

APPENDIX A

to

PULMONARY TUBERCULOSIS
in
EAST AFRICAN NATIVE TROOPS

By

Lieut.Col.R.M.JOHNSTONE,MC.,MA.,MB.,Ch.B, FRCPE.

Senior Specialist Physician

Royal Army Medical Corps

and formerly

Adviser in Medicine

Headquarters, East Africa Command.



APPENDIX A
NOMINAL INDEX

<u>NAME</u>	<u>^sCASE NUMBER</u>
ALOSI	12
CHACHA	9
DIDIGO	6
F'OBUYA	8
KATHUKU	26
KILOBA	3
KINDA	15
KITEBI	16
MAGINGA	20
MAKARANGA	1
MASEMBI	21
MAYEU	17
MNICHABE	11
MUNYITHIA	10
MUSYOKA	5
MUTHAMA	18
MUTHAMI	13
NGUNDI	7
ODERO	23
ONGERI	22
OPIERO	14
RUGONGO	2
SIDINYA	4
WAEMA	19
WAMBUA (Civ)	24
WAMBUA (Pte)	25

CASE NUMBER:1

Number: 65423 Rank: Private.
Name: MAKARANGA s/o MININGA.⁵
Age : Adult. Length of Service: 4 yrs.
Tribe: MSUKUMA
Village: MAHINA Location: Not known.
District: MWANZA Territory: TANGANYIKA
Period under treatment: 2 months.

Private MAKARANGA was admitted to the surgical division of the British Military Hospital, MACKINNON ROAD on 8 May 50, on account of a scrotal swelling which had been present for some weeks and which turned out to be a simple hydrocele.

On admission he was found to be febrile and trophozoites of plasmodium falciparum were found in his peripheral blood. He was given a standard course of mepacrine. -

On 7 Jun 50, ova of Schistosoma Haematobium were found in his urine. On 13 Jun 50 a cystoscopy was performed and the diagnosis confirmed. He was then transferred to the Medical Division, where he was given a course of Nilodin, 600 mgm daily for 7 days making a total dose of 4.2 grammes.

In spite of the course of mepacrine and the course of Nilodin, he continued to be febrile and on 24 Jun 50 a hard irregular tender mass was felt in the epigastrium. This was thought to be glandular in origin.

On 1 Jul 50 a hard irregular mass was found in

the left supraclavicular fossa which was also thought to be glandular in origin. It was considered that this was most probably a secondary malignant deposit.

On 5 Jul 50 he began to bleed from his bowel and on 7 Jul 50 from his urinary tract.

He died at 0130 hours on 11 Jul 50.

At post mortem, the larynx, trachea, bronchi, lungs and pleural cavities were normal.

The heart and pericardium were also normal.

About four feet above the ileocaecal valve the peritoneal coat of the gut was raised by numerous small yellow nodules extending up and down the gut for about four inches. The mesentery corresponding to this part of the gut contained a collection of enlarged hard firmly adherent glands. This mass was connected at the root of the mesentery with a similar collection of glands spreading upwards and downwards over the bodies of the lumbar vertebrae. -

The liver and pancreas were normal.

The spleen was normal.

The kidneys were normal. Extending from the upper pole of each kidney medially along the line of the renal vessels was a mass of enlarged glands.

The ureters and bladder were normal.

The testes were normal. There was a left sided hydrocele -

In addition to those already described, all the mediastinal glands were enlarged and the mass in the

left supraclavicular fossa was found to be glandular. It was noted that the glands were firmly adherent to the various tissues and in most cases were necrotic - being filled with a milky yellow cheesy substance.

The brain was normal except at the left occipital pole where a small nodule of whitish yellow colour originating in the meninges had started to infiltrate the brain substance -

The endocrine glands appeared to be normal except for the suprarenal glands which were involved in the glandular masses. How far infiltration had occurred could not be determined -

On the macroscopic appearances it was thought that the diagnosis lay between Lymphosarcoma and Tuberculosis.

Histological examination proved that the diagnosis was Tuberculosis.

CASE NUMBER 2.

Number: 31136

Rank: Private

Name: RUGONGO

5

Age: 22

Length of Service: 6 months.

Tribe: MMERU.

Village: KIATHI

Location: MUZAMBI.

District: MERU

Territory: KENYA.

Period under treatment: 20 months.

Private RUGONGO was admitted to the British Military Hospital, MACKINNON ROAD on 6 Jan.50. He stated that since 25 Dec 49 he had been feverish at night and had not felt fit for work. He had no cough.

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

A radiograph taken on the day of admission revealed a small opacity in the right mid zone, and bilateral hilar enlargement (Plate VI). No acid fast bacilli were found in the sputum.

On 14 Jan 50 the E.S.R. was 14 mm/1 hr.

On 27 Jan 50 a further radiograph showed that the opacity had increased in size. His sputum was also found to contain acid fast bacilli -

He was treated with strict bed rest and a European diet. But with this regime the lesion in the right upper lobe steadily increased in size and the patient's general condition slowly deteriorated.

A radiograph taken on 16 Mar 50 showed that considerable bronchogenic spread had occurred into the left mid zone.

By the middle of May 50 it was clear that more active measures would be needed if this patient were not to die. Accordingly on 25 May 50 a right sided phrenic crush was performed under local anaesthesia and on 26 May 50 this was reinforced by the induction of a pneumoperitoneum.

For the next six weeks there was little change in the patient's general condition but it was satisfactory that no further deterioration took place. The routine radiographs showed that the spread of the disease had been halted.

From mid July 50 the patient's general condition slowly improved until by mid Dec 50 he was looking remarkably well and had become sputum negative. During this period the serial radiographs had shown a steady improvement.

On 9 Jan 51 streptomycin in a dosage of 1 Gramme daily was started and this was continued until 10 Mar. '51 making a total dose of 60 Grammes.

The exhibition of streptomycin was followed in three weeks time by the reappearance of acid fast bacilli in the sputum. The serial radiographs showed a satisfactory improvement.

By 1 May 51 the patient was again sputum negative and by 18 Jul 51 the radiographs showed nothing except some residual scarring. The pneumoperitoneum was then abandoned.

The patient was discharged to the reserves on 8 Sep 51. At that time it was considered that the

disease was arrested and his disability was assessed at 40%.

3

This patient was seen again in Feb. 52 when he had an ESR of 2 mm, had gained 11 lbs in weight and appeared very well.

The details of this patient's progress are illustrated by table V and by the serial X-ray photographs VI to VI6. A photograph of the patient taken a few days prior to his discharge from hospital is also included.

