

APPENDIX B

to

PULMONARY TUBERCULOSIS

in

EAST AFRICAN NATIVE TROOPS

By

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APPENDIX B.
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Case Number: 27

Number: 15194 Rank: Civilian.

Name: MWASIA s/o ISIKA.

Age: 27. Length of Service: 14 months

Tribe: MKAMBA.

Village: MATONGOLO. Location: KAWETHEI.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 15½ months.

Civilian MWASIA was admitted to the British Military Hospital, MACKINNON ROAD on 27 Jul 50. He stated that on 14 Jul 50 he began to have pain in the left side of his chest and on 17 Jul 50 he started to cough. -

On admission he was found to be febrile and examination of the chest revealed a few fine moist rales in the left infra-clavicular region.

A radiograph taken on 1 Aug 50 revealed a solitary cavity in the left infra-clavicular region with small opacities scattered round it (Plate AZ1). Acid fast bacilli were present in the sputum. The ESR was 23 mm in 1 hr.

He was treated with strict bed rest and a European diet.

A radiograph on 2 Sep 50 showed little change

On 4 Sep 50 a left phrenic crush was performed under local anaesthesia and this was reinforced by the induction of a pneumoperitoneum on 16 Sep 50.

As these manoeuvres were unsuccessful in closing the cavity, a left artificial pneumothorax was induced on 20 Dec 50 and on 2 Jan 51 the sputum became

TABLE AZ (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
21 Jun 51	11	Negative	106
24 Jul 51	14	Negative	104
22 Aug 51	3	Positive	108
21 Sep 51	16	Positive	107
18 Oct 51	4	Negative	107

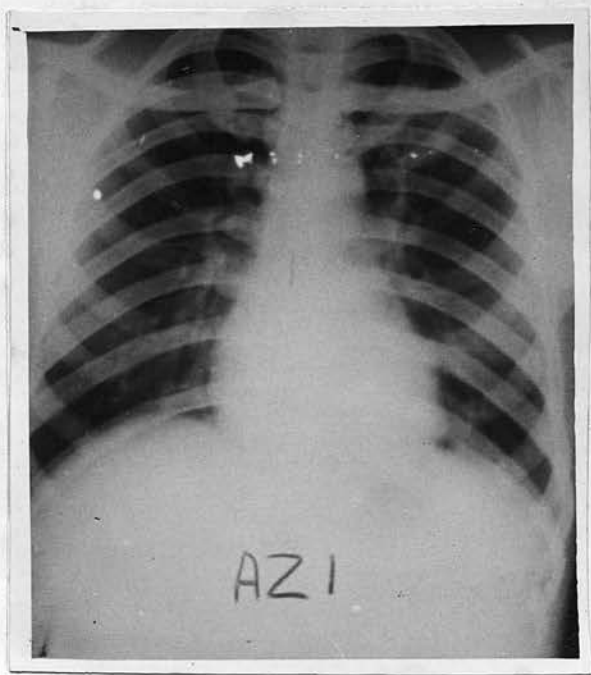


Plate AZ1.
24 Jul 50.

There is a cavity in the left infra-clavicular region with several small opacities scattered round it and with streaking from it to the hilum, which is prominent.

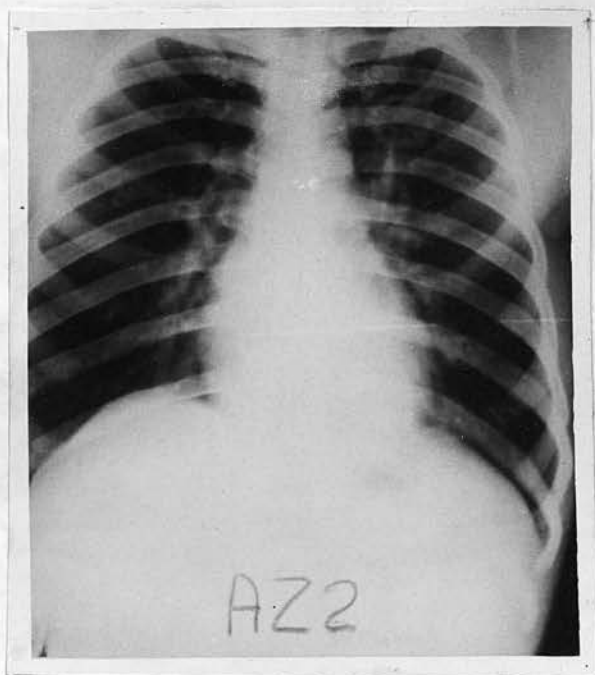


Plate AZ2. The cavity has been projected lower which indicates that it lies posteriorly. Otherwise there is no change.
2 Sep 50

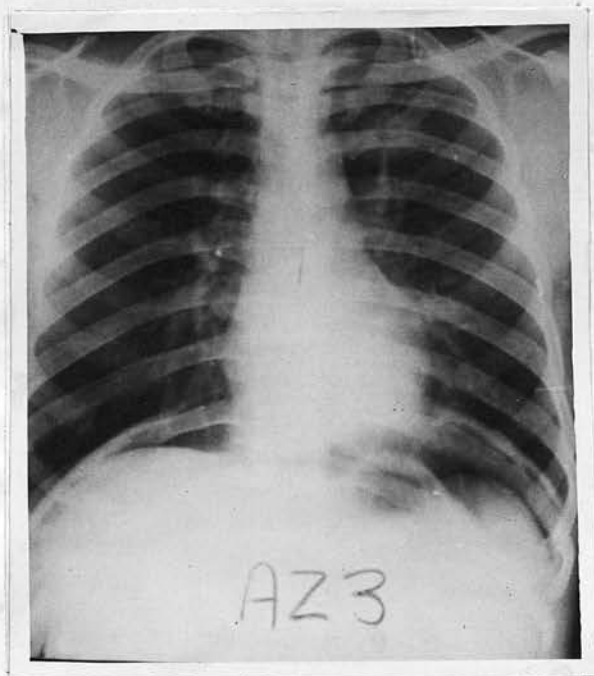


Plate AZ3. A left phrenic crush has been performed and a pneumoperitoneum induced. The cavity is smaller but still patent.
17 Oct 50.

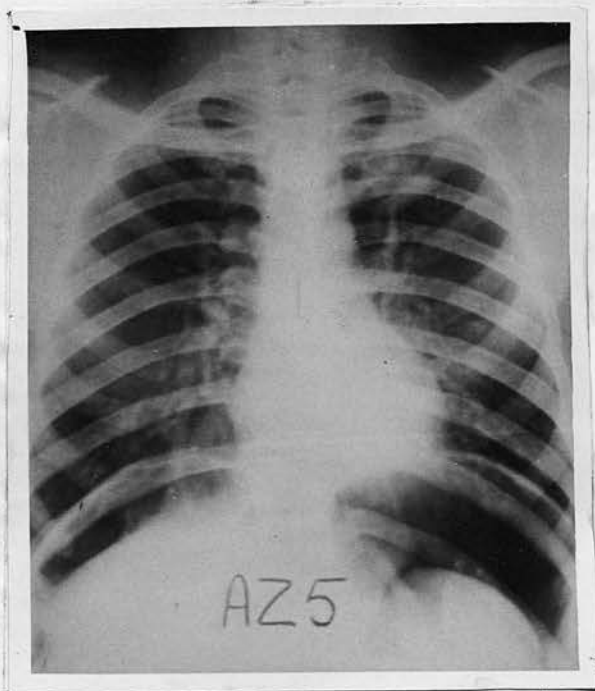


Plate AZ5. Opacities have appeared in both lower zones. The cavity is still open.
16 Dec 50.

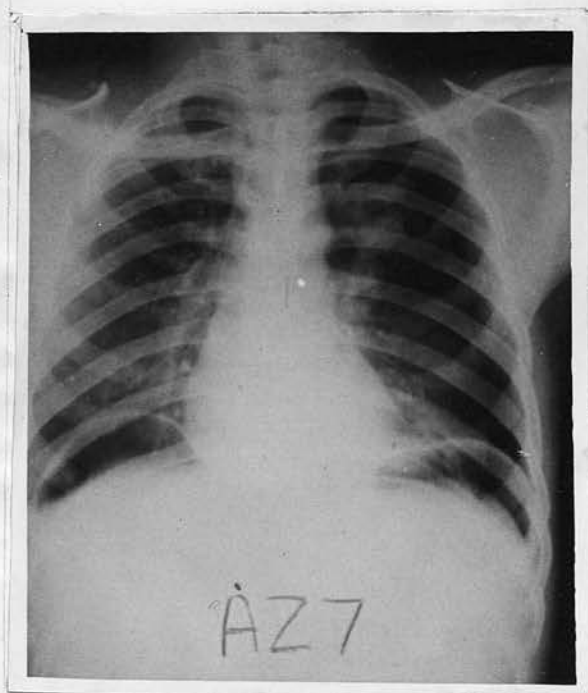


Plate AZ7. The left artificial pneumothorax has been induced. The mediastinum has deviated to the right. The cavity is probably still open.
5 Feb 51.

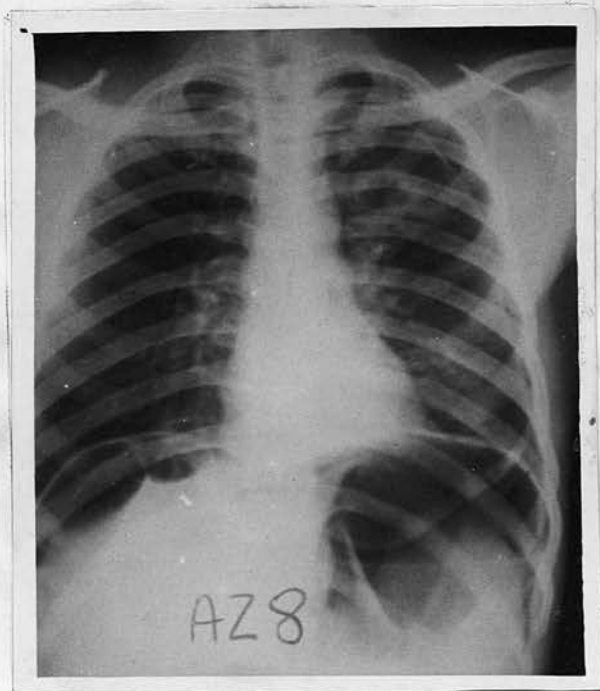


Plate AZ8. A left artificial pneumothorax is inadequately filled and the cavity is much larger.
1 May 51.



Plate AZ9. A pneumoperitoneum has been abandoned. The left artificial pneumothorax has been increased but the cavity is still open.
29 May 51.



Plate AZ 10. The left artificial pneumothorax has
24 Jul 51. been further increased and partial
collapse of the left lower lobe has re-
sulted but the cavity is probably still
open.

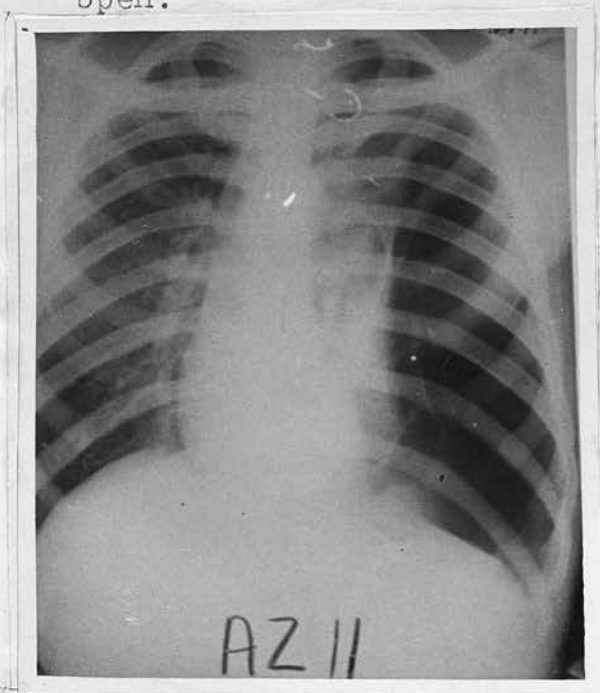


Plate AZ11. Although the large left artificial
22 Sep 51. pneumothorax has been maintained the
cavity is now definitely open.



Plate AZ12. The cavity remains open. The lung is
18 Oct 51. being allowed to expand prior to per-
forming a thoracoplasty.

Case Number: 28.

Number: 45559. Rank: Gunner.

Name: MUSYOKI s/o NUYA.

Age: 28. Length of Service: 4 years.

Tribe: MKAMBA.

Village: KOMBO. Location: NETE.

District: MACHAKOS Territory: KENYA.

Period under treatment: 4 months.

Gunner MUSYOKI was admitted to the Military Hospital, NAIROBI on 19 Oct 51. He stated that he had had pain in the right clavicular region since 7 Oct 51.

On admission he was found to be febrile and examination of the chest revealed impairment of movement and percussion note in the right infra-clavicular region, where fine moist rales were audible -

A radiograph taken on 22 Oct 51 showed numerous opacities of varying size in the right upper and mid zones and an elongated opacity in the left mid zone - On the same day acid fast bacilli were found in his sputum.

He was treated with strict bed rest and a European diet and on 26 Oct 51 a right artificial pneumothorax was induced.

The induction of the pneumothorax revealed the presence of a cavity in the right upper lobe.

Owing to the presence of adhesions it was not possible to obtain closure of the cavity. The patient refused to undergo adhesion section.

He was therefore discharged to the reserves on 23 Feb 52. At this time his disease was still active

The details of his patient's progress are illustrated by table BF and the serial X-ray photographs BF1 to BF3.

TABLE BF.

<u>Date.</u>	<u>ESR</u> <u>Fall in mm/hr.</u>	<u>Sputum:</u>	<u>Weight in lbs.</u>
22 Oct 51.	66	Positive	119
21 Nov 51	42	Negative	123
6 Dec 51	36	Negative	127
3 Jan 52	-	Negative	129
25 Jan 52	43	Negative	129

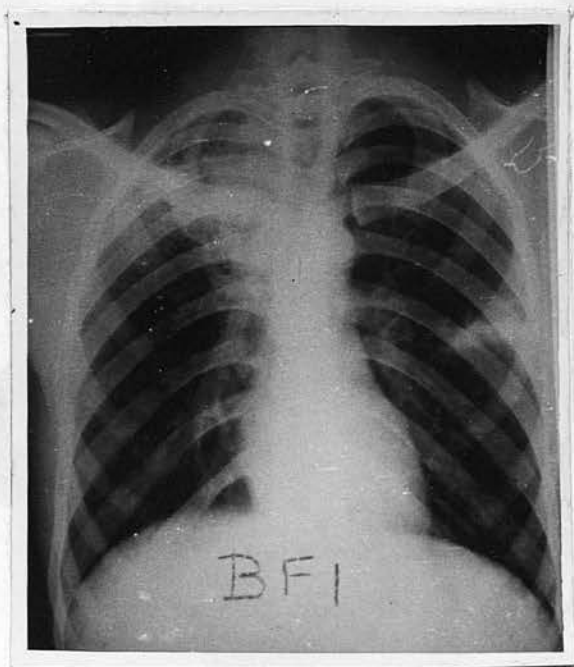


Plate BF1.
22 Oct 51.

There is a large opacity in the right upper zone with numerous small opacities scattered through the right mid zone. There is an elongated opacity in the left mid zone.

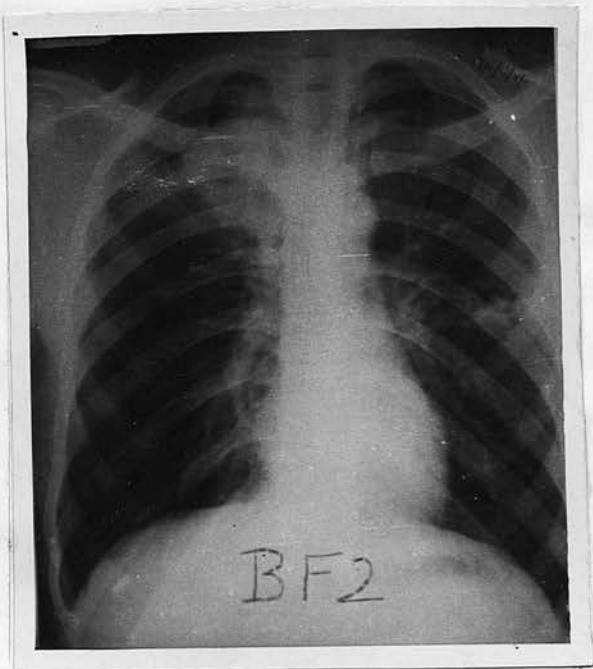


Plate BF2. 31 Oct 51. A right artificial pneumothorax has been induced. A cavity is now visible in the centre of the opacity in the right upper zone.

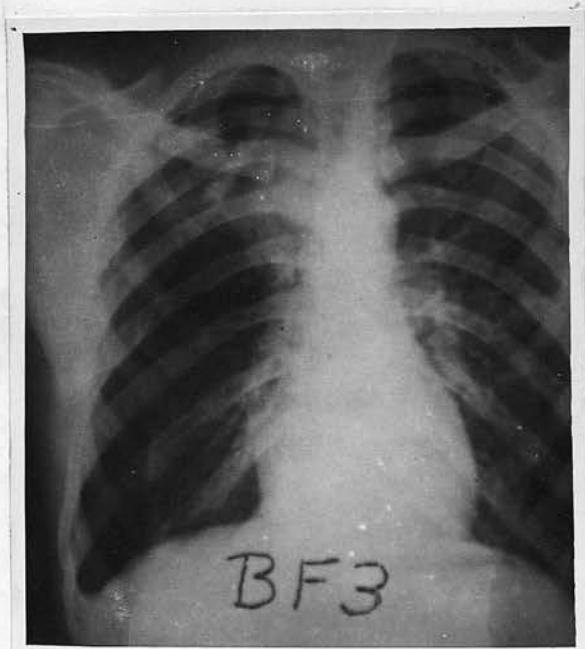


Plate BF3. 7 Dec 51. The pneumothorax has been maintained and a little fluid can be seen in the right costophrenic angle. The cavity in the right upper zone has increased in size. There has been no real change in the appearance of the left lung field.

Case Number: 29

Number: 1533. Rank: Private.

Name: ODWOR s/o OCHEGO.

Age: 36 Length of Service: 11 years.

Tribe: JALUO.

Village: AMBIRA. Location: SOUTH UGENYA.

District: KISUMU. Territory: KENYA.

Period under treatment: 3½ months.

Private ODWOR was admitted to the Military Hospital, NAIROBI on 2 Jan 51. He stated that six hours before admission he had developed fever.

On admission he was found to be febrile and examination of the chest revealed the signs of bronchopneumonia on the left side. He was treated with sulphadiazine but on 4 Jan 51 acid fast bacilli were found in the sputum and the sulphadiazine was therefore stopped.

A radiograph taken on 4 Jan 51 revealed a confluent bronchopneumonia in the left mid and lower zones and a cavity close to the hilum (Plate Z1).

He was treated by strict bed rest and a European diet. At the beginning of Feb 51 a pneumoperitoneum was induced. As this had little effect on the cavity it was intended to induce a left artificial pneumothorax but the patient refused treatment.

He was therefore discharged to the reserves. Before he left hospital further spread had occurred into the left upper lobe.

The details of this patient's progress are illustrated by table Z and the serial X-ray photographs Z1 to Z5.

TABLE Z

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
4 Jan 51.	-	Positive	-
18 Jan 51	55	Positive	131
31 Jan 51	47	Positive	132½
23 Feb 51	42	Positive	133
22 Mar 51	37	Positive	135
14 Apr 51	31	Positive	136

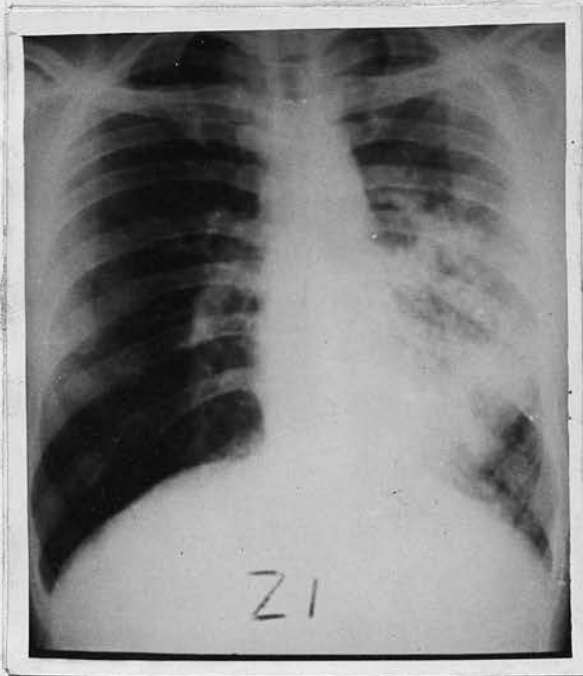


Plate Z1. There are numerous opacities scattered
18 Jan 51. through the left mid and lower zones with
a large cavity at the hilar region.

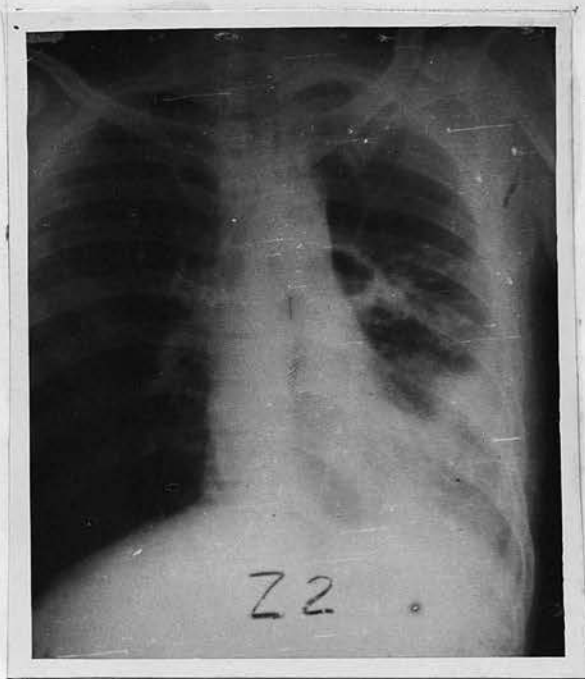


Plate Z2. There has been some clearing of the
5 Feb 51. opacities in the left mid zone.

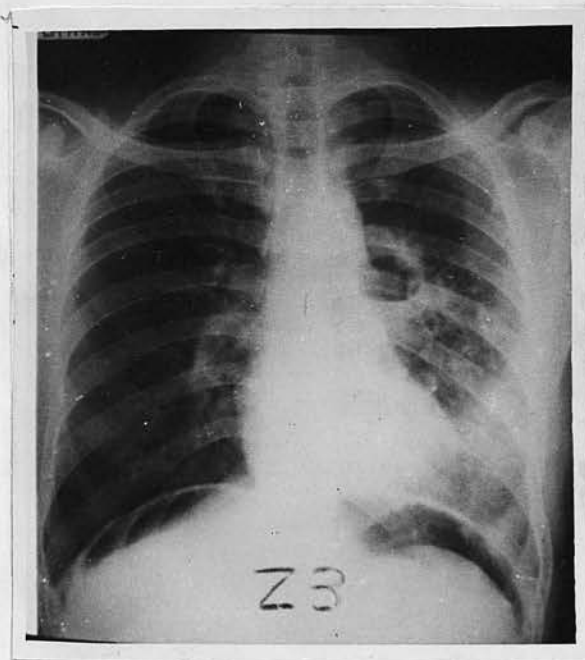


Plate Z3. A pneumoperitoneum has been induced.
16 Mar 51. Further clearing has occurred in the
left lower zone.

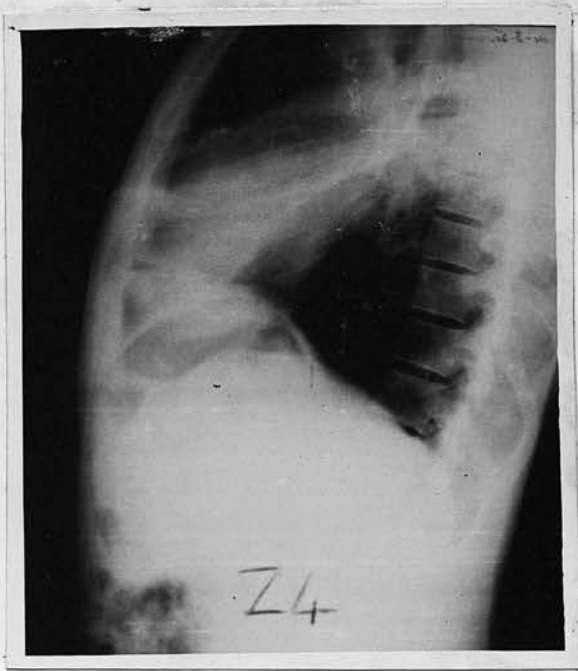


Plate Z4. A left lateral film showing that the cavity is in the apical segment of the lower lobe and that the rest of the disease is largely confined to the lingula -
16 Mar 51.

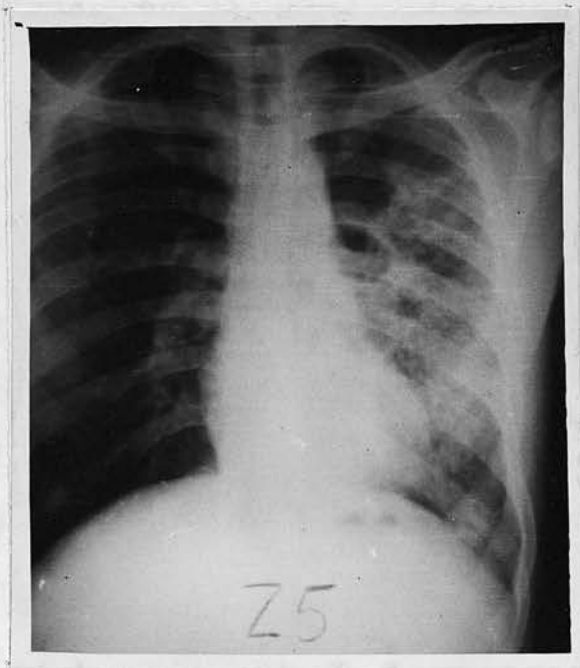


Plate Z5. There has been some spread of the disease into the left upper zone.
1 May 51.

Case Number: 30.

Number: 121928

Rank: Private.

Name: PAULO.

Age: 22.

Length of Service: 7 months.

Tribe: MACHIGA.

Village: MUSALE.

Location: MATIYO.

District: MASAKA.

Territory: UGANDA.

Period under treatment: 1 year.

Private PAULO was admitted to the British Military Hospital, MACKINNON ROAD on 6 Aug 50. He stated that he had been quite well until 3 Aug 50 when he felt feverish and developed an unproductive cough -

On examination he was found to be very thin, to be febrile and to be breathless. Examination of the chest revealed an area of consolidation in the left lower lobe - A diagnosis of pneumonia was made and penicillin was given for a period of five days.

On 10 Aug 50 a radiograph confirmed the clinical findings (Plate AA1).

On 12 Aug 50, as there had been no response, the penicillin was stopped and treatment was confined to strict bed rest and European diet. On 15 Aug acid fast bacilli were found in the sputum.

On 1 Sep 50 the ESR was 49 mm/1 hr and there had been no improvement in the patient's clinical condition. Accordingly on 5 Sep 50 a left phrenic crush was performed under local anaesthesia and on 11 Sep 50 a pneumoperitoneum was induced.

From this time onwards he made steady progress

until in Mar 1951 he was feeling so well that he became very intolerant of ward discipline. He refused to stay in bed and also refused to have his pneumoperitoneum refilled regularly -

As a result of this ill discipline the lesion in the lung parenchyma, which had greatly improved, regressed.

The patient's general condition also deteriorated but he refused the induction of an artificial pneumothorax. He consented to remain in bed but repeatedly refused any treatment and eventually refused the routine investigations.

He was therefore discharged to the reserves in Aug. 51, his disability being assessed as 90%.

This patient's progress is illustrated in table AA and by the serial X-ray photographs AA1 to AA7.

TABLE AA.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
1 Sep 50	49	Positive	-
13 Sep 50	17	Positive	-
16 Oct 50	60	-	-
1 Nov 50	35	-	-
11 Nov 50	36	Negative	-
1 Dec 50	35	-	-
16 Dec 50	24	Negative	-
2 Jan 51	27	-	-
19 Jan 51	-	Negative	113
29 Jan 51	-	Negative	115
23 Feb 51	18	Negative	115
16 Mar 51	10	Negative	117
12 Apr 51	10	-	-
1 May 51	-	Negative	-
31 May 51	-	Positive	108.

