.

HISTORY.

3. 9.29. Patient caught a severe cold 12 weeks ago, and has had a severe cough and copious sputum ever since. Has also been losing weight.

DIAGNOSIS.

Bacteriological. Sputum positive, 6.9.29.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Dispensary supervision. Patient refused hospitalisation.

PROGRESS.

24. 5.31. Patient has been going downhill slowly. Now suffering from bilateral progressive fibro-caseous T.B. with small cavity in R. second interspace.

2. 9.32. Patient has continued to lose ground slowly. Now 3 months pregnant.

10. 9.32. Owing to the deterioration of the pulmonary condition of the patient, and the fact that the domestic circumstances were far from satisfactory, abortion was undertaken.

3.10.32. Patient has undergone operation without any deterioration locally. Active disease still present both upper lobes.

4. 6.33. Very little change to note. Local condition has remained stationary. Slight gain in weight.

22.11.33. Slight improvement locally. Very few complaints. Cough only troublesome at night.
Case No. 170. Mrs. E.S. Age 28 yrs. Para 1.

HISTORY.
29.11.33. Patient developed pleurisy after a severe chill 2 months ago. Is now complaining of a pain in the R. side, of 4 days duration. Has a cough, and is breathless on the slightest exertion. Her husband died from tuberculosis, and her child is a notified case.

DIAGNOSIS.
Bacteriological. Sputum positive, 10.12.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3.1.34. Patient left hospital at own request. Very little change to note in local or general condition.
25.6.35. Patient's condition shows very little change from first visit. Small cavity now present in R. upper lobe.
28.4.36. Patient's condition deteriorating. Losing weight rapidly, and looking somewhat toxic. Is 2½ months pregnant.
2.5.36. Owing to the progressive nature of the pulmonary condition, and the patient's social and financial condition, it was decided to recommend abortion.
16.5.36. Abdominal hysterotomy and sterilisation.

HISTORY.
11.11.32. Patient has had a troublesome cough for some time. Has been losing weight recently, since she commenced nursing her father, who died from pulmonary tuberculosis.

DIAGNOSIS.
Bacteriological. Sputum positive, 21.11.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygiuno-dietetic regime.

PROGRESS.
20.5.33. Discharged from hospital. Very satisfactory improvement in local and general condition. Healing fibro-caseous changes both upper lobes with disappearance of small cavity in R. upper lobe.
4.10.34. Slight deterioration in pulmonary condition. Caseation occurring in both upper lobes. Losing weight.
25.11.35. Patient has gone downhill during the last year. Infiltrative changes both upper lobes of a progressive nature with appearances suggestive of multiple cavities R. upper lobe.
29.11.35. Owing to the progressive nature of the pulmonary lesions and the very unsatisfactory conditions of the patient's home, it was decided to carry out abortion.
26.5.36. Very little change to note in pulmonary lesions. Slight deterioration in patient's general condition.
22.12.36. Patient's pulmonary condition has remained stationary for the last 6 months. General condition only fair.
(B) Diagnosed during Pregnancy.

Case No. 172. Mrs. J.B. Age 20 yrs. Para 1.

HISTORY.
19. 4.38. Patient developed a severe pain in the R. side one week ago. Is breathless on the slightest exertion. Reports 2 months amenorrhoea.

DIAGNOSIS.
Radiological. Progressive fibro-caseous T.B. changes both upper lobes, more marked R. side.
Bacteriological. Sputum positive, 28. 4.38.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
24. 6.38. Some improvement in local condition.
3. 9.38. Patient now 7 months pregnant. Feels very well. Pulmonary condition continues to improve.
14. 9.38. Patient discharged from hospital at own request.
20. 11.38. Confined 3 weeks ago. Breathless, with some increase in cough and sputum lately. Increase in activity to be noted locally.
10. 6.39. Patient went downhill rapidly after a severe haemorrhage 3 weeks ago, and died.

Case No. 173. Mrs. A. McK. Age 22 yrs. Para 0.

HISTORY.
29. 10.30. Patient had a severe pain in the R. side 3 weeks ago. This pain returned 4 days ago. Has an occasional cough and sputum. Grandmother suffered from tuberculosis.

DIAGNOSIS.
Radiological. Infiltrative changes R. upper lobe extending to third interspace. Some small fluffy nodular deposits L. intercleidohilar zone.
Bacteriological. Sputum positive, 4. 11.30.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation, as she was 4 months pregnant. Therapeutic abortion was also recommended, but this advice was also rejected.

PROGRESS/
PROGRESS.

16.12.30. Feels quite well. No change to note in local or general condition.
3.4.31. Patient delivered 3 weeks ago. Some deterioration in local condition.
15.8.31. Has gone downhill gradually. Looks very ill and toxic.

Case No. 174. Mrs. A.B. Age 23 yrs. Para 0.

HISTORY.

21.11.36. Illness began 6 weeks ago with loss of appetite and a feeling of tiredness. A severe cough commenced 3 weeks ago, accompanied by scanty sputum. Is 4 months pregnant.

DIAGNOSIS.


Bacteriological. Sputum positive, 25.11.36.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Dispensary supervision, patient refusing hospitalisation.

PROGRESS.

26.1.37. Feels well apart from slight lassitude. No change to note locally.
9.6.37. Patient developed a broncho-pneumonic spread of her disease and died.

Case No. 175. Mrs. A.C. Age 26 yrs. Para 0.

HISTORY.

4.4.37. Patient has had a cough and sputum for the past 2 months with a pain in the back of 2 weeks duration. Is 2 months pregnant.

DIAGNOSIS.

Radiological. Infiltration L. apica; and sub-apical regions. Fibro-caseous changes R. upper lobe with cavity in first interspace.

Bacteriological. Sputum positive, 13.4.37.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
25. 7.37. Now has no complaints. Local condition stationary.
4. 1.38. Patient confined to bed. Very ill.
24. 1.38. Patient died.

Case No. 176. Mrs. F.R. Age 25 yrs. Para 0.

HISTORY.
3. 6.32.
Patient had a severe attack of pleurisy 3 weeks ago. Chest has been troublesome since. Is 3 months pregnant.

DIAGNOSIS.
Radiological. Infiltrative changes from apex to third rib with evidence of cavitation below second rib. Small infiltration L. side below first rib.
Bacteriological. Sputum positive, 6.6.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3.11.32. Transferred from sanatorium to maternity home. Confined 10 days later.
26.12.32. Patient returned home against advice. Confined to bed meantime. Local condition has deteriorated since delivery.
23. 1.33. Patient developed T.B. bronchopneumonia and died 3 weeks later.
Case No. 177.  Mrs. M.S.  Age 26 yrs.  Para. 2.

HISTORY.
27. 4.36.
Patient developed a severe chill 9 weeks ago. Has been losing weight and feeling tired since. Slight cough and sputum. Is 4 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 30.4.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3. 7.36. Patient left hospital at own request. Little change to note in local or general condition.
3.11.36. Confined.
6. 1.37. Patient went rapidly downhill after confinement and died on 7.1.37.


HISTORY.
4. 8.30.
Patient at present is complaining of cough, accompanied by thick greenish sputum, pain in the R. side of the chest, and loss of weight. Is 4 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 7.8.30.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
15.10.30. Patient refused hospital. Confined to bed at home. Little change to note in local condition.
26.11.30. Some improvement in lung lesions after rest in bed. Is now 7 months pregnant.
12. 4.31. Now getting up. Lesions continue to spread locally. Looks ill and cyanosed.
26. 7.31. Died.
Case No. 179. Mrs. H. McG. Age 30 yrs. Para 0.

HISTORY.
27. 9.36.
Patient has been losing weight for some months. Cough developed 2 months ago, and has been especially troublesome at night. Is 3 months pregnant.

DIAGNOSIS.
Radiological. Infiltration upper half of L. lung with evidence of breaking down in second interspace. More recent mischief from apex down to second rib. Heart and trachea slightly pulled to L.

Bacteriological. Sputum positive, 30.9.36.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
9. 1.37. Slight improvement in local and general condition. Now 7 months pregnant.
23. 3.37. Patient confined 11 days ago. Feels quite well. Cough more troublesome than before delivery.
4.10.37. Patient has gradually gone downhill since delivery. Now confined to bed with extensive disease in both lungs.
7.11.37. Patient admitted to hospital, but died 3 weeks later.

Case No. 180. Mrs. M. R. Age 23 yrs. Para 0.

HISTORY.
26. 2.35.
Patient has not been well for the last 6 months. Always tired and listless. Developed severe pain in the R. side 4 days ago. Is 3 months pregnant.

DIAGNOSIS.

Bacteriological. Sputum positive, 28.2.35.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic treatment with full course of gold therapy.

PROGRESS/
PROGRESS.
4. 6.35. Left hospital at own request when 7 months pregnant. Some improvement in general condition with amelioration of lung symptoms. Little change to note locally.
13. 8.35. Confined 3 weeks ago. Feels tired and cough is much worse than formerly. Disease progressing rapidly locally.
26.11.35. Now confined to bed. Sinking rapidly.
4.12.35. Developed symptoms of meningeal involvement and died 10 days later.

Case No. 181. Mrs. M.W. Age 22 yrs. Para 0.

HISTORY.
8. 7.30. Has had a cough for the last 5 months. Sputum commenced appearing with this complaint 3 weeks ago. Is 3 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 11.7.30.
Clinical. Progressive Fibro-caseous, T.B.

TREATMENT.