Date	ESR (mm)	Weight (lbs)	ESR Result	Weight Change (lbs)
1-1-52	2	110	Positive	-
1-15-52	2	110	-	-
1-22-52	2	110	Positive	-
1-29-52	2	110	-	-
2-5-52	2	121	Positive	+11
2-12-52	2	121	Negative	-
2-19-52	2	121	Positive	-
2-26-52	2	121	-	-
3-5-52	2	121	Positive	-
3-12-52	2	121	-	-
3-19-52	2	121	Negative	-
3-26-52	2	121	Negative	-
4-2-52	2	121	Positive	-
4-9-52	2	121	Positive	-
4-16-52	2	121	Positive	-
4-23-52	2	121	Positive	-
4-30-52	2	121	Negative	-
5-7-52	2	121	Negative	-
5-14-52	2	121	Negative	-
5-21-52	2	121	Negative	-
5-28-52	2	121	Negative	-
6-4-52	2	121	Negative	-
6-11-52	2	121	Negative	-
6-18-52	2	121	Negative	-
6-25-52	2	121	Negative	-
7-2-52	2	121	Negative	-
7-9-52	2	121	Negative	-
7-16-52	2	121	Negative	-
7-23-52	2	121	Negative	-
7-30-52	2	121	Negative	-
8-6-52	2	121	Negative	-
8-13-52	2	121	Negative	-
8-20-52	2	121	Negative	-
8-27-52	2	121	Negative	-
9-3-52	2	121	Negative	-
9-10-52	2	121	Negative	-
9-17-52	2	121	Negative	-
9-24-52	2	121	Negative	-
10-1-52	2	121	Negative	-
10-8-52	2	121	Negative	-
10-15-52	2	121	Negative	-
10-22-52	2	121	Negative	-
10-29-52	2	121	Negative	-
11-5-52	2	121	Negative	-
11-12-52	2	121	Negative	-
11-19-52	2	121	Negative	-
11-26-52	2	121	Negative	-
12-3-52	2	121	Negative	-
12-10-52	2	121	Negative	-
12-17-52	2	121	Negative	-
12-24-52	2	121	Negative	-
1-7-53	2	121	Negative	-
1-14-53	2	121	Negative	-
1-21-53	2	121	Negative	-
1-28-53	2	121	Negative	-
2-4-53	2	121	Negative	-
2-11-53	2	121	Negative	-
2-18-53	2	121	Negative	-
2-25-53	2	121	Negative	-
3-4-53	2	121	Negative	-
3-11-53	2	121	Negative	-
3-18-53	2	121	Negative	-
3-25-53	2	121	Negative	-
4-1-53	2	121	Negative	-
4-8-53	2	121	Negative	-
4-15-53	2	121	Negative	-
4-22-53	2	121	Negative	-
4-29-53	2	121	Negative	-
5-6-53	2	121	Negative	-
5-13-53	2	121	Negative	-
5-20-53	2	121	Negative	-
5-27-53	2	121	Negative	-
6-3-53	2	121	Negative	-
6-10-53	2	121	Negative	-
6-17-53	2	121	Negative	-
6-24-53	2	121	Negative	-
7-1-53	2	121	Negative	-
7-8-53	2	121	Negative	-
7-15-53	2	121	Negative	-
7-22-53	2	121	Negative	-
7-29-53	2	121	Negative	-
8-5-53	2	121	Negative	-
8-12-53	2	121	Negative	-
8-19-53	2	121	Negative	-
8-26-53	2	121	Negative	-
9-2-53	2	121	Negative	-
9-9-53	2	121	Negative	-
9-16-53	2	121	Negative	-
9-23-53	2	121	Negative	-
9-30-53	2	121	Negative	-
10-7-53	2	121	Negative	-
10-14-53	2	121	Negative	-
10-21-53	2	121	Negative	-
10-28-53	2	121	Negative	-
11-4-53	2	121	Negative	-
11-11-53	2	121	Negative	-
11-18-53	2	121	Negative	-
11-25-53	2	121	Negative	-
12-2-53	2	121	Negative	-
12-9-53	2	121	Negative	-
12-16-53	2	121	Negative	-
12-23-53	2	121	Negative	-
12-30-53	2	121	Negative	-
1-6-54	2	121	Negative	-
1-13-54	2	121	Negative	-
1-20-54	2	121	Negative	-
1-27-54	2	121	Negative	-
2-3-54	2	121	Negative	-
2-10-54	2	121	Negative	-
2-17-54	2	121	Negative	-
2-24-54	2	121	Negative	-
3-2-54	2	121	Negative	-
3-9-54	2	121	Negative	-
3-16-54	2	121	Negative	-
3-23-54	2	121	Negative	-
3-30-54	2	121	Negative	-
4-6-54	2	121	Negative	-
4-13-54	2	121	Negative	-
4-20-54	2	121	Negative	-
4-27-54	2	121	Negative	-
5-4-54	2	121	Negative	-
5-11-54	2	121	Negative	-
5-18-54	2	121	Negative	-
5-25-54	2	121	Negative	-
6-1-54	2	121	Negative	-
6-8-54	2	121	Negative	-
6-15-54	2	121	Negative	-
6-22-54	2	121	Negative	-
6-29-54	2	121	Negative	-
7-6-54	2	121	Negative	-
7-13-54	2	121	Negative	-
7-20-54	2	121	Negative	-
7-27-54	2	121	Negative	-
8-3-54	2	121	Negative	-
8-10-54	2	121	Negative	-
8-17-54	2	121	Negative	-
8-24-54	2	121	Negative	-
8-31-54	2	121	Negative	-
9-7-54	2	121	Negative	-
9-14-54	2	121	Negative	-
9-21-54	2	121	Negative	-
9-28-54	2	121	Negative	-
10-5-54	2	121	Negative	-
10-12-54	2	121	Negative	-
10-19-54	2	121	Negative	-
10-26-54	2	121	Negative	-
11-2-54	2	121	Negative	-
11-9-54	2	121	Negative	-
11-16-54	2	121	Negative	-
11-23-54	2	121	Negative	-
11-30-54	2	121	Negative	-
12-7-54	2	121	Negative	-
12-14-54	2	121	Negative	-
12-21-54	2	121	Negative	-
12-28-54	2	121	Negative	-
1-4-55	2	121	Negative	-
1-11-55	2	121	Negative	-
1-18-55	2	121	Negative	-
1-25-55	2	121	Negative	-
2-1-55	2	121	Negative	-
2-8-55	2	121	Negative	-
2-15-55	2	121	Negative	-
2-22-55	2	121	Negative	-
2-29-55	2	121	Negative	-
3-6-55	2	121	Negative	-
3-13-55	2	121	Negative	-
3-20-55	2	121	Negative	-
3-27-55	2	121	Negative	-
4-3-55	2	121	Negative	-
4-10-55	2	121	Negative	-
4-17-55	2	121	Negative	-
4-24-55	2	121	Negative	-
4-30-55	2	121	Negative	-
5-7-55	2	121	Negative	-
5-14-55	2	121	Negative	-
5-21-55	2	121	Negative	-
5-28-55	2	121	Negative	-
6-4-55	2	121	Negative	-
6-11-55	2	121	Negative	-
6-18-55	2	121	Negative	-
6-25-55	2	121	Negative	-
7-2-55	2	121	Negative	-
7-9-55	2	121	Negative	-
7-16-55	2	121	Negative	-
7-23-55	2	121	Negative	-
7-30-55	2	121	Negative	-
8-6-55	2	121	Negative	-
8-13-55	2	121	Negative	-
8-20-55	2	121	Negative	-
8-27-55	2	121	Negative	-
9-3-55	2	121	Negative	-
9-10-55	2	121	Negative	-
9-17-55	2	121	Negative	-
9-24-55	2	121	Negative	-
9-30-55	2	121	Negative	-
10-7-55	2	121	Negative	-
10-14-55	2	121	Negative	-
10-21-55	2	121	Negative	-
10-28-55	2	121	Negative	-
11-4-55	2	121	Negative	-
11-11-55	2	121	Negative	-
11-18-55	2	121	Negative	-
11-25-55	2	121	Negative	-
12-2-55	2	121	Negative	-
12-9-55	2	121	Negative	-
12-16-55	2	121	Negative	-
12-23-55	2	121	Negative	-
12-30-55	2	121	Negative	-
1-6-56	2	121	Negative	-
1-13-56	2	121	Negative	-
1-20-56	2	121	Negative	-
1-27-56	2	121	Negative	-
2-3-56	2	121	Negative	-
2-10-56	2	121	Negative	-
2-17-56	2	121	Negative	-
2-24-56	2	121	Negative	-
3-2-56	2	121	Negative	-
3-9-56	2	121	Negative	-
3-16-56	2	121	Negative	-
3-23-56	2	121	Negative	-
3-30-56	2	121	Negative	-
4-6-56	2	121	Negative	-
4-13-56	2	121	Negative	-
4-20-56	2	121	Negative	-
4-27-56	2	121	Negative	-
5-4-56	2	121	Negative	-
5-11-56	2	121	Negative	-
5-18-56	2	121	Negative	-
5-25-56	2	121	Negative	-
6-1-56	2	121	Negative	-
6-8-56	2	121	Negative	-
6-15-56	2	121	Negative	-
6-22-56	2	121	Negative	-
6-29-56	2	121	Negative	-
7-6-56	2	121	Negative	-
7-13-56	2	121	Negative	-
7-20-56	2	121	Negative	-
7-27-56	2	121	Negative	-
8-3-56	2	121	Negative	-
8-10-56	2	121	Negative	-
8-17-56	2	121	Negative	-
8-24-56	2	121	Negative	-
8-31-56	2	121	Negative	-
9-7-56	2	121	Negative	-
9-14-56	2	121	Negative	-
9-21-56	2	121	Negative	-
9-28-56	2			

TABLE V

<u>DATE</u>	<u>ESR fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
6 Jan 50	-	Negative	-
14 Jan "	14	-	-
27 Jan "	1	Positive	-
15 Feb "	1	-	-
16 Mar "	1	-	-
3 Apr "	2	Positive	-
18 Apr "	5	-	-
9 May "	49	Positive	107
27 May "	20	-	-
16 Jun "	50	Positive	-
3 Jul "	10	-	-
18 Jul "	26	Positive	-
1 Aug "	40	-	-
2 Sep "	30	Positive	-
14 Sep "	26	Negative	-
3 Oct 50	46	Positive	-
15 Oct "	43	-	-
1 Nov "	46	Positive	-
14 Nov "	44	-	-
30 Nov "	42	-	-
14 Dec "	33	Negative	-
2 Jan 51	31	Negative	112
29 Jan "	44	Positive	112½
23 Feb "	20	Positive	119
12 Mar "	16	Positive	122
1 May "	-	Negative	127
29 May "	2	Negative	125
25 Jun "	4	Negative	120

TABLE V (Contd.)

DATE	<u>ESR fall</u> <u>in mm/hr.</u>	<u>Sputum</u>	<u>Weight in</u> <u>lbs.</u>
18 Jul 51	2	Negative ^s	120
10 Aug "	2	Negative	120
6 Sep "	2	Negative	120
23 Feb 52	2	Negative	131

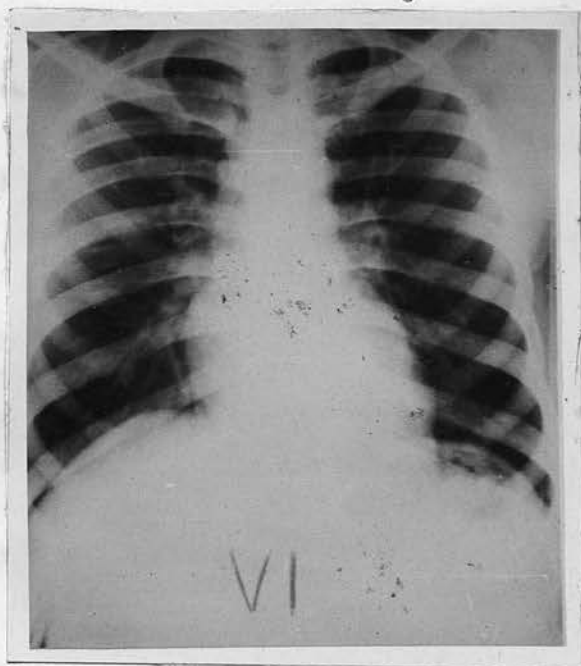


Plate VI. There is a small opacity at the periphery
6 Jan 50. of the right mid zone. There is bilateral
hilar enlargement.