TABLE AA (Contd:)

<u>Date</u>	<u>ESR</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
20 Jun 51	8	-	106
13 Jul 51	22	Positive	-

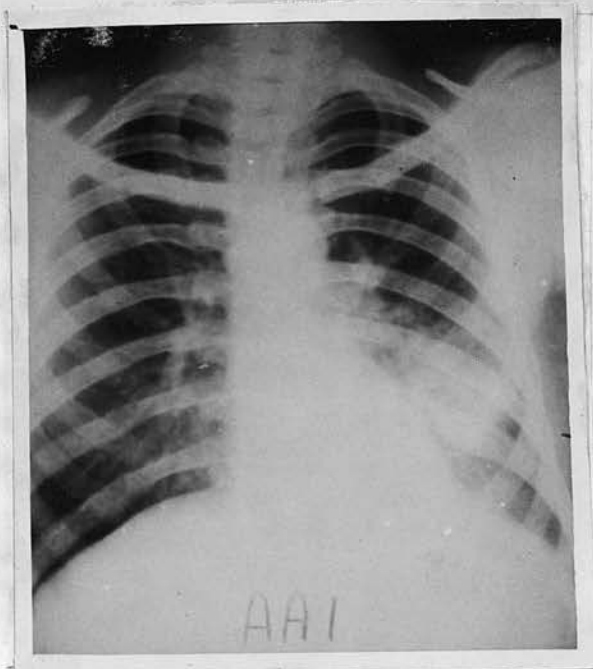


Plate AA1. There is a large opacity in the left lower zone and probably a cavity in the centre of it. The left hilum is prominent.
10 Aug 50.

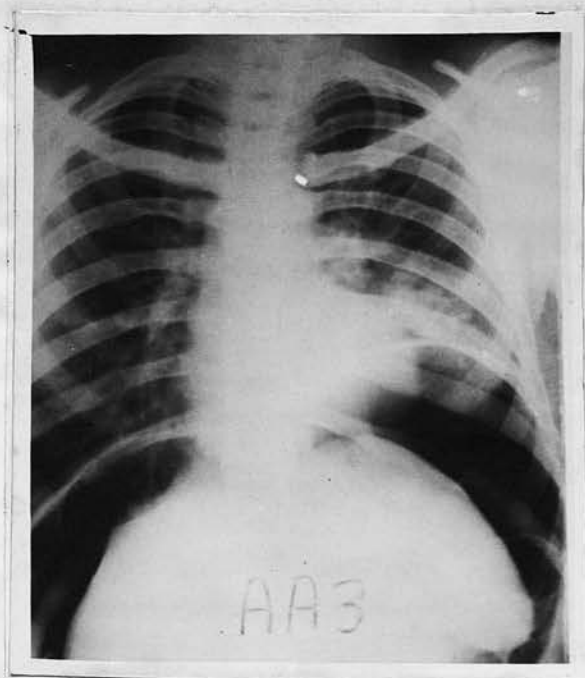


Plate AA3. A pneumoperitoneum has been induced and a left phrenic crush performed. There has been considerable clearing of the opacity in the left lower zone.
17 Oct 50.

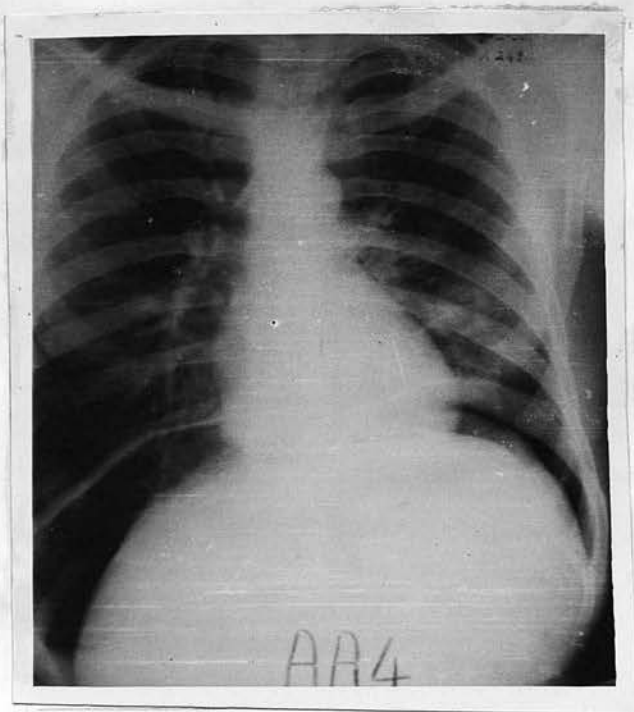


Plate AA4. Further clearing has occurred in the
5 Feb 51. left lower zone. The cavity is now clearly
visible.

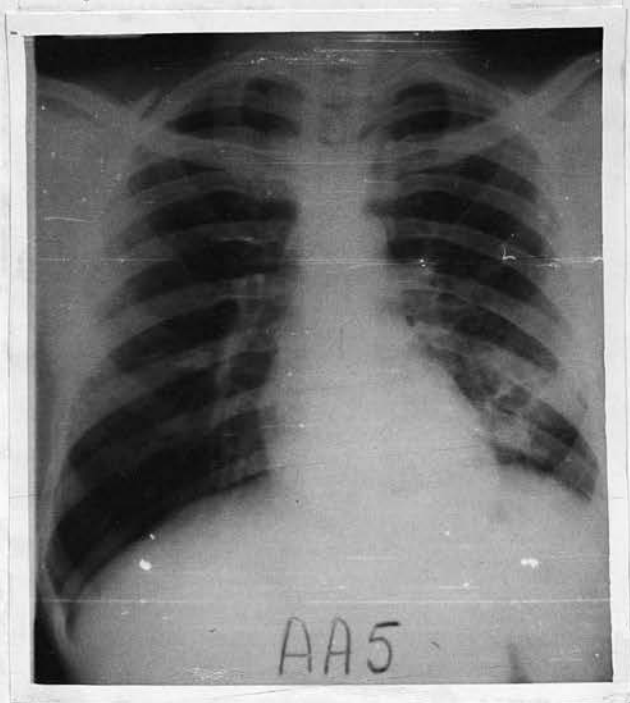


Plate AA5. The pneumoperitoneum has been absorbed.
16 Mar 51. Otherwise there is no change.

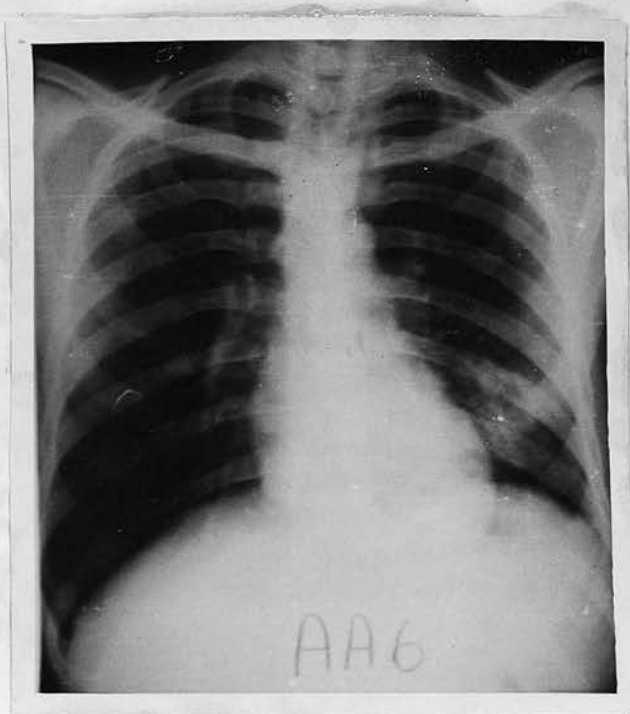


Plate AA6. No change has occurred since 16 Mar 51.
1 May 51.

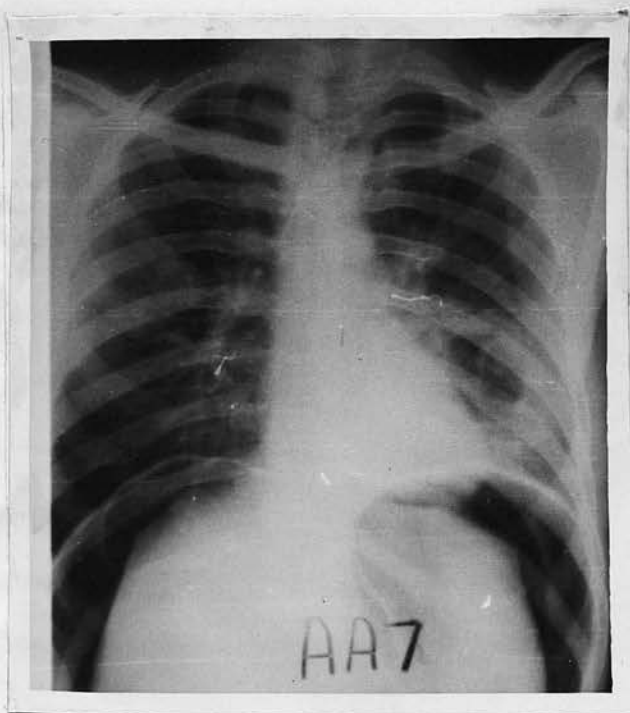


Plate AA7. The cavity in the left lower zone is
31 May 52. much larger and the surrounding opacity
has also increased. The pneumoperitoneum
has been refilled again.

Case Number: 31.

Number: 301248. Rank: Private.

Name: OBWAKE s/o WERE.

Age: 22. Length of Service: 2 y8ars.

Tribe: MUWANGA.

Village: KORERA. Location: MAJUNDA.

District: NORTH KAVIRONDO. Territory: KENYA.

Period under treatment: 15½ months.

Private OBWAKE was admitted to the British Military Hospital, MACKINNON ROAD on 13 Feb 50. He stated that on 12 Feb 50 he had developed an unproductive cough.

On admission he was found to be febrile and on examination of the chest some fine moist rales were heard in the right side.

A radiograph taken on the day of admission showed an opacity in the right upper zone; a cavity in the right mid zone; and fluffy opacities in the right lower zone and left mid zone.

The patient was treated with strict bed rest and a European diet.

On 1 Mar 50, acid fast bacilli were found in the sputum.

The patient's general condition remained satisfactory but there was little improvement in the radiological appearances, so on 3 Jun 50 a right phrenic crush was performed under local anaesthesia and this was later reinforced by a pneumoperitoneum.

As a result of these manoeuvres the cavity wall became puckered but the cavity remained open.

On 2 Sep 50 therefore a right artificial pneumo-
 thorax was induced. Unfortunately the upper lobe was
 adherent to the pleura and although the middle and
 lower lobes were relaxed the cavity still remained
 open.

On 15 Sep 50 the patient was given 14 days com-
 passionate leave to attend his mother's funeral. He
 returned on 1 Nov 50.

In Mar 51; it was decided that a
 thoracoplasty should be performed.

The patient, however, refused operation. He
 was therefore discharged to the reserves on 28 May 51.

The details of his progress are illustrated by
 table A and the serial X-ray photographs A1 to A9.

TABLE A.

<u>Date</u>	<u>ESR</u> fall in mm/hr.	<u>Sputum</u>	<u>Weight in lbs.</u>
1 Mar 50	5	Positive	-
28 Mar 50	7	Positive	-
15 Apr 50	9	-	-
1 May 50	12	Positive	143
10 May 50	19	-	-
27 May 50	30	Positive	144
15 Jun 50	14	-	-
3 Jul 50	15	Positive	-
15 Jul 50	65	-	-
1 Aug 50	14	Positive	-
15 Aug 50	12	-	-
2 Sep 50	12	Positive	-
15 Sep 50	2	Positive	-
11 Nov 50	20	-	-
14 Nov 50	30	-	-
25 Nov 50	-	-	139
19 Dec 50	9	Positive	141
18 Jan 51	14	Positive	142
6 Feb 51	8	Positive	142

TABLE A (Contd:)

<u>Date:</u>	<u>ESR</u> Fall in mm/hr.	<u>Sputum</u>	<u>Weight in lbs.</u>
23 Feb 51	-	-	144
22 Mar 51	10	Positive	145

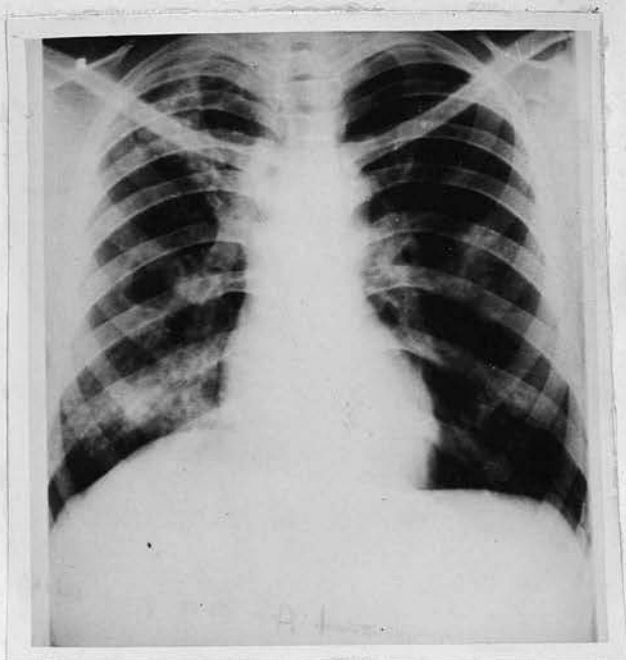


Plate A1. There is an opacity with ?cavitation in the right upper zone; a thin walled cavity in the right mid zone; and fluffy opacities in the right lower and left mid zones.

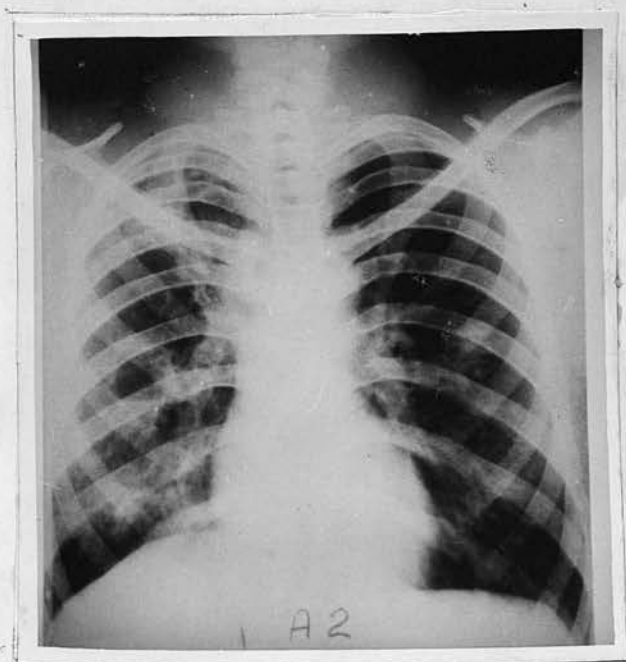


Plate A2. A fluid level has developed in the cavity in the right mid zone. Otherwise there has been no change since 13 Feb 50.

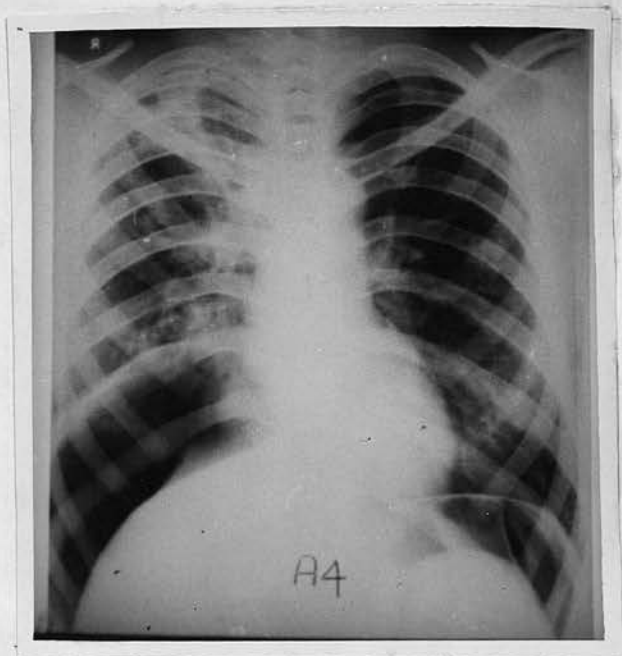


Plate A4. No change except for those due to a right
3 Jul. 50. phrenic crush and the induction of a
pneumoperitoneum.

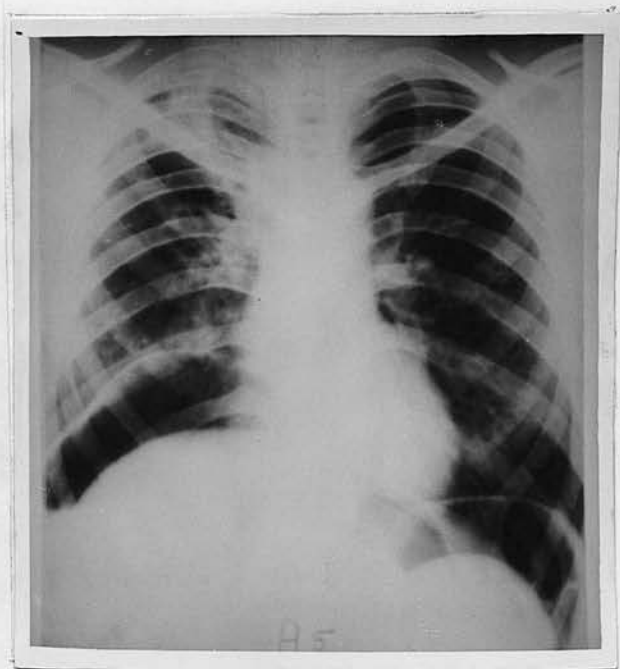


Plate A5. The cavity in the right mid zone has
1 Aug 50. contracted slightly. There has been some
clearing in the left lung field.

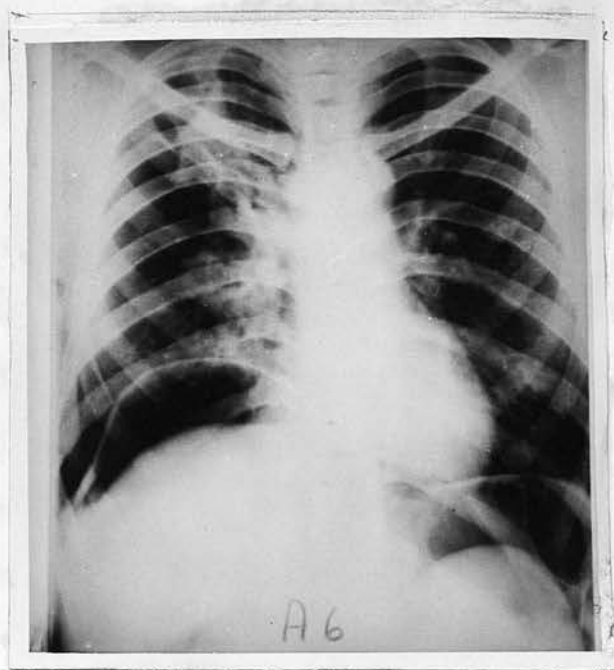


Plate A6. 12 Sep 50. A right artificial pneumothorax has been induced but adhesions are preventing satisfactory collapse. The cavity is still open.

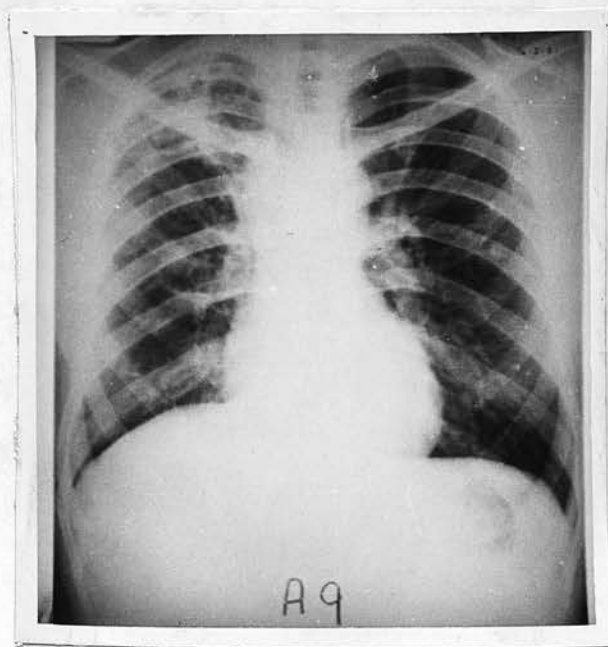


Plate A9. 16 Mar 51. The pneumothorax and pneumoperitoneum have both been absorbed. The cavity in the right mid zone has increased in size.

Case Number: 32. Name: KIEMA s/o MWALE.
Number: 16737. Rank: Civilian.
Age: Adult. Length of Service: 7 months.
Tribe: MKAMBA.
Village: MATINIANI. Location: MATINIANI.
District: KITUI. Territory: KENYA.
Period under treatment: 10 months.

Civilian KIEMA was admitted to the British Military Hospital, MACKINNON ROAD on 4 Jul 50. He stated that he had been troubled with a cough since the middle of JUNE 50.

On admission he was febrile and the signs of consolidation were detected over the apex of the left lower lobe.

A radiograph taken on the day of admission revealed a cavity in the right mid zone, an opacity in the right mid and lower zones and an opacity in the left mid and lower zones (Plate D2).

On 7 Jul 50 the sputum was found to contain acid fast bacilli and the ESR was 40 mm/1 hr.

On 29 Aug 50 he had a severe haemoptysis but a radiograph taken on 2 Sep 50 showed some clearing of the exudative lesions.

On 10 Sep 50 he developed an ischio-rectal abscess which was opened on 13 Sep 50.

Apart from strict bed rest and a European diet no treatment was given until Dec 50. During this period the serial radiographs showed a considerable improvement in the lesions.

Further haemoptyses occurred at the end of Nov 50.

On 20 Dec 50 a pneumoperitoneum was induced. This led to some diminution in the size of the cavity.

His condition continued to improve and in Mar 51 a right-sided phrenic crush was recommended. The patient refused this operative treatment. Accordingly he was boarded and discharged to the reserves on 21 May 51. At that time his disability was assessed at 60%.

His detailed progress is illustrated by table D and the serial X-ray photographs D2 to D1.

TABLE D.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
7 Jul 50.	40	Positive	-
1 Aug 50	19	-	-
15 Aug 50	14	-	-
2 Sep 50	36	-	-
14 Sep 50	33	-	-
2 Oct 50	59	Positive	-
15 Oct 50	50	-	-
1 Nov 50	35	-	-
16 Nov 50	44	Positive	-
30 Nov 50	38	-	-
16 Dec 50	34	Positive	-
2 Jan 51	45	-	116
26 Jan 51	44	-	114
24 Feb 51	34	Positive	117
15 Mar 51	16	-	120
5 Apr 51	14	Positive	122

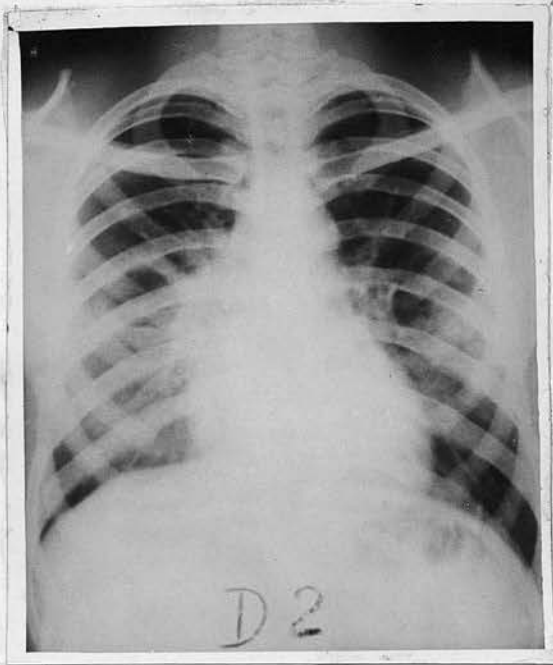


Plate D2. There is a large opacity in the right mid and lower zones.
4 Jul 50. There is a cavity in the right mid zone near the hilum.
There is a large opacity in the left mid and lower zones.

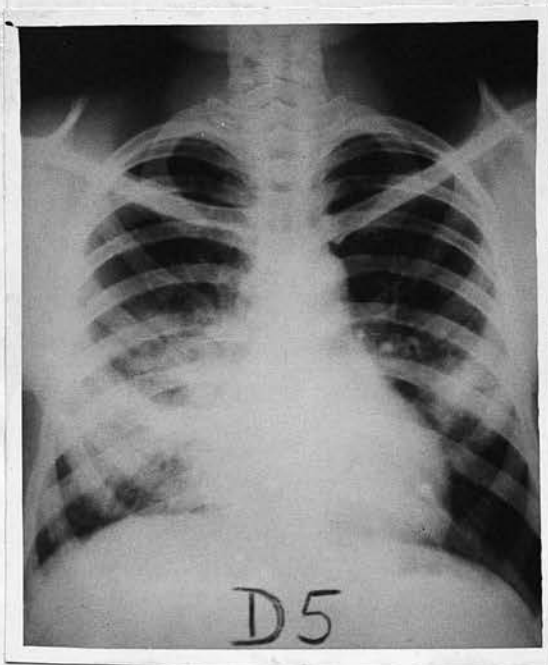


Plate A5. The opacities in the right and left mid and lower zones are smaller.
1 Aug 50. The cavity in the right mid zone is smaller.

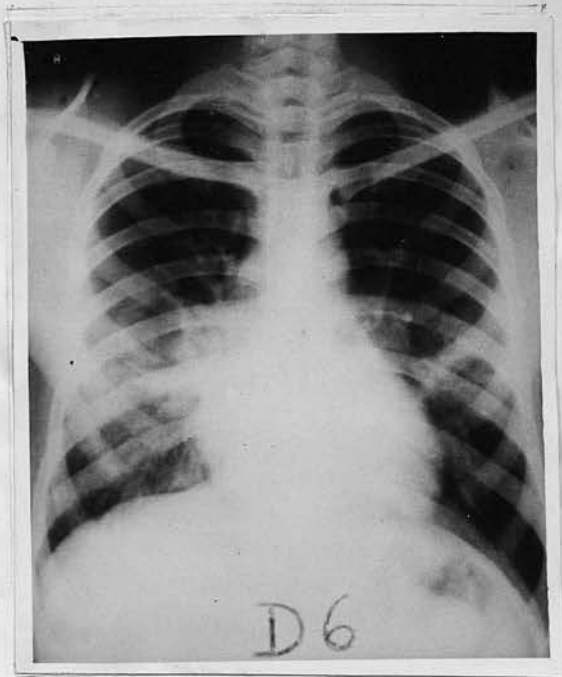


Plate D6. The clearing in the opacities in the right & left mid and lower zones continues. The cavity has increased in size.
2 Sep 50.

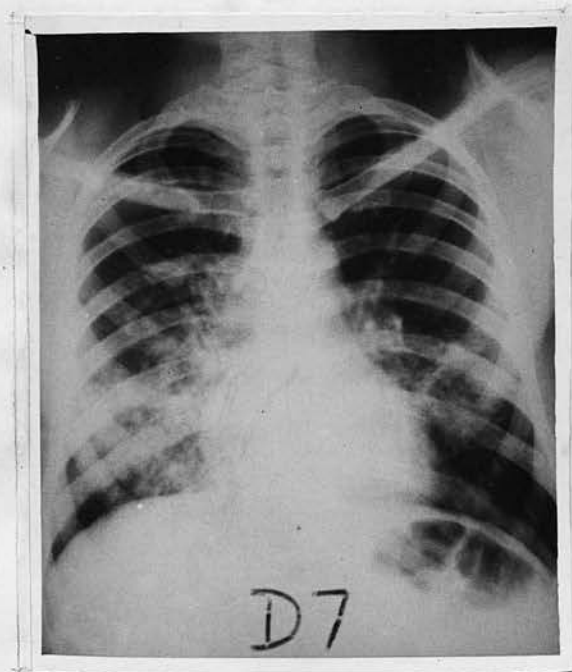


Plate D7. The right transverse fissure has become evident, otherwise there is little change.
16 Dec. 50.

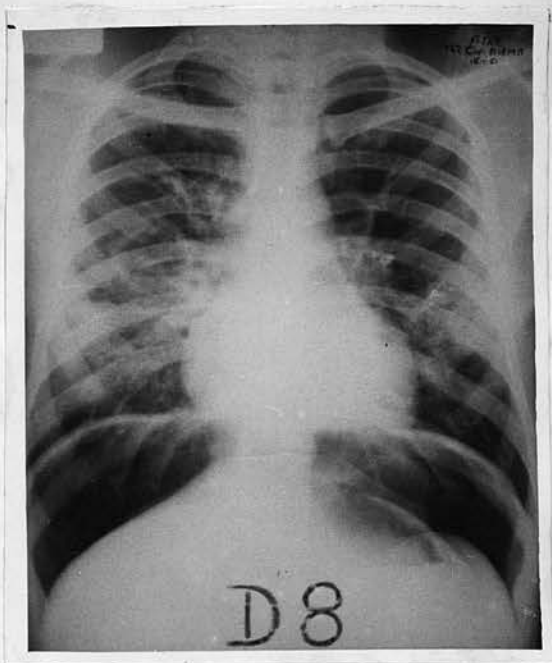


Plate D8. 18 Jan 51. A pneumoperitoneum has been induced. There has been further clearing in the opacities in the right and left mid and lower zones. There is no change in the size of the cavity.