PROGRESS.
27.12.30. Patient transferred to a maternity hospital. Has made excellent improvement in local and general condition. Locally, lesions have undergone fibrosis to a considerable extent, but disease is still active.
3. 1.31. Patient delivered.
22. 1.31. Patient readmitted to sanatorium. Some deterioration in local condition.
16. 4.31. Patient discharged from hospital. Fibro-caseous changes still present in both upper lobes, but pulmonary condition has improved since admission.
3. 9.31. Patient had large haemorrhage this morning. Progressive disease present both lungs.
26. 9.31. After having several small haemoptyses patient lost ground rapidly, and died.
Case No. 182.  Mrs. J.S.  Age 26 yrs.  Para 1.

**HISTORY.**
26.11.34.  Patient had 2 attacks of pleurisy a few years ago.  At present is complaining of a severe cough and sputum.  Is 4 months pregnant.

**DIAGNOSIS.**

- **Bacteriological.** Sputum positive, 29.11.34.
- **Clinical.** Progressive Fibro-caseous T.B.

**TREATMENT.**
Dispensary Supervision.  Patient refused hospitalisation.

**PROGRESS.**
31.12.34.  Feels improved.  Now 5 months pregnant.
13. 3.35.  Some improvement in local and general condition.  To be confined next month.
6. 5.35.  Confined 10 days ago.  Looking rather ill and toxic.  Disease showing signs of extending locally.
23.11.35.  Disease has continued to make slow headway.  Is now confined to bed, and very ill.
15. 1.36.  Patient died.


**HISTORY.**
6. 8.36.  Patient has not felt well for the past 3 months.  Is meantime complaining of troublesome cough and general weakness and fatigue.  Is 3 months pregnant.

**DIAGNOSIS.**

- **Bacteriological.** Sputum positive, 8.8.36.
- **Clinical.** Progressive Fibro-caseous T.B.

**TREATMENT.**

**PROGRESS.**
8.10.36.  Patient's condition slowly improving.  X-ray shows fibrosis occurring at both apices.
26. 1.37.  Patient continues to improve.  Some activity present at both apices, however.
15. 2.37
Case No. 184. Mrs. H.R. Age 34 yrs. Para 4.

HISTORY.
21. 6.34. Patient has had a cough for several years but this has been getting much worse lately. A sharp stabbing pain was experienced by patient in the left side 4 days ago. Is 4 months pregnant.

DIAGNOSIS.
Radiological. Extensive bilateral fibro-caseous changes with appearances suggestive of vomication L. infraclavicular region.
Bacteriological. Sputum positive, 23.6.34.
Clinical. Clinical Fibro-caseous T.B.

TREATMENT.
Dispensary supervision.

PROGRESS.
1.10.34. Patient now 8 months pregnant. Feels much improved recently. Some improvement noted in local condition.
26.12.34. Confined 3 weeks ago. Rather breathless and easily tired. No change to note in local condition.
25. 6.35. Disease slowly extending in both lungs. Patient looking rather cyanosed.
17.12.35. Little change to note in local and general condition during the last 8 months. Active disease both upper lobes slowly extending. Poor general condition.
23. 5.37. Patient died.
Case No. 185. Mrs. C.K. Age 34 yrs. Para 5.

HISTORY.

14. 5. 31.
Patient has not felt well for the last 6 months. Meantime has a troublesome cough and sputum, which was streaked with blood 3 days ago. Sweating at night occasionally for the last few weeks. Is 2 months pregnant.

DIAGNOSIS.

Radiological. Extensive fibro-caseous changes throughout R. lung with more recent changes L. second interspace.

Bacteriological. Sputum positive, 17.5.31.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Dispensary supervision, patient refusing hospitalisation.

PROGRESS.

22.10.31. Slight improvement in local condition. Patient remaining in bed at home. Cough and sputum definitely improving.

24. 1.32. Patient delivered 2 weeks ago. Feels rather tired and complains of general weakness. Pulmonary condition shows some deterioration at both upper lobes.

25. 7.32. Patient meantime confined to bed with severe chill. Lesion slowly extending.

23. 2.33. Patient now confined to bed all day. Disease progressing more rapidly.

9. 4.33. Patient died.

Case No. 186. Mrs. I.A. Age 36 yrs. Para 3.

HISTORY.

21.10.30.
Patient has been feeling tired and lethargic for the last 6 months. At present has a very severe cough with occasional pains in the left side of the chest. Is 3 months pregnant.

DIAGNOSIS.

Bacteriological. Sputum positive, 24.10.30.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.


PROGRESS.
PROGRESS.
25. 3.31. Patient's local and general condition has undergone considerable improvement since admission. Disease still active but not progressing L. upper lobe.
30. 4.32. Patient confined to bed at home. Going downhill rapidly.
28. 5.32. Died.


HISTORY.
11. 9.33. Patient was well until 4 months ago when she developed a severe troublesome cough. Has been losing weight recently. Is 3 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 14.9.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
24.11.33. Patient left hospital at her own request. Little change to note in local or general condition.
13. 4.34. Patient confined 10 days ago. Definite deterioration in local condition compared with state before delivery.
9.12.34. Patient going downhill slowly. Physical signs of extending disease, both upper lobes.
24. 5.35. Patient died.
Case No. 188. Mrs. H.R. Age 28 yrs. Para 1.

HISTORY.
9. 5.32. Patient developed an attack of influenza about 3 months ago. Has had a cough and sputum since. Is 2 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 11.5.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision.

PROGRESS.
24. 9.32. Is now 6 months pregnant. Feels well. Cough and sputum decreasing slightly. No very evident change locally.
4. 11.32. Slight improvement in general and pulmonary condition.
27. 12.32. Patient confined 2 weeks ago. Disease now affecting L. base as well as both apices. Looks toxic.
24. 6.33. Patient's local condition has improved with bed rest. Does not look well.
16. 10.33. Lesions slowly spreading in both lungs. Has lost 11 lbs. in the last 5 months.
4. 1.34. Local and general condition remain much the same as in previous report. Patient resting most of the day in bed.

Case No. 189. Mrs. H.C. Age 32 yrs. Para 3.

HISTORY.
25. 8.36. Patient had an attack of pleurisy one year ago. Has always been tired and breathless since. Developed a troublesome cough and sputum 5 months ago, which has been becoming more severe since. Is 3 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 28.8.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
PROGRESS.
26.12.36. Patient discharged from hospital. Decided improvement in local and
genereal conditions. Now 7 months pregnant.
16.3.37. Patient delivered 3 weeks ago. Very slight deterioration in local condi-
tion. Feels quite well apart from dysphonia and lassitude.
3.8.37. Patient resting in bed. No great change to report in local condition.
Active disease throughout L. lung with some fresh deposits in R. upper
lobe.
5.3.38. Very little change to note in patient's condition in the last 6
months. Disease slowly progressing. Keeps quite well.


HISTORY.
31.3.36. Illness began with pleurisy 9 months ago. Is at present complaining of cough, loss of weight
and general debility. Is 7 months pregnant.

DIAGNOSIS.
Radiological. Fibro-caseous disease both upper lobes with cavity with fluid level in first L. inter-
space. Obliteration of R. costo-phrenic sinus.
Bacteriological. Sputum positive, 3.4.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision.

PROGRESS.
15.5.36. Little change to note in local or general condition. Patient resting
at home meantime.
23.6.36. Patient confined 11 days ago. Feels
tired and is sweating at night.
Slight extension of disease to L. base.
24.1.37. Patient's condition deteriorating.
Admitted to hospital.
3.7.37. Slight improvement in local condition.
Feels much better with some improve-
ment in cough and sputum.
14.12.37. Discharged from hospital at own re-
quest. Disease still active both
upper lobes but not advancing
meantime.
Case No. 191. Mrs. J.B. Age 26 yrs. Para O.

HISTORY.
4. 4.36.
Patient states her chest has been troublesome for the last 6 months. Coughed up a small mouthful of blood 3 days ago, and sputum has been streaked with blood on several occasions since. Is 6 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 7.6.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Patient refused hospitalisation.

PROGRESS.
23. 6.36. Patient confined to bed at home. Local condition slowly improving. Symptoms much less troublesome.
26. 7.36. Confined 2 weeks ago. Does not feel well at all. Disease very active and progressing both upper lobes.
31.12.36. Still confined to bed. No further progress of the disease.
26.12.37. During the past year patient has mainly been confined to bed. Very slight deterioration has occurred in pulmonary condition. General condition shows slight improvement if anything.

Case No. 192. Mrs. E.W. Age 22 yrs. Para O.

HISTORY.
3. 9.33.
Patient has not been feeling well for some time. Is complaining at present of loss of weight, night sweats and cough. Is 8 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.9.33.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
3. 4.34. Slight improvement has resulted in local and general condition from rest period in bed. Disease still active and slowly progressing both apices.
3.11.34. Patient going slowly downhill. Now can only manage to rise for one hour per day.
Case No. 193. Mrs. M.H. Age 23 yrs. Para 0.

HISTORY.
11.6.30. Patient developed a severe chill 6 months ago and has never been well since. At present has a bad cough and is sweating profusely at night. Is 7 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 18.6.30.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
26. 8.30. Was confined 15 days ago at home. Disease has progressed rapidly in both lungs. Cough very troublesome and sputum copious.
3. 1.31. Still confined to bed. Little change to note in local or general condition.
18. 9.31. Patient still confined to bed. Slight improvement in local condition but disease very active.
23. 8.32. Patient died.

Case No. 194. Mrs. L.C. Age 24 yrs. Para 0.

HISTORY.
4.11.35. Patient has had a troublesome cough for the last 4 months. Was unproductive until 5 weeks ago. Feels tired and out of sorts. Is 3 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.11.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital Hygieno-dietetic treatment.