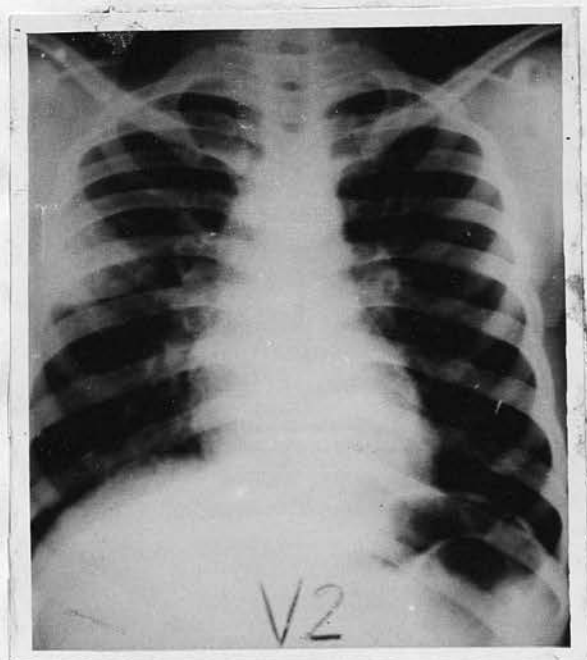


Plate V2. The opacity is larger and has become
27 Jan 50. wedge shaped.

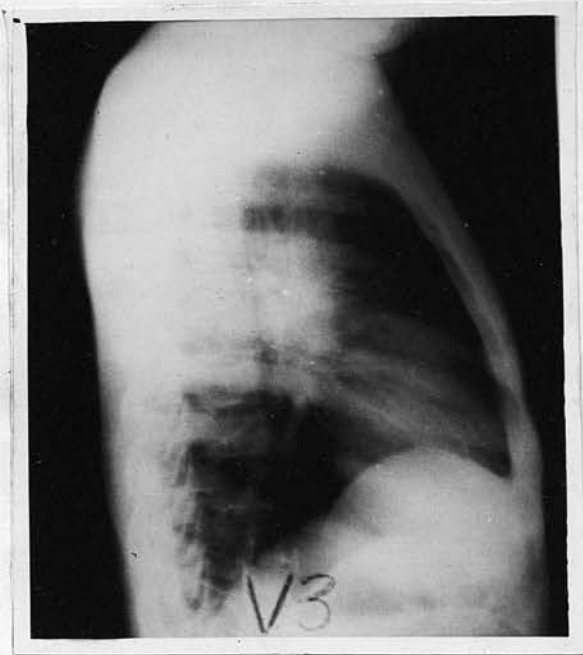


Plate V3 Right lateral film showing the opacity in
27 Jan 50 the posterior and apical segments and the
enlarged hilar glands.

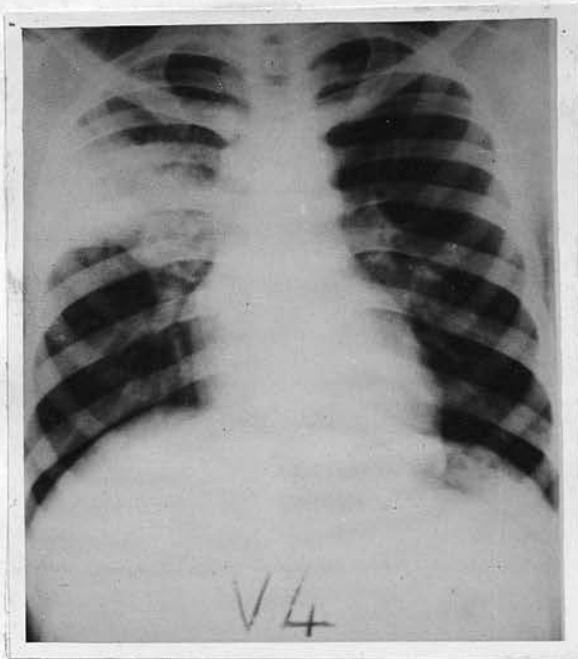


Plate V4 Further increase has occurred in the size
28 Feb 50. of the opacity in the right mid zone. A
round opacity has appeared in the 5th left
interspace.

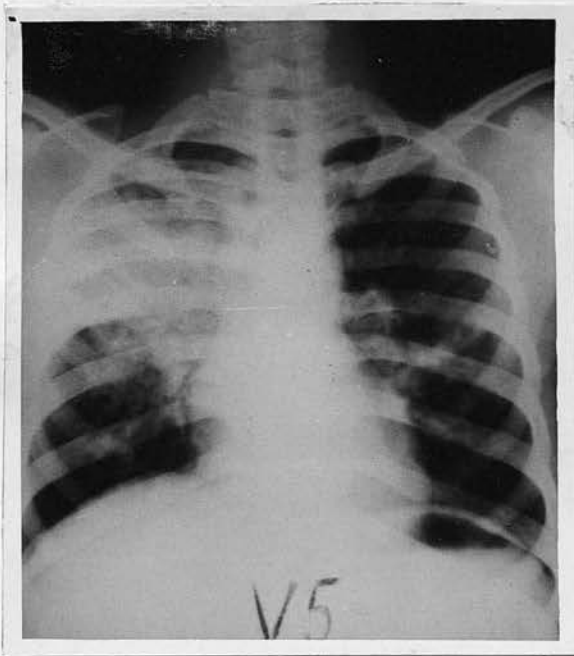


Plate V5. The opacity in the right mid zone is spreading into the upper and lower zones. 16 Mar 50. Fresh opacities have appeared in the left mid zone.

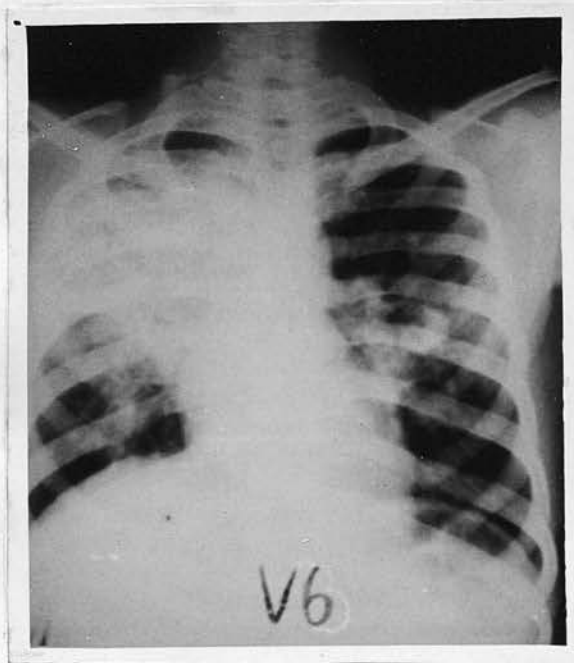


Plate V6. The opacities in both lung fields have increased in size. 28 Mar 50.

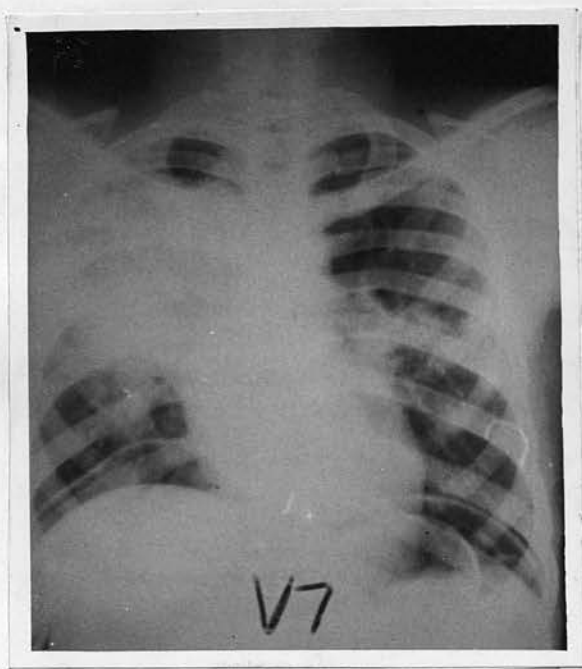


Plate V7. A small pneumoperitoneum is present. Otherwise there is no change since 28 Mar 50.
27 May 50.

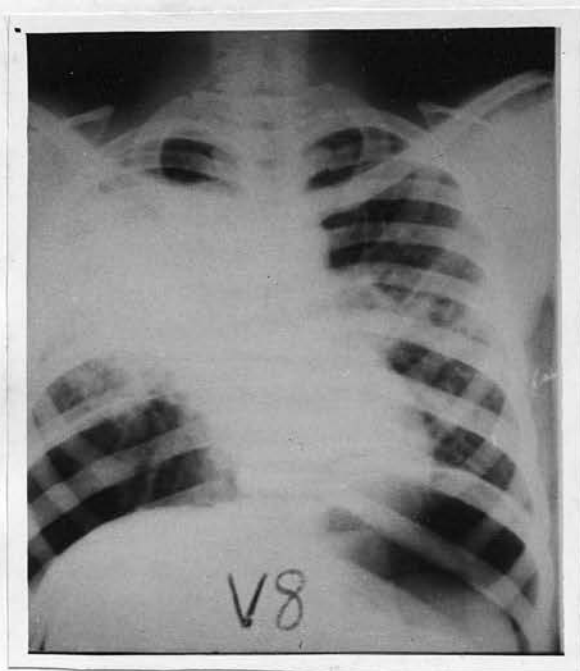


Plate V8. The pneumoperitoneum has been increased. The right lung is adherent posteriorly. There has been no other change since 27 May 50.
3 Jul 50.