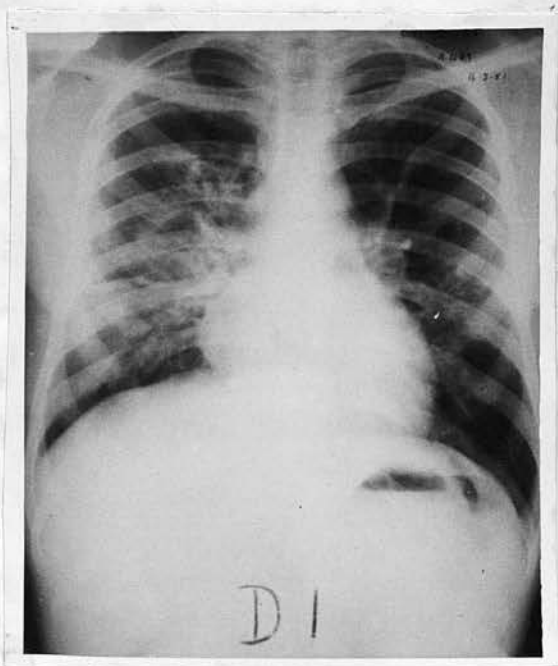


Plate D1. 16 Mar 51. The pneumoperitoneum has been absorbed, otherwise there is no change.

Case Number: 33.

Number: 15229. Rank: Civilian.

Name: MWATHE s/o KITOLO.

Age: 19. Length of Service: 18 months.

Tribe: MKAMBA.

Village: MWTATI. Location: MATONGOLO.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 14 months.

Civilian MWATHE was admitted to the British Military Hospital, MACKINNON ROAD on 10 Aug 50. He stated that since 29 Jul 50 he had been troubled with a productive cough.

On examination he was found to be febrile and there was impairment of movement and percussion note in the right infra clavicular region.

A radiograph taken on 11 Aug 50 revealed an irregular opacity in the right upper zone; a thin walled cavity in the right mid-zone; and scattered exudative lesions in the right lower zone. The E.S.R. was 47 mm/1 hr and the sputum contained acid fast bacilli.

The patient treated by strict bed rest and a European diet.

A radiograph taken on 2 Sep 50 showed a bronchogenic spread into the left lung but by mid October the appearances of the right lung had improved sufficiently to allow the induction of a right artificial pneumothorax.

This was carried out on 27 Oct 50.

The pneumothorax was maintained until mid January when an effusion and a "black lung" developed.

In spite of frequent paracentesis the effusion persisted until Sep 51 when an air replacement showed that the patient was left with a large area of pleural thickening.

He was discharged to the reserves on 15 Oct 51. At that time his sputum was still positive. His disability was assessed at 70%.

The details of this patient's progress are illustrated by table AC and the serial X-ray photographs AC1 to AC14.

TABLE AC

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Wt. in Pleural tap</u>	
			<u>Lbs.</u>	<u>in ozs.</u>
11 Aug 50.	47	Positive	-	
2 Sep 50.	35	Positive	-	
14 Sep 50	45	-	-	
2 Oct 50	29	Negative	-	
18 Oct 50	43	-	-	
1 Nov 50	40	-	-	
16 Nov 50	34	Positive	-	
30 Nov 50	40	-	-	
10 Dec 50	19	Positive	-	
15 Jan 51	31	Negative	131	
6 Feb 51	46	Positive	122	30
15 Feb 51	-	-	-	7
27 Feb 51	-	-	-	2
8 Mar 51	55	Positive	123	-
13 Mar 51	-	-	-	11
30 Mar 51	-	-	-	40
12 Apr 51	-	-	-	14
24 Apr 51	42	Negative	127	12
7 May 51	-	-	-	16
19 May 51	-	-	128	-
29 May 51	15	Negative	129	12
20 Jun 51	14	Negative	130	24
3 Jul 51	-	-	-	48

TABLE AC (Contd:).

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Wt.in</u> <u>lbs.</u>	<u>Pleural tap</u> <u>in ozs.</u>
17 Jul 51	22	Positive	-	10
29 Jul 51	-	-	134	-
16 Aug 51	12	-	-	10
29 Aug 51	8	Negative	135	-
13 Sep 51	20	Positive	132	2

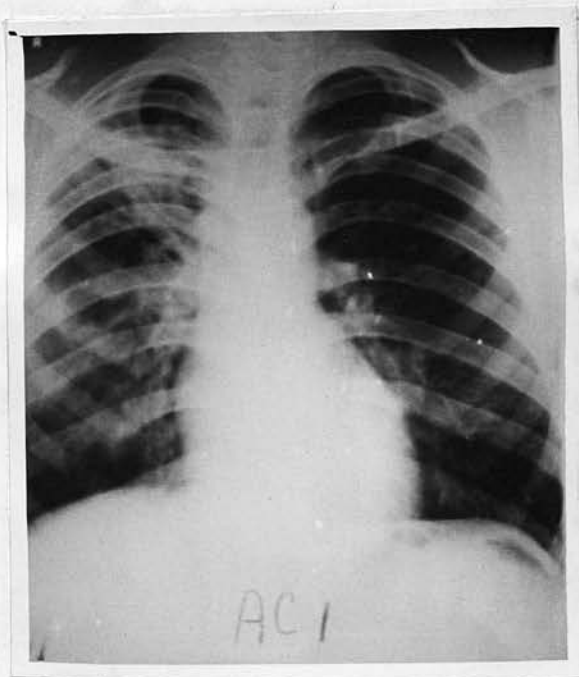


Plate AC1.
11 Aug 50.

There is an irregular opacity in the right upper zone and a thin walled cavity in the right mid zone. The right lower zone contains several small exudative lesions.



Plate AC2. The appearance of the right lung field is practically unchanged. Spread of the disease has occurred into the left mid zone.
2 Sep 50.

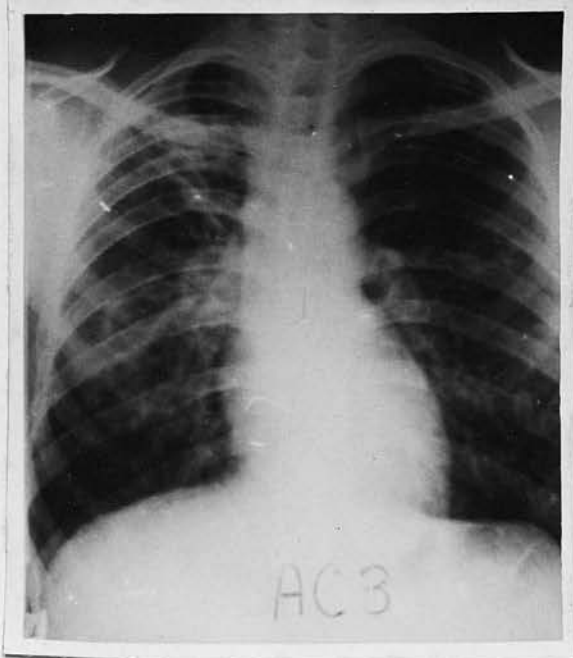


Plate AC3. The disease has now extended into the left lower zone. There has been considerable clearing of all the exudative lesions.
17 Oct 50.

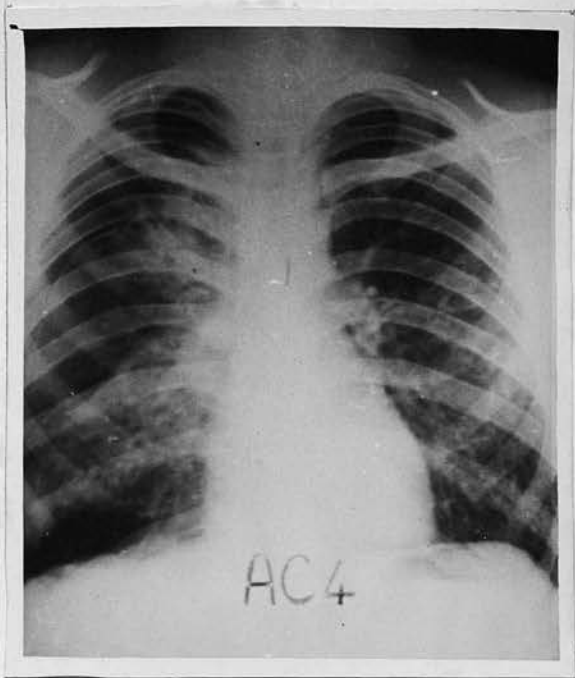


Plate AC4. 30 Oct 50. A right artificial pneumothorax has been induced and satisfactory collapse of the right upper lobe obtained. The cavity in the right midzone is still present.

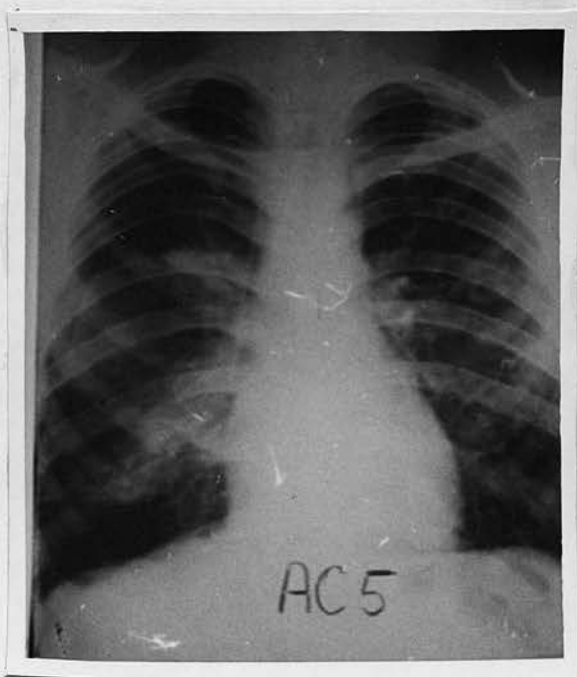


Plate AC5. 16 Dec 50. The cavity in the right lung has contracted. The left lung field is unchanged.

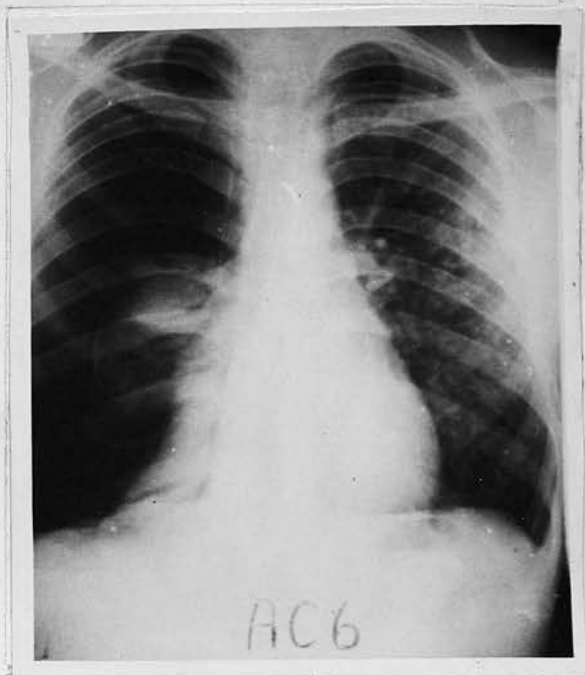


Plate AC6. There is complete collapse of the right lower lobe. The left lung field is unchanged. 9 Jan 51.

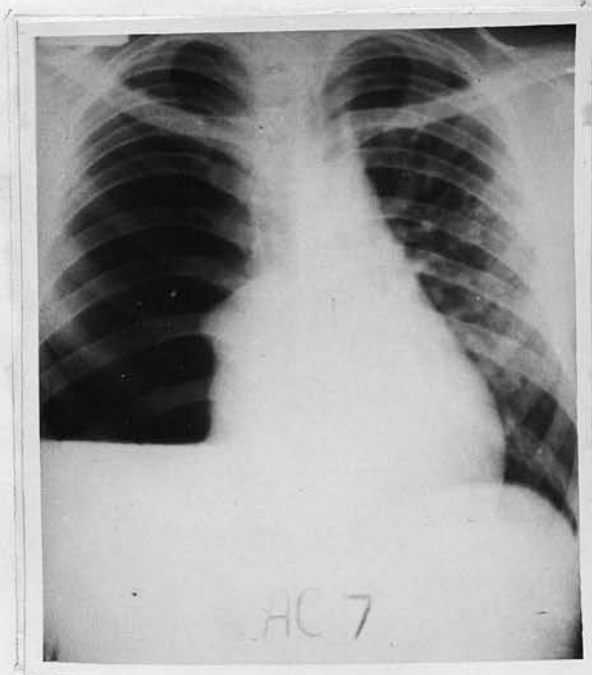


Plate AC7. The right lung has completely collapsed. Fluid has appeared in the right pleural space. The heart and mediastinum are displaced to the left. 15 Jan 51.

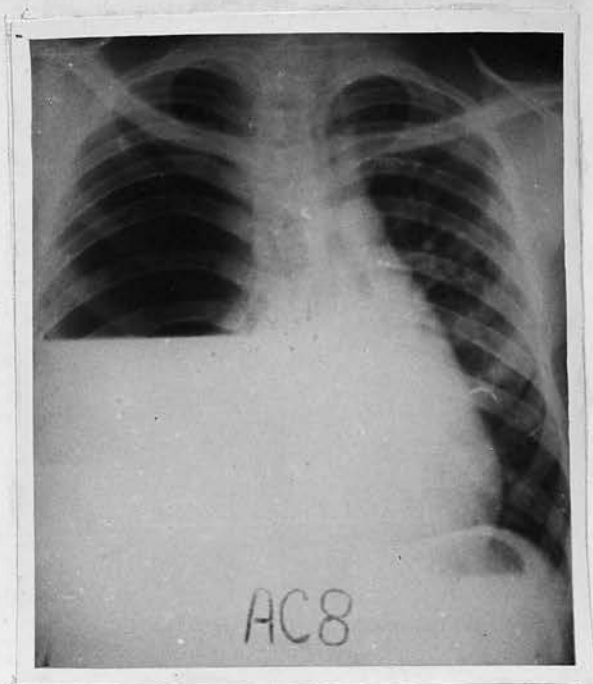


Plate AC8. The effusion on the right side has increased.
16 Feb 51.

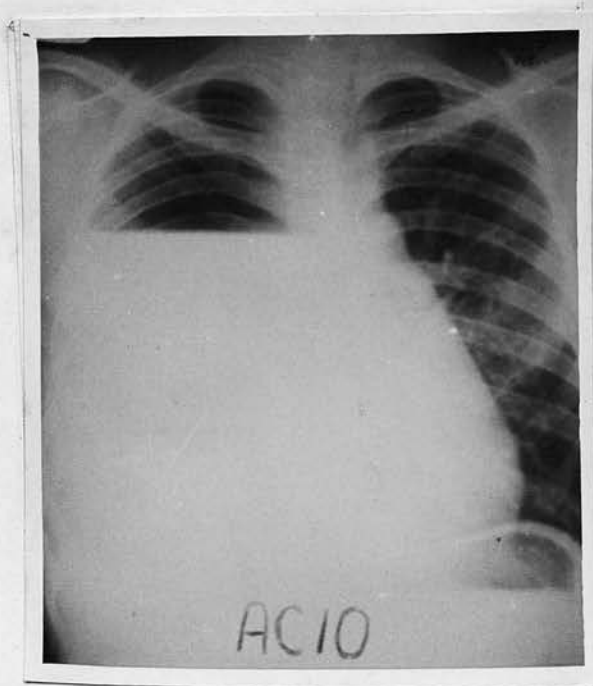


Plate AC 10. The effusion is still larger.
1 May 51.



Plate AC11. 30 Jun 51. Although the pleural effusion has reached a higher level, the heart and mediastinum are not so far to the left suggesting that the fluid is diminishing.

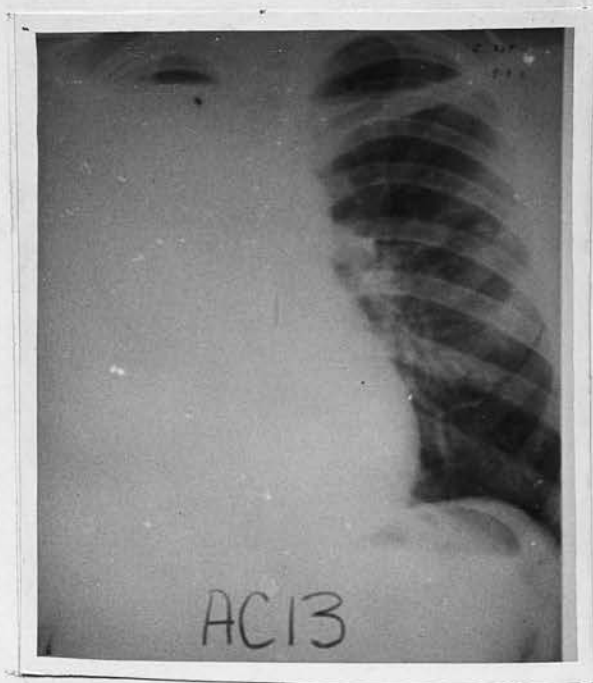


Plate AC 13. 9 Aug 51. No change since 30 Jun 51.



Plate AC14. The opacity in the right lung field
3 Sep 51. is now due to thickened pleura. In the
 right lower zone there is a loculated
 pneumothorax.

Case Number: 34.

Number: 122203. Rank: Private.

Name: ABONDIO s/o BIDIO.

Age: 29. Length of Service: 9 years.

Tribe: ACHOLI.

Village: Not known. Location: PAJOK.

District: TORIT. Territory: UGANDA.

Period under treatment: 4½ months.

Private ABONDIO was admitted to the Military Hospital, NAIROBI on 2 Oct 51. He stated that since 29 Sep 51 he had had a cough with blood stained sputum.

On admission he was found to be febrile and examination of his chest was completely negative except for a few scattered rhonchi and fine moist rales on both sides.

A radiograph of his chest taken on the day of admission revealed infiltration with multiple cavities in the left lung and a small opacity in the right mid zone. (Plate BE1) Acid fast bacilli were found in his sputum and his ESR was 26 mm/1 hr.

He was treated with strict bed rest and a European diet.

It was decided to perform a left thoracoplasty but the patient refused operation.

Accordingly he was discharged to the reserves on 12 Feb 52. His disability was assessed at 70%.

This patient's progress is illustrated by table BE, the X-ray photograph BE 1 and a photograph of himself taken shortly after admission.

TABLE BE

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
2 Oct 51	26	Positive	129
25 Oct 51	24	Positive	123
12 Nov 51	40	Negative	124 $\frac{1}{4}$
6 Dec 51	36	Positive	-
4 Jan 52	-	Positive	126
25 Jan 52	17	Positive	126

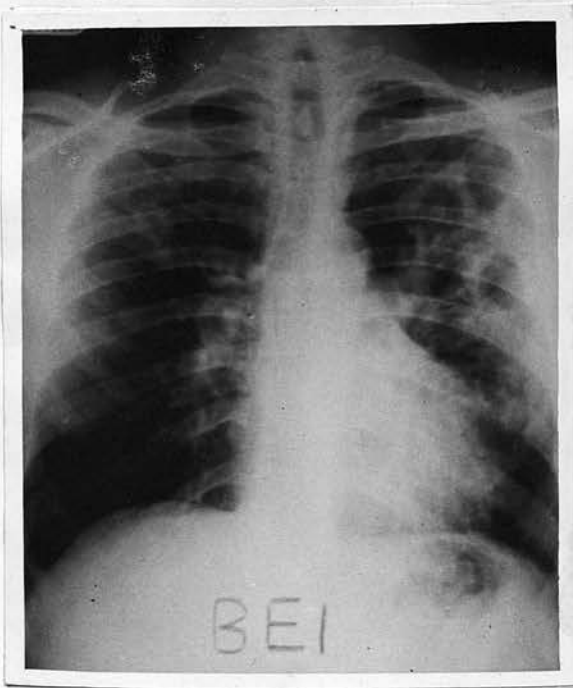


Plate BE1. There is infiltration with cavitation in
2 Oct 51. all zones of the left lung field.
There is a small opacity in the right
mid zone.

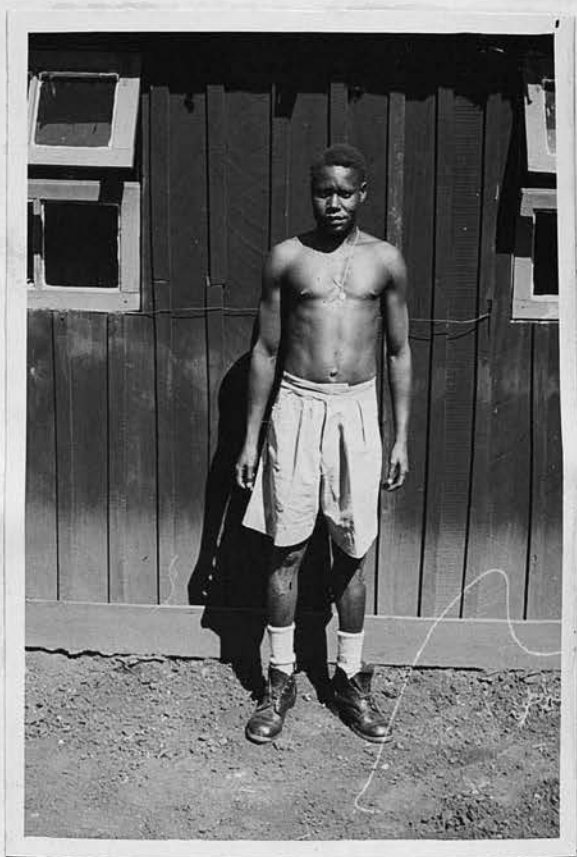


Plate BE2. Pte ABONDIO a few days after admission
10 Oct 51. to hospital.

Case Number: 35.

Number: 313527. Rank: Private.

Name: MUCHIRI s/o DIWA.

Age: Adult. Length of Service: 1 month.

Tribe: MKAMBA.

Village: MUSUU. Location: Not known.

District: KITUI. Territory: KENYA.

Period under treatment: 7½ months.

Private MUCHIRI was admitted to the British Military Hospital, MACKINNON ROAD on 30 Sep 50. He stated that he had been feverish and had had a productive cough since 15 Sep 50.

On admission he was found to be febrile and examination of the chest revealed fine moist rales in the right infraclavicular region and in the left axillary region.

A radiograph taken on the day after admission revealed a small cavity in the right upper zone with some exudative lesions round it and several opacities in the left mid zone. Acid fast bacilli were found in the sputum.

The patient was treated by strict bed rest and a European diet.

After three months on this conservative regime his condition was unchanged. On 13 Jan 51 a right artificial pneumothorax was induced but adhesions prevented the collapse of the right upper lobe so the pneumothorax was abandoned.

By this time a fresh cavity had formed in the

centre of the exudative lesions in the left mid zone. After waiting for six weeks in the hope that the exudative lesions would clear a left artificial pneumothorax was induced but adhesions again prevented the attainment of selective collapse and the pneumothorax was therefore abandoned.

As it was clear that we could do nothing further for this patient, he was discharged to the reserves on 16 May 51, his disability being assessed at 100%.

The details of this patient's progress are illustrated by table L and the serial X-ray photographs L1 to L5.

TABLE L.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum.</u>	<u>Weight in lbs.</u>
1 Oct 50	-	Positive	-
19 Oct 50	61	-	-
1 Nov 50	51	-	-
16 Nov 50	44	Positive	-
30 Nov 50	49	-	-
16 Dec 50	39	Positive	-
2 Jan 51	52	-	-
19 Jan 51	-	Positive	-
2 Feb 51	52	Positive	-
2 Mar 51	40	-	-
21 Mar 51	35	Positive	136

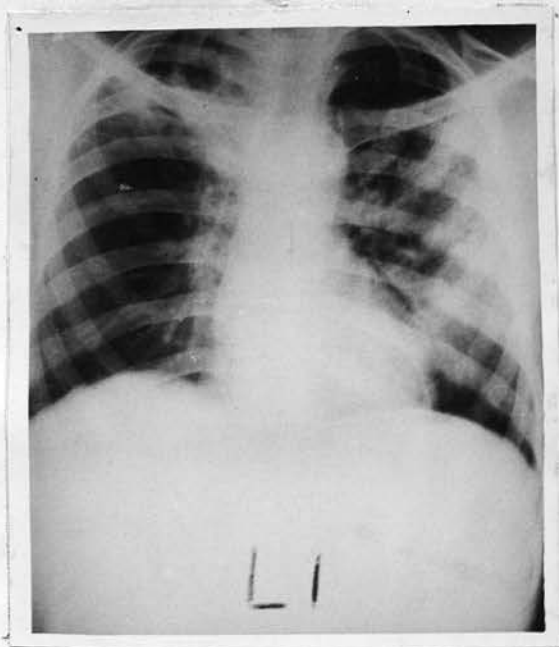


Plate L 1
1 Oct. 50.

In the right upper zone there are several fluffy opacities and a cavity partly hidden by the right clavicle. There are several similar opacities in the left mid zone.

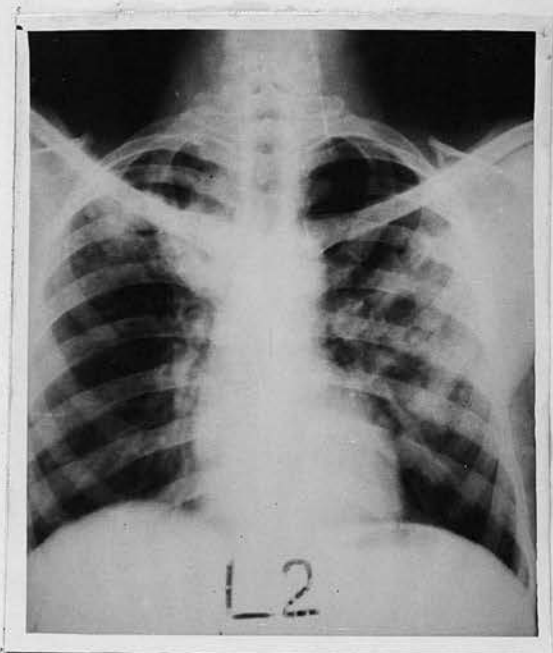


Plate L2. A cavity has appeared in the left mid zone. Otherwise there has been little change since 1 Oct 50.
16 Dec 50.

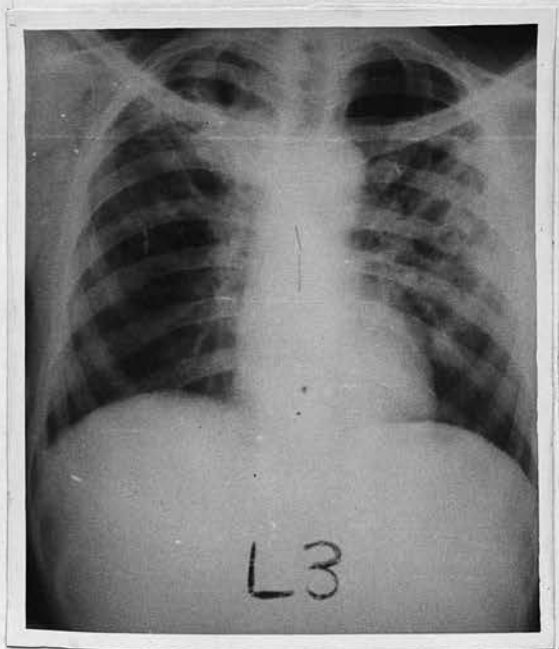


Plate L3. The right artificial pneumothorax induced on 13 Jan 51 is very shallow. Otherwise no change.
15 Jan 51.

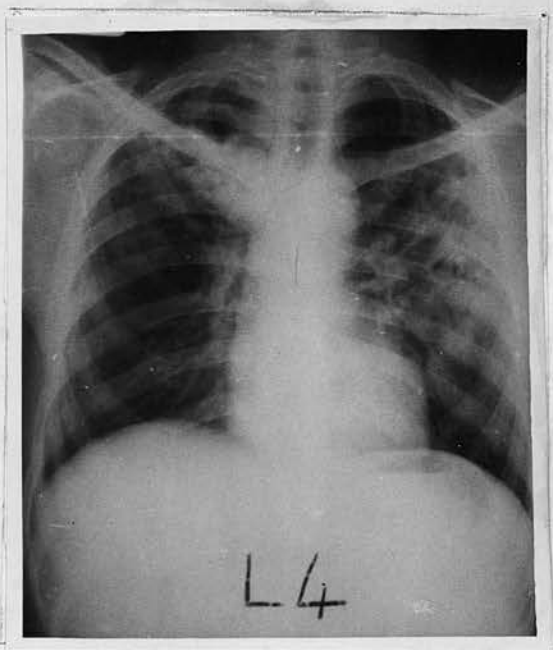


Plate L4. The right artificial pneumothorax has
19 Jan 51. been increased and is now clearly contra-
selective.

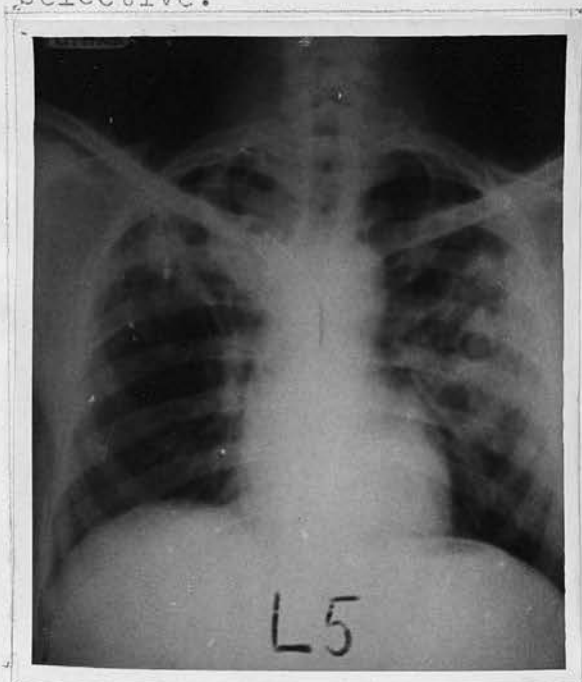


Plate L5. The left artificial pneumothorax induced
5 Mar 51. on 3 Mar 51 is confined to the apex and
is clearly contraselective.
There has been some extension of the
disease in the right upper zone.