PROGRESS.
26. 2.36. Patient left hospital at own request. Pulmonary lesions have greatly improved during her stay in hospital. Now 7 months pregnant.
10. 5.36. Confined 3 weeks ago. Meantime resting in bed, but feels quite well.
27. 6.37. Patient's lung symptoms have gradually improved during the past year. General condition has shown little change. Locally, pulmonary lesions have undergone some fibrosis.

HISTORY.
27. 1.33.
Patient has been feeling out of sorts for the last 3 months. Has had a troublesome cough for months but this has been becoming much worse recently. Is 5 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 31.1.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
15. 3.33. Patient confined to bed at home. No change to note in local or general condition.
3.12.33. Some slight improvement locally. Still confined to bed.
14. 7.34. Going downhill slowly. Had a small haemoptysis 3 days ago. Looking very ill and breathless.
24.11.34. Died.

Case No. 196. Mrs. I.R. Age 37 yrs. Para 3.

HISTORY.
23. 9.35.
Patient developed a severe cold 9 months ago, and has had a slight cough and sputum since. Seven days ago, she began to have a severe pain in the left side. Husband is a notified case of tuberculosis.

DIAGNOSIS.
Radiological. Infiltrative changes in L. upper lobe in infraclavicular region.
Bacteriological. Sputum positive, 27.9.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Case No. 197.  Mrs. L.F.  Age 36 yrs.  Para 3.

HISTORY.
3.10.29. Has been gradually losing weight for the last 5 months. Has a very troublesome cough and sputum. Probably 2 months pregnant.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.10.29.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
14.11.29. As patient refused hospital, and the pulmonary lesions were extensive and progressive, abortion was carried out.
23. 5.30. Patient has gradually improved with bed rest at home. Now being allowed up gradually.
26.11.30. Improvement has continued slowly since last report, but lesions still active.
Case No. 198.  Mrs. R.I.  Age 24 yrs.  Para 0.

HISTORY.
1. 4.37.
Patient coughed up a small amount of blood 4 days ago.  Has had a cough and thick greenish-yellow sputum for some time.  Is 3 months pregnant.

DIAGNOSIS.
Bacteriological.  Sputum positive, 4.4.37.
Clinical.  Progressive Fibro-caseous T.B.

PROGRESS.
16. 5.37.  As patient did not wish to come into hospital, and the financial circumstances of her household were unsatisfactory, abortion was recommended, and performed on 15.5.37.
25. 7.37.  Operation has had no disastrous effects on local or general condition.
23. 5.38.  Little change has occurred in local or general condition since hysterectomy was carried out.

Case No. 199.  Mrs. E.I.  Age 29 yrs.  Para 3.

HISTORY.
3. 7.32.
Patient had a sharp attack of pleurisy 4 weeks ago.  Since then, she has never felt well.  Has been losing weight for some time.  Is 4 months pregnant.

DIAGNOSIS.
Radiological.  Extensive fibro-caseous changes both upper lobes, with small vomica in second L. interspace.
Bacteriological.  Sputum positive, 6.7.32.
Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.
24.11.32.  Patient has gradually improved during her stay in hospital.  Transferred to maternity hospital for delivery.
23.12.32.  Readmitted to hospital after confinement.  Some deterioration in local condition.
30. 6.33.  Patient now beginning to improve.  General condition is good, and local lesions are beginning to heal.
6. 1.34.  Discharged from hospital.  Local and general condition satisfactory, but disease still active, although not progressive.

HISTORY.
8.3.35.
Patient has noticed she has been losing weight for the last 3 months. Developed a cough 3 months ago, and which is now accompanied by sputum. Is 3 months pregnant.

DIAGNOSIS.
Radiological. Infiltrative changes both upper lobes, more marked on R. side, with small cavity commencing in infraclavicular area.
Bacteriological. Sputum positive, 11.3.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
23. 3.35. As patient did not wish to come into hospital, and the disease was progressing slowly, it was decided to undertake therapeutic abortion. It was also noted that she already had 4 children.
2. 4.35. Abdominal hysterotomy and sterilisation.
15.12.35. Patient's local and general condition slowly improving with rest at home.
3. 6.36. Improvement has continued. Patient now able to do some of her own housework.

Case No. 201. Mrs. E.S. Age 28 yrs. Para 3.

HISTORY.
5.10.35.
Patient has had a cough and sputum for several years, but they have become considerably worse since she developed a severe chill 4 weeks ago. Beginning to perspire freely at night. Is 3½ months pregnant.

DIAGNOSIS.
Radiological. Extensive fibro-caseous disease both upper lobes.
Clinical. Extensive Fibro-caseous T.B.

PROGRESS.
23.10.35. As patient refused hospital, and the disease was definitely progressing, it was decided to undertake abortion.
23.11.36. Patient has gradually improved under supervision during the past year. Disease still active but is no longer progressing. General condition also satisfactory.

HISTORY.
10. 3.37.  Patient had a small haemoptysis one week previously. Has been losing weight, but cough and sputum have never been troublesome. Is 3 months pregnant.

DIAGNOSIS.
Bacteriological.  Sputum positive, 15.3.37.
Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
2. 9.37.  Patient transferred to maternity home for delivery. Has progressed favourably during her stay in sanatorium.
24. 9.37.  Readmitted to hospital after confinement. Some deterioration in local condition noted. Feels tired and listless.
29. 3.38.  Beginning to improve. Symptoms show definite amelioration.
7. 6.38.  Discharged from hospital. Feels very well. Local condition satisfactory.
24. 9.38.  Local and general condition have continued to improve. Cough and sputum only in the morning, and no other complaints elicited.

HISTORY.

17. 5.36.  Patient was confined 2 weeks ago. Since then, she developed night-sweats and has felt tired and listless. Her cough, present 2 months before confinement, has become increasingly worse, with a corresponding increase in sputum. Temperature has never settled since labour, rising to 100.2 in the evenings.

DIAGNOSIS.

Radiological.  Extensive fibro-caseous disease both upper lobes, with appearances suggestive of cavitation in first L. interspace.

Bacteriological.  Sputum positive, 20.5.36.

Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.


PROGRESS.

24. 8.36.  Some improvement in both local and general condition. Very little cough and sputum still present.


25. 4.37.  Some deterioration in lungs, disease once more progressing. Has lost almost a stone in weight since discharge from hospital. Had 2 small haemoptyses 3 weeks ago.


30. 9.37.  Patient died.
Case No. 204.  Mrs. D.K.  Age 21 yrs.  Para 0.

HISTORY.
26. 1.34.
Patient commenced a troublesome cough 3 months before she was confined on 14.1.34. Since then, cough has been even more incapacitating, and is now accompanied by a thick, greenish-yellow sputum. Temperature has never settled since confinement, and patient is sweating heavily at night.

DIAGNOSIS.
- Bacteriological.  Sputum positive, 5.2.34.
- Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
27. 4.34.  Patient went steadily downhill after admission, and died on this date.

Case No. 205.  Mrs. T.B.  Age 23 yrs.  Para 0.

HISTORY.
15. 8.36.
After her confinement 3 weeks ago, patient developed a cough with thick, purulent sputum. Has never really felt well since her delivery.

DIAGNOSIS.
- Radiological.  Extensive fibro-caseous changes both upper lobes, with large cavity in R. upper lobe.
- Bacteriological.  Sputum positive, 18.8.36.
- Clinical.  Progressive Fibro-caseous T.B.

PROGRESS.
26. 9.36.  Patient refused hospitalisation. Confined to bed at home.
8.12.36.  Developed rapid spread of disease to both bases and died 5 days later.

HISTORY.
3. 7.33.
Patient was confined 3 weeks previously. Since then she has felt tired and listless, and has developed a bad cough.

DIAGNOSIS.
Radiological. Extensive infiltrative disease both upper lobes with appearance suggestive of multiple cavitation R. infraclavicular region.

Bacteriological. Sputum positive, 6.7.33.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24.11.33. Patient went rapidly downhill after admission to hospital, and died on this date.

Case No. 207. Mrs. S.P. Age 22 yrs. Para 0.

HISTORY.
14.3.29.
Since her confinement 4 weeks ago, patient has never felt well. Three days ago, she suddenly coughed up a tumblerful of blood.

DIAGNOSIS.
Bacteriological. Sputum positive, 20.3.29.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
4. 9.29. Suddenly developed a severe attack of dyspnoea, and examination revealed spontaneous pneumothorax on R. side.
31. 9.29. 30 ounces of pus agitated from R. pleural cavity. Patient very toxic and ill.
24.10.29. Patient died.
Case No. 208. Mrs. O.W. Age 32 yrs. Para 2.

**HISTORY.**

3.10.36. Patient commenced to feel tired, and developed a cough shortly before she was confined 10 weeks previously. Since confinement, these symptoms have gradually increased. Has noticed she has been losing weight for the last 2 months.

**DIAGNOSIS.**

Radiological. Infiltrative changes both upper lobes, more extensive on R. side down to third inter-space. Small cavity present in L. infraclavicular region.

Bacteriological. Sputum positive, 5.10.36.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**


**PROGRESS.**

24. 2.37. Patient left hospital at her own request. Some improvement in general condition and chest symptoms, but little change to note locally.

29. 5.37. Pulmonary lesions have been deteriorating slowly since discharge from hospital.

4. 7.37. Now confined to bed. Had a large haemoptysis last week.


**HISTORY.**

4. 8.30. Patient developed a cough and sputum 3 months previously, but these have become more persistent since she was delivered 7 weeks ago. Had a sharp pain in the L. side 5 days ago.

**DIAGNOSIS.**

Radiological. Dense deposits of fibro-caseous disease both upper lobes, more extensive L. side. Small loculated pleural effusion L. base.

Bacteriological. Sputum positive, 8.8.30.

Clinical. Progressive Fibro-caseous T.B.
TREATMENT.