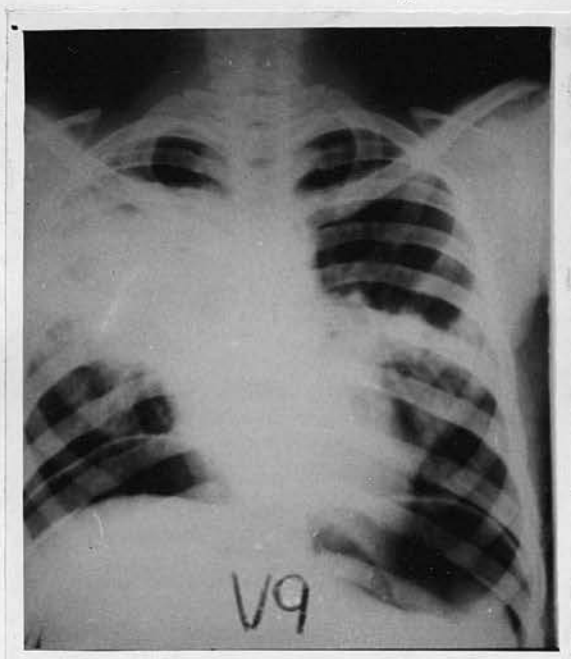


Plate V9. The lesion in the right lung is just beginning to clear. A small pneumothorax is present in the left lower zone. As a result the lesions in the left lung seem more confluent - The pneumoperitoneum has decreased.

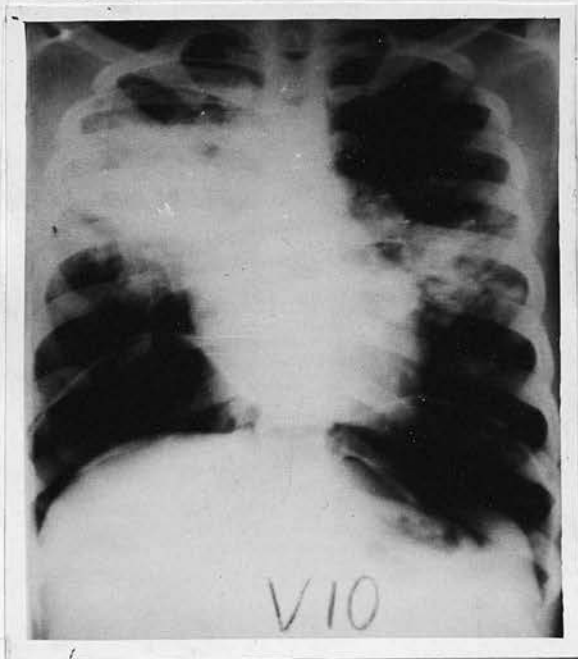


Plate V10. Clearing continues in the right lung. There is no real change in the left lung field. The pneumoperitoneum has been increased.

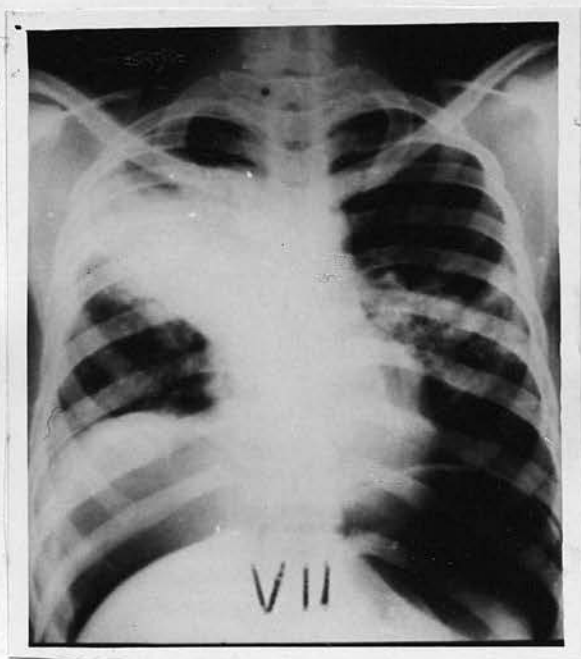


Plate V 11.
11 Nov 50.

The right lower zone is almost clear. The pneumothorax has been absorbed and as a result the appearance of the left mid and lower zones has improved.

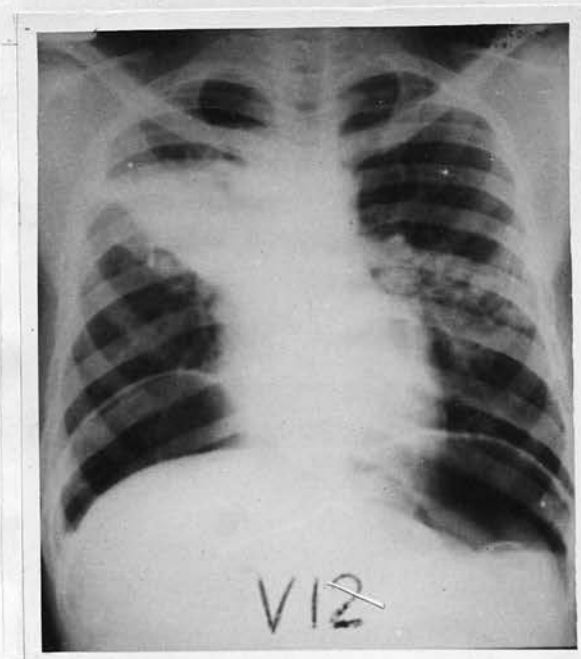


Plate V 12.
1 Jan 51

There has been further clearing in both lung fields.

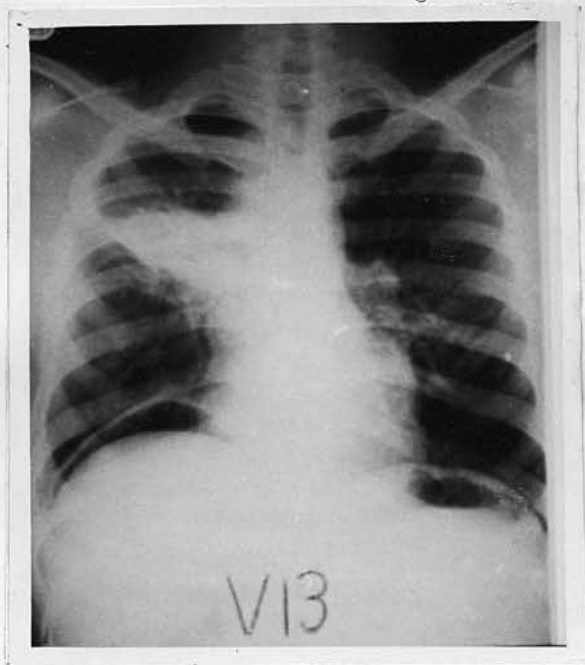


Plate V13. 16 Mar. 51. There has been further clearing in both lung fields. The pneumoperitoneum has decreased.

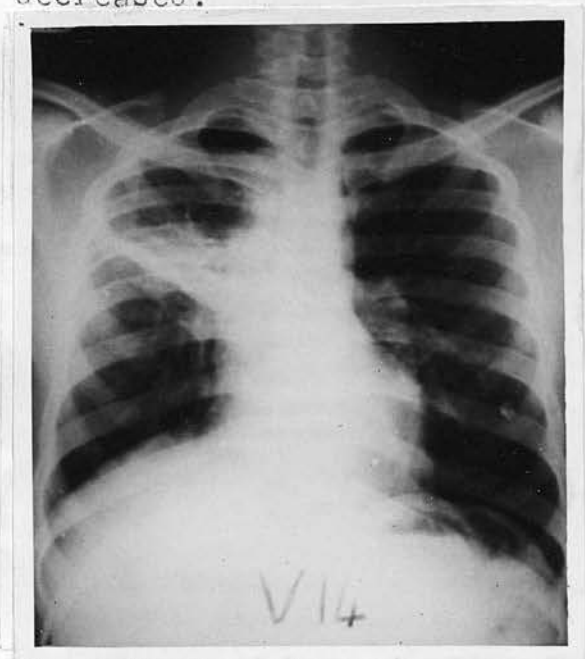


Plate V14. 1 May 51. The left lung field is now almost clear. (The hard opacity in the left lower zone is an artefact). Further clearing has occurred in the right lung field.



Plate V 15
18 Jul 51.

Apart from some residual fibrosis in the right mid zone, both lung fields are now clear.

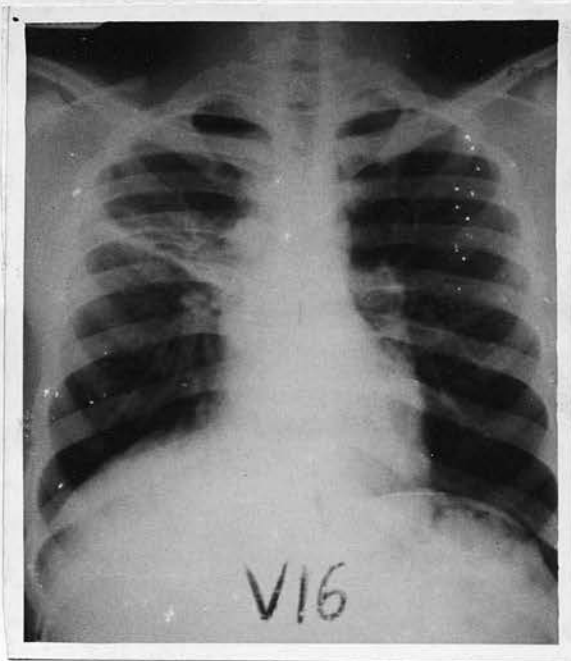


Plate V 16
5 Sep 51.

The pneumoperitoneum has been absorbed. Otherwise there is no change.