Case Number: 36.

Number 35979 Rank: Trooper.

Name: KIKWAI s/o MARINOY.

Age: Adult. Length of Service; 6 years.

Tribe: KIPSEGIS.

Village: CHELIGIT. Location: SOTIK.

District: KERICHO. Territory: KENYA.

Period under treatment: 3 months.

Trooper KIKWAI was admitted to the Station Hospital, NANYUKI on 19 Oct 51. He stated that since mid Aug 51 he had been troubled with a productive cough and discomfort in his chest.

On admission he was afebrile and examination of the chest revealed a tympanitic note in the left infraclavicular region and fine moist rales in both pectoral regions.

A radiograph showed cavities in both subapical regions and reticulation in both lung fields. There was no evidence of hilar enlargement.

The patient was treated with strict bedrest and a European diet.

On 13 Nov 51 an artificial pneumothorax was induced on the left side but was unsuccessful owing to the presence of an apical adhesion. The patient refused to undergo adhesion section. He was therefore discharged to the reserves on 17 Jan 52. His disease being still active, his disability was assessed as 100%.

The details of this patient's progress are illustrated by table BH and the serial X-ray photographs BH1 and BH2.

TABLE BH.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
20 Oct 51.	65	Positive	143.
20 Nov 51	67	Positive	139
20 Dec 51	70	Positive	139
16 Jan 52	63	Positive	140

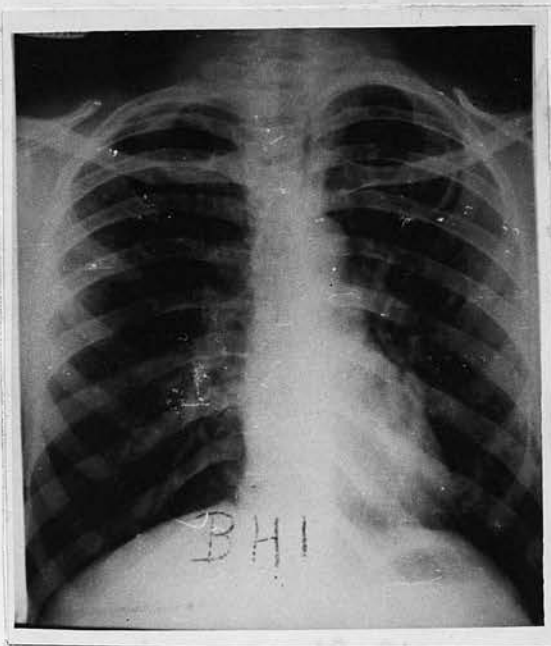


Plate BH1.
20 Oct 51.

There is widespread infiltration giving a reticular appearance in all zones of both lung fields. There is a large cavity in the right upper zone and another similar cavity in the left upper zone.

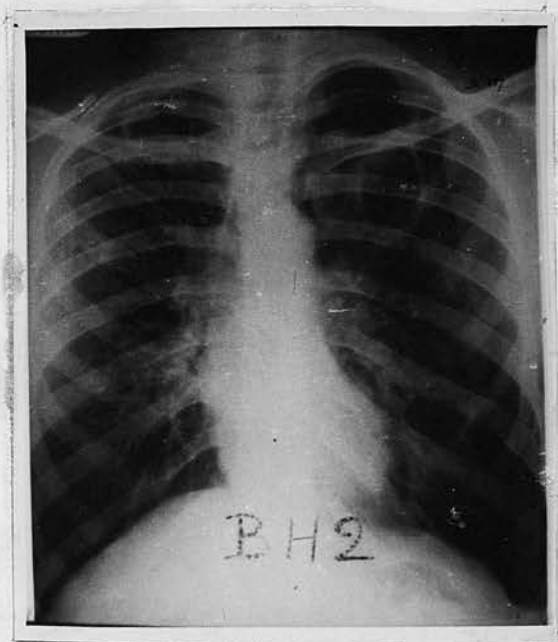


Plate BH2. 20 Nov 51. A left artificial pneumothorax has been induced. There are adhesions at the left apex. The cavity in the left upper zone has enlarged. The heart and mediastinum have moved to the right.

Number: 309289. Rank: Corporal.

Name: NGERU s/o M'THIKA.

Age: 26. Length of Service: 3 years.

Tribe: EMBU.

Village: KAGUMONI. Location: GATURI.

District: EMBU. Territory: KENYA.

Period under treatment: 5 months.

Corporal NGERU was admitted to the British Military Hospital, MACKINNON ROAD on 12 Oct 49. He stated that he had had a productive cough since 3 Oct 49.

On admission he was febrile and examination of the chest revealed scattered patches of bronchial breathing and of fine moist rales in both lungs.

A radiograph taken on 14 Oct 49 showed widespread infiltration in all the zones of both lung fields (Plate S1). Acid fast bacilli were found in large numbers in the sputum. The ESR was 45 mm/1 hr.

He was treated with strict bed rest and a European diet. On this regime his general condition improved considerably and there was some improvement in the radiological appearances.

It was clear, however, that no active measures could be employed and accordingly he was discharged to the reserves on 11 Mar 50. His disability was assessed at 100%.

The details of this patient's progress are illustrated by table S and the serial X-ray photographs S1 and S2.

TABLE S.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
14 Oct 49.	45	Positive	-
2 Jan 50.	8	Positive	112
30 Jan 50	39	Positive	-
15 Feb 50	39	Positive	-
28 Feb 50	10	Positive	113

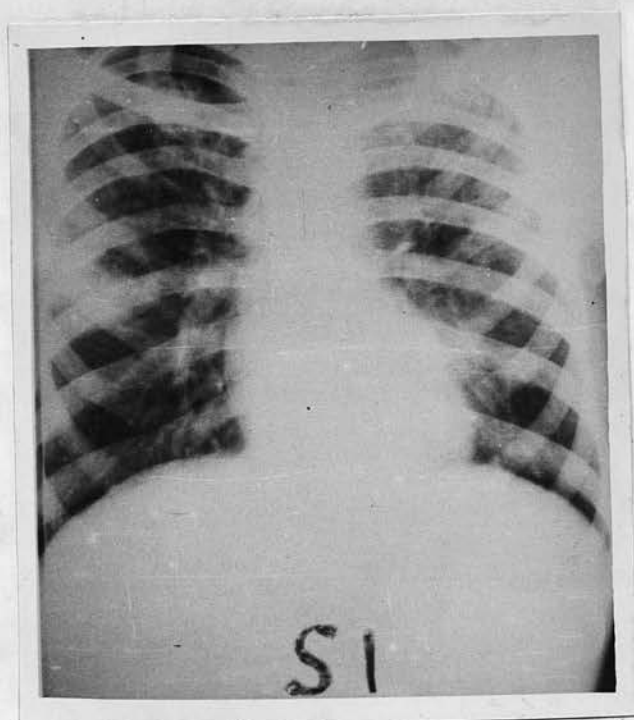


Plate S1. There is widespread infiltration in all
14 Oct.49. zones of both lung fields.

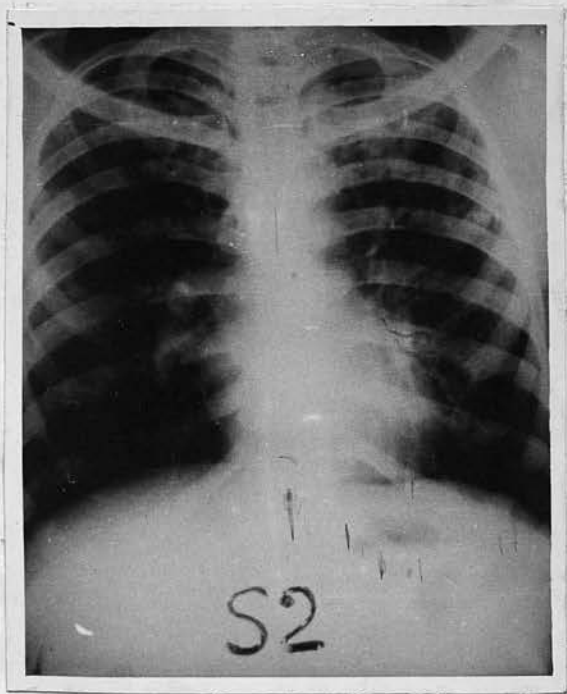


Plate S2.
28 Feb 50

There has been considerable clearing of the exudative lesions in both lung fields but cavitation has occurred in the right upper and the left upper and mid zones.

Case Number: 38.

Number: Not known. Rank: Civilian.

Name: MURASHUI s/o MABATHA.

Age: Adult. Length of Service: 2 years.

Tribe: Not known.

Village: Not known. Location: Not known.

District: Not known. Territory: Not known.

Period under treatment: 6 weeks.

Civilian MURASHUI was admitted to the British Military Hospital, MACKINNON ROAD on 28 Dec 50. He stated that since 25 Dec 50 he had been troubled with a pain in the right side of his chest and with a productive cough.

On admission he was found to be febrile. He had obviously lost weight and examination of the chest revealed numerous fine moist rales scattered through the left lung.

A radiograph taken on the day of admission showed infiltration in the right lung field and thickening of the pleura in the right costophrenic angle. The left lung field showed infiltration with collapse and cavitation in all zones. (Plate R1). The ESR was 39 mm/1 hr. The sputum contained acid fast bacilli.

He was treated by strict bed rest and a European diet.

On 16 Jan 51 the ESR was 34 mm/1 hr.

A radiograph taken on 5 Feb showed that there had been some clearing of the exudative lesions in the left lung but that further cavitation was starting

in the left mid zone (Plate R2).

On 12 Feb 51 he absconded from hospital and he has not been seen or heard of since. It is presumed that he is dead.

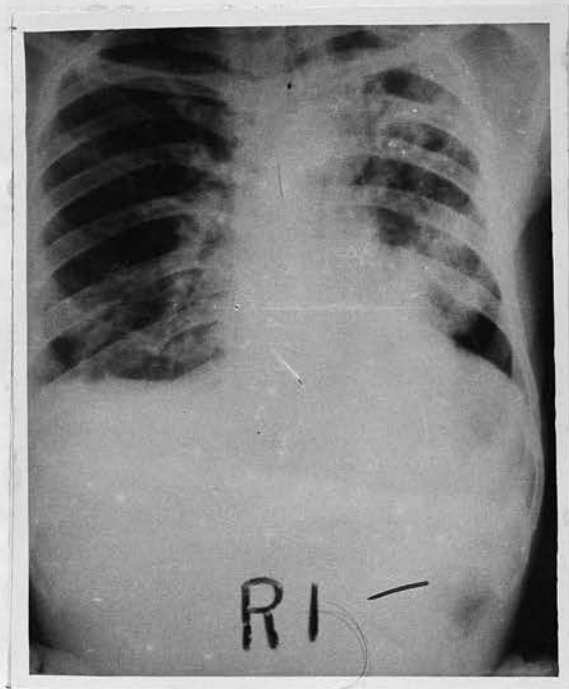


Plate R1. 28 Dec. 50. There is infiltration in all zones of the right lung field and the right costophrenic angle is obliterated. There is infiltration with collapse and cavitation in all zones of the left lung field. The trachea heart and mediastinum are deviated to the left.

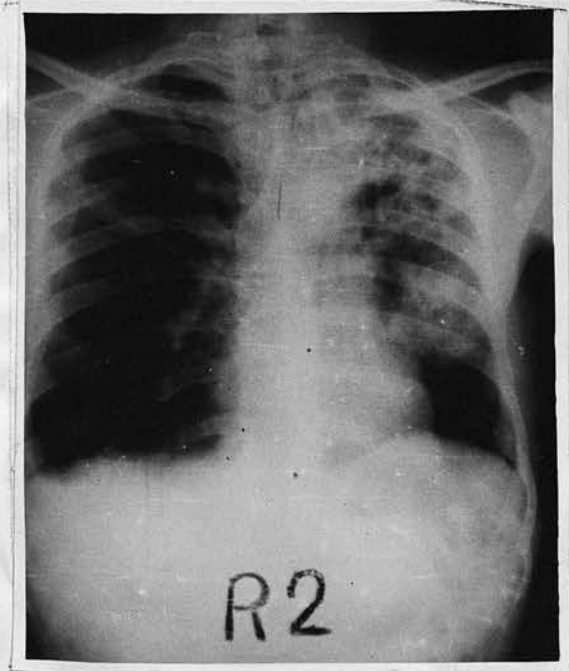


Plate R2. 5 Feb 51. There has been some clearing of the exudative lesions in the left lung field. Further cavitation has started in the left mid zone.

Case Number: 39.

Number : Not known. Rank: Civilian.

Name: ANDIKA s/o AWANATHO.

Age: Adult. Length of Service: Not known.

Tribe: Not known.

Village: Not known. Location: Not known.

District: Not known. Territory: Not known.

Period under treatment: 9 months.

Civilian ANDIKA, who was in the employ of STIRLING ASTALDI the firm of road contractors, was admitted to the British Military Hospital, MACKINNON ROAD on 21 Dec 49. He stated that he had had a productive cough since 21 Nov 51.

On admission he was febrile and on examination of the chest some fine moist rales could be heard in the axillary region.

A radiograph taken on the day of admission showed infiltration with multiple cavities in the left upper and mid zones and infiltration with a cavity in the right upper and mid zones.

Acid fast bacilli were found in the sputum.

The patient was treated by strict bed rest and a European diet.

His condition remained unchanged until mid Feb. 50, when the radiograph showed that a bronchogenic spread had taken place into the left lower zone.

On 28 Feb 50 a left phrenic crush was performed under local anaesthesia and this was reinforced on 3 Mar 50 by the induction of a pneumothorax.

PERITONEUM

In spite of these manoeuvres the patient's condition remained unchanged until he absconded from

hospital at the end of Sep.50.

This patient's progress is illustrated by the table AR and the serial X-ray photographs AR1 to AR7.

TABLE AR.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
21 Dec 49	-	Positive	119
18 Jan 50	27	Positive	-
16 Feb 50	21	Positive	-
15 Mar 50	24	Positive	-
3 Apr 50	64	Positive	-
1 May 50	69	Positive	108
27 May 50	59	Positive	110
3 Jul 50	51	Positive	-
1 Aug 50	45	Positive	-
2 Sep 50	40	Positive	-
15 Sep 50	55	-	-

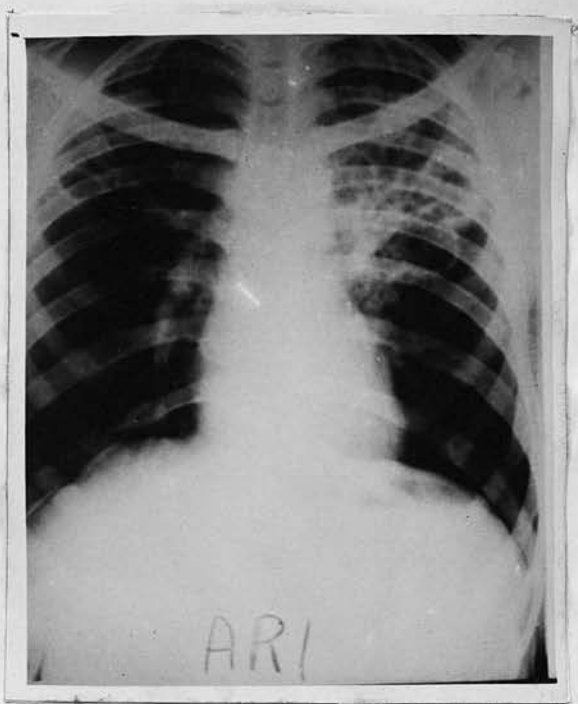


Plate AR1. 22 Dec 49. There is infiltration and a cavity in the right upper and mid zones. There is infiltration and multiple cavitation in the left upper and mid zones.

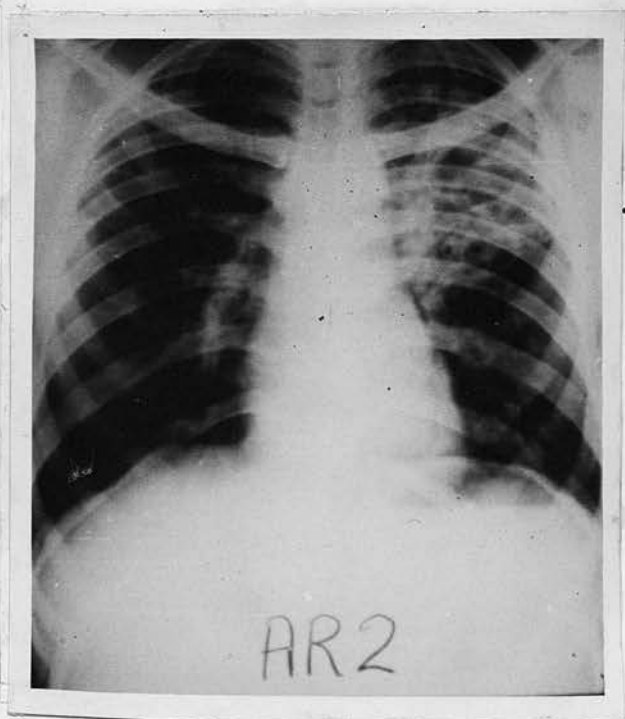


Plate AR2. 16 Feb 50. The infiltration in the right mid zone has increased. There has been spread of the disease into the left lower zone.

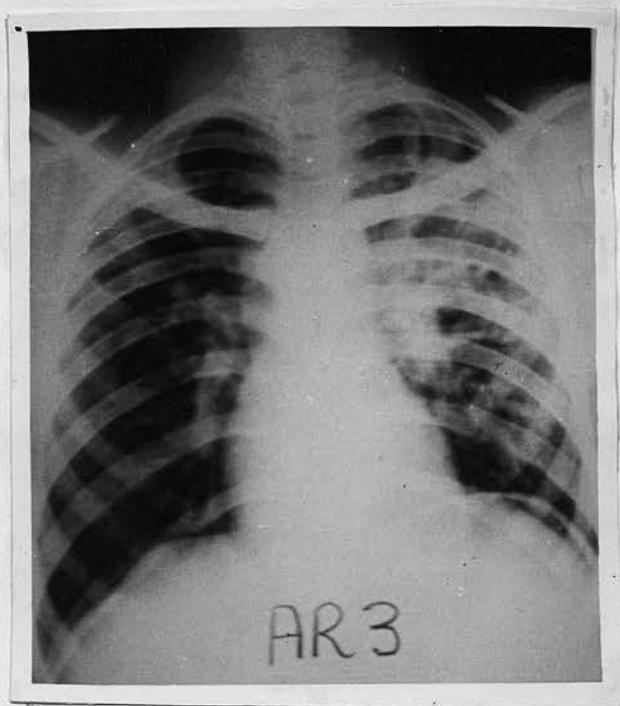


Plate AR3. 28 Mar 50. A left phrenic crush has been performed and a pneumoperitoneum induced. The exudative disease in the right mid and left lower zones is more obvious.

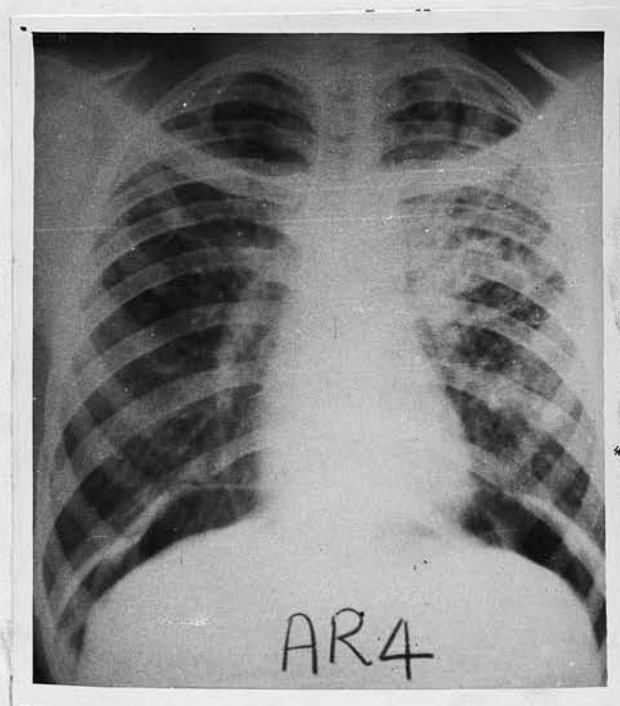


Plate AR4. 27 May 50. The pneumoperitoneum has been increased. Otherwise there is no significant change.

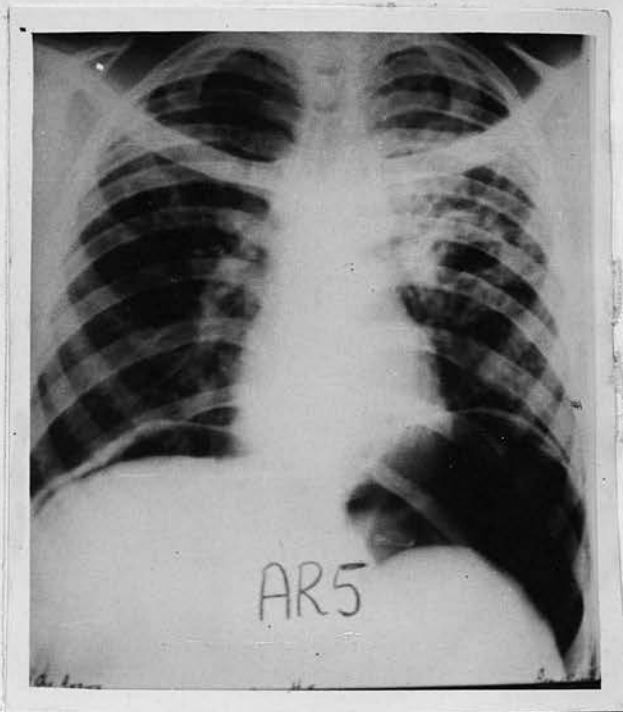


Plate AR5. No appreciable change.
1 Aug 50.

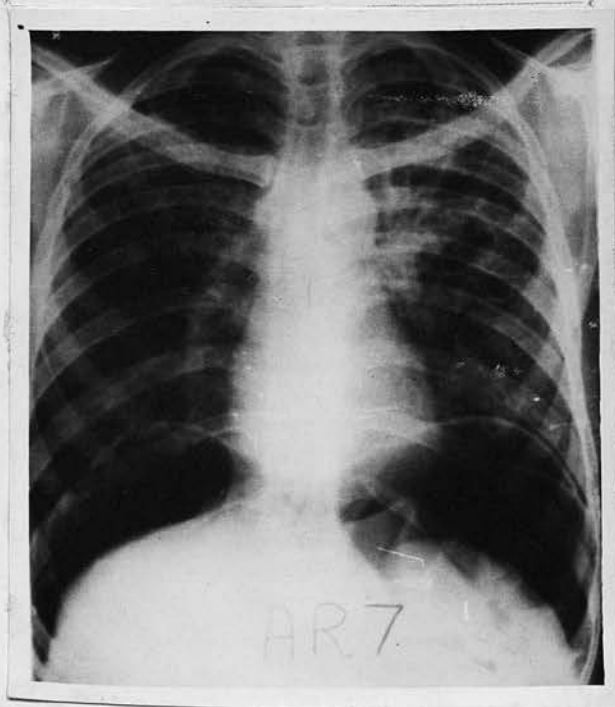


Plate AR7. No appreciable change.
17 Sep 50.

Case Number: 40.

Number : 309345. Rank: Private.

Name: CHULI.

Age: 22. Length of Service: 14 months.

Tribe: MKAMBA.

Village: CHAWANGO. Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 2 years.

Private CHULI was admitted to the British Military Hospital, MACKINNON ROAD on 1 Sep 49. He stated that he had been well until 30 Aug 49 when he became feverish and developed a productive cough.

On admission he was found to have a high temperature and examination of the chest revealed signs of patchy consolidation. A diagnosis of broncho-pneumonia was made and he was treated with sulphathiazole. He failed to respond to this treatment in the normal manner and the sputum was therefore examined for acid fast bacilli which were found to be present.

A radiograph taken on 6 Sep 49 revealed a confluent broncho-pneumonia in the left lung with a cavity at the left apex.

He was treated with strict bed rest and a European diet.

On this regime his general condition was maintained fairly stable until the end of Jan 50 when he became febrile again and malarial parasites were found in his peripheral blood stream. Although the malaria was immediately and successfully treated with mepacrine his condition continued to deteriorate and by the

middle of Feb 50 he was a bag of skin and bones.

On 21 Feb 50 a left Phrenic Crush was successfully performed under local anaesthesia. This of itself was not successful in closing the two cavities in the left lung and it was reinforced on 18 Apr 50 by the induction of a pneumoperitoneum.

These measures had a salutary effect on his general condition and he gained a certain amount of weight. But in June 50 he developed a tuberculous laryngitis and again his general condition deteriorated.

By Oct 50 two more cavities had developed in the left lung and by Dec 50 further cavitation appeared to be starting.

On 19 Jan 51 under pentothal and cyclopropane anaesthesia the first stage of a left sided thoracoplasty was performed, the upper four ribs being removed. Good collapse was obtained but only at the cost of a bronchogenic spill into the right upper lobe.

On 1 Feb 51 the second stage of the operation was performed under similar anaesthesia and the 5th to 8th ribs were removed.

From 8 Feb 51 to 8 May 51 1 gramme of Streptomycin was given daily (making a total dose of 90 grammes) in order to try and deal with the spread in the right lung.

From the conclusion of his operation the patient improved steadily and by Aug 51 had gained over a stone in weight although his sputum still remained positive.

He was discharged to the reserves on 11 Sep 51 with his disability assessed as 100%.

The details of this patient's progress are illustrated by table W and the serial X-ray photographs W1 to W16 and also by a photograph of the patient taken a few days prior to his discharge.

TABLE W.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum.</u>	<u>Weight in lbs.</u>
6 Sep 49	48	Positive	-
27 Sep 49	1	-	-
27 Oct 49	10	Positive	-
15 Nov 49	1	Positive	-
30 Nov 49	3	-	-
9 Dec 49	-	Positive	-
31 Dec 49	53	Positive	-
13 Jan 50	55	-	-
26 Jan 50	16	Positive	-
25 Feb 50	20	Positive	-
4 Apr 50	49	Positive	-
2 May 50	5	Positive	-
4 Jul 50	-	-	109
1 Sep 50	3	Positive	104½
18 Oct 50	5	Positive	106
27 Nov 50	3	Positive	105½
21 Dec 50	44	Positive	103
18 Jan 51	-	-	101
23 Feb 51	-	Positive	95
1 Mar 51	-	-	99
22 Mar 51	18	-	102
24 Apr 51	2	Positive	105
29 May 51	13	Positive	105
20 Jun 51	20	Positive	105½
18 Jul 51	9	Positive	107½
26 Aug 51	9	Positive	111½

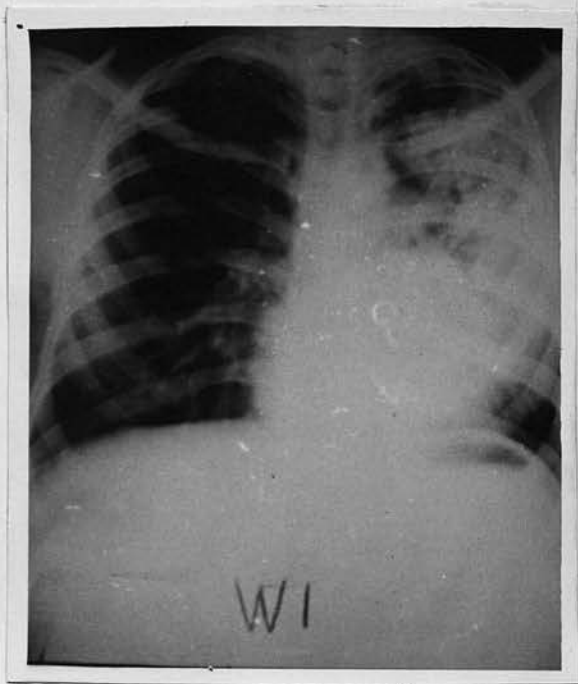


Plate W1. There is a cavity at the left apex and numerous confluent opacities in all zones of the left lung. There are some streaky opacities in the right lower zone.
6 Sep 49.