PROGRESS.
29.11.30. Patient went downhill gradually after her admission to hospital, and died on this date.

Case No. 210. Mrs. S.L. Age 19 yrs. Para 0.

HISTORY.
5.11.31. Patient was confined 2 months ago. Shortly before this, she began to feel tired and listless, with frequent pains in the chest. Had small haemoptysis last week.

DIAGNOSIS.
Bacteriological. Sputum positive, 8.11.31.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
11. 2.32. Patient refused hospitalisation. Meantime confined to bed at home. Not doing well.
2. 5.32. Going downhill. Disease extending rapidly.
24. 5.32. Died.
Case No. 211. Mrs. G.N. Age 22 yrs. Para 0.

HISTORY.
2.10.37. Patient has never felt well since she developed a severe chill 3 weeks before her confinement 8 weeks ago. Cough and sputum have been increasing considerably lately.

DIAGNOSIS.
Radiological. Widespread fibro-caseous disease both upper lobes, with appearance suggestive of multiple small cavities R. first interspace.
Bacteriological. Sputum positive, 6.10.37.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
20.11.37. Patient had a large fulminating haemorrhage 12 days after admission to hospital, and died one week later.


HISTORY.
6.12.35. Patient was confined 10 weeks previously. Shortly before this, she had a small haemoptysis, with blood-stained sputum for several days following. Cough and sputum have never really been troublesome until a few weeks ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 10.12.35.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
4. 9.36. Patient went downhill slowly at home. Eventually accepted hospitalisation ten days ago, but went downhill rapidly after admission and died today.

HISTORY.
22. 5.37.
Since her confinement 5 weeks ago, patient has never felt well, and has been steadily losing weight. Developed a sharp stabbing pain in the R. side for 4 days last week.

DIAGNOSIS.
Bacteriological. Sputum positive, 25.5.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
27.11.37. Patient has made no headway since admission. Disease extending rapidly.
24. 1.38. Patient died.

Case No. 214. Mrs. G.S. Age 21 yrs. Para 0.

HISTORY.
3. 1.38.
Patient has had a cough accompanied by yellowish sputum for the last 4 months. These became much worse shortly after her confinement 5 weeks ago. Is also losing weight, and perspiring freely at night.

DIAGNOSIS.
Radiological. Infiltrative changes R. apex to second interspace. Dense deposit L. upper lobe with marked increase in broncho-vascular strands L. base.
Bacteriological. Sputum positive, 6.1.38.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
22. 3.38. Patient was admitted to hospital, but went steadily downhill, and died.
Case No. 215. Mrs. U.F. Age 22 yrs. Para 0.

HISTORY.
11.10.35.
Patient developed a severe pain in the L. side of the chest 5 days ago. Has had a cough for several months, but has never been troublesome until 2 weeks ago. Was confined 6 weeks previously.

DIAGNOSIS.
Radiological. Infiltrative changes R. upper lobe down to third rib, with large cavity beneath clavicle. Similar changes L. infra-clavicular region.

Bacteriological. Sputum positive, 14.10.35.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision. Patient refused hospital.

PROGRESS.
3.6.36. Patient not doing well. Very cyanosed and breathless. Local lesions extending.
23.7.36. Now confined to bed at home. Sinking rapidly.
3.9.36. Patient died.

Case No. 216. Mrs. A.N. Age 28 yrs. Para 0.

HISTORY.
23. 7.32.
Patient had a large haemoptysis 12 days ago. Sputum has been blood-stained on occasions since. Has been losing weight rapidly since her confinement 7 weeks previously.

DIAGNOSIS.
Radiological. Extensive fibro-caseous changes throughout upper half of R. lung with multiple cavities. Infiltrative changes L. upper lobe down to second rib.

Bacteriological. Sputum positive, 26.7.32.

Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
4.11.32. Patient refused hospitalisation. Now confined to bed at home. Had further small haemoptyses on 3 occasions last week. Sinking slowly.
19. 5.33. Patient died.
Case No. 217. Mrs. F. V. Age 25 yrs. Para 0.

HISTORY.
3.12.34.
Patient has been feeling tired and listless since her confinement 6 weeks previously. Has a slight cough, which is not very productive. Sister a notified case of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.12.34.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24. 3.35. Has made no progress since admission. Disease slowly extending bilaterally.
4. 7.35. Going downhill more rapidly. Having frequent haemoptysis.
6. 9.35. Began to have frequent small haemoptyses and died 2 weeks later.

Case No. 218. Mrs. S. C. Age 28 yrs. Para 1.

HISTORY.
6. 3.37.
Since her confinement 8 weeks previously patient has never felt well. Cough and sputum have been very troublesome lately, keeping her awake at night. Lassitude has been becoming more evident during the past few weeks.

DIAGNOSIS.
Bacteriological. Sputum positive, 9.3.37.

PROGRESS.
23. 4.37. Patient only remained in hospital for eight days when she had to be discharged at her own request.
6.12.37. Went downhill gradually at home and died three weeks after this date.

HISTORY.
23. 8.35.
Patient developed hoarseness of the voice and a very troublesome cough after a bad cold 4 months ago. Was confined 9 weeks ago, and since then these symptoms have been becoming worse. Father died from pulmonary tuberculosis 3 years ago.

DIAGNOSIS.
Radiological.  Extensive fibro-caseous changes both upper lobes down to third ribs. Increased broncho-vascular strands both bases.

Bacteriological.  Sputum positive, 26.8.35.
Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.
15.11.35.  Has developed a large pleural effusion at the R. base. Very cyanosed and breathless.
24. 3.36.  Local and general condition deteriorating rapidly.
30. 6.36.  Died.

Case No. 220.  Mrs. W.L.  Age 21 yrs.  Para 0.

HISTORY.
5.12.31.
Patient has been complaining of a troublesome cough, which she contracted after an attack of influenza 6 weeks ago. Has never really felt well since her confinement almost three months previously.

DIAGNOSIS.
Radiological.  Extensive involvement of both upper lung fields with cavity formation occurring in R. and L. infraclavicular areas.

Clinical.  Progressive Fibro-caseous T.B.

PROGRESS.
3. 5.32.  Admitted to hospital after a large haemoptysis 2 weeks ago.
23. 6.32.  Developed a tuberculous broncho-pneumonia and died.
Case No. 221.  Mrs. C.K.  Age 27 yrs.  Para 1.

HISTORY.  
7.11.32.  
Patient has had a troublesome cough, which occasionally produces vomiting.  Sweating freely at night.  Was confined 11 weeks ago.  Two sisters notified cases of phthisis.

DIAGNOSIS.  
Bacteriological.  Sputum positive, 10.11.32.  

TREATMENT.  
Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.  
3. 1.33.  Patient has been losing in health since she was admitted to hospital.  Local condition deteriorating rapidly.  
30. 4.33.  Patient very ill.  Very breathless.  
15. 5.33.  Died.

Case No. 222.  Mrs. D.H.  Age 22 yrs.  Para 0.

HISTORY.  
5. 9.36.  
Patient was confined 7 weeks ago.  Has never really recovered her strength since, always feeling tired and lacking energy.  Mother died from phthisis 5 years ago, and was nursed by patient.

DIAGNOSIS.  
Bacteriological.  Sputum positive, 8.9.36.  

TREATMENT.  
Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.  
23.12.36.  Has made no progress since admission.  Temperature has never settled.  
6. 2.37.  Abdominal involvement now evident.  
23. 5.37.  Died.

HISTORY.
3. 7.32.
Patient was confined 7 weeks ago. Has a cough and sputum, which developed 3 weeks after. Has been losing weight and perspiring at night as well.

DIAGNOSIS.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
5. 9.32. Local and general condition deteriorating. Cough and sputum increasing, and now becoming breathless on the slightest exertion.
23.12.32. Confined to bed at home. Going downhill rapidly.
27. 3.33. Died.


HISTORY.
25. 3.33.
Patient has never really felt well since her confinement 6 weeks ago. Has felt tired and listless, with an annoying cough. Brother died from tuberculous meningitis 2 years ago, and mother is a notified case of phthisis.

DIAGNOSIS.

TREATMENT.

PROGRESS.
24. 9.33. Patient was beginning to improve, when she developed symptoms and signs of meningeal involvement and died 12 days after this date.
Case No. 225. Mrs. R.I. Age 21 yrs. Para 0.

HISTORY.
3. 8.29. Patient developed a severe pain in the L. side 3 weeks ago. Has a slight cough and sputum. Was confined 10 weeks previously. Had 2 similar attacks of pleurisy 4 and 6 years ago.

DIAGNOSIS.

Bacteriological. Sputum positive, 8.8.29.

Clinical. Progressive Fibrocaseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
30. 11.29. Patient's temperature has never settled since admission. Looking ill and toxic.
3. 2.30. Disease progressing steadily. Has had one or two small haemoptyses in the last few weeks. Sinking quickly.
6. 4.30. Patient died.

Case No. 226. Mrs. F.K. Age 25 yrs. Para 0.

HISTORY.
19. 3.36. Patient was confined 6 weeks ago. Has never felt well since, always lacking energy. Cough becoming more and more evident during the last few weeks. Suffered from tuberculous cervical adenitis 6 years previously.

DIAGNOSIS.
Bacteriological. Sputum positive, 22.3.36.

PROGRESS.
24. 9.36. Patient went steadily downhill after her admission, and died on this date.
Case No. 227. Mrs. C.J. Age 23 yrs. Para 0.

HISTORY.
14. 6.34.
Patient has noticed that she has been steadily losing weight and her energy since her confinement about 3 months previously. Has occasional chest pains.

DIAGNOSIS.
Radiological. Dense infiltrative changes both upper lobes, with cavity formation under R. second rib. Obliteration of L. costo-phrenic sinus and increased broncho-vascular strands both bases.
Bacteriological. Sputum positive, 17.6.34.