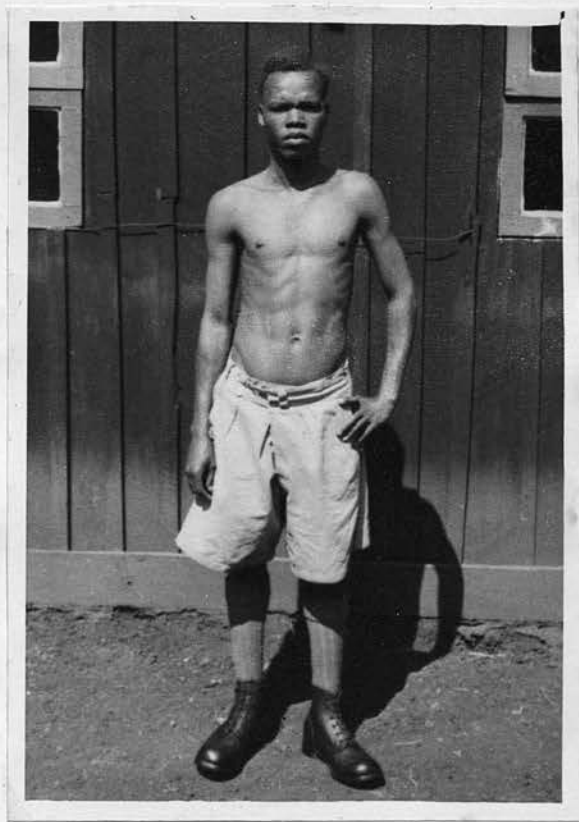


Plate V 17 Private RUGUNGO three days before his
5 Sep.51. discharge from hospital.

CASE NUMBER 3

Number: 16471 Rank: Civilian
Name: KILOBA s/o MWEKE
Age: 18 Length of Service: 17 months.
Tribe: MKAMBA.
Village: MATHUNDINA Location: MWALA.
District: MACHAKOS Territory: KENYA.
Period under treatment: 10 months.

Civilian KILOBA was admitted to the British Military Hospital, MACKINNON ROAD on 26 Feb 51. He stated that he had been feverish since 23 Feb 51.

On admission he was found to be febrile and examination of the chest revealed some fine moist rales at the apex of the right lower lobe.

A radiograph taken on the day of admission revealed a large opacity in the right lower zone and enlargement of the right hilar glands (Plate BA1)

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

By the end of May 51 there had been no improvement in the radiological appearances. On 29 May 51 therefore a pneumoperitoneum was induced and on 5 Jun 51 a right phrenic crush was performed under local anaesthesia.

These manouevres were followed by a rapid improvement in his general condition and a slower improvement in the radiological appearances.

In Nov 51, he was given a course of thiacetazone: 25 mgm daily for 7 days; 50 mgm daily for 7 days;

75 mgm daily for 7 days; and 100 mgm daily for 7 days; making a total dosage of 3.75 Grammes.

This was followed by clearing³ of the primary focus and diminution in the size of the hilar glands.

The pneumoperitoneum was abandoned on 12 Dec 51.

He was discharged to the reserves on 28 Dec 51, when it was considered that his disease had been arrested. His disability was assessed at 20%.

The details of this patient's progress are illustrated by table BA and the serial X-ray photographs BA1 to BA6.

TABLE BA

<u>Date</u>	<u>ESR fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight</u>
27 Feb 51	38	Negative	-
18 Apr 51	47	Negative	-
1 May 51	20	-	-
19 May 51	-	-	126
1 Jun 51	-	-	127½
20 Jun 51	5	Negative	129
20 Jul 51	8	Positive	133
26 Aug 51	3	Negative	136
21 Sep 51	4	Positive	131
16 Oct 51	3	Negative	130
21 Nov 51	2	Negative	130
12 Dec 51	2	Negative	131

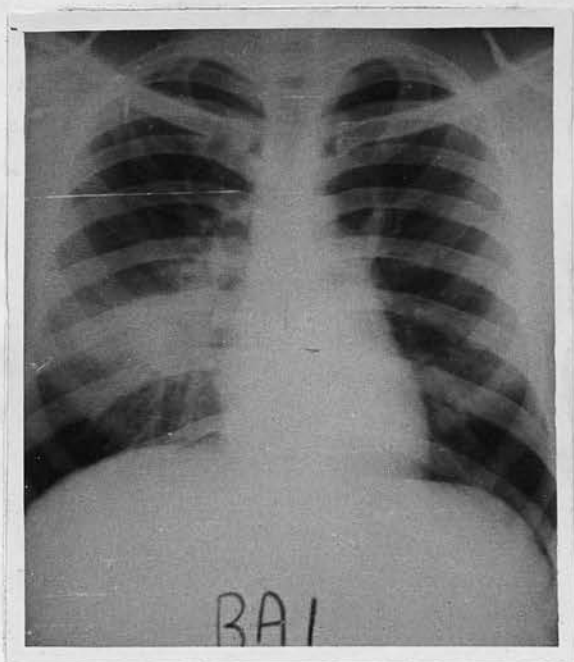


Plate BA1. There is an opacity in the right lower zone with associated right hilar enlargement.
26 Feb. 51.



Plate BA2. The opacity in the right lower zone is larger.
10 Apr. 51.

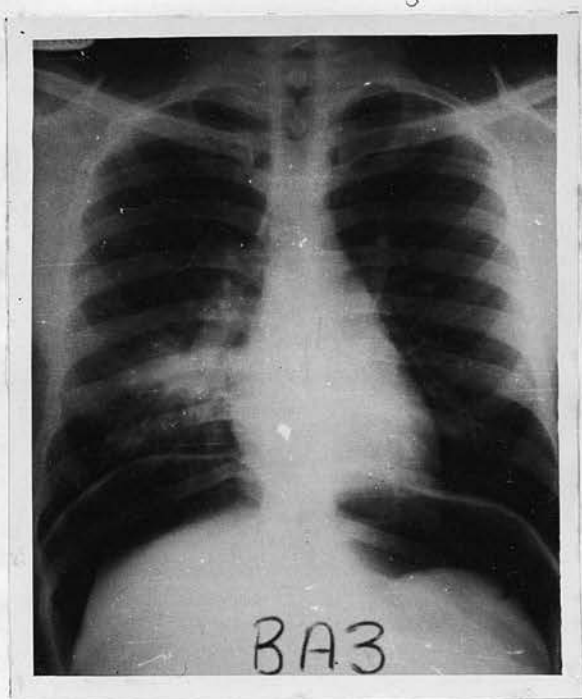


Plate BA3. A pneumoperitoneum has been induced.
29 May 51. The opacity in the right lower zone
appears smaller but this is largely due
to over penetration.

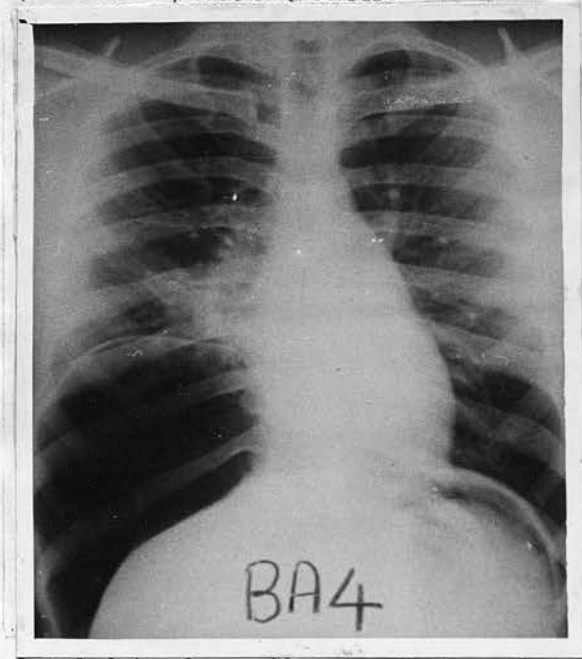


Plate BA4. A right phrenic crush has been performed
18 Oct 51. and the pneumoperitoneum is larger.
There has been slight clearing of the
opacity in the right lower zone.

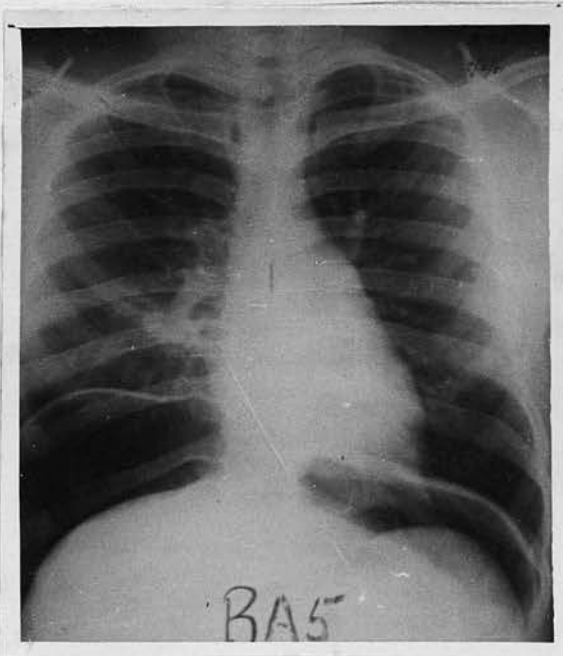


Plate BA5 There has been a very marked improvement
7 Nov 51. in the appearance of the right lower zone.



Plate BA6 The pneumoperitoneum has been absorbed.
22 Dec 51. Apart from a residual linear scar the
right lower zone is now clear.

CASE NUMBER 4.

Number: 305389 Rank: Private.

Name: SIDINYA s/o OKOTH.

Age: 27. Length of Service: 2 years.

Tribe: JALUO

Village: LUSEA. Location: WANGA.

District: NORTH KAVIRONDO. Territory: KENYA.

Period under treatment: 7½ months.

Private SIDINYA was admitted to the British Military Hospital, MACKINNON ROAD on 11 Jun 50. He stated that he had felt quite well until 9 Jul 50 when he felt feverish. He had no cough.