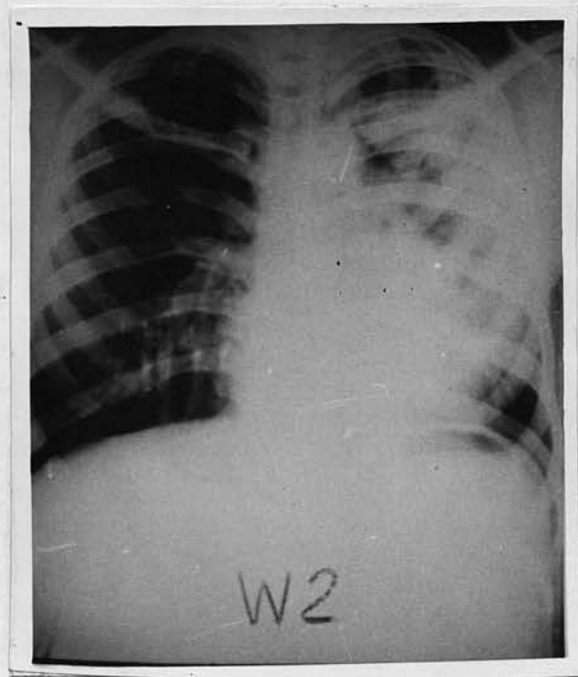


Plate W2. Cavitation is starting in the left infraclavicular region.
1 Dec 49.

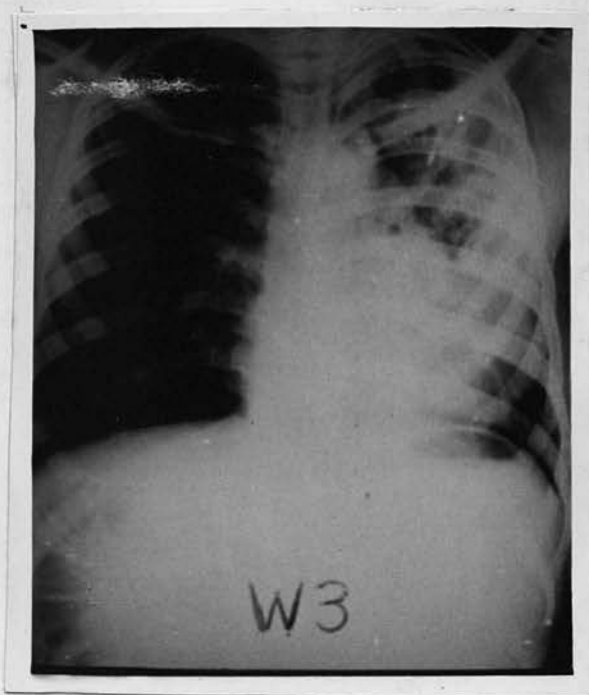


Plate W3. The cavity in the left infraclavicular
1 Jan 50. region is larger.

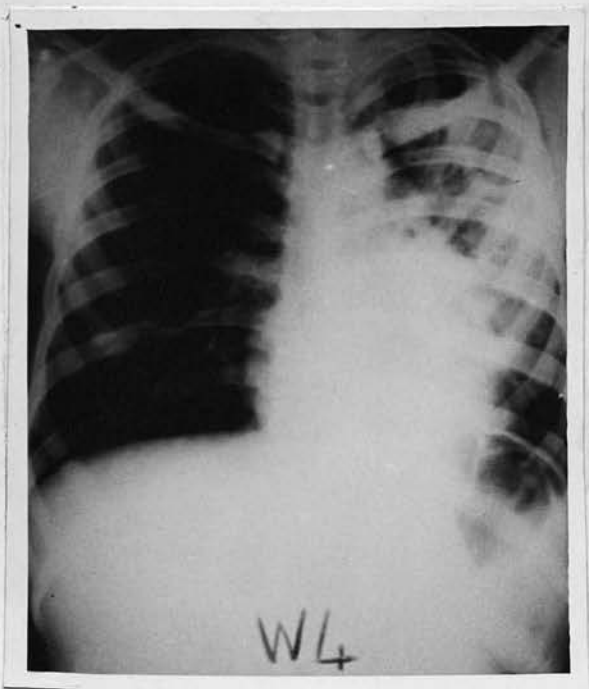


Plate W4. Both cavities are larger.
30 Jan 50.

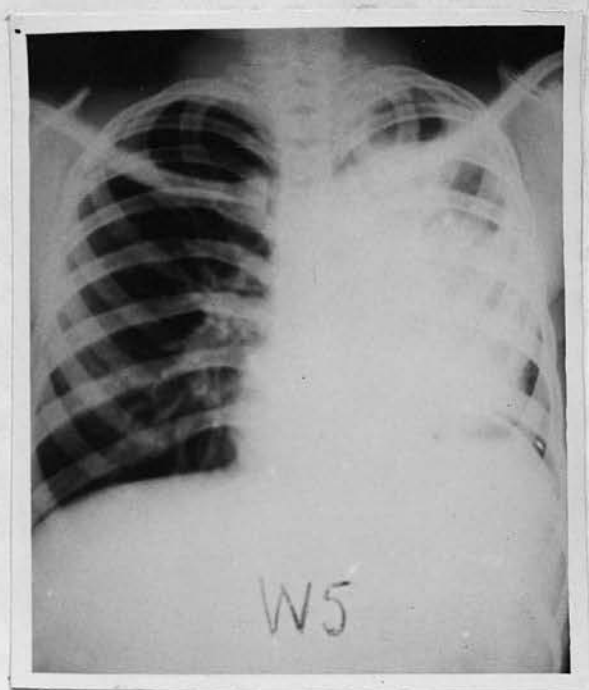


Plate W5. No change since 30 Jan 50.
28 Mar 50.

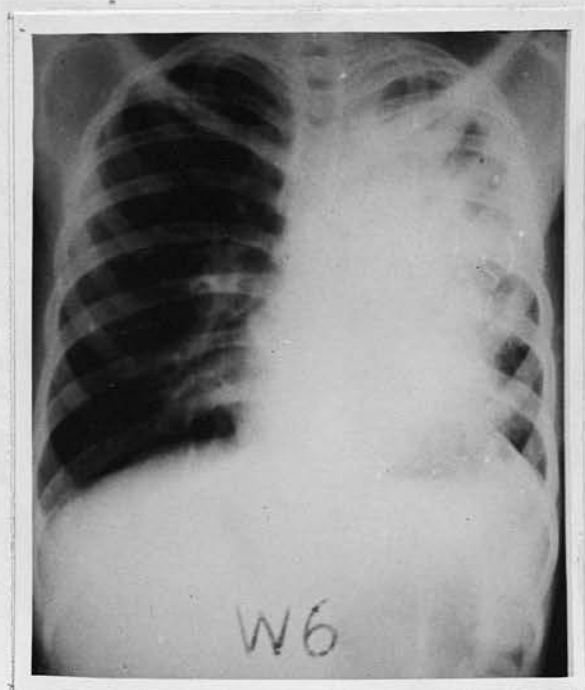


Plate W6. A third cavity is starting in the left
4 Jul 50. mid zone.

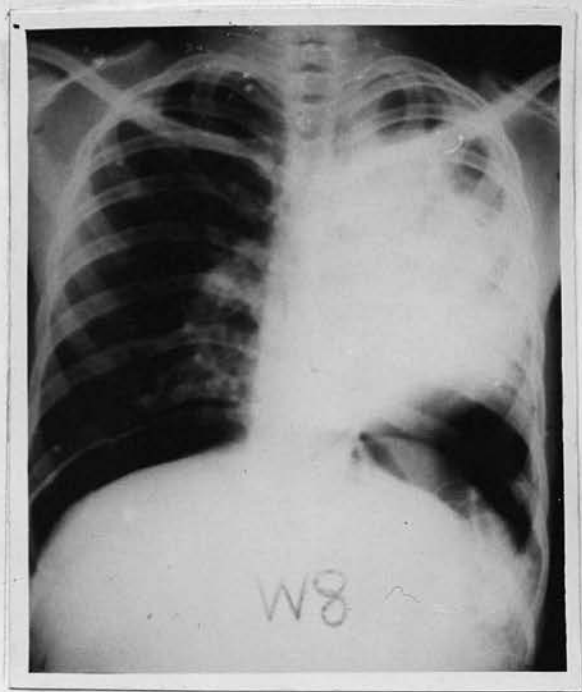


Plate W8. A pneumoperitoneum has been induced. A
16 Oct 50. fourth cavity is starting in the left mid
zone. The heart and mediastinum are deviat-
ed to the left.

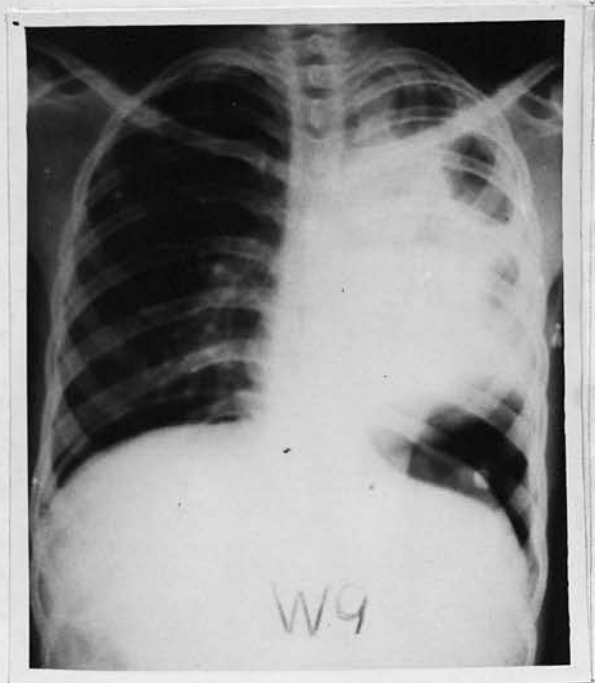


Plate W9. A fifth cavity is starting in the centre
27 Nov 50. of the infraclavicular region.

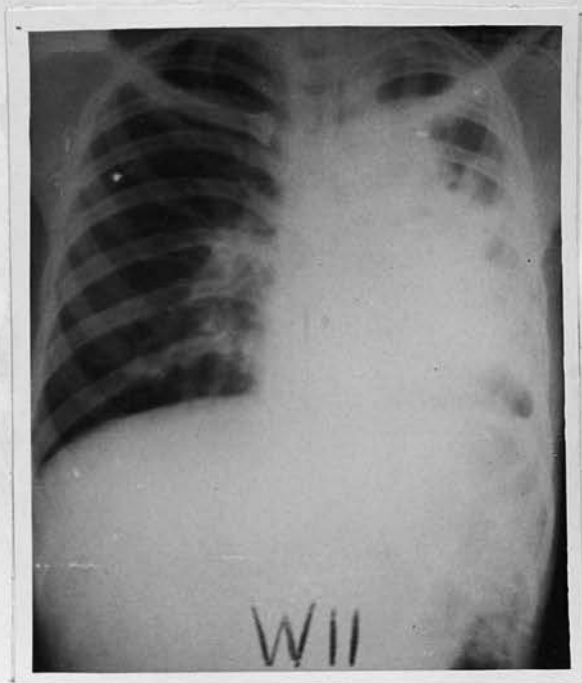


Plate W11. The pneumoperitoneum has been abandoned
18 Jan 51. prior to thoracoplasty.



Plate W12. The first stage of the thoracoplasty has
21 Jan 51. been performed. The heart and mediastinum
have returned to the central position. There has been a small
bronchogenic spill into the right upper zone.

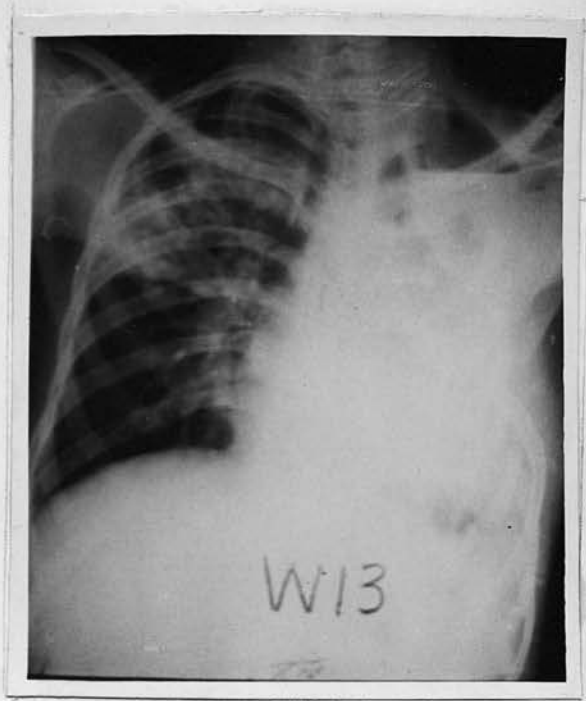


Plate W13. The second stage of the thoracoplasty
5 Feb 51. has been completed. A widespread broncho-
genic spill has occurred into the right
upper and mid zones.

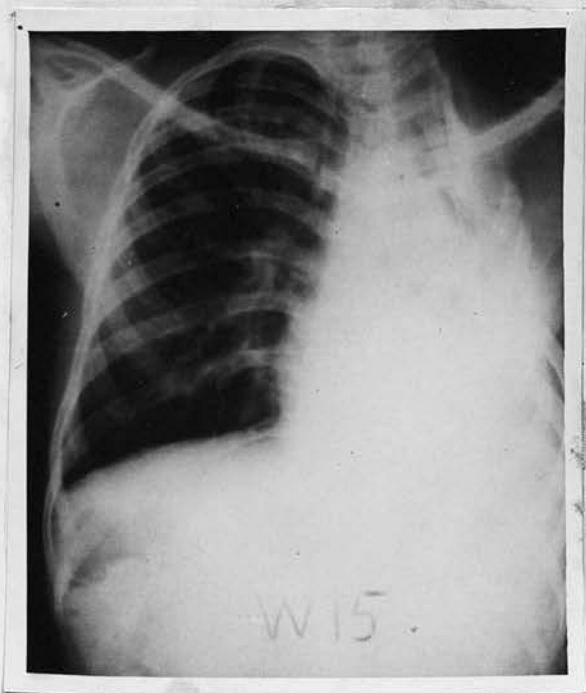


Plate W 15. The right upper and mid zones are
29 May 51. practically clear.



Plate W16
28 Aug 51.

There has been little change since 29
May 51.

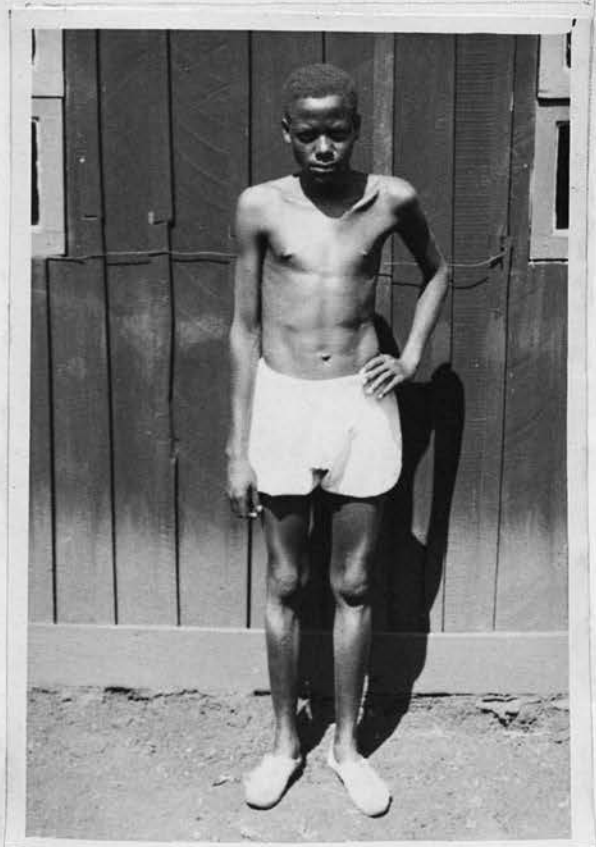


Plate W17.
5 Sep 51.

Private CHULI one week before his dis-
charge to the native reserves.

Case Number: 41.

Number: 16729. Rank: Private.

Name: KASOLO.

Age: Adult. Length of Service: 10 years.

Tribe: MKAMBA.

Village: KUNIKILA. Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 5 months.

Private KASOLO was admitted to the Military Hospital, NAIROBI on 3 Jan 51. He stated that since 31 Dec 50 he had had pain in the left side of his chest and a productive cough.

On admission he was found to be febrile and on examination of the chest impaired movement and impaired percussion note were present at the left apex; in the same area showers of medium moist rales were audible.

On 5 Jan 51 acid fast bacilli were found in the sputum and a radiograph revealed extensive consolidation of the left upper and mid zones and with early cavitation in the apical and infraclavicular areas.

The patient was treated with strict bed rest and a European diet.

On this regime the patient's general condition was reasonably well maintained, though he slowly lost weight.

At the end of Mar 51, a pneumoperitoneum was induced.

At the end of May 51, it was decided to do a thoracoplasty and the first stage was carried out under

pentothal and cyclopropane anaesthesia on 1 Jan 51.

Unfortunately owing to an error in surgical technique the patient lost a lot of blood and collapsed at the end of the operation. In spite of strenuous attempts to resuscitate him he died two hours later.

At post mortem the right lung was normal except for a small patch of consolidation in the antero-lateral segment of the upper lobe. The left lung was collapsed and there were dense adhesions at the apex binding it to the thoracic wall.

On section, there was a large cavity filled with fluid pus in the left upper lobe.

There was no enlargement of the tracheo bronchial and mediastinal glands and no evidence of extra pulmonary spread.

The details of this patient's progress are illustrated by table F and the serial X-ray photographs F1 to F4.

TABLE F.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
5 Jan 51	-	Positive	-
31 Jan 51	7	Positive	111½
23 Feb 51	-	-	107
16 Mar 51	22	Positive	108
14 Apr 51	36	Positive	104
19 May 51	-	-	103
29 May 51	13	-	-

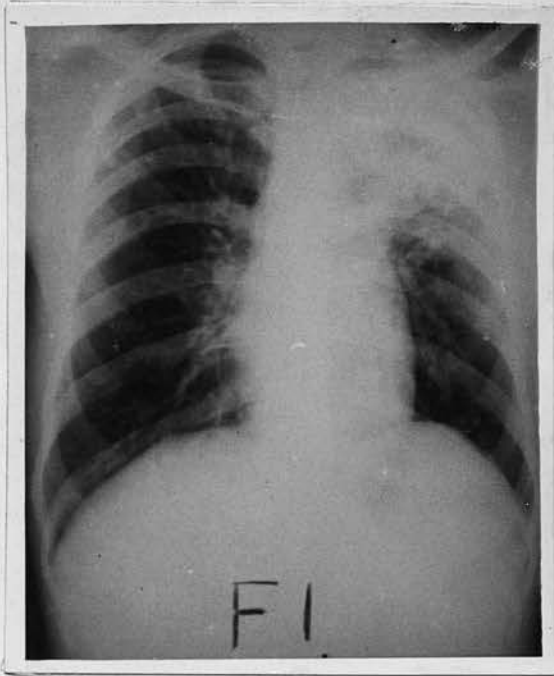


Plate F1. There is a large opacity in the left upper and mid zones with ? cavitation in the apical and infraclavicular areas.
5 Jan 51.

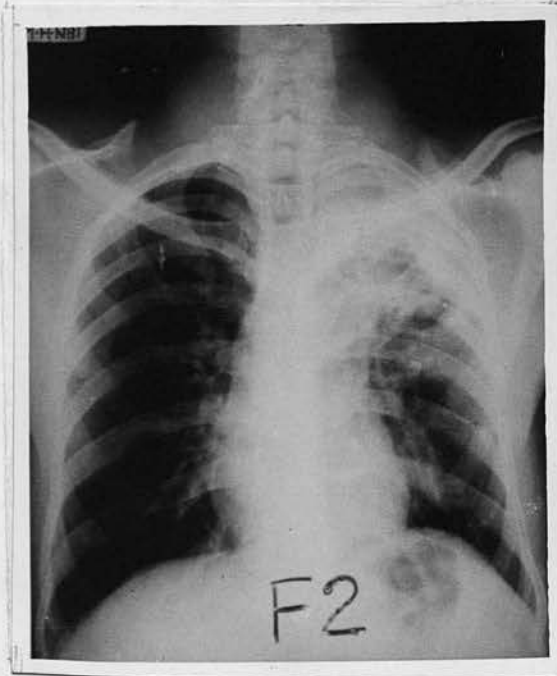


Plate F2. There has been some clearing in the opacity and two large cavities are now visible. A few small opacities have appeared in the left lower zone.
31 Jan 51

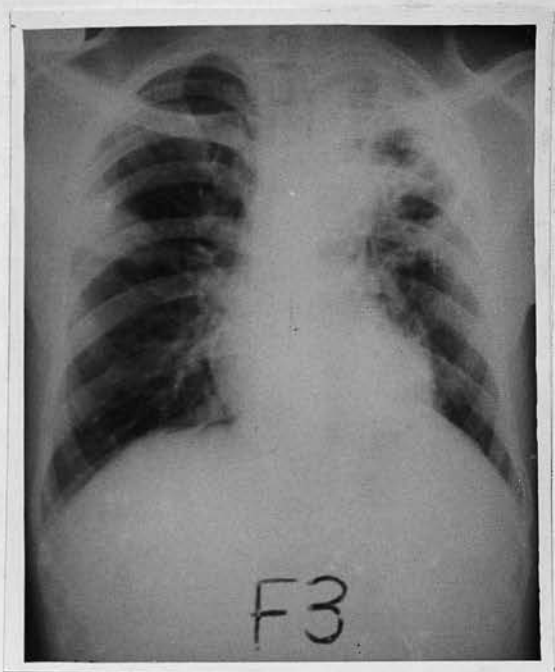


Plate F3. A wedge shaped opacity as appeared at the periphery of the right mid zone. There has been further spread of the disease in the left lower zone.
16 Mar 51.

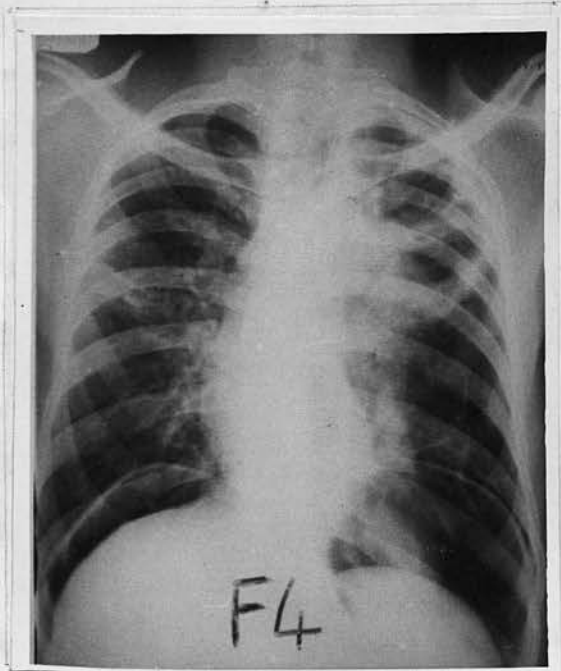


Plate F4. A pneumoperitoneum has been induced. The opacity in the right mid zone is smaller.
1 May 51.

Case Number: 42.

Number: 10994. Rank: Civilian.

Name: M'MBAROKI s/o KIRIKA.

Age: 22. Length of Service: 28 months.

Tribe: MMERU.

Village: CHUGU. Location: MURIGAMERU.

District: MERU. Territory: KENYA.

Period under treatment: 12 months.

Civilian M'MBAROKI was admitted to the British Military Hospital, MACKINNON ROAD on 12 Aug 50. He stated that he had been feverish for the past week.

On admission he was found to be feverish and was regarded as a case of Typhoid Fever, as the hospital was at that time coping with an outbreak of that disease. But, as he failed either to improve or to deteriorate, further investigations were made and on 1 Sep 49 a radiograph showed widespread tuberculous disease with cavitation in both lungs and acid fast bacilli were found in his sputum.

He remained in hospital without much change in his condition until July 50, when he started to deteriorate rapidly and died following a severe haemoptysis on 19 Aug 50.

His first and last X-ray photographs are appended as illustrations.

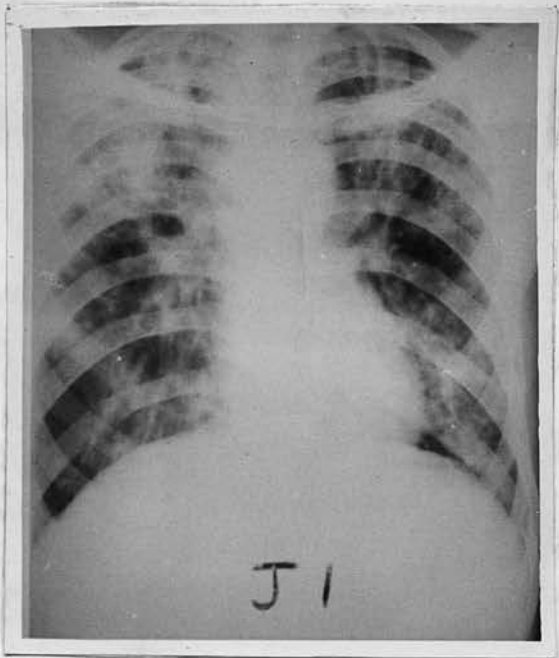


Plate J1. There is widespread disease with multiple
1 Sep 49. cavitation in all zones of both lung
fields.

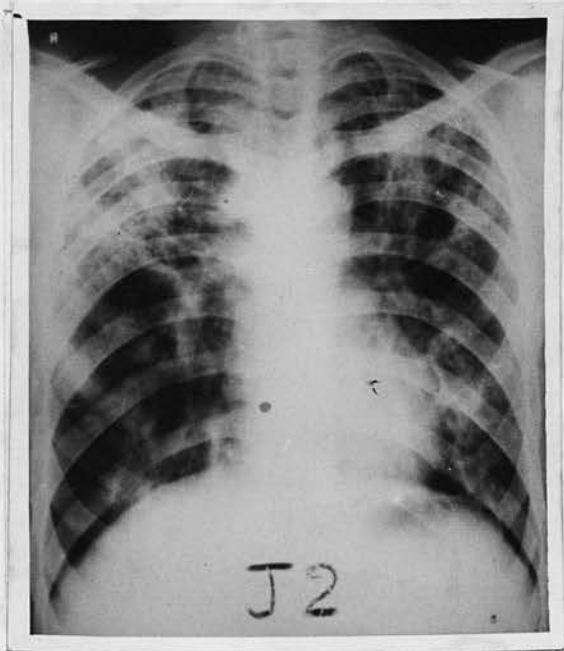


Plate J2. There has been no appreciable change
2 Aug 50. since 1 Sep 49.

Case Number: 43.

Number: 310744. Rank: Private.

Name: MWANZI s/o MUTHUNGA.

Age: Adult. Length of Service: 2 years.

Tribe: MKAMBA.

Village: KIMANGAU. Location: Not known.

District: KITUI. Territory: KENYA.

Period under treatment : 8½ months.

Private MWANZI was admitted to the British Military Hospital, MACKINNON ROAD on 6 Apr.50. He stated that he had been well until 5 Apr 50 when he became feverish and developed a productive cough.

On admission he was found to be febrile and examination of his chest revealed the physical signs of collapse in the left lung and of broncho-pneumonia in the right upper lobe. He was treated with penicillin and sulphadiazine but failed to respond.

On 10 Apr 50, therefore, the sputum was searched for acid fast bacilli which were found to be present. A radiograph taken on the same day showed infiltration in the right upper and mid zones and cavitation and collapse in the left lung.

He was treated by strict bed rest and a European diet.

On this regime he maintained his general condition in a remarkable manner until about the middle of November when he began to deteriorate.

He died at 0630 hours on 31 Dec 50.

At postmortem there was a left sided tuberculous empyema. Both lungs had been converted into sacs

filled with fluid caseous pus. But in the right lung there were still a few strands of fibrotic tissue crossing the sac; in the left lung there were none. There was no enlargement of the tracheobronchial glands and no evidence of extra pulmonary spread.

The details of this patient's progress are illustrated by table O and the serial X-ray photographs O1 to O7.

TABLE O.

<u>Date:</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
10 Apr 50	30	Positive	100
1 May 50	35	Positive.	100
1 Jun 50	45	Positive	96
16 Jun 50	53	-	-
3 Jul 50	71	Positive	-
15 Jul 50	53	-	-
1 Aug 50	57	Positive	-
15 Aug 50	58	-	-
5 Sep 50	45	Positive	-
10 Oct 50	71	Positive	-
10 Nov 50	69	Positive	-
16 Dec 50	74	Positive	-

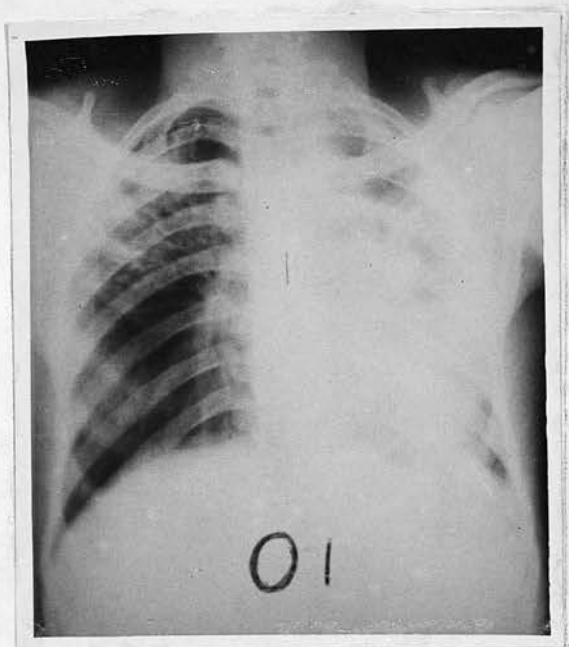


Plate 01.
27 May 50.