PROGRESS.
25.11.34. Patient was admitted to hospital, but local and general condition deteriorated quickly and patient died after terminal miliary spread to both bases.

Case No. 228. Mrs. F.Y. Age 22 yrs. Para 1.

HISTORY.
4. 8.37.
Patient was confined 6 weeks ago. Developed a troublesome cough and sputum 3 weeks later. Dyspnoea has been becoming increasingly evident. Two brothers have died from phthisis, and a sister is a notified case.

DIAGNOSIS.
Radiological. Progressive fibro-caseous disease involving both upper lobes extensively.
Bacteriological. Sputum positive, 7.8.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
31.12.37. Lesions spreading in both lungs. Patient looking very ill.
2. 3.38. Patient died on this date, 3 days after a large fulminating haemoptysis.
Case No. 229. Mrs. H.S. Age 26 yrs. Para 1.

HISTORY.
4. 8.35. Patient had a small haemorrhage after a bout of coughing 5 days ago. Sputum now occasionally blood-stained. Was delivered about two months ago.

DIAGNOSIS.
Radiological. Fibro-caseous changes R. upper lobe down to third interspace. Recent exudative disease first and second interspaces L. lung.
Bacteriological. Sputum positive, 26.8.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision. Patient refused hospitalisation.

PROGRESS.
15.12.35. Disease spreading in both upper lobes. Patient looking toxic and ill.
28. 3.36. Now confined to bed at home. Local condition deteriorating rapidly.
30. 6.36. Patient died.

Case No. 230. Mrs. V.N. Age 24 yrs. Para 0.

HISTORY.
5.11.37. Patient was confined 8 weeks previously. Has gradually become breathless since with accompanying loss of energy. Cough occasionally very troublesome.

DIAGNOSIS.
Bacteriological. Sputum positive, 30.11.37.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
30. 5.38. Patient has gradually went downhill since her admission. Now beginning to lose ground more quickly.
27. 9.38. Developed tuberculous broncho-pneumonia and died 2 weeks later.
Case No. 231. Mrs. R.G. Age 27 yrs. Para 1.

HISTORY.
17. 5.32.
Patient has never regained her strength after her confinement two months ago. Now complaining of general weakness, and a troublesome cough.

DIAGNOSIS.
Radiological. Infiltrative disease both upper lobes, more extensive on L. side, with cavity in para-hilar zone.
Bacteriological. Sputum positive, 20.5.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygierno-dietetic regime.

PROGRESS.
23.12.32. Patient went downhill during her stay in hospital and was discharged at her own request.
4. 2.33. Died at home.

Case No. 232. Mrs. T.C. Age 21 yrs. Para 0.

HISTORY.
26. 2.37.
After her confinement 6 weeks ago, patient developed a cough, productive of a thick purulent sputum. Has been losing weight and always feels tired in the evenings. One sister died from phthisis 2 years previously.

DIAGNOSIS.
Bacteriological. Sputum positive, 5.3.37.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
5. 8.37. Patient refused admission to hospital, and was confined to bed at home. Gradually sank lower, and ultimately died on this date after developing a broncho-pneumonia.
Case No. 233. Mrs. R.C. Age 23 yrs. Para 1.

HISTORY.
16. 2.36. Patient is complaining of a cough and copious, thick yellowish sputum. Has been tired and breathless for the last 2 months. Was delivered 11 weeks previously.

DIAGNOSIS.
Radiological. Bilateral infiltrative changes both apical and sub-apical regions, with appearances suggestive of cavitation L. second interspace.
Bacteriological. Sputum positive, 20.2.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24. 6.36. Had a large haemoptysis this morning. Has not done well since admission.
13. 7.36. Developed a broncho-pneumonia after her haemorrhage and died on this date.

Case No. 234. Mrs. W.V. Age 29 yrs. Para 1.

HISTORY.
31. 3.35. Patient was confined almost 3 months ago, and since then she has never felt well, always tired and listless. Has a troublesome cough and sputum. Sweating at night.

DIAGNOSIS.
Radiological. Extensive fibro-caseous changes down to second rib R. side, with similar but more extensive disease L. apex. Small infiltrate above L. hemi-diaphragm.
Bacteriological. Sputum positive, 4.4.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
26. 9.35. Died on this date after the appearance of laryngeal and abdominal involvement.
Case No. 235. Mrs. S.B. Age 23 yrs. Para 0.

HISTORY.
9. 1.37.
Patient was confined 10 weeks previously. Has felt well until she developed a sudden severe pain in the R. side 6 days ago. Since then has been breathless and sweating at night. Has always had a troublesome cough, occasionally productive.

DIAGNOSIS.
Radiological. Extensive fibro-caseous disease L. upper lobe, with numerous exudative foci in L. lung.
Small pleural effusion R. side.
Bacteriological. Sputum positive, 11.1.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygiene-dietetic regime.

PROGRESS.
24. 3.37. Patient left hospital at her own wish. Was losing ground during her stay. Disease very active and progressive both lungs.
24. 7.37. Died today after a sudden severe attack of dyspnoea, lasting for 12 hours.

Case No. 236. Mrs. I.V. Age 21 yrs. Para 1.

HISTORY.
6. 3.29.
Patient has been suffering from a cutting pain, worse when she coughs, on the R. side of the chest for the last 5 days. Has had a troublesome cough with thick, purulent sputum for the last 6 weeks. Was confined 9 weeks previously.

DIAGNOSIS.
Radiological. Infiltrative disease both apical and sub-apical regions, with cavitation in first and second interspaces R. lung.
Bacteriological. Sputum positive, 9.3.29.
Clinical. Progressive Fibro-caseous T.B.

PROGRESS.
23.11.29. Sputum has been blood-stained at intervals during the last 3 weeks with occasional small haemoptyses. Sinking rapidly.
Case No. 237. Mrs. W.C. Age 26 yrs. Para 1.

HISTORY.
18.3.30. Patient was confined 8 weeks ago. Since then she has felt tired, with little or no energy. Her cough, which commenced to be troublesome a few weeks ago, has been becoming more productive. Sweating heavily at night.

DIAGNOSIS.
Bacteriological. Sputum positive, 21.3.30.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
25.10.30. Patient went downhill, after her admission to hospital, and died on this date after developing tuberculous broncho-pneumonia.

Case No. 238. Mrs. T.M. Age 22 yrs. Para 0.

HISTORY.
3.7.34. Patient suddenly coughed up a small amount of blood 4 weeks ago. Has been in bed since with heavy staining of her sputum with blood. Was confined 7 weeks ago. Sister a notified case of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 5.7.34.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
29.11.34. Not doing well. Disease spreading locally. Night sweats very weakening.
24.8.35. Patient died.
Case No. 237. Mrs. W.C. Age 26 yrs. Para 1.

HISTORY.
18.3.30.
Patient was confined 8 weeks ago. Since then she has felt tired, with little or no energy. Her cough, which commenced to be troublesome a few weeks ago, has been becoming more productive. Sweating heavily at night.

DIAGNOSIS.
Bacteriological. Sputum positive, 21.3.30.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
25.10.30. Patient went downhill, after her admission to hospital, and died on this date after developing tuberculous broncho-pneumonia.

Case No. 238. Mrs. T.N. Age 22 yrs. Para 0.

HISTORY.
3.7.34.
Patient suddenly coughed up a small amount of blood 4 weeks ago. Has been in bed since with heavy staining of her sputum with blood. Was confined 7 weeks ago. Sister a notified case of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 5.7.34.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
29.11.34. Not doing well. Disease spreading locally. Night sweats very weakening.
24.8.35. Patient died.
Case No. 239. Mrs. E.B. Age 24 yrs. Para 0.

**HISTORY.**

6.11.34.
Patient was confined 7 weeks ago, and has never felt well since, complaining mainly of loss of energy and tiredness. Cough, which was present before confinement, has been becoming increasingly troublesome. Developed a severe pain in the left chest 4 days previously.

**DIAGNOSIS.**


Bacteriological. Sputum positive, 12.11.34.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**


**PROGRESS.**

23. 4.35. Patient improved considerably during her stay in hospital. Small exudative foci in R. upper lobe have now disappeared with considerable improvement in disease in L. upper lobe. General condition satisfactory.

19.11.35. Improvement shown in hospital has been maintained. Very little cough and sputum. Feels very well.

Case No. 240. Mrs. A.K. Age 33 yrs. Para 2.

**HISTORY.**

7. 5.34.
After her confinement about 2 months previously, patient developed a cough and sputum. Her voice commenced to get hoarse 5 days ago.

**DIAGNOSIS.**

Radiological. Extensive infiltrative changes mainly involving R. upper lobe, with similar but less marked disease R. infraclavicular region.

Bacteriological. Sputum positive, 10.5.34.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**

Admitted to hospital. Hygieno-dietetic regime.

**PROGRESS./**
Case No. 241.  Mrs. L.R.  Age 26 yrs.  Para 3.

HISTORY.
13. 7.30.  Patient has had a troublesome cough accompanied by thick, greenish-yellow sputum for several months. These have become steadily worse since her confinement 7 weeks ago. Is also losing weight.

DIAGNOSIS.
Bacteriological.  Sputum positive, 13. 7.30.
Clinical.  Bilateral Progressive Fibro-caseous T.B.

PROGRESS.
6. 9.30.  Disease has gained considerable ground in the last few months. Looking very toxic and ill.


HISTORY.
8. 6.29.  Patient has never felt well since she was confined 6 weeks ago, always feeling tired and as if she had lost all her energy. Also has a slight cough and sputum.