On admission he was found to be running a mild fever but no physical signs were found in his chest or elsewhere.

A radiograph taken on 12 Jul 50 revealed marked hilar enlargement and several opacities in the left lung (Plate Y1) and on 13 Jul 50 the E.S.R. was 43 mm/1 hr.

The patient was treated by strict bed rest and a European diet. He made steady progress, as is shown by the data in table Y and the serial X-ray photographs (Plates Y1 - Y5.) He was discharged to the reserves on 21 Feb 51 when it was considered that the disease had been arrested.

TABLE Y

<u>Date</u>	<u>ESR fall in mm per hr.</u>	<u>Sputum</u> 5	<u>Weight in lbs.</u>
13 Jul 50	43	Negative	-
Aug 50	2	Negative	-
Sep 50	7	Negative	-
Nov 50	6	Negative	158
Jan 51	4	Negative	160
Feb 51	3	Negative	161

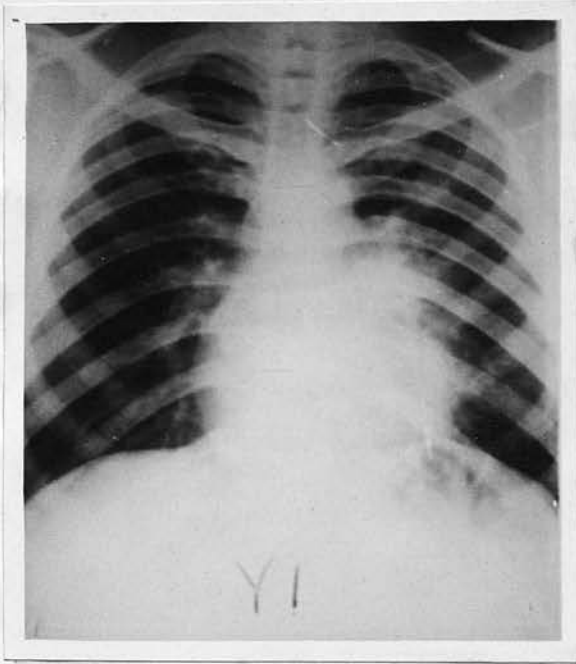


Plate Y1. 18 Jul 50. The left hilar glands are enlarged. There are opacities of varying size and shape scattered through all zones of the left lung.

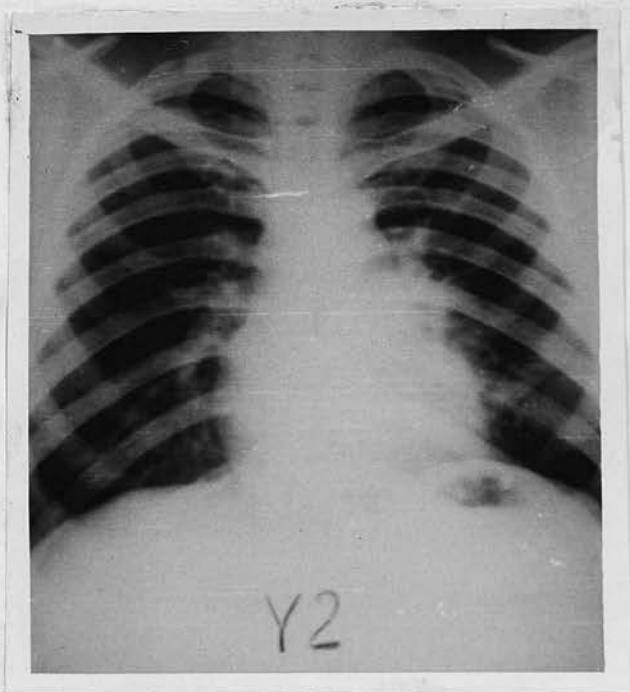


Plate Y2. A translucent area has developed in the centre of the opacity in the left infra-clavicular region.
1 Aug 50.

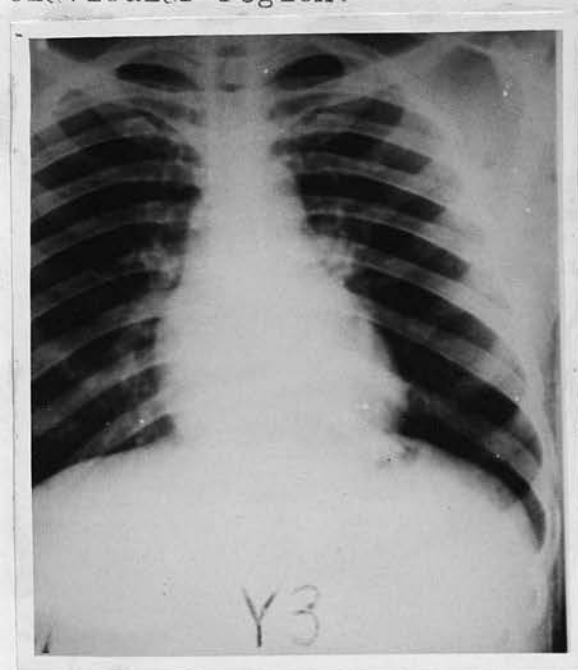


Plate Y3. There has been clearing of all the lesions and the hilar glands are smaller.
2 Sep 50.

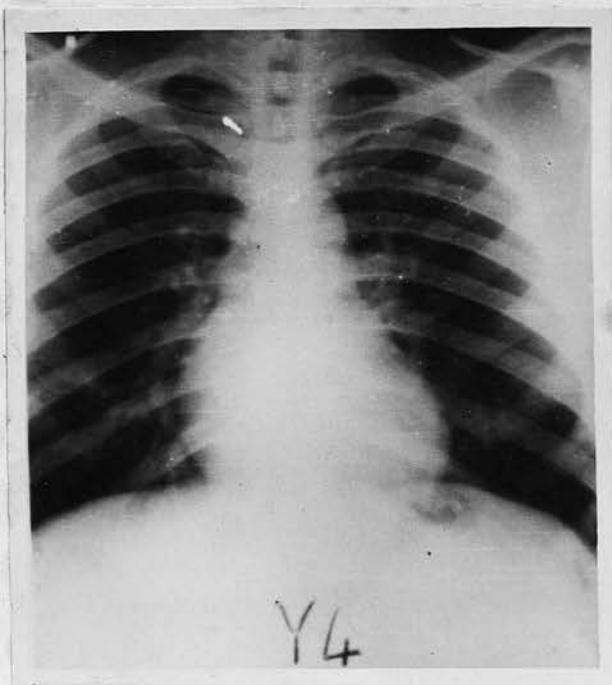


Plate Y4. The appearance of the left hilar region
17 Oct 50. is now within normal limits.

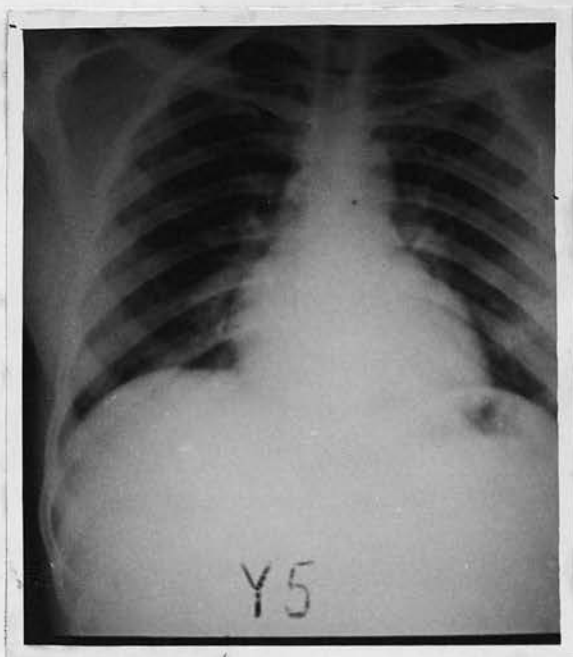


Plate Y5. Except for some scarring in the left
11 Feb 51. mid zone the lung fields are now clear.

Case Number: 5.

Number: 15182.

Rank: Civilian.

Name : MUSYOKA s/o KIKWA.

Age: Adult.

Length of Service: 10 months.

Tribe: MKAMBA.

Village: Not known.

Location: MWALA.

District: MACHAKOS

Territory: KENYA.

Period under treatment: 5 months.

Civilian MUSYOKA was admitted to the British Military Hospital, MACKINNON ROAD on 26 Oct 49. He stated that he had been quite well until 24 Oct 49 when he felt feverish. He had no cough.

On admission he was febrile and clinical examination revealed a few fine moist rales in the right axillary region -

A radiograph taken on 27 Oct 49 revealed disease in the right mid zone (Plate N1) and on 28 Oct the ESR was 27 mm/1 hr.

The patient was treated by strict bed rest and a European diet. He made steady progress as is shown by table N and the final radiograph (Plate N2).

He was discharged to the reserves on 25 Mar 50 at his own request, when it was considered that the disease was still active.

TABLE N.

<u>Date</u>	<u>ESR fall in</u> <u>mm/hr.</u>	<u>Sputum</u>
Oct 49.	27	Negative
Dec 49.	7	Negative.
Feb 50	2	Positive.
Mar 50.	3	Negative.