There is widespread infiltration in the right upper and mid zones. The left lung field shows cavitation in the upper and mid zones and collapse in the mid and lower zones. The heart and mediastinum are displaced to the left.

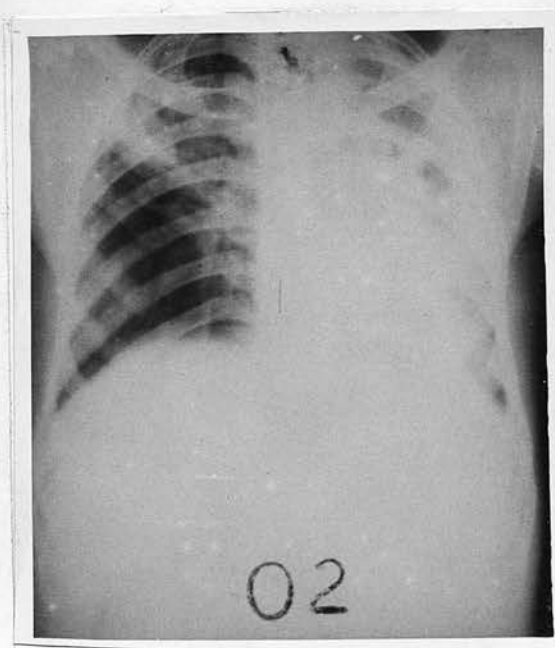


Plate 02.
3 Jul 50.

The lesions in the right upper and mid zones have increased. Otherwise there is no change since 27 May 50.

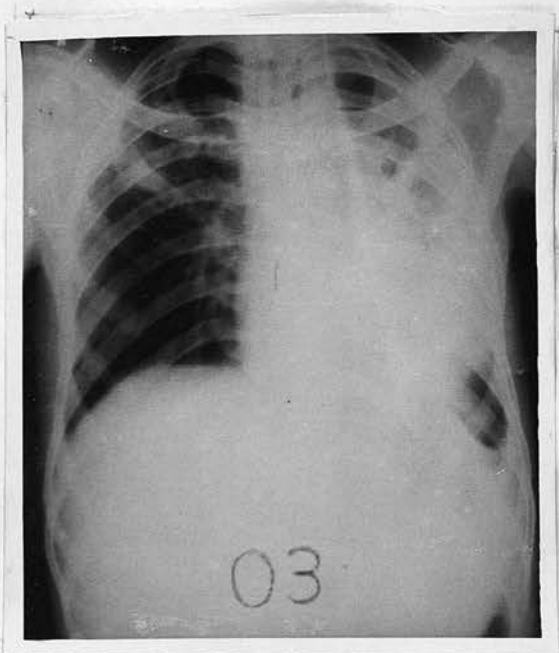


Plate 03. There has been some clearing of the lesions in the right upper and mid zones. 1 Aug.50. A spontaneous pneumothorax has developed on the left side but adhesions prevent the lung from collapsing completely.

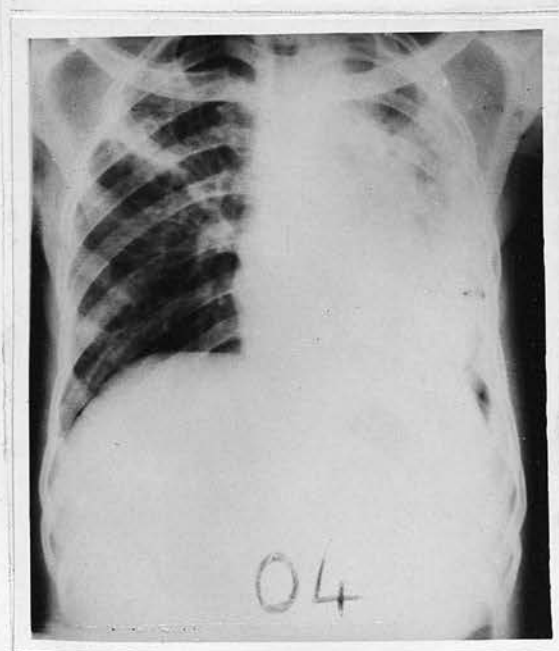


Plate 04. There is no change in the right lung field. 5 Sep.50. The spontaneous pneumothorax has been largely absorbed.

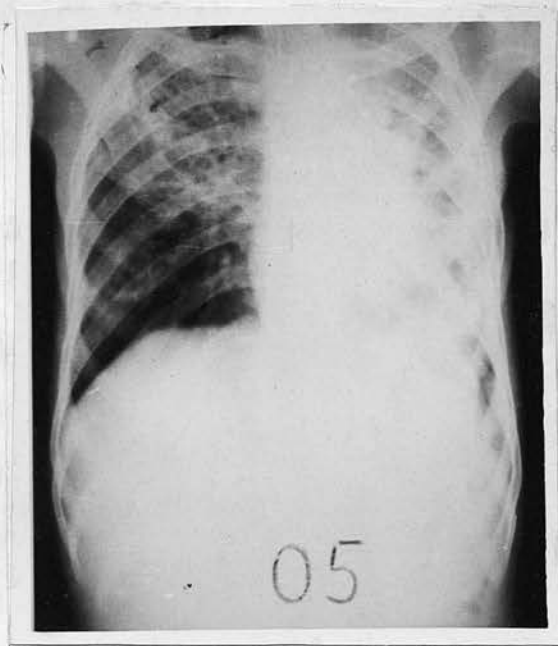


Plate 05.
17 Oct 50.

There is more aeration of the left lung and the heart and mediastinum have moved centrally. The change in the appearance of the right lung field is due to the film being less penetrated.

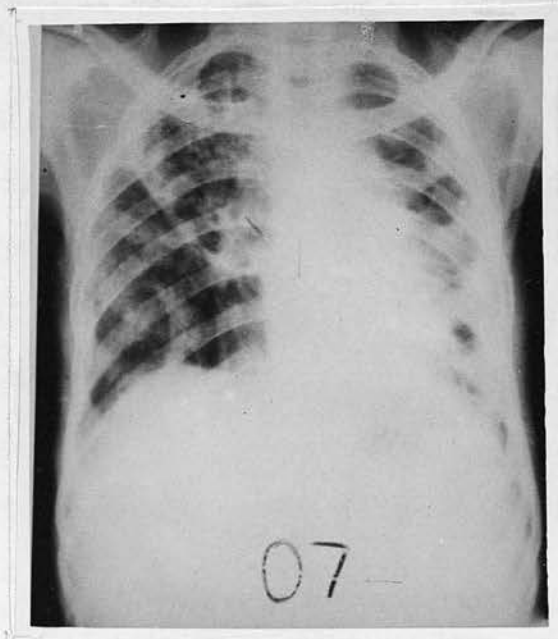


Plate 07.
16 Dec 50.

There has been a spread of disease into the right lower zone. There has been no real change in the appearance of the left lung field since 17 Oct 50.

Case Number: 44.

Number: 5819. Rank: Civilian.

Name: ADUKE s/o OSUMBA.

Age: 30. Length of Service: 18 months.

Tribe: JALUO.

Village: KABONYO. Location: KISIPUL.

District: KISII. Territory: KENYA.

Period under treatment: 4½ months.

Civilian ADUKE was admitted to the British Military Hospital, MACKINNON ROAD on 20 Sep. 50. He stated that in 1945 he had undergone an operation for tuberculous glands in his neck. Since then he had been well until July 50 when he started to lose weight. At the beginning of Sep 51 he developed a productive cough.

On admission he was febrile. Examination of the chest revealed numerous fine moist rales scattered through both lungs.

A radiograph taken on the day of admission showed the presence of large cavities at the right apex and in the right mid zone and numerous patches of infiltration in both lungs. The sputum contained acid fast bacilli.

The patient was treated by strict bed rest and a European diet. His condition gradually deteriorated and he died on 7 Feb 51.

A postmortem examination revealed that both lungs were bound to the thoracic wall by dense adhesions. Both lungs were riddled with tubercles and the right lung contained a large cavity in the upper lobe.

The hilar glands were not enlarged nor were the paraaortic and mesenteric glands. There were three small ulcers in the posterior wall of the larynx. There was no other evidence of extrapulmonary spread.

The details of this patient's progress are illustrated by table B and the serial X-ray photographs B1 to B6.

TABLE B

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
20 Sep 50	53	Positive	-
16 Oct 50.	53	Positive	--
16 Nov 50	50	Positive	-
30 Nov 50	34	-	
16 Dec 50	58	Positive	-
2 Jan 51	56	-	-
16 Jan 51	51	Positive	-

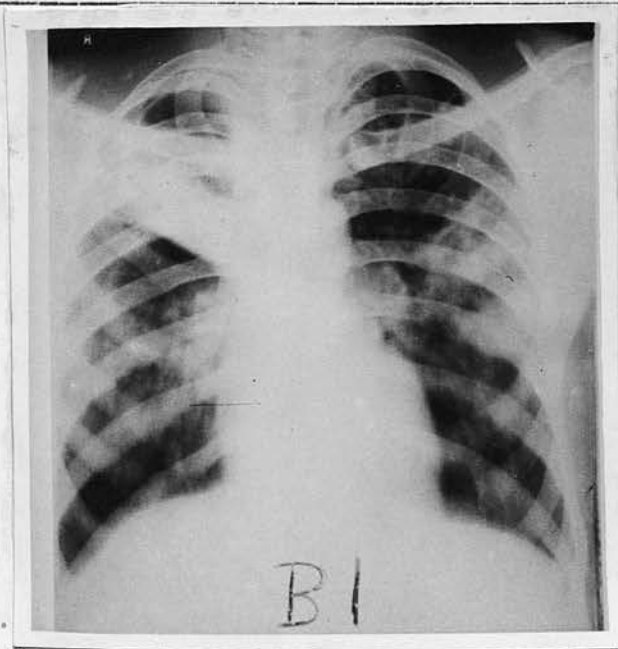


Plate B1. 19 Sep 50. There is a large cavity in the right upper zone with an area of collapse - consolidation in the right second interspace - There is a large cavity in the right mid zone. There are scattered patches of infiltration in both lung fields. The opacities in the hilar regions are not due to glandular enlargement but to infiltration.

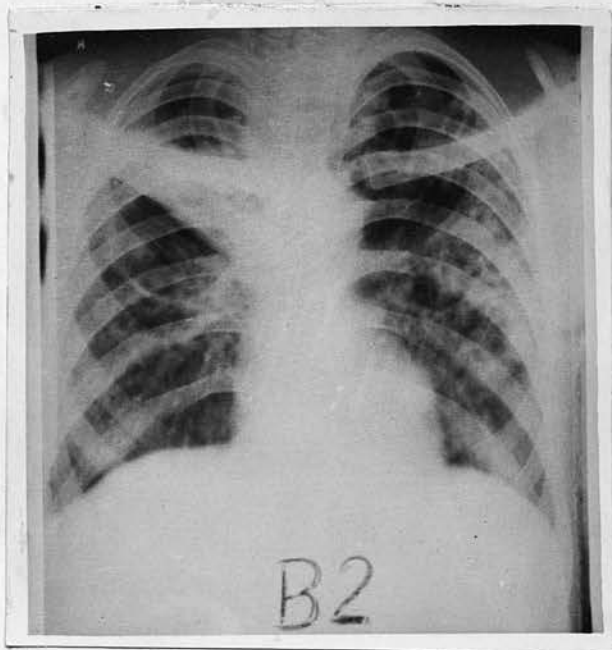


Plate B2.
20 Oct 51.

Another cavity has appeared in the left mid zone. Otherwise there is little change.

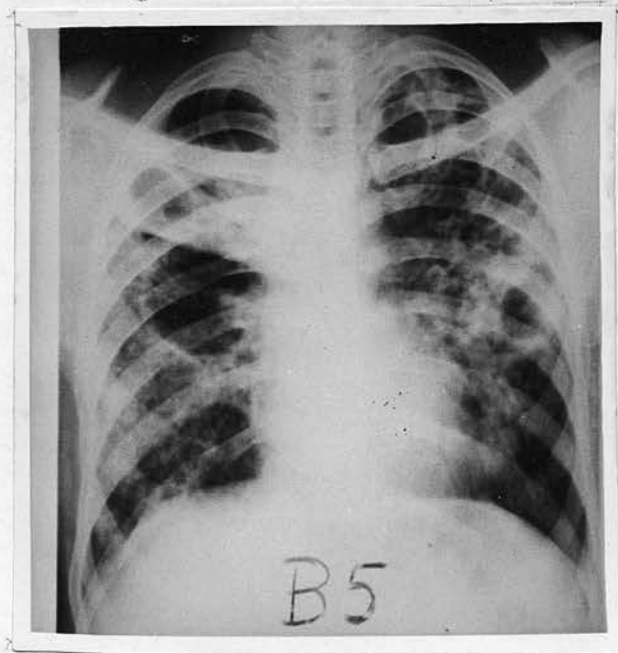


Plate B5.
15 Jan. 51.

There has been some clearing in the area of collapse-consolidation in the right upper zone and this reveals the almost complete excavation of the right upper lobe. There is a fresh cavity in the left mid zone.

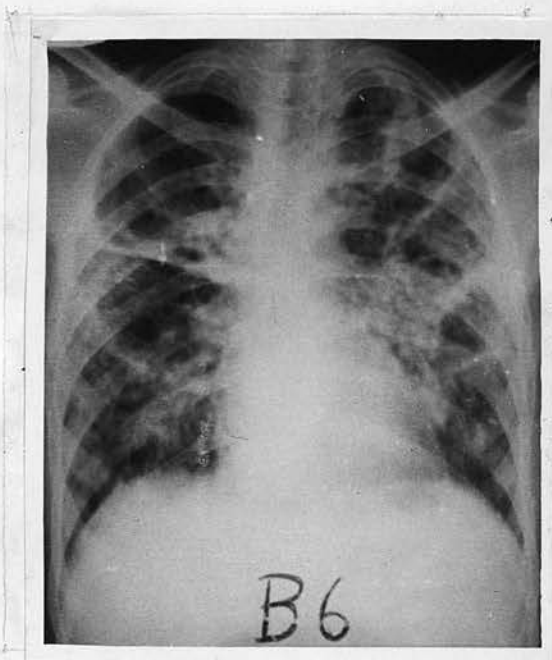


Plate B6. Further destruction has occurred in both lungs. 5 Feb 51.

Case Number: 45.

Number: 3743. Rank: Civilian.

Name: OMENDO s/o BUNYOLI.

Age: 42. Length of Service: 4 years.

Tribe: MARAGOLI.

Village: MUDETE. Location: MUDEDE.

District: KAKAMEGA. Territory: KENYA.

Period under treatment: 3 $\frac{3}{4}$ months.

Civilian OMENDO was admitted to the British Military Hospital, MACKINNON ROAD on 30 Apr. 51. He stated that he had had pain in his chest and a productive cough since 29 Apr. 51.

On admission he was found to be febrile. Examination of the chest revealed impairment of the percussion note in the left infra-clavicular region and some fine moist rales in the left axillary region.

A radiograph of the chest taken on 1 May 51 showed infiltration and cavitation in both lungs with a large cavity in the left mid zone - Acid fast bacilli were present in the sputum and the ESR was 55mm/1 hr.

The patient was treated with strict bed rest and a European diet. A pneumoperitoneum was induced on 28 May 51.

His condition deteriorated steadily and he died on 22 Aug 51.

At post mortem, the larynx trachea and bronchi were normal. There were pleural adhesions at both apices. The right lung contained a tuberculous cavity at the apex and there were two cavities in the lower lobe. The left lung contained three large cavities in the lower lobe. Both lungs showed multiple areas of

tuberculous bronchopneumonia. There was no enlargement of the tracheo bronchial glands and no evidence of extra-pulmonary spread.

This patient's progress is illustrated by table AG and the serial X-ray photographs AG1 to AG4.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
1 May 51	55	Positive	-
19 May 51	-	-	105
1 Jun 51	56	Positive	103 $\frac{1}{2}$
20 Jun 51	-	Positive	100 $\frac{1}{2}$
13 Jul 51	55	Positive	-
31 Jul 51	-	-	100
10 Aug 51	45	Positive	-

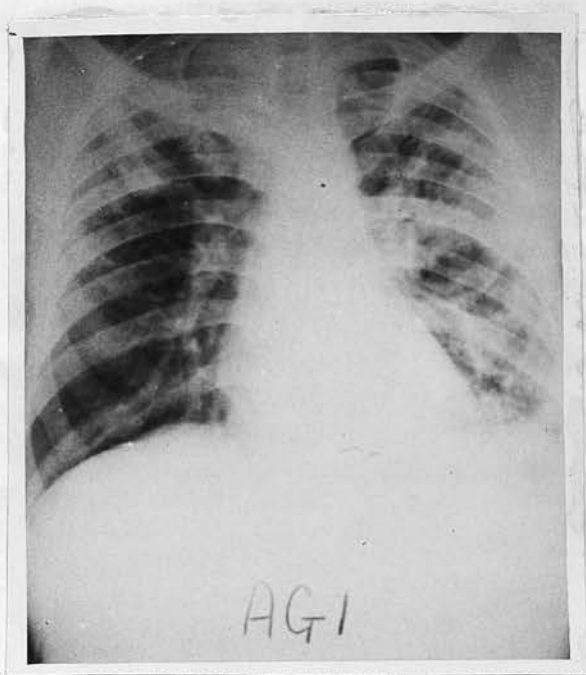


Plate AG1. There are scattered areas of infiltration and cavitation in both lung fields with a large cavity in the left mid zone.
30 Apr 51.



Plate AG2. A pneumoperitoneum has been induced.
29 May 51. Otherwise there has been no marked change

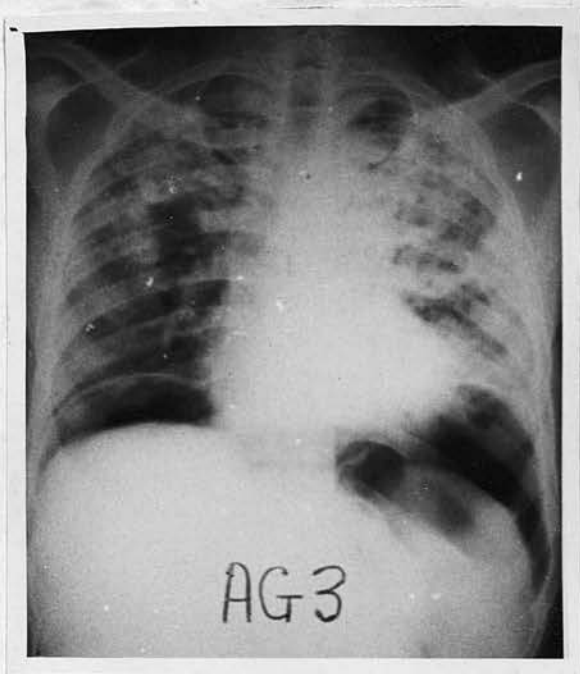


Plate AG3. There has been an increase in the exudative element in all zones of both lung fields.
26 Jun 51.

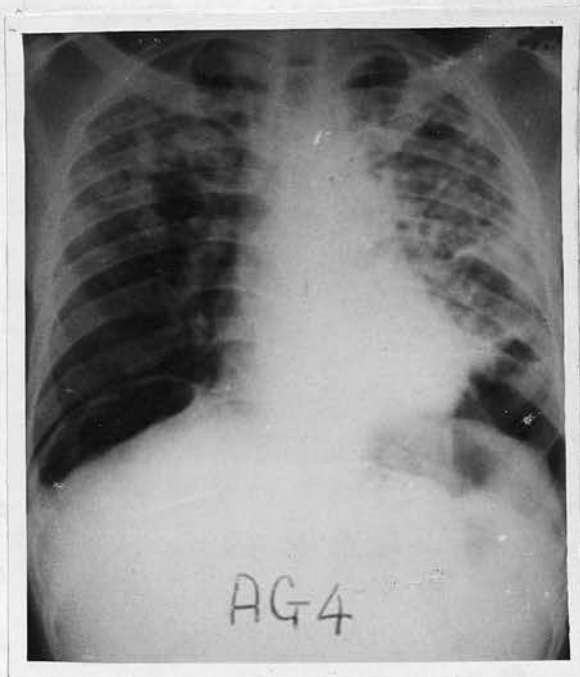


Plate AG4. The cavitation in the right upper zone is more marked. A small spontaneous pneumothorax has developed in the left lower zone.
31 Jul 51.

Case Number: 46.

Number: 10199. Rank: Private.

Name: NDUNDA s/o MUIINDE.

Age: Adult. Service: 10 years.

Tribe: MKAMBA.

Village: Not known. Location: KITETA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 10 days.

Private NDUNDA was admitted to the Military Hospital, NAIROBI on 30 Aug 51. He stated that in 1949 he was in this hospital with an abscess. (This statement was confirmed by reference to his records which showed that the abscess had been a cold abscess of the right lumbar region apparently originating from the tip of the 11th right rib) He also stated that since Jun 51 he had been losing weight and since the beginning of Aug 51 he had been troubled with a productive cough.

On examination he was a thin middle aged man with a pale lustreless skin. The movement of his chest was poor on both sides but more impaired on the left than the right side. The percussion note was impaired posteriorly on the right side. Amphoric breathing was audible in both infra clavicular areas and fine moist rales were heard below the left nipple and in the left axilla.

A radiograph taken on the day of admission showed multiple cavities in both upper and mid zones and widespread infiltration throughout the rest of the lung fields. The sputum contained acid fast bacilli in large numbers.

By 2 Sep 51 the patient was unable to speak and his condition deteriorated steadily until he died on 9 Sep 51.

At post mortem the pharynx, larynx and main bronchi contained caseous pus. There was a small granuloma on the back of the epiglottis and a larger one in the mucosa of the right side of the trachea. The upper lobe of the left lung was adherent to the chest wall on its lateral and posterior surfaces. It contained several cavities filled with caseous pus. The lower lobe exhibited a generalised bronchial spread without cavitation. The individual tubercles were about 0.2 cms in diameter.

The upper lobe of the right lung was also adherent to the chest wall over its whole surface. The adhesions contained tubercles. The upper lobe contained several cavities but these were fewer and smaller than on the left side. The middle and lower lobes were similar in appearance to the left lower lobe.

The tracheo bronchial and mediastinal lymph glands were not enlarged and showed no evidence of infection to the naked eye on section. There was no evidence of extrapulmonary spread except in the trachea and epiglottis.

This case is illustrated by a photograph of the patient and a photograph of his X-ray. Both were taken on the day of admission.

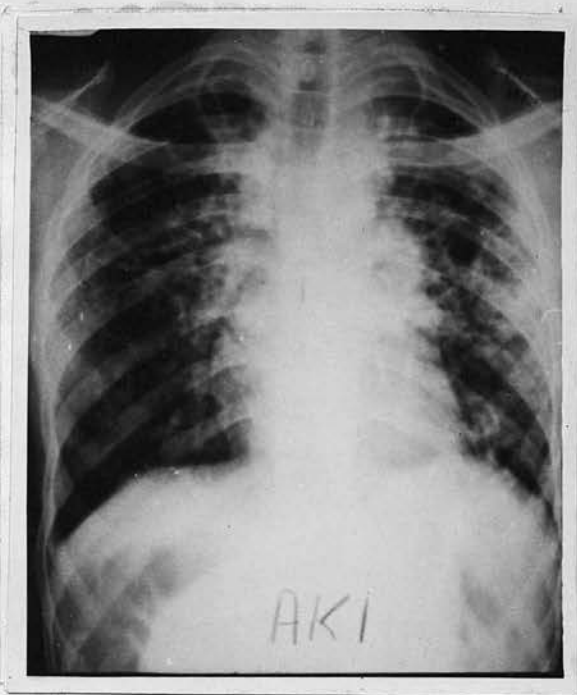


Plate AK 1. There is widespread infiltration in all zones of both lung fields and multiple cavitation in the upper and mid zones on both sides.
30 Aug 51.

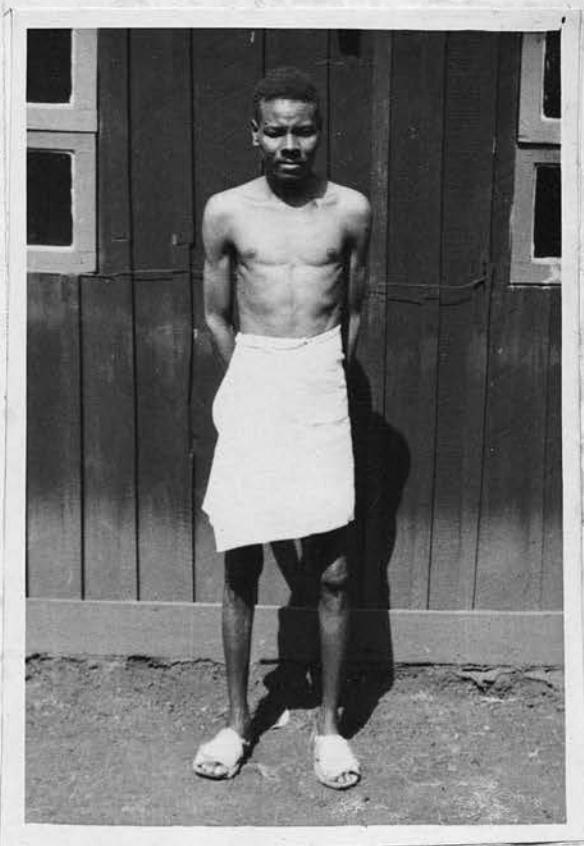


Plate AK2. Pte NDUNDA 10 days before he died.
30 Aug 51.

Case Number: 47.

Number: 312453. Rank: Private.

Name: MWENDO s/o MUKUNZU.

Age: 26 Length of Service: 1 year.

Tribe: MKAMBA.

Village: MUNGALI Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 9 months.

Private MWENDO was admitted to the British Military Hospital, MACKINNON ROAD on 15 Feb 51. He stated that on 9 Feb 51 he had developed pain in the right side of his chest and a cough, which became productive on 14 Feb 51. (But he must have had some symptoms as far back as Nov 50 as plate AD1 was taken then, though no action appears to have followed).

On admission he was found to be febrile and examination of the chest revealed impairment of percussion note in the right axillary region and fine moist rales in the same area.

A radiograph taken on the day of admission showed several small opacities at the left apex and an opacity in the right upper lobe in which central cavitation had already started. The sputum contained acid fast bacilli.

The patient was treated with strict bed rest and a European diet.

A radiograph taken on 1 Mar 51 (plate AD3) showed that the lesion in the right upper lobe was increasing. Accordingly an attempt was made to induce a right artificial pneumothorax but this was unsuccessful owing to adhesions.

In May 51 further bronchogenic spread occurred in the right lower lobe. This was controlled by performing a right phrenic crush under local anaesthesia. This was reinforced by a pneumoperitoneum.

In July 51 the patient was transferred to NAIROBI with a view to a thoracoplasty being carried out. But he refused operation and accordingly was discharged to the reserves on 16 Nov 51, his disability being assessed at 100%.

The details of this patient's progress are illustrated by table AD and the serial X-ray photographs AD1 to AD8.

TABLE AD

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Feb 51	-	Positive	-
1 Mar 51	53	-	-
17 Mar 51	46	Positive	-
30 Mar 51	52	-	-
16 Apr 51	55	Positive	-
1 May 51	60	-	-
16 May 51	54	Positive	-
2 Jun 51	49	Positive	-
3 Jul 51	54	Positive	-
30 Jul 51	-	-	101
9 Aug 51	13	-	-
26 Aug 51	-	Negative	116
19 Sep 51	20	Positive	115
14 Oct 51	24	Positive	115

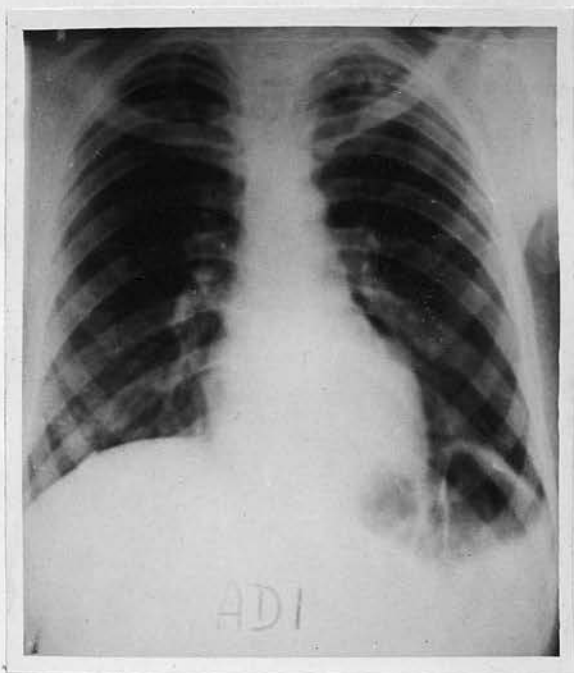


Plate AD1. There are several small opacities at
28 Nov 50. the left apex.