DIAGNOSIS.
Radiological.  Infiltrative changes L. upper lobe, with small, recent deposits in second R. interspace.
Bacteriological.  Sputum positive, 11.6.29.
Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.
Dispensary supervision.  Hygieno-dietetic regime.

PROGRESS.
23.12.29.  Patient has been slowly losing ground during the last 6 months. Disease very extensive on R. side of chest and with large cavity under R. clavicle.

30.6.30/
PROGRESS (Contd.)

30. 6.30. Patient looking very toxic and ill. Extensive, and progressive disease in both lungs.


HISTORY.
18. 3.29.
Patient is at present complaining of a severe cough and sputum, with occasional attacks of pain across the chest. Has always suffered from bronchitic attacks. Was confined about 3 months ago.

DIAGNOSIS.
Radiological. Fibro-caseous disease both sub-apical regions with more recent deposits L. mid-zone.

Bacteriological. Sputum positive, 22.3.29.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
25. 9.29. Patient left hospital at her own request. Made no progress during her stay.

29. 6.30. Patient now looking very dyspnoeic and ill. Disease extensive and progressing in both lungs.

Case No. 244. Mrs. B.M. Age 26 yrs. Para 2.

HISTORY.
25.11.37.
Patient was confined 11 weeks previously. Developed a harsh cough 4 weeks after, and 4 days ago, suddenly coughed up a mouthful of blood.

DIAGNOSIS.
Radiological. Progressive fibro-caseous disease both upper lobes, more marked R. side down to second interspace.


Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24. 5.38. Discharged from hospital. Marked improvement in local & general condition.

13. 9.38. Had a large haemoptysis last week. Now confined to bed.

31.12.38. Has been losing ground during the last 3 months. Progressive disease both upper
Case No. 245. Mrs. T.J. Age 20 yrs. Para 0.

HISTORY.
18. 2.34.
Patient is meantime complaining of a severe pain in the R. chest. Has had a cough which is occasionally productive since her confinement 8 weeks previously.

DIAGNOSIS.
Bacteriological. Sputum positive, 24.2.34.
Clinical. Bilateral Progressive Fibrocaseous T.B.

PROGRESS.
26. 9.34. Patient has gone downhill lately. Disease very active both upper lobes.
14. 3.35. Now confined to bed.
28. 6.35. Died.

Case No. 246. Mrs. A.B. Age 24 yrs. Para 0.

HISTORY.
1. 7.31.
Patient has had a cough and yellowish sputum for the last 6 weeks. Has felt tired and listless since her confinement 10 weeks ago. Mother a notified case of pulmonary tuberculosis.

DIAGNOSIS.
Bacteriological. Sputum positive, 4.7.31.
Clinical. Bilateral Progressive Fibrocaseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24.11.31. Discharged from hospital. Local and general condition have improved greatly since admission. Disease still active bilaterally.
4. 2.32. Has been losing weight since discharge. Disease definitely extending both upper lobes.
28. 6.32. Continues to lose ground. Mainly confined to bed. Disease extending both lungs.

HISTORY.
22. 8.36. Patient was confined 6 weeks ago. Since then has had to remain in bed, feeling tired and weak. Cough and night sweats have been very troublesome.

DIAGNOSIS.
Bacteriological. Sputum positive, 25.8.36.
Clinical. Progressive Fibro-caseous Tuberculosis bilaterally.

PROGRESS.
26. 5.37. Patient still confined to bed at home. Disease has progressed steadily since diagnosis.
3. 9.37. Deterioration has continued. Patient very ill.


HISTORY.
17. 4.37. Patient has never felt well since her confinement 5 weeks ago. Is now complaining of a pain in the left side of the chest, and an occasional staining of the sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 20.4.37.
Clinical. Bilateral Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
2.12.37. Patient discharged from hospital with considerable improvement in local and general condition.
11. 3.38. Improvement has not been maintained. Disease again progressing.
22. 5.38. Mainly confined to bed. Looking very ill and toxic. Disease continues to progress locally.

HISTORY.
25.2.38. Patient has been feeling tired and listless ever since she was confined 8 weeks ago. Night sweats and general weakness are now main complaints. One sister is a notified case of tuberculosis, and one brother died from phthisis 4 years ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 28.2.38.

PROGRESS.
15.3.38. Patient refused hospitalisation.
26.11.38. Disease has been progressing rapidly during the last 3 months. Now willing to go to hospital.
23.4.39. Patient died.

Case No. 250. Mrs. T.C. Age 36 yrs. Para 4.

HISTORY.
31.1.35. Patient began to cough up blood-stained sputum 11 days ago. Has had a cough with frequent bronchitic attacks during the winter for several years. Was confined 9 weeks ago.

DIAGNOSIS.
Radiological. Dense fibro-caseous disease throughout upper two-thirds R. lung with exudative changes at R. mid-zone.
Bacteriological. Sputum positive, 4.2.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
23.1.36. Patient very toxic-looking; disease slowly extending both upper lobes.
Case No. 251. Mrs. B.K. Age 28 yrs. Para 3.

HISTORY.
3. 7.31.
Patient has had a chronic cough and sputum for several years. These have become considerably worse since her confinement 5 weeks ago. Mother and 2 sisters notified cases of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 6.7.31.

TREATMENT.
Dispensary supervision. Patient did not wish hospitalisation.

PROGRESS.
23. 8.32. Patient has gone downhill gradually since diagnosis. Disease slowly extending both lungs, with large cavities under both clavicles. Mainly confined to bed.

Case No. 252. Mrs. G.C. Age 31 yrs. Para 2.

HISTORY.
3. 6.35.
Patient developed a cough and a thick sputum 3 weeks ago after a heavy chill. These have become considerably worse lately, and 3 days ago sputum was blood-stained. Was confined 10 weeks ago.

DIAGNOSIS.
Radiological. Progressive fibro-caseous changes mainly confined to R. upper lobe. Increased bronchovascular strands both bases.

Bacteriological. Sputum positive, 7.6.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
3.11.35. Pneumothorax had to be abandoned owing to an obliterative pleuritis. Cough and sputum still present, the latter containing tuberele bacilli.
16. 2.36. Patient left hospital at her own request. Local and general condition slightly improved since admission.
3. 5.36/
PROGRESS (Contd.)

3. 5.36. Fresh foci of disease have appeared in other lung. General condition also deteriorating.

23. 6.36. Condition much T.S.Q. Not doing well.


HISTORY.

17. 3.30. Patient was confined 5 weeks ago, and has never recovered her strength since. Developed a slight cough and sputum 2 weeks previously.

DIAGNOSIS.

Bacteriological. Sputum positive, 20.3.30.

TREATMENT.

Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.

3. 5.30. Left hospital of her own volition. No definite change to note in local or general condition.

23. 7.30. Feels quite well. Disease slowly progressing.

6. 11.30. Beginning to lose weight rapidly. Cough very troublesome at night. Local condition also deteriorating.

25. 5.31. Patient died.

Case No. 254. Mrs. W.A. Age 30 yrs. Para 1.

HISTORY.

4. 6.34. Patient has never felt well since her confinement 6 weeks ago. Has never really recovered her strength. Had an attack of pleurisy 10 days ago.

DIAGNOSIS.

Bacteriological. Sputum positive, 7.6.34.

PROGRESS.

24. 6.34. Patient left hospital after only 8 days residence. No change to note in local or general condition.

3. 12.34. Local lesions beginning to spread more quickly. Feels comparatively well.

26. 6.35. Deterioration has continued. Developed a large pleural effusion on the R. side last week, with subsequent fever and dyspnoea.
Case No. 255.  Mrs. U.C.  Age 24 yrs.  Para 2.

HISTORY.
5.11.37.
Patient developed a R. pleurisy with effusion 8 days ago.  Was confined 6 weeks ago.

DIAGNOSIS.
Bacteriological.  Sputum positive, 8.11.37.
Clinical.  Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.
28.11.37.  Pleural effusion tapped owing to excessive dyspnoea.  Looking cyanosed and toxic.
3.12.38.  Patient made no improvement in hospital and died on this date.

Case No. 256.  Mrs. B.C.  Age 31 yrs.  Para 2.

HISTORY.
5.10.31.
Patient has never regained her health and strength since her confinement 7 weeks ago.  Commenced to cough and spit shortly after.  Brother a notified case of tuberculosis.

DIAGNOSIS.
Bacteriological.  Sputum positive, 9.10.31.

TREATMENT.
Admitted to sanatorium.  Hygieno-dietetic regime.

PROGRESS.
3.11.31.  Patient went steadily downhill after her admission and died on this date.
Case No. 257. Mrs. C.J. Age 25 yrs. Para 2.

HISTORY.
4.12.35. Patient had a large haemoptysis one week previously. Has never really recovered from the strain of her confinement undergone seven weeks before this date.

DIAGNOSIS.
- Radiological: Extensive disease of fibro-caseous type throughout entire L. lung with a few scattered deposits second and third R. interspaces.
- Bacteriological: Sputum positive, 7.12.35.
- Clinical: Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
23. 4.36. Patient went downhill during her stay in hospital, and died 14 months after admission.

Case No. 258. Mrs. D.A. Age 34 yrs. Para 4.

HISTORY.
5.10.34. Patient has never really felt well since her confinement 4 weeks ago. Commenced a slight cough shortly afterwards, and has gradually been becoming worse, and is now accompanied by thick purulent sputum.

DIAGNOSIS.
- Bacteriological: Sputum positive, 8.10.34.

TREATMENT.
Dispensary Supervision. Patient did not wish hospitalisation.

PROGRESS.
24. 5.35. Patient slowly succumbing to her disease. Cough and sputum have been increasing, with loss of almost a stone in weight during the last 3 months.
3.11.35. Deterioration has continued. Extensive disease both upper lobes. Looking very ill.
Case No. 259.  Mrs. J.H.  Age 34 yrs.  Para 3.