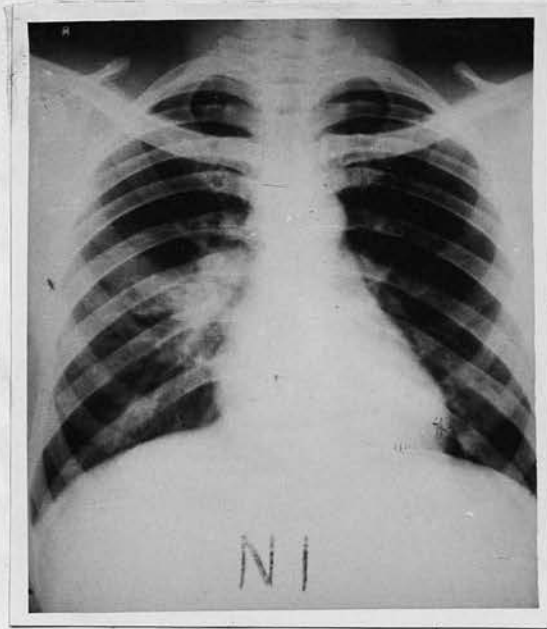


Plate N1. 27 Nov 49. There are small opacities scattered throughout the right mid zone. The right hilum is prominent. Calcification has started in the first costal cartilages.

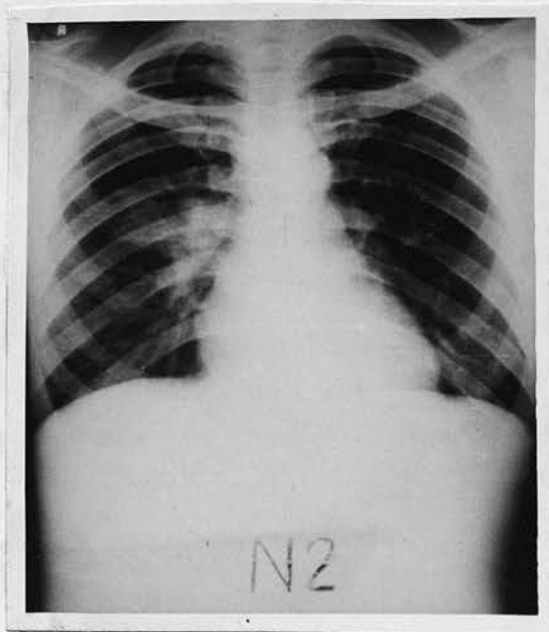


Plate N2. 1 Mar 50. The right mid zone is clearer but the right hilum is still abnormally prominent.

Case Number: 6.

Number: 82625.

Rank: Private.

Name: DIDIGO s/o EPE

Age: 20.

Length of Service: 2 months.

Tribe ACHOLI.

Village: MADI.

Location: PAKELE.

District: AHUA.

Territory: UGANDA.

Period under treatment: 8 months.

Private DIDIGO was admitted to the Military Hospital, NAIROBI on 27 Jul 51. He stated that he had been troubled with an unproductive cough since 20 Jul 51.

On admission he was found to be afebrile. On examination of the chest, movement and percussion note were impaired over the left lower lobe posteriorly and on auscultation bronchial breath sounds and numerous medium moist rales were heard in the same area and also in the left axillary region.

A radiograph of the chest taken on 28 Jul 51 revealed a diffuse lesion in the left lung field with a hilar flare and enlargement of the hilar glands.

He was treated by strict bed rest and a European diet, and on 18 Aug 51 a shallow artificial pneumothorax was induced on the left side and maintained until 7 Dec 51 when it was abandoned. -

The patient was discharged to the reserves on 10 Mar 52 when it was considered that the disease had been arrested.

The details of this patient's progress are

illustrated by the table BC and the serial X-ray photographs BC1 to BC4.

TABLE BC.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
30 Jul 51	-	Negative	140
10 Aug 51	9	Positive	-
26 Aug 51	10	-	141
25 Sep 51	18	Positive	145
18 Oct 51	22	Negative	147
22 Nov 51	15	Negative	148½
7 Dec 51	8	Negative	-
4 Jan 52	-	-	153
25 Jan 52	10	Negative	-
28 Feb 52	4	Negative	155

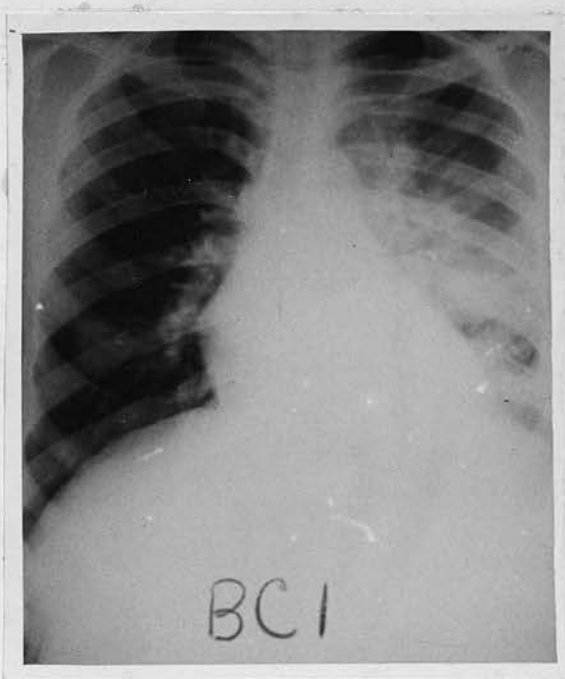


Plate BC1.
28 Jul 51.

There is a large opacity extending from the left hilum out into all zones of the left lung field. There is a small opacity in the right lower zone.



Plate BC2.
18 Aug 51.

A shallow artificial pneumothorax has been induced on the left side. There has been considerable clearing of the opacity in the left lung field and the enlarged left hilar glands are now clearly visible. There are several scattered opacities in the right lower zone.

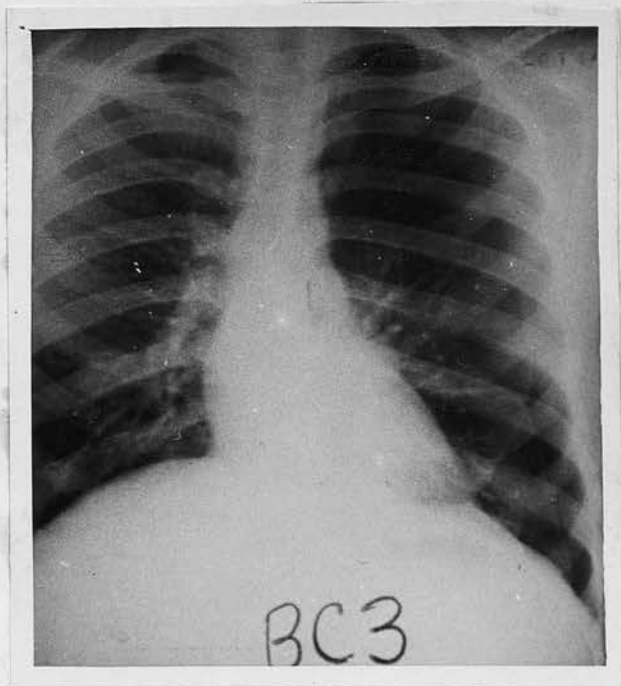


Plate BC3. Improvement has continued in both the parenchymatous and glandular lesions.
28 Sep 51.

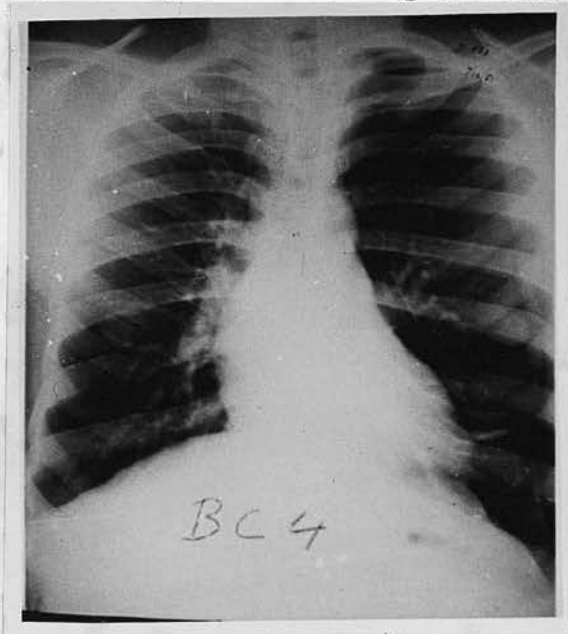


Plate BC4. The left artificial pneumothorax is being absorbed. The left lung field appears clear and there is no visible hilar enlargement. There has been no change in the right lung field.
7 Dec 51.

Case Number: 7

Number: 24787. Rank: Corporal.

Name: NGUNDI s/o NZAU

Age: 28. Length of Service: 7 years.

Tribe: MKAMBA

Village: MUKAA Location: MUKAA

District: MACHAKOS Territory: KENYA.

Period under treatment: 4½ months.

Corporal NGUNDI was first seen at the Military Hospital, NAIROBI on 30 Mar 51 as an outpatient. He stated that he had been feeling out of sorts since Jan 51.

A radiograph revealed prominent hilar shadows but was considered to be within normal limits. (Plate AX1) The ESR was 3 mm/1 hr. He was told to return as an outpatient in two months time.

He was seen again as an outpatient on 5 Jun 51. Clinical examination was still completely negative. The ESR was 4 mm/1 hr. The radiograph revealed some increase in the size of the left hilar shadow and some indefinite mottling in the left mid and lower zones. (Plate AX2) He was told to return in two months time.

He was seen again on 9 Aug 51 and as the radiograph showed definite opacities in the left mid and lower zones he was admitted to hospital. The ESR was 9 mm/1 hr.

A radiograph taken on 9 Sep 51 showed that in spite of strict bed rest and a European diet the

parenchymal lesion had increased in size (Plate AX3) Accordingly a shallow left artificial pneumothorax was induced and good selective collapse obtained (Plate AX4).

The pneumothorax was maintained until the end of Nov 51, when the parenchymal lesion was no longer visible though the hilar glands were still enlarged.