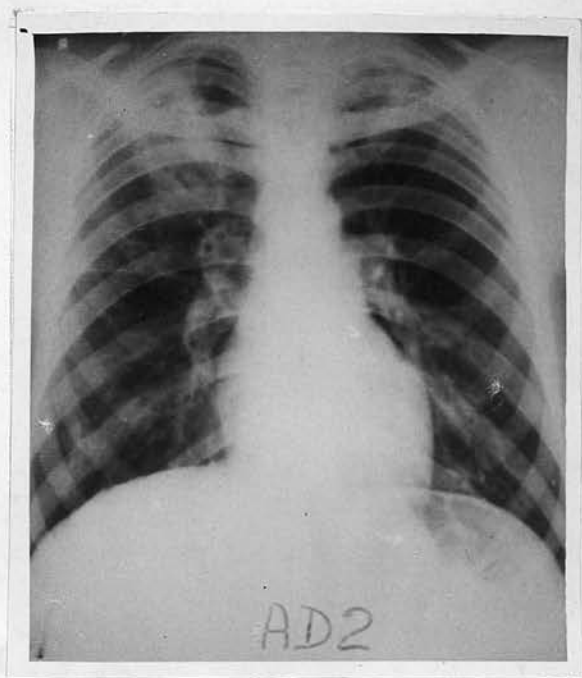


Plate AD2. The opacities in the left upper zone have increased in size. A large opacity with a cavity in the centre has appeared in the right upper zone.
15 Feb 51

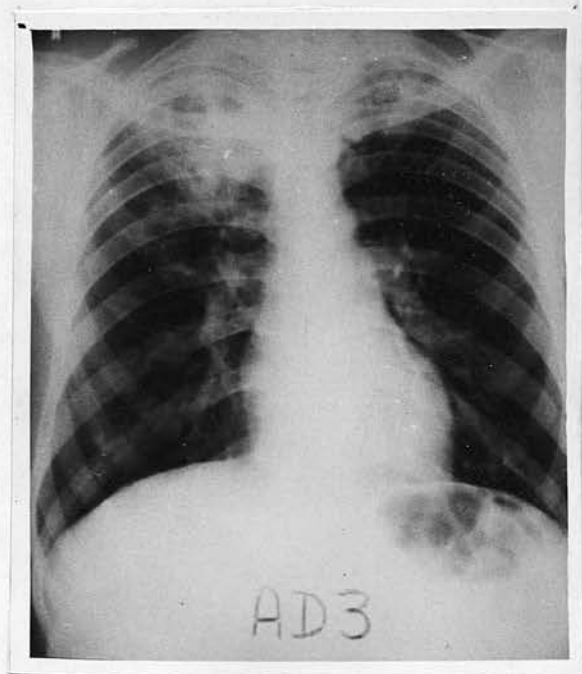


Plate AD3. No appreciable change since 15 Feb 51.
1 Mar 51.

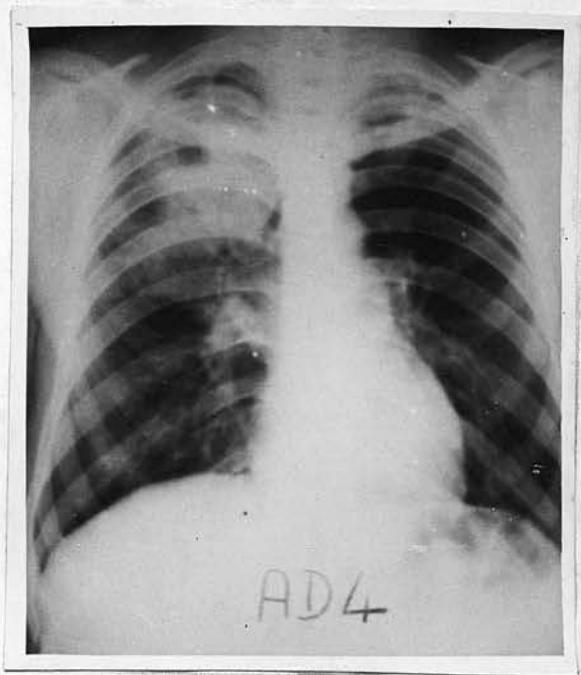


Plate AD4. An attempt to induce a right artificial pneumothorax has been completely unsuccessful as the right upper lobe is held out by multiple pleural adhesions.
6 Mar 51.

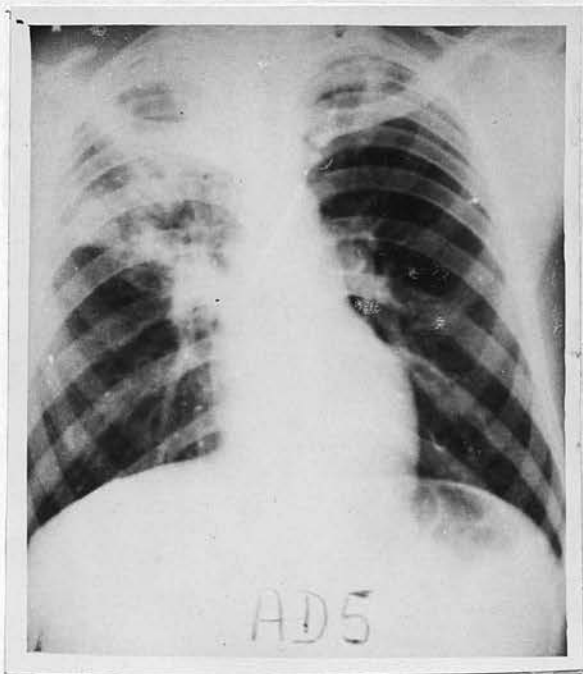


Plate AD5. Further spread of disease has occurred into the right mid zone.
31 Mar 51.

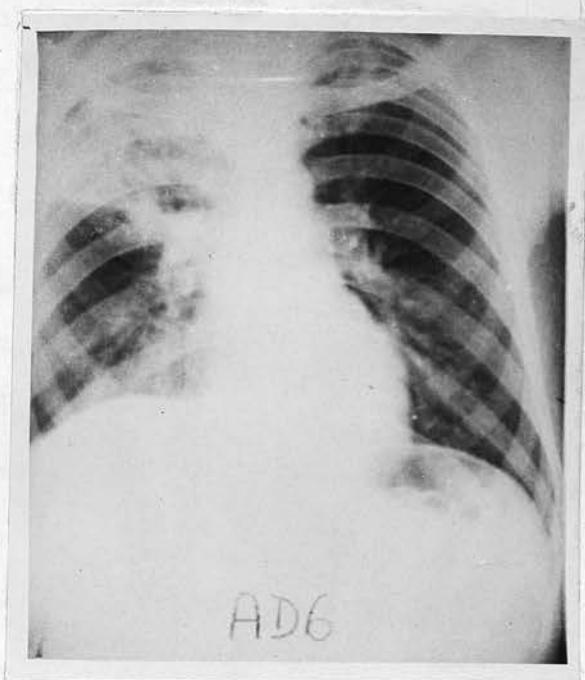


Plate AD6. Further spread has occurred into the
23 May 51. right lower zone.

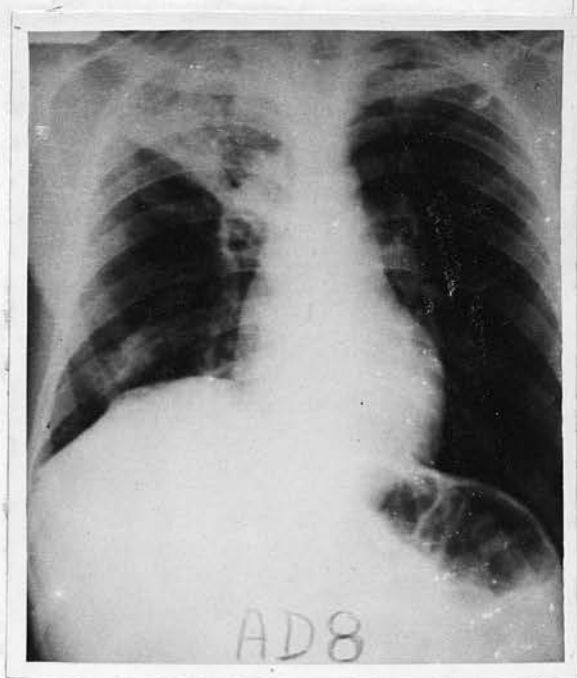


Plate AD8. A right phrenic crush has been followed
25 Sep 51. by considerable clearing of the exudative
lesions.

Case Number : 48.

Number: 123663. Rank: Private.

Name: KABIRA.

Age: Adult. Length of Service: 8 years.

Tribe: MKAMBA.

Village: CHANGANGA. Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 17 months.

Private KABIRA was admitted to the British Military Hospital, MACKINNON ROAD on 9 Jun 50. He stated that he had been well until the middle of May 50 when he developed a productive cough.

On admission he was found to be febrile and examination of his chest revealed the signs of a cavity at the right apex.

A radiograph taken on the day of admission showed that the right upper lobe had been largely replaced by a cavity and that there were scattered lesions in the left lung.

On 15 Jun 50 acid fast bacilli were found in the sputum.

He was treated by strict bed rest and a European diet. During the next four months his condition remained stationary.

In Oct 50 it was decided that, in spite of the presence of bilateral disease, the only possible method of dealing with his cavity was by thoracoplasty. The first stage was carried out on 3 Oct 50, when the first three ribs were removed under pentothal and gas and oxygen anaesthesia.

Owing to difficulty in obtaining a sufficiently skilled anaesthetist, it was not possible to carry out the second stage of the thoracoplasty until Jan 51.

The fourth to seventh ribs were removed under pentothal and cyclopropane anaesthesia on 19 Jan 51.

After completion of the thoracoplasty the patient made little headway and in Mar 51 the X-ray showed evidence of spread in the right lower zone.

On 29 May 51 1 gramme of streptomycin and 15 grammes of PAS were given, and continued daily until the patient had received 60 grammes of streptomycin.

Following the streptomycin there was a marked improvement in his general condition and in the radiological appearances.

He was discharged to the reserves on 13 Nov 51, at which time his sputum was still positive and his disability was assessed at 100%.

Details of this patient's progress are illustrated by table X and the serial X-ray photographs X1 to X8.

TABLE X.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum:</u>	<u>Weight in lbs.</u>
15 Jun 50	52	Positive	-
4 Jul 50	45	Positive	-
3 Aug 50	41	Positive	-
1 Sep 50	46	Positive	-
14 Sep 50	37	=	-
23 Oct 50	54	Positive	-
1 Nov 50	45	-	-
18 Nov 50	44	Positive	109
19 Dec 50	23	Positive	110
19 Jan 51	-	Positive	108

TABLE X(Cntd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum.</u>	<u>Weight in lbs.</u>
23 Feb 51.	18	Positive	96
22 Mar 51	-	Positive	97
24 Apr.51	36	-	99
29 May 51	46	Positive	98
21 Jun 51	17	Positive	98
29 Jul 51	-	-	105
26 Aug 51	10	Positive	108

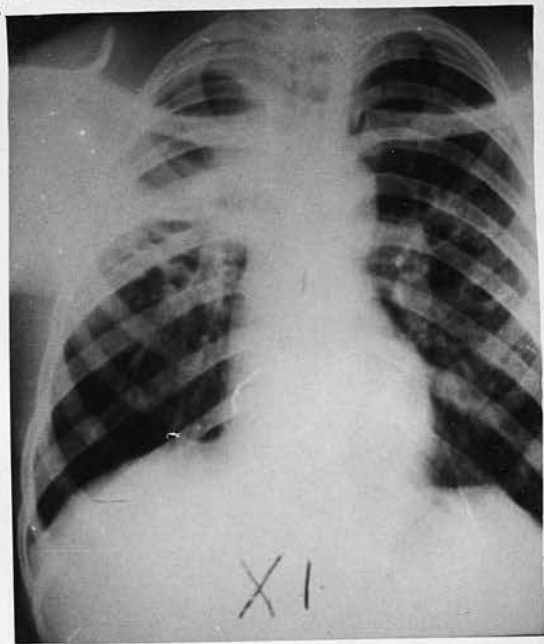


Plate X1. 9 Jun.50. The right upper zone contains a large cavity. There are scattered areas of infiltration in the right mid zone and in all zones of the left lung.

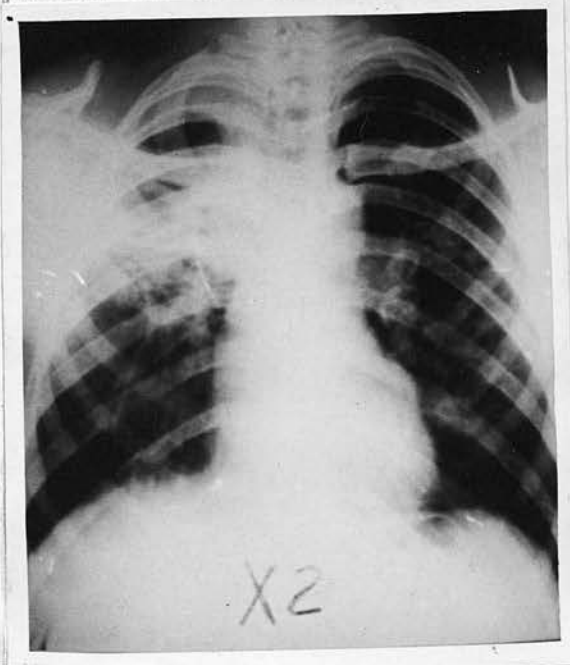


Plate X2. 1 Sep.50. No real change since 9 Jun.51.

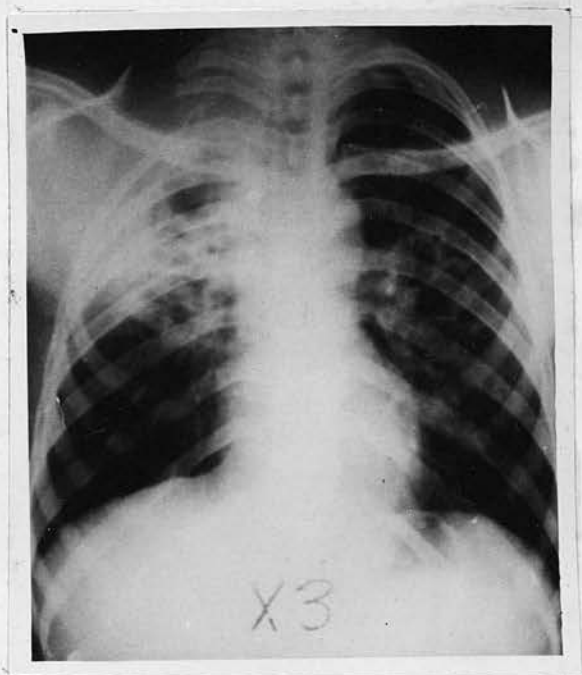


Plate X3. The first stage of a thoracoplasty has
16 Nov 50. been performed.

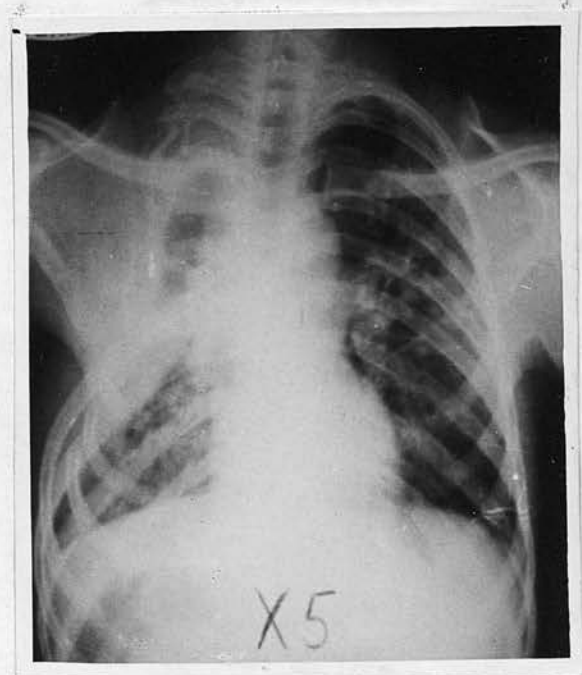


Plate X5. The second stage of the thoracoplasty has
5 Feb 51. been completed. The cavity at the right
apex is still open. Cavitation is starting
in the left mid zone.

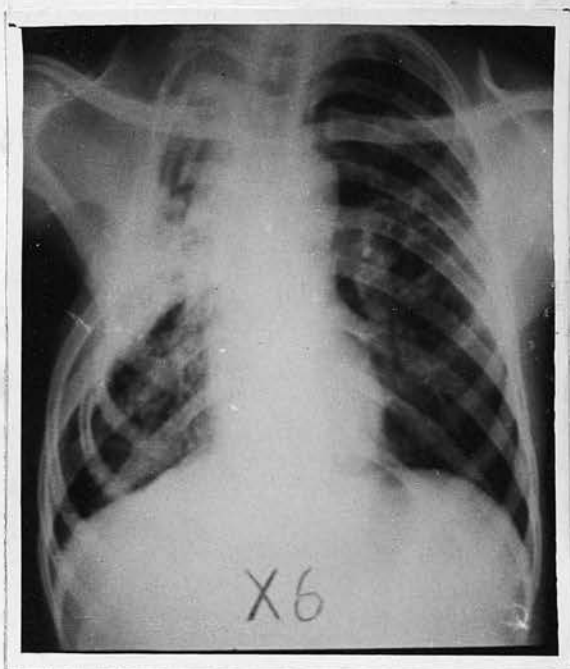


Plate X6. There has been a spread of the disease
16 Mar 51. into the right lower zone.

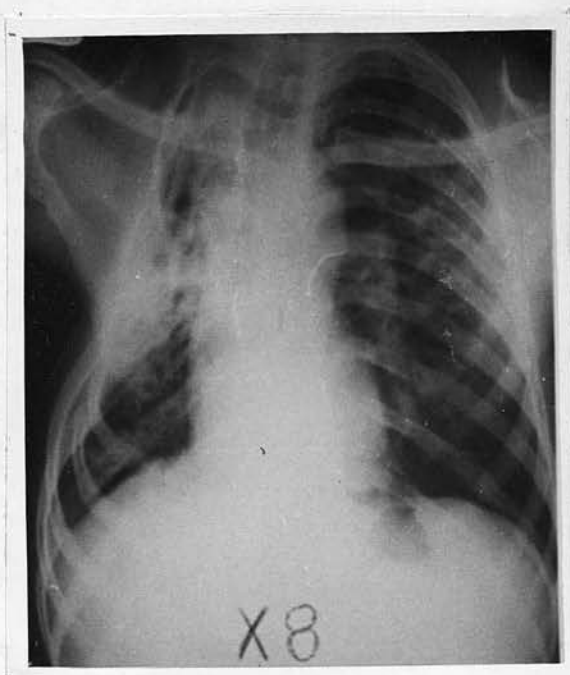


Plate X8. There has been some improvement in the
21 Jun 51. right lower zone. Otherwise there has
been no real change since 5 Feb 51.

Case Number: 49.

Number: 15263. Rank: Civilian.

Name: WANYANGA s/o MUKILA.

Age: 24. Length of Service: 2 years.

Tribe: MMERU.

Village: CHOGO Location: CHOGO.

District: MERU. Territory: KENYA.

Period under treatment: 8 months.

Civilian WANYANGA was admitted to the British Military Hospital, MACKINNON ROAD on 15 Feb 51. He stated that he had developed pain in the left side of his chest and a cough on 14 Feb 51.

On admission he was found to be febrile and examination of the chest revealed signs of broncho-pneumonia on the left side. He was treated with sulphathiazole but failed to respond. His sputum was examined and acid fast bacilli were found. A radiograph taken on 15 Feb 51 revealed widespread infiltration in all zones of the left lung. He was treated with strict bed rest and a European diet.

On 5 Mar 51 he had a haemoptysis.

A radiograph taken on 21 Mar 51 showed that there had been an increase in the disease in the left lung. A left phrenic crush was performed under local anaesthesia and this was reinforced later by a pneumo-peritoneum.

During May 51 there was a considerable improvement in both his general condition and the radiological appearances. He continued to make progress during Jun 51.

But on 13 Jul 51 he commenced a series of heavy haemoptyses which continued until 15 Jul 51. A left artificial pneumothorax was induced on 14 Jul 51. The pneumothorax was not entirely successful owing to the presence of adhesions.

From 27 Jul 51 to 1 Aug 51 he had a further series of severe haemoptyses. But after this his condition settled down.

The pneumothorax was maintained while negotiations were pursued with a view to carrying out adhesion section. Unfortunately the patient ultimately refused operation.

On 14 Oct 51 he absconded from hospital, and has not been heard of since.

Details of this patient's progress are illustrated by table AM and the serial X-ray photographs AM1 to AM7.

TABLE AM.

<u>Date.</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
1 Mar 51	41	Positive	-
21 Mar 51	48	-	-
30 Mar 51	47	Positive	-
15 Apr 51	45	-	-
1 May 51	55	Positive	-
1 Jun 51	4	Negative	110
26 Jun 51	6	Negative	113
13 Jul 51	25	-	-
1 Aug 51	-	Negative	-
16 Aug 51	12	-	115
28 Aug 51	3	Negative	-
21 Sep 51	3	Positive	120

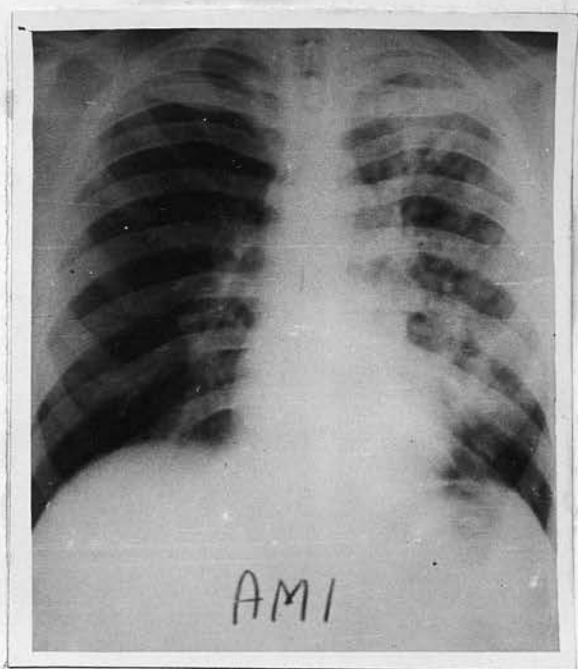


Plate AM1. 15 Feb 51. There is widespread infiltration in all zones of the left lung field. The right lung field appears to be normal.

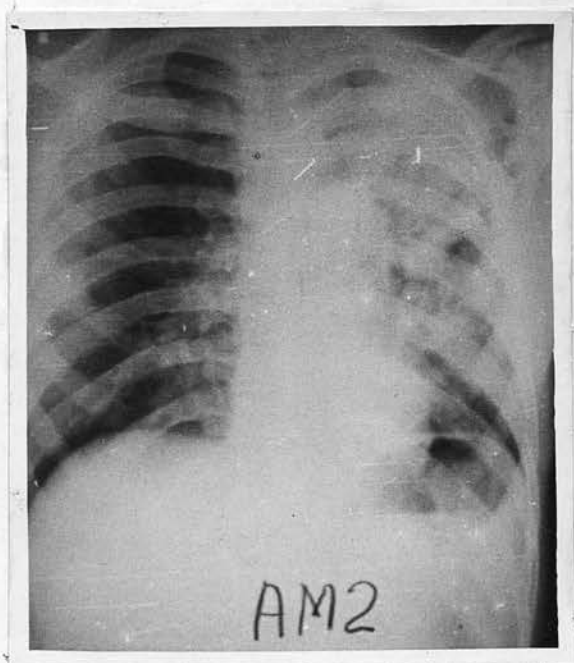


Plate AM2. 21 Mar 51. There has been a marked increase in the exudative element of the lesions in the left lung field. The heart and mediastinum have moved to the left.

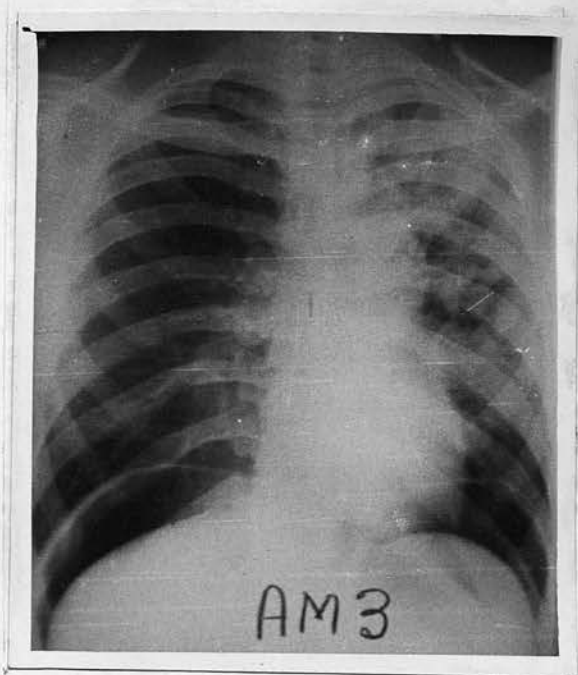


Plate AM3. 31 Mar 51. Following a left phrenic crush, a pneumoperitoneum has been induced. There has been some clearing of the lesions in the left lung field. A cavity has developed in the left infraclavicular region.



Plate AM4. 1 May 51. There has been no appreciable change since 31 Mar 51.

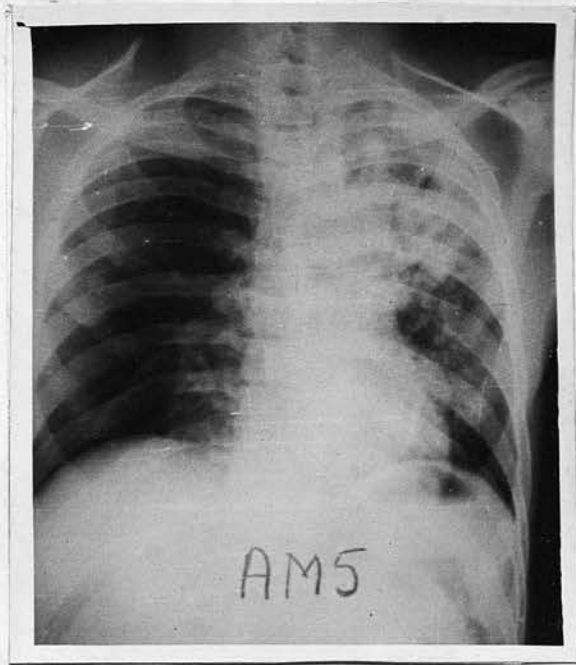


Plate AM5. The cavity in the left infraclavicular region is smaller but further cavitation has started in the left mid zone. The left lower zone is clearer. The right lung field is still clear.
31 May 51.

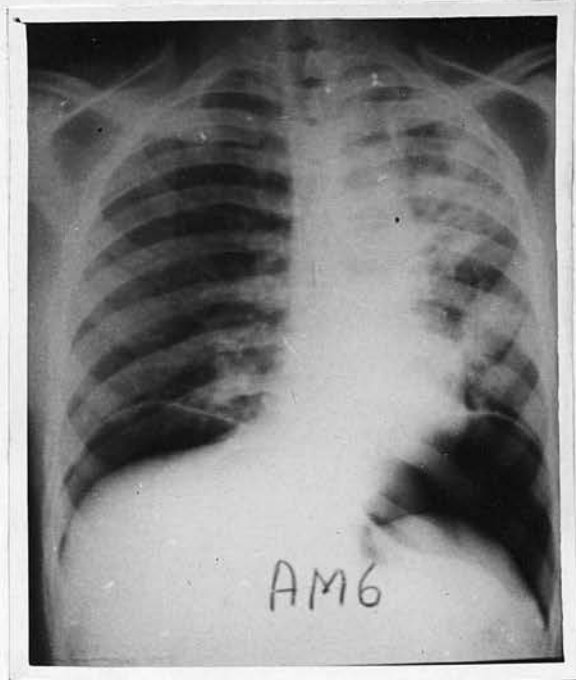


Plate AM6. A small opacity has developed in the right mid zone. Otherwise there has been no change.
26 Jun 51.

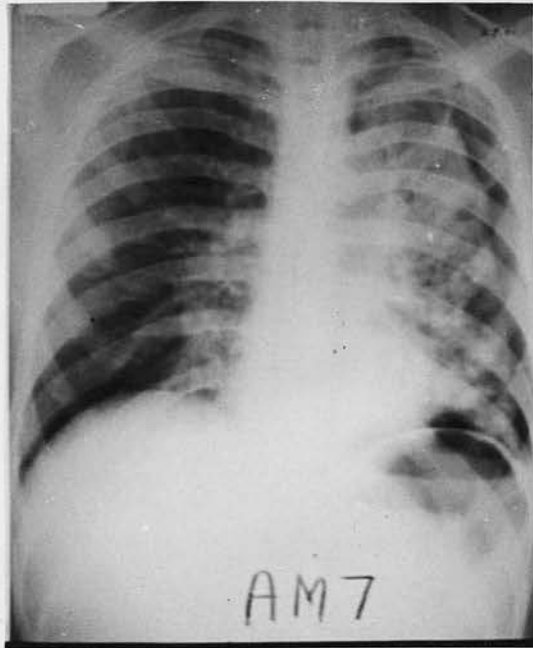


Plate AM7. A left artificial pneumothorax has been induced. There are adhesions in the left upper and mid zones. There is a cavity with a fluid level visible in the left mid zone. There is fluid in the pneumothorax. There has been no change in the right lung field.

Case Number: 50.

Number: 308561. Rank: Private.

Name: SYONDO s/o MANUNDU.

Age: 25. Length of Service: 3 years.

Tribe: MKAMBA.

Village: NDANDINI Location: YATA.

District: KITUI. Territory: KENYA

Period under treatment: 6 months.