HISTORY.

18.10.33.
Patient has been gradually losing her strength since she was confined 9 weeks ago.  Is now complaining of frequent pains in the chest and a troublesome cough.

DIAGNOSIS.

Bacteriological.  Sputum positive, 21.10.33.
Clinical.  Progressive Bilateral Fibro-caseous T.B.

PROGRESS.

24.11.33.  Patient left hospital at her own request 3 weeks after admission.
2. 4.34.  Slight deterioration of local and general condition.
3.11.34.  Deterioration has continued.  Now suffering from extensive and progressive bilateral disease.


HISTORY.

12. 1.35.
Patient was confined 5 weeks previously.  Is now complaining of loss of weight, tiredness, and troublesome productive cough.

DIAGNOSIS.

Bacteriological.  Sputum positive, 15.1.35.
Clinical.  Bilateral progressive Fibro-caseous Tuberculosis.

TREATMENT.

19. 2.36.  Patient gradually went downhill during her stay in hospital, and died on this date.
Case No. 261.  Mrs. M.B.  Age 23 yrs.  Para 0.

HISTORY.
1. 9.33.
Patient has gradually lost her health since she was confined 8 weeks ago. Now feels tired on the slightest exertion. Occasionally has a troublesome cough.

DIAGNOSIS.
   Bacteriological.  Sputum positive, 11.9.33.

TREATMENT.
   Admitted to hospital.  Hygieno-dietetic regime.

PROGRESS.
24. 1.35.  Patient failed to make any progress during her residence in hospital, and died on this date, three days after developing a spontaneous pneumothorax.

Case No. 262.  Mrs. L.D.  Age 27 yrs.  Para 3.

HISTORY.
11. 2.36.
Patient is meantime complaining of shortness of breath, night sweats, and a productive cough.  Was confined 10 weeks ago.

DIAGNOSIS.
   Bacteriological.  Sputum positive, 15.2.36.

TREATMENT.
23. 7.37.  Patient failed to improve under sanatorium conditions, went downhill slowly and died on this date.
Case No. 263.  Mrs. E.O.  Age 26 yrs.  Para 0.

HISTORY.
4. 7.31.
Patient has never felt really well since she was confined 4 months ago. In meantime complaining of a productive cough, tiredness, and loss of weight.

DIAGNOSIS.
Radiological.  Extensive fibro-caseous disease throughout upper lobes of both lungs. Small cavity first R. interspace.
Bacteriological.  Sputum positive, 7.7.31.
Clinical.  Progressive fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
19.10.31. Patient died after a little more than three months residence in hospital.

Case No. 264.  Mrs. I.B.  Age 32 yrs.  Para 1.

HISTORY.
15. 6.35.
Patient has never recovered her health or strength since her confinement 5 months previously. Had a small haemoptysis 3 weeks ago.

DIAGNOSIS.
Bacteriological.  Sputum positive, 19.6.35.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
25.12.35. Patient's condition deteriorated slowly during her stay in hospital, and she eventually died on this date.
Case No. 265. Mrs. C.U. Age 36 yrs. Para 3.

HISTORY.
16. 5.36. 
Patient was confined 4 months ago. Felt quite well apart from a slight tiredness, until 3 weeks ago when she developed a sharp cutting pain in the chest. Has had a cough and sputum for a similar period.

DIAGNOSIS.
Radiological. Infiltrative changes throughout upper two-thirds of L. lung, with a few nodular deposits of more recent disease in R. inter-pleural region.

Bacteriological. Sputum positive, 20.5.36.

Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

PROGRESS.
24.10.35. Discharged from sanatorium much improved in local and general condition. Has no symptoms apart from slight morning cough and sputum.

24. 6.37. Patient has maintained improvement since her discharge from hospital. Is now symptom free. Disease slowly stabilising locally.

Case No. 266. Mrs. T.C. Age 24 yrs. Para 0.

HISTORY.
23. 6.38. 
Patient began to notice her health had begun to fail shortly after her confinement about 5 months previously. Now has a very troublesome cough and sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 28.6.38.


TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
3. 5.39. Patient made no progress towards recovery after her admission, and died on this date.
Case No. 267. Mrs. N.R. Age 32 yrs. Para 1.

HISTORY.
17.11.30.
Patient developed a cough and sputum shortly after her delivery 4½ months previously. Has been becoming short of breath, and feeling tired in addition during the last 6 weeks.

DIAGNOSIS.
Radiological. Extensive bilateral fibro-caseous changes both upper lobes with appearances of multiple small cavities R. apex.
Bacteriological. Sputum positive, 20.11.30.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
23. 2.31. Patient died suddenly 3 days after developing a R. spontaneous pneumothorax.

Case No. 268. Mrs. K.F. Age 36 yrs. Para 1.

HISTORY.
12.5.37.
Patient dates the beginning of her illness from her confinement 4 months ago. Since then she has been feeling tired and listless, with a very troublesome cough and sputum.

DIAGNOSIS.
Radiological. Widespread fibro-caseous changes R. upper lobe with cavitation. Infiltrative changes of more recent origin L. upper lobe.
Bacteriological. Sputum positive, 16.5.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
8. 3.38. Patient's progress in hospital consisted of steady deterioration, and she eventually died on this date.
Case No. 269. Mrs. G.S. Age 26 yrs. Para 0.

HISTORY.
7.10.35.
Patient has never felt well since her confinement 5 months previously. Has been gradually losing her strength, and eventually had to take to bed. Also has a very weakening cough. Two brothers notified cases of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 9.10.35.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
26.5.36. Patient went downhill gradually during her sojourn in hospital and died on this date.

Case No. 270. Mrs. W.J. Age 25 yrs. Para 0.

HISTORY.
14.3.29.
Patient has a very troublesome cough which developed shortly after her confinement 3½ months previously. Is now accompanied by a thick yellowish sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 18.3.29.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24.11.29. Patient went downhill slowly after her admission, and eventually died on this date after developing a tuberculous broncho-pneumonia.

HISTORY.
4.11.36.
Patient suddenly coughed up a mouthful of blood 3 weeks ago, and her sputum has been occasion-
ally blood-stained since. Developed a cough shortly after she was confined 4 months ago,
and this has been steadily getting worse since.

DIAGNOSIS.
Bacteriological. Sputum positive, 7.11.36.
Clinical. Bilateral Progressive Fibro-

caseous Tuberculosis.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
26. 7.37. Patient's condition deteriorated slowly during her stay in hospital,
and she eventually died on this date.

Case No. 272. Mrs. U.C. Age 34 yrs. Para 2.

HISTORY.
3.11.37.
Patient was confined 5 months previously. Has been gradually going downhill since. Is now complaining of loss of energy, a cough,
and excessive night sweats.

DIAGNOSIS.
Radiological. Fibro-caseous changes mainly confined to R. upper lobe, but
involving second L. interspace.
Bacteriological. Sputum positive, 7.11.37.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
13. 4.38. Patient was beginning to make pro-
gress towards recovery when she requested her discharge from
hospital.
26.12.38. General and local condition continue
to deteriorate.
Case No. 273. Mrs. F.O. Age 36 yrs. Para 3.

HISTORY.

16. 1.30.
Patient developed a severe, cutting pain in the L. chest 4 weeks ago with a recurrence 7 days ago. Has had a cough and sputum since her confinement 5 months ago.

DIAGNOSIS.

Bacteriological. Sputum positive, 19.1.30.
Clinical. Bilateral Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.

25.10.30. Discharged from hospital with some improvement in local condition. General condition fairly satisfactory.
3. 2.31. Going downhill rapidly during the last few weeks. Extensive cavitation both upper lobes.

Case No. 274. Mrs. H.F. Age 35 yrs. Para 3.

HISTORY.

11.5.32.
Patient has never felt well since her confinement 4½ months previously. Has had frequent colds, and beginning to lose weight rapidly.

DIAGNOSIS.

Radiological. Extensive fibro-caseous changes throughout upper two-thirds L. lung, with small infiltrative changes L. infra-clavicular zone.
Bacteriological. Sputum positive, 14.5.32.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.

Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.

25.10.32. Discharged from hospital. Local and general condition satisfactory.
13.12.32. Improvement has not been maintained at home. Patient's condition beginning to deteriorate slowly.
14. 3.33. Now confined to bed at home. Not keeping well.
29. 6.33. Deterioration continues.
Case No. 276. Mrs. T.N. Age 23 yrs. Para 0.

**HISTORY.**

25. 9.34. Patient was confined almost 6 months ago. Felt quite well until 3 months previously when she developed a very troublesome cough, and began to lose weight.

**DIAGNOSIS.**

Radiological. Widespread infiltrative changes both apical and sub-apical regions, with fine mottling of R. mid-lung field.

Bacteriological. Sputum positive, 28.9.34.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**

Admitted to hospital. Hygieno-dietetic regime.

**PROGRESS.**

23. 7.35. Patient made no progress during her stay in hospital, and eventually died on this date.

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Case No. 277. Mrs. A.K. Age 26 yrs. Para 0.

**HISTORY.**

4. 7.37. Patient is meantime complaining of a productive cough, night-sweats, and occasional chest pains. Began to feel ill about 8 weeks ago. Was confined 5 months previously.

**DIAGNOSIS.**

Bacteriological. Sputum positive, 3.7.37.


**PROGRESS.**

6. 5.38. Patient refused hospitalisation, and eventually died at home on this date.
Case No. 278. Mrs. N.C. Age 31 yrs. Para 1.

HISTORY.

3. 6.35.
Patient felt quite well until 3 weeks previously when she began to lack energy. Was confined 4 months ago.
Has a sister notified as a case of phthisis.