Private SYONDO was admitted to the Military Hospital, NAIROBI on 26 Apr 51. He stated that he had been well until 25 Apr 51 when he coughed up some blood.

On admission he was found to be febrile and a few fine moist rales could be heard in the left infra-clavicular area.

A radiograph taken on 27 Apr 51 revealed an opacity in the left infraclavicular region with streaking towards the left hilum (Plate AE1).

On 30 Apr 51 he had a further haemoptysis.

On 1 May 51 Acid fast bacilli were found in his sputum. His E.S.R. was 64 mm/1 hr and a further radiograph showed that two fresh opacities had developed in the left upper and mid zones (Plate AE2).

A further radiograph was taken on 4 May 51 and revealed that the opacities in the left upper and mid zones were coalescing and that an additional opacity had developed in the left lower zone.

On 11 May 51 a left artificial pneumothorax was induced, and good selective collapse was obtained.

The pneumothorax was maintained until 13 Jul 51

when the patient absconded. At that time considerable improvement had occurred.

On 18 Sep 51 the patient returned. He stated that during the intervening period he had been under the care of his witch doctor and that he had only returned now in order to obtain his discharge from the Army. He refused to allow the reinduction of his artificial pneumothorax. He was therefore boarded and was ultimately discharged from hospital on 7 Nov 51 at which time his disease was still active.

This patient's progress is illustrated by table AE and the serial X-rays AE1 to AE6.

TABLE AE.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
1 May 51.	64	Positive	104
1 Jun 51	30	Positive	103
1 Jul 51	26	Positive	104½
19 Sep 51	40	Positive	99
14 Oct 51	30	Positive	102

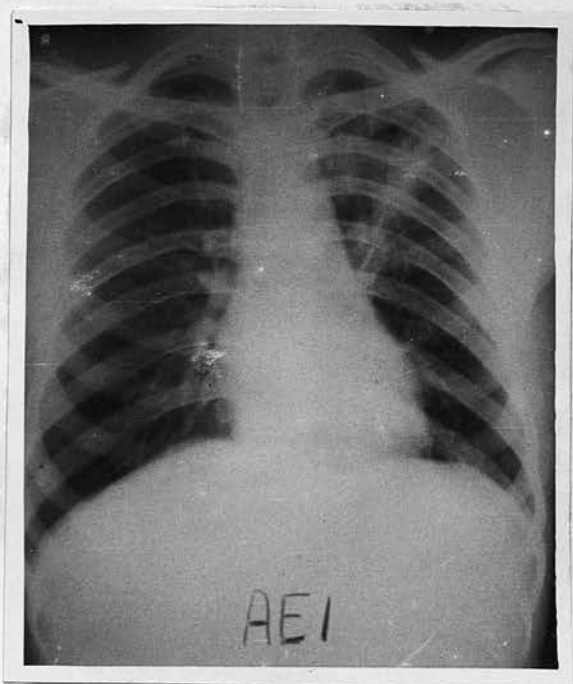


Plate AE1. There is an opacity in the left infra-clavicular region with streaking towards the hilum.
27 Apr.51.

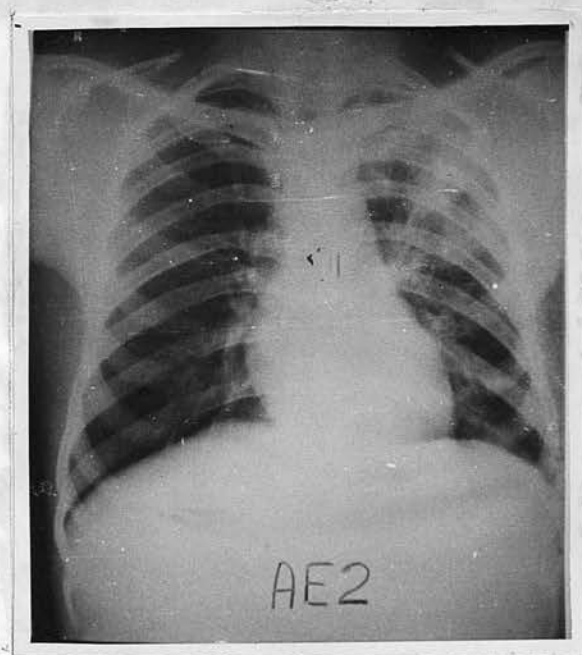


Plate AE2. Further opacities have appeared in all zones of the left lung field.
1 May 51.

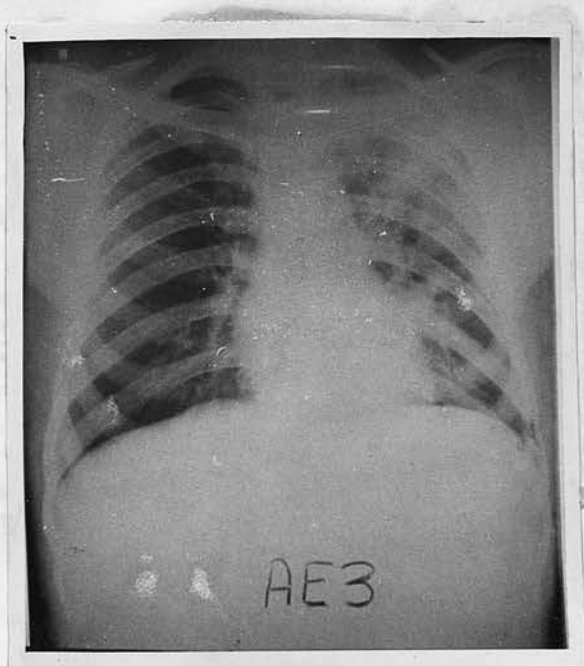


Plate AE3. The opacities in the left upper and mid zones are coalescing.
4 May 51.

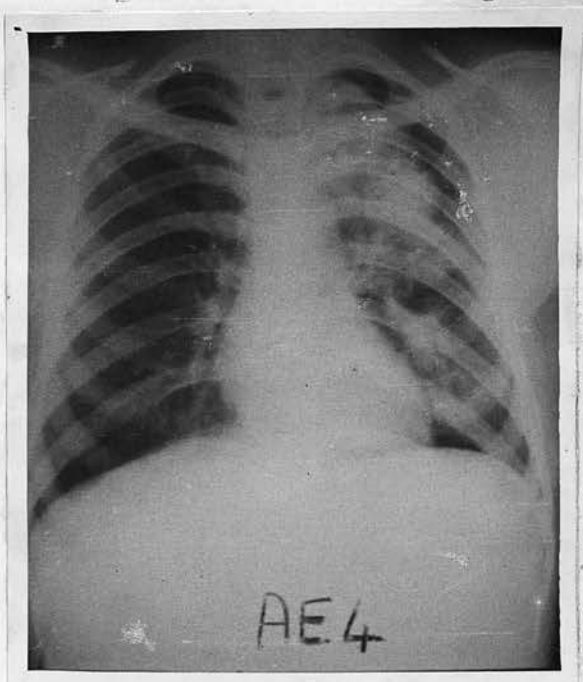


Plate AE4. A left A.P. has been induced and relaxation has been obtained in all zones.
11 May 51.

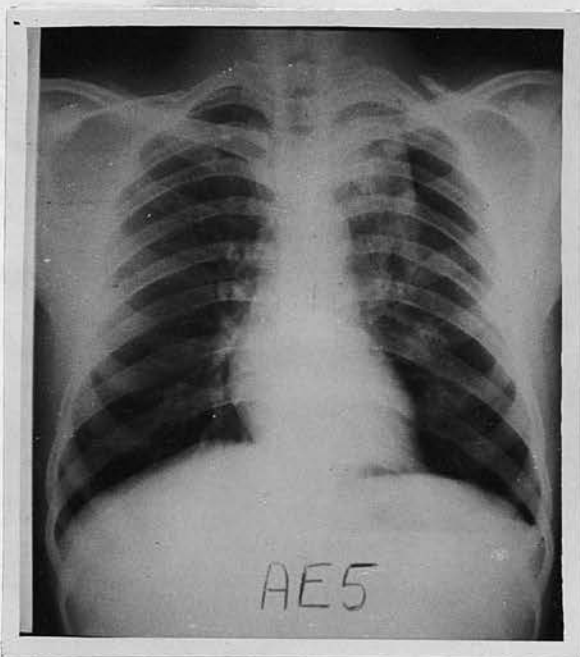


Plate AE5. The L.A.P. has been maintained and the
21 Jun 51. lesions appear to be clearing.

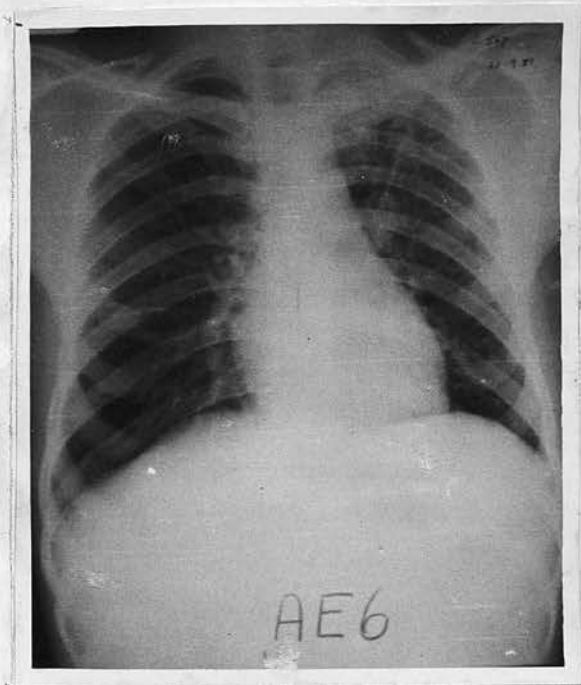


Plate AE6. The L.A.P. has been absorbed. There is an
20 Sep 51. opacity in the left apical region but
the rest of the lung has greatly improved.

Case Number: 51.

Number: 22136.

Rank: Sapper.

Name : PAULO.

Age: 28.

Length of Service: 4 years.

Tribe: BUGANDA.

Village: SABADU.

Location: MITUBA III

District: KAMPALA.

Territory: UGANDA.

Period under treatment: 10 months.

Sapper PAULO was admitted to the Military Hospital, NAIROBI on 12 May 51. He stated that on 11 May 51 he had developed fever, pain in the right side of his chest and a productive cough.

On admission he was found to be febrile and on examination the movement of the right side of his chest was negligible. Percussion note was impaired over the right axillary region and numerous medium moist rales were heard throughout the right lung.

A radiograph taken on 14 May 51 showed a large opacity in the right mid zone; a similar smaller opacity in the right upper zone; and numerous small opacities scattered between the two large opacities.

In spite of the fact that no acid fast bacilli could be found in his sputum, this patient was regarded as suffering from tuberculosis and accordingly was treated by strict bed rest and a European diet.

On this regime the patient's general condition improved and considerable clearing occurred in the radiological appearances.

On 14 Jul 51 acid fast bacilli were found in the sputum and on 17 Jul 51 a right artificial pneumo-

thorax was induced and was satisfactorily maintained until his discharge.

On 6 Sep 51 the patient complained of loss of voice. Indirect laryngoscopy revealed a small tuberculous ulcer. He was therefore given Streptomycin 1 gramme daily and PAS 15 grammes daily for 30 days. His voice returned to normal by 19 Sep 51 and at the end of his course of Streptomycin the ulcer could no longer be seen.

As his home is only 5 miles from KAMPALA, where his pneumothorax can be maintained at MULAGO HOSPITAL, he was discharged from hospital on 10 Mar 52.

The details of this patient's progress are illustrated by table AY and by the serial X-ray photographs AY1 to Ay7.

TABLE AY

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
14 May 51	35	Negative	-
25 May 51	22	Negative	147
11 Jun 51	3	Negative	150
14 Jul 51	4	Positive	-
1 Aug 51	-	-	150 $\frac{1}{2}$
16 Aug 51	5	Negative	-
19 Sep 51	-	Positive	152 $\frac{1}{2}$
16 Oct 51	4	Negative	153
21 Nov 51	1	Negative	154 $\frac{1}{2}$
6 Dec 51	1	Negative	-
4 Jan 52	-	-	154
17 Jan 52	2	Negative	-
28 Feb 52	3	Negative	154

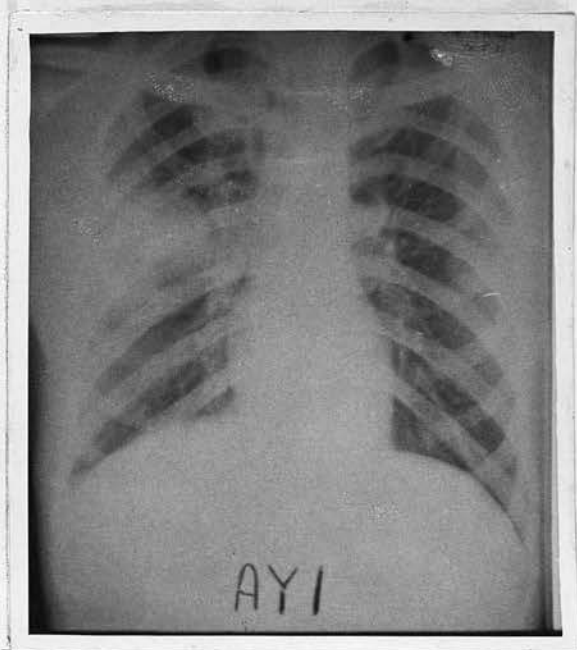


Plate AY1. 14 May 51. There are two large opacities in the right upper and right mid zones respectively with numerous small opacities scattered between them.

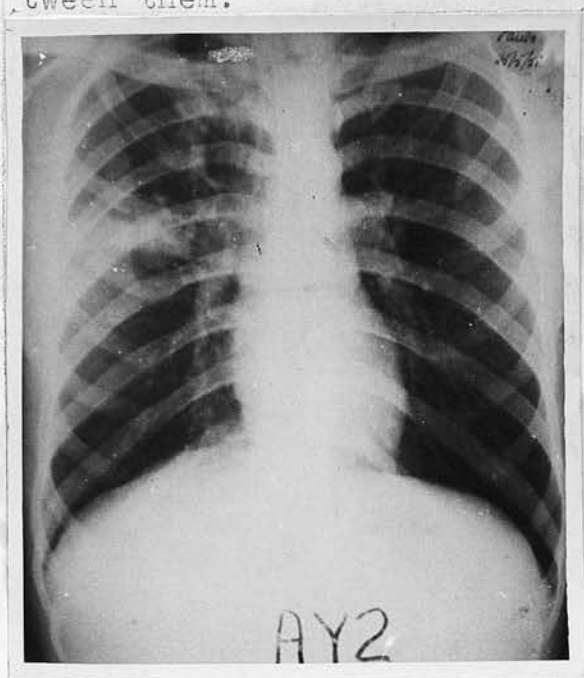


Plate AY2. 25 May 51. The opacity in the right mid zone is much smaller.

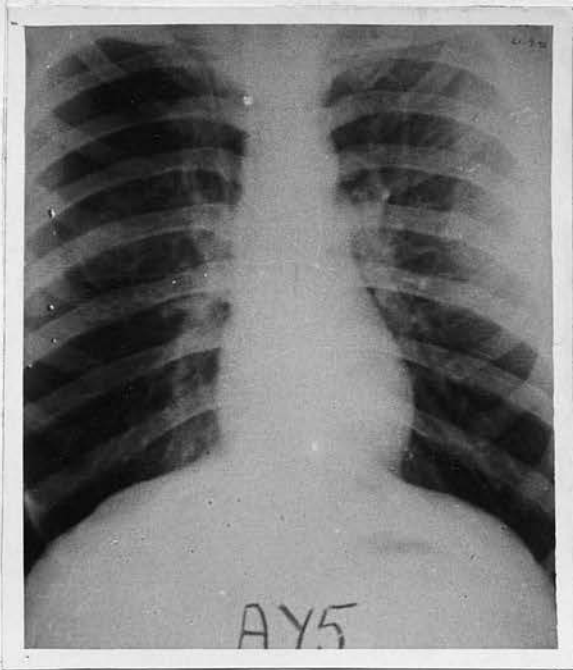


Plate AY5. A right artificial pneumothorax has been induced and satisfactory selective collapse obtained.
21 Sep 51.

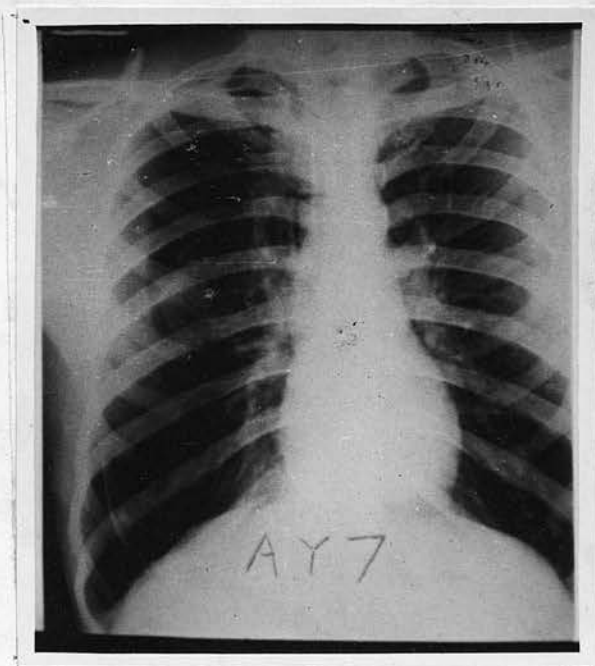


Plate AY7. The artificial pneumothorax has been maintained satisfactorily. The disease has cleared except for the opacity in the apical area, which is probably due to collapse.
12 Dec 51.

Case Number: 52.

Number 313501. Rank: Private.

Name: KIEMA SUBUSO s/o SULEMANI.

Age: 29. Length of Service: 5 months.

Tribe: MUTHIBA.

Village: KAMACHUMA. Location: Not known.

District: BUKOBA. Territory: TANGANYIKA.

Period under treatment: 6 months.

Private KIEMA was admitted to the British Military Hospital, MACKINNON ROAD on 20 Nov 50. He stated that he had developed a pain in the left side of his chest on 19 Nov 50.

On admission he was found to be febrile. Clinical examination was entirely negative.

A radiograph taken on 21 Nov 50 showed several opacities of varying size and density in the left mid zone.

He was treated by strict bed rest and a European diet. On this regime his general condition improved but there was no change in the radiological appearances.

On 17 Feb 51 a left artificial pneumothorax was induced but adhesions prevented it being successful so it was abandoned.

The patient was discharged to the reserves on 16 May 51. At that time he was considered to be living in symbiosis with his disease.

The details of this patient's progress are illustrated by table G and the serial X-ray photographs G1 to G3.

TABLE G.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
30 Nov 50	34	Negative	-
14 Dec 50	21	-	-
2 Jan 51	25	Positive	-
19 Jan 51	-	Positive	-
7 Feb 51	2	Negative	-
26 Feb 51	-	Negative	123
22 Mar 51	7	Positive	124

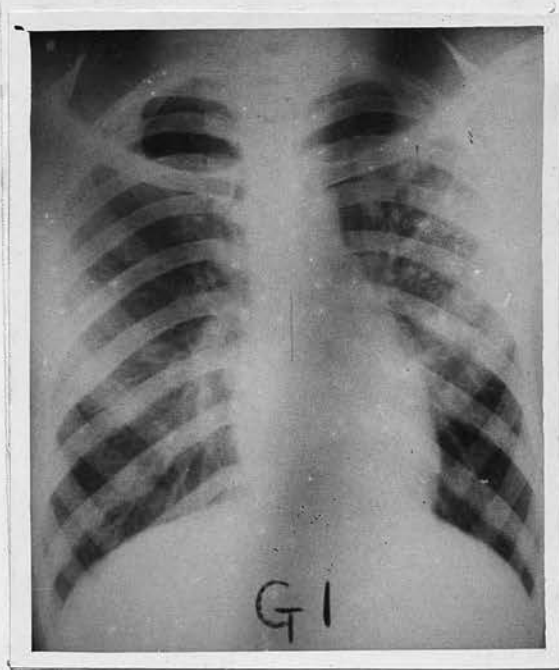


Plate G1. 21 Nov 50. In the left upper and mid zones there are several opacities of varying size and density.

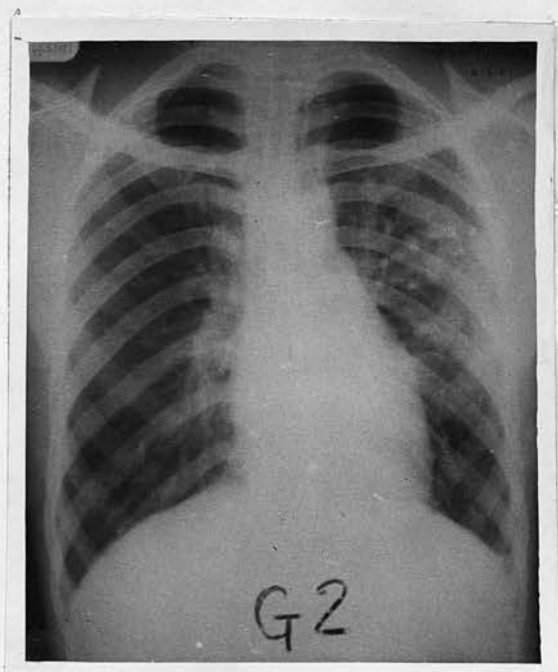


Plate G2. There is a small left artificial pneumothorax localised below the clavicle. 16 Mar 51. Otherwise there has been no change since 21 Nov 50.

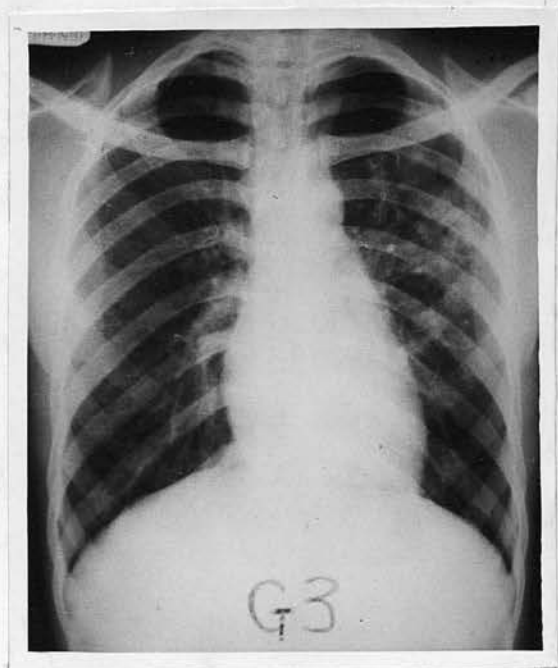


Plate G3. The abandoned left artificial pneumothorax has not yet been completely absorbed. 1 May 51. Otherwise there has been no change since 21 Nov 50.

Case Number: 53.

Number: 120051. Rank: Private.

Name: NGII s/o MZUMA.

Age: Adult. Length of Service: 7 years.

Tribe: MKAMBA.

Village: Not known. Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: Nil.

Private NGII was sent up to the Military Hospital, NAIROBI as an outpatient. He had no complaints. His condition had been discovered by the Regimental Medical Officer during a routine examination prior to his discharge from the army.

On examination he was a tall thin middle aged man. The right supraclavicular area was flattened, the trachea was deviated to the right and the cardiac impulse was located two inches inside the mid clavicular line in the 5th interspace. The percussion note was impaired all over the right lung. On auscultation bronchial breath sounds were heard at the right apex and over the right middle lobe. There were no adventitious.

Radiographic examination revealed fibrosis of the right lung with mediastinal displacement to the side of the lesion and a small spontaneous pneumothorax. (Plate U1).

The E.S.R. was 4 mm/1 hr.

No sputum was obtained.

The patient refused to come into hospital. Accordingly he was boarded and discharged to the reserves.

It was considered that he was living in symbiosis with his disease.

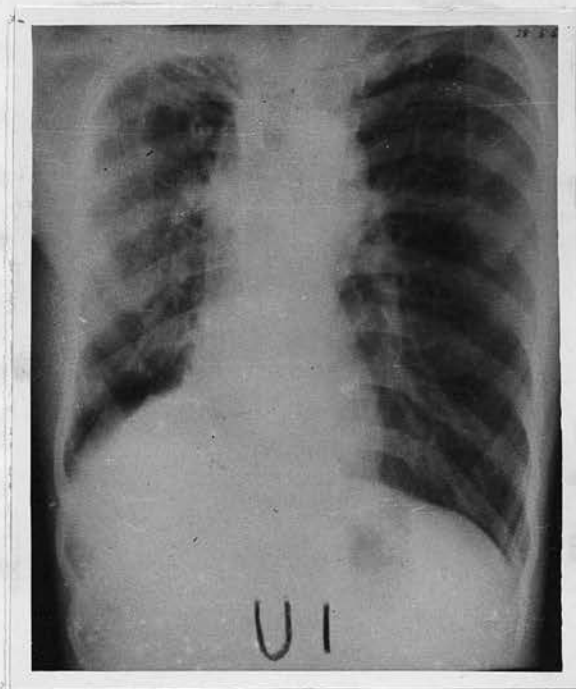


Plate U1
28 May 51.

The right lung field shows chronic fibrous tuberculosis with displacement of the trachea, heart and mediastinum to the right. The apparent unfolding of the aorta is probably due to cardiac rotation.

There is a small spontaneous pneumothorax on the right side.

The left lung field appears clear.

Case Number: 54 .

Number: Not known. Rank: Civilian.

Name: SINGA.

Age: Adult. Length of Service: Not known.

Tribe: Not known.

Village: Not known. Location: Not known.

District: Not known. Territory: Not known.

Period under treatment: 3½ months.

Civilian SINGA was admitted to the British Military Hospital, MACKINNON ROAD on 13 Feb 50. He stated that he had had a chronic productive cough for the past three years.

On admission he was afebrile and clinical examination was negative.

A radiograph taken on the day of admission revealed bilateral infiltration in the upper and mid zones. Acid fast bacilli were found in his sputum.

He was retained in hospital until 27 May 50. During this period scanty acid fast bacilli were found from time to time in his sputum, but the ESR remained within normal limits and there was no alteration in the radiographic appearances.

It was concluded that he was living in symbiosis with his disease and accordingly he was discharged to the reserves.

The details of his progress are given in table T and the serial X-ray photographs T1 and T2.

TABLE T.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
13 Feb 50.	3	Positive	-
1 Mar 50	2	-	-

Table T (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Mar 50	2	Positive	-
30 Mar 50	2	-	-
15 Apr 50	2	Positive	-
29 Apr 50	2	-	-
15 May 50	2	Positive	121

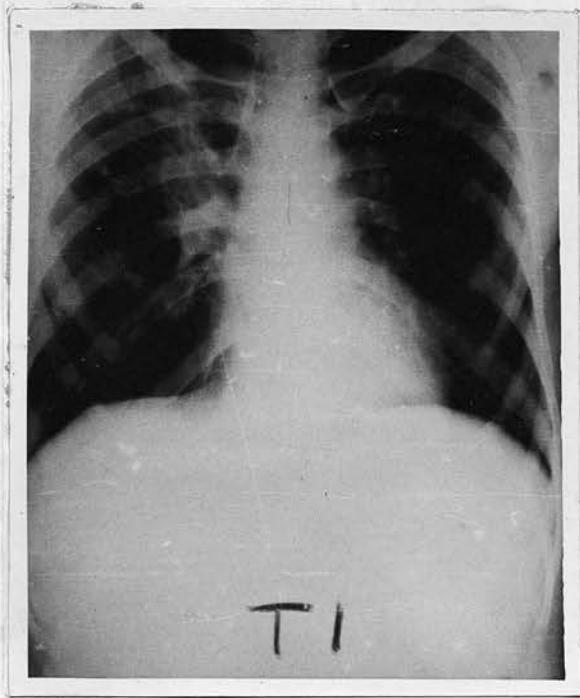


Plate T1. There is diffuse infiltration in the upper and mid zones on both sides with a cavity in the right upper zone. 13 Feb 50.

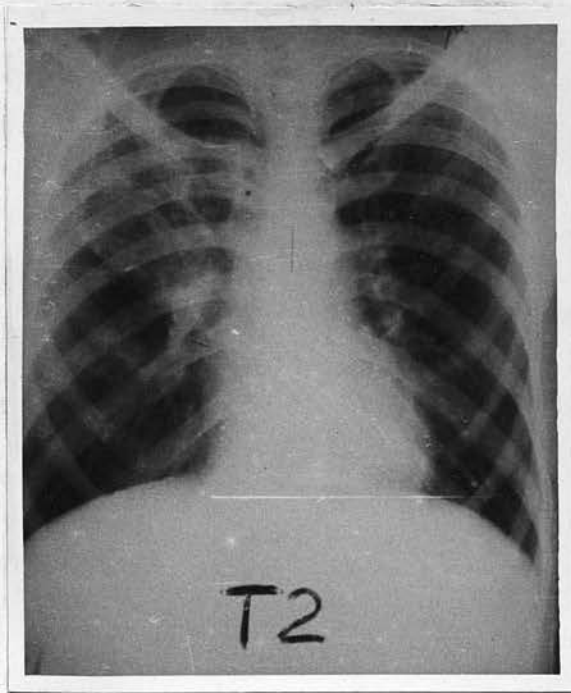


Plate T2. There has been no change since 13 Feb. 50. 27 Aug 50.