DIAGNOSIS.
Bacteriological. Sputum positive, 5.6.35.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
24.11.35. Patient was beginning to make slow progress when she suddenly developed a spontaneous pneumothorax and died three days after this date.

Case No. 279. Mrs. F.S. Age 32 yrs. Para 1.

HISTORY.

18. 3.32.
Patient has had a cough for several months. Coughed up a small amount of blood 11 days ago, and sputum was stained red for the following 5 days. Was confined 6 months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 21.3.32.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
27.12.32. Patient eventually died in hospital on this date.

HISTORY.
7. 4.36.
Patient was confined 4 months ago. Developed a slight cough one month ago, which has been becoming increasingly troublesome.

DIAGNOSIS.
Radiological. Widespread infiltrative changes throughout most of L. lung, with more recent deposits in R. upper lobe.

Bacteriological. Sputum positive, 27.4.36.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
19. 2.37. Patient went downhill gradually during her stay in hospital and died on this date.

Case No. 281. Mrs. J.T. Age 25 yrs. Para 0.

HISTORY.
6. 5.37.
Patient had an attack of pleurisy on the R. side 5 weeks ago. Has never felt well since. Was confined 5 months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 24.6.37.

PROGRESS.
23.11.37. Patient died after six months residence in hospital.

HISTORY.
14. 6.35. Patient was confined 6 months ago. Had an attack of pleurisy 3 months later, and has had a cough and sputum since.

DIAGNOSIS.
Bacteriological. Sputum positive, 18.6.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
6. 3.36. Patient made no progress towards recovery during her stay in hospital, and eventually died on this date.

Case No. 283. Mrs. F.O. Age 23 yrs. Para 0.

HISTORY.
10. 3.38. Patient caught a heavy chill 4 weeks ago, and since then has been troubled with a cough, which has been steadily getting worse. Has also been losing weight. Was confined 5 months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 15.3.38.

TREATMENT.
24. 7.38. Patient eventually died on this date after numerous haemoptyses.
Case No. 284. Mrs. I.D. Age 25 yrs. Para 1.

HISTORY.
22. 6.34.
Patient commenced to cough up blood 3 weeks previously, and has had 2 recurrences since. Was confined 4 months ago.

DIAGNOSIS.
Radiological. Widespread fibro-caseous mischief both upper lobes, especially the L. side.
Bacteriological. Sputum positive, 25.6.34.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygeno-dietetic regime.

PROGRESS.
12. 3.35. Patient left hospital at her own request after 3 months residence, and eventually died at home on this date.

Case No. 285. Mrs. W.B. Age 21 yrs. Para 0.

HISTORY.
1. 4.37.
Patient has never felt well since she had an attack of influenza 2 months ago. Has had a very troublesome cough and sputum since. Feels tired, and has been losing weight noticeably lately. Was confined 5½ months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 25.4.37.

TREATMENT.
Admitted to hospital. Hygeno-dietetic regime.

PROGRESS.
23. 11.37. Patient went steadily downhill after her admission to hospital and died on this date.
Case No. 286. Mrs. A.L. Age 32 yrs. Para 3.

HISTORY.
3.10.30. Patient felt quite well until 3 weeks ago when she had a severe pain in the R. side, which occurred 5 days ago. Has been losing weight lately and sweating at night. Was confined about 5 months ago.

DIAGNOSIS.
Radiological. Fibro-caseous disease involving both upper lobes to the third rib, with commencing cavitation second R. interspace. Diffuse opacity R. base with obliteration of costo-phrenic sinus and kinking of hemi-diaphragm.

Bacteriological. Sputum positive, 3.10.30.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygierno-dietetic regime.

PROGRESS.
26. 2.31. Patient discharged from hospital with some improvement in local and general condition.
3. 5.31. Not doing well. Local deterioration evident.
24.10.31. Deterioration continues. Patient mainly confined to bed.

Case No. 287. Mrs. T.J. Age 31 yrs. Para 2.

HISTORY.
4. 7.38. Patient was confined 6 months ago. Felt quite well until 2 months ago, when she noticed she was feeling tired and lacking energy in the evenings. Has a slight cough and sputum.

DIAGNOSIS.
Bacteriological. Sputum positive, 7.7.38.

PROGRESS.
22. 9.39. Patient made no progress during her residence in hospital, and died on this date, 14 months after admission.
Case No. 288. Mrs. E.C. Age 33 yrs. Para 3.

HISTORY.
4. 6.33. Patient started a productive cough 3 months ago, and which has been steadily increasing. Has also been losing weight during this period. Was confined almost 6 months ago.

DIAGNOSIS.
Bacteriological. Sputum positive, 28.6.33.

TREATMENT.
Admitted to hospital. Hygieño-dietetic regime.

PROGRESS.
3.12.33. Patient was discharged from hospital with considerable improvement in local and general condition.
14. 3.34. Patient attending for dispensary supervision. Not doing well. Lung lesions deteriorating slowly.
3. 6.34. Deterioration continues slowly.

Case No. 289. Mrs. G.D. Age 32 yrs. Para 2.

HISTORY.
18. 6.31. Patient felt quite well apart from slight cough and sputum until 6 weeks ago, when she suddenly coughed up a slight amount of blood. Was confined 5 months ago.

DIAGNOSIS.
Radiological. Fibro-caseous changes mainly confined to L. subapical region with small more recent nodular deposits R. mid zone.
Bacteriological. Sputum positive, 23.6.31.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Hygieño-dietetic regime.

PROGRESS.
23.12.31. Patient made an uneventful progress towards improvement during her stay in hospital. Discharged with considerable improvement in local and general condition.
3. 7.32. Continues to do well under dispensary supervision.
Case No. 290. Mrs. R.N. Age 25 yrs. Para 1.

**HISTORY.**
8.11.35.
Patient was confined 5 months ago. Felt quite well until 4 weeks ago, when she developed a cough, which has been steadily getting worse.

**DIAGNOSIS.**
Radiological. Infiltrative changes first and second interspace R. upper lobe, with appearance suggestive of commencing cavitation.
Bacteriological. Sputum positive, 12.11.35.
Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to hospital. Artificial pneumothorax induced on R. side and maintained successfully.

**PROGRESS.**
3.10.36. Patient discharged from hospital greatly improved. R. artificial pneumothorax being maintained satisfactorily on 3 weekly intervals.
27.12.36. Little change to note from last report. Patient doing very well.

Case No. 291. Mrs. F.N. Age 23 yrs. Para 0.

**HISTORY.**
6. 8.37.
Patient was confined 6 months previously. Felt quite well until 2 months ago when she began to feel tired and listless. Has a troublesome cough and sputum.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 10.8.37.

**TREATMENT.**
Admitted to hospital. Hygieno-dietetic regime.

**PROGRESS.**
27. 2.38. Patient discharged from hospital, with considerable improvement in local and general condition.
2. 9.38. Improvement has been maintained under dispensary supervision.
Case No. 292. Mrs. G.S. Age 30 yrs. Para 3.

**HISTORY.**
14.5.29. Patient developed a troublesome cough accompanied by a thick, yellowish sputum, about three months ago. Has been steadily losing weight for a similar period. Was confined 4 months previously.

**DIAGNOSIS.**
Radiological. Infiltrative changes R. upper lobe, radiating outwards from enlarged R. hilum towards apex. Increased broncho-vascular strands both bases.

Bacteriological. Sputum positive, 18.5.29.

Clinical. Progressive Fibro-caseous T.B.

**TREATMENT.**
Admitted to hospital. Artificial pneumothorax commenced on R. side and maintained successfully.

**PROGRESS.**
24. 6.30. Discharged from hospital after 13 months residence greatly improved in local and general condition. R. artificial pneumothorax being maintained satisfactorily on 23 day refills.

Case No. 293. Mrs. L.H. Age 36 yrs. Para 2.

**HISTORY.**
19. 4.35. Patient developed a cough and sputum about 3 months ago, which has gradually become worse. Coughed up a mouthful of blood about 10 days ago. Was confined 5 months previously.

**DIAGNOSIS.**
Bacteriological. Sputum positive, 22.4.35.


**TREATMENT.**
Admitted to hospital. Hygieno-dietetic regime.

**PROGRESS.**
24. 5.36. Patient discharged from hospital after almost 12 months residence. Made a slow but steady improvement in her general and local condition, during her stay in hospital.
Case No. 294. Mrs. V.P. Age 30 yrs. Para 0.

HISTORY.
15. 9.35. Patient felt comparatively well until six weeks ago, when she developed a cold, which has left her with a very bad cough and sputum. Sweating heavily at night. Was confined 4½ months previously.

DIAGNOSIS.
Radiological. Fibro-caseous changes R. apical and subapical regions, with small cavity in second interspace in costo-clavicular angle.
Bacteriological. Sputum positive, 20.9.35.
Clinical. Progressive Fibro-caseous T.B.

TREATMENT.
Admitted to hospital. Artificial pneumothorax induced on R. side and maintained satisfactorily.

PROGRESS.
23. 7.36. Patient discharged from hospital with immense improvement in local and general condition. R. artificial pneumothorax being maintained on 18 day refills.
24.10.36. Patient well and working. Symptom free.


HISTORY.
7.10.35. Patient was confined 6 months ago. Felt quite well until 3 weeks previously when she had an attack of pleurisy on the R. side.

DIAGNOSIS.
Bacteriological. Sputum positive, 11.10.35.

TREATMENT.
Admitted to hospital. Hygieno-dietetic regime.

PROGRESS.
22. 9.36. Patient discharged from hospital after almost 10 months residence. Very great improvement in local and general condition.
3.11.36. Patient well and working. Improvement has been maintained.