On 19 Dec 51 his wife became ill. As there were two small children to be looked after, he was discharged to his unit on 21 Dec 51 to await his final discharge to the reserves. At that time the disease was considered to be controlled.

The details of this patient's progress are illustrated by table AX and the serial X-ray photographs AX1 to AX6.

TABLE AX

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
30 Mar 51	3	-	119
5 Jun 51	4	-	118½
9 Aug 51	9	Negative	116
26 Aug 51	7	-	114½
21 Sep 51	2	Positive	113½
12 Oct 51	5	Negative	114
22 Nov 51	5	Negative	116½
18 Dec 51	5	Negative	118

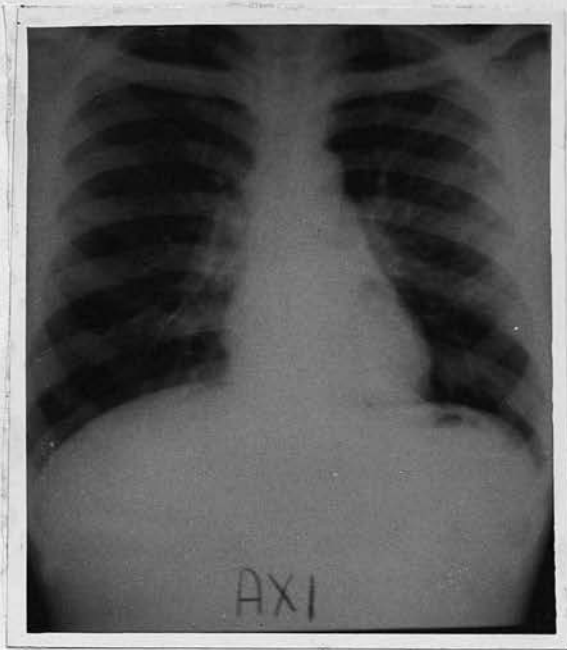


Plate AX1. The hilar shadows are prominent but there is no radiological evidence of disease in the lung fields.
30 Mar 51.

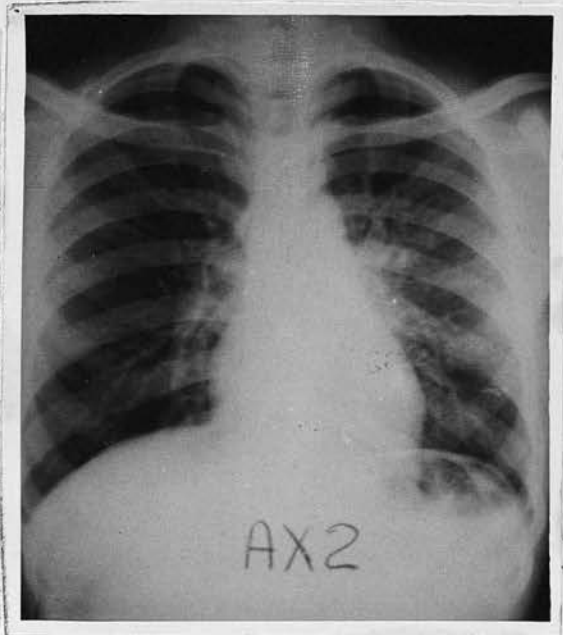


Plate AX2. The left hilar shadow is larger than formerly and there is some mottling in the left mid and lower zones.
5 Jun 51.

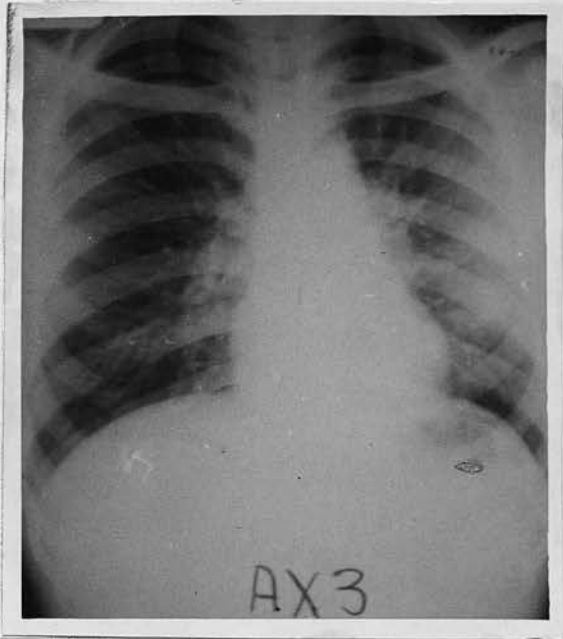


Plate AX3. There are now several opacities in the
9 Sep 51. left mid and lower zones.



Plate AX4. A left artificial pneumothorax has been
induced and partial collapse of the left
lower lobe has ensued.

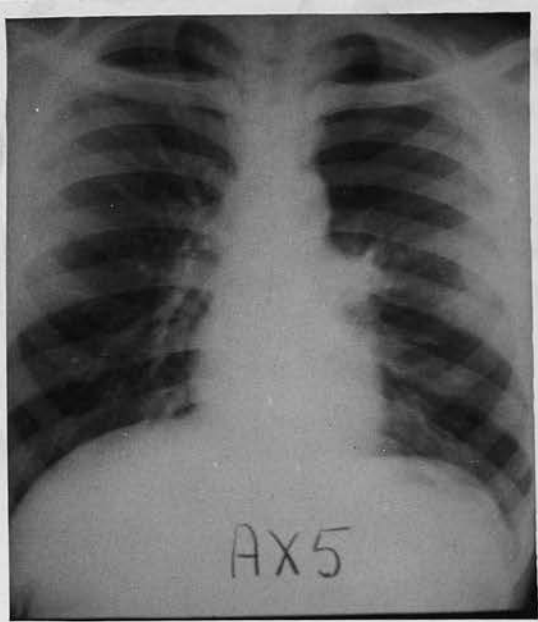


Plate AX5. There has been considerable clearing of
18 Oct 51. the opacities in the mid and lower zones.

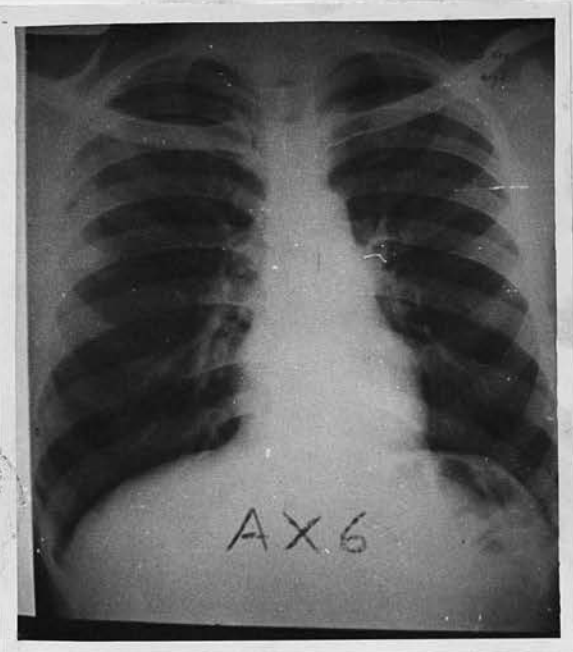


Plate AX6. The lung has now completely re-expanded
21 Dec 51. and the lung fields appear quite clear.

Case Number 8.

Number: 309334

Rank: Lance Corporal.

Name: F'OBUYA.

Age: 25

Length of Service: 2 years.

Tribe: JALUO

Village: KASIRIME

Location: KABWAYE.

District: KISII

Territory: KENYA.

Period under treatment: 17½ months.

L/Cpl F'OBUYA was admitted to the British Military Hospital, MACKINNON ROAD on 15 Jul 50. He stated that he had been troubled with a cough since Dec 48 and with pain in the left side of his chest since 7 Jul 50. On 13 Jul 50 he had coughed up some blood.

On admission he was found to be febrile and on examination of the chest a few fine moist rales were heard in the region of the left nipple. A radiograph taken on the day of admission revealed an opacity in the left lower zone and enlargement of the left hilar glands (Plate AU1). Acid fast bacilli were found in the sputum.

He was treated with strict bed rest and a European diet and by the beginning of Sep 50 the radiological appearances were much improved. However his sputum remained positive and during Oct 50 his E.S.R. began to rise -

A radiograph taken on 16 Nov 50 revealed an opacity with a central translucent area in the left upper zone.

On 26 Nov 50 he had two haemoptyses and further haemoptyses occurred on 4 Dec 50 and 10 Dec 50.

A radiograph on 21 Dec 50 showed that the opacity in left upper zone had been replaced by a small cavity. A left artificial pneumothorax was therefore induced on 11 Jan 51.

His sputum remained positive until the beginning of Mar 51.

On 10 Mar 51 he complained of pain in the left side of the chest and was febrile. Examination revealed the presence of fluid in the left pleural cavity and this was confirmed radiologically and by paracentesis -

The fluid was absorbed very slowly and paracentesis was performed on several occasions. It was not completely absorbed until Sep 51.

The LAP was satisfactorily maintained until 21 Jun 51 when it was converted into a spontaneous pneumothorax. Refills were therefore abandoned, but no obvious absorption had taken place by 25 Nov 51. The patient was discharged to the reserves on 2 Jan '52, his disability being assessed at 50% and the disease being regarded as quiescent.

The details of his progress are illustrated by table AU and the serial X-ray photographs AU1 to AU14.

TABLE AU

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Wt. in</u> <u>lbs.</u>	<u>Pleural</u> <u>fluid with-</u> <u>drawn in ozs</u>
1 Aug 50	11	Positive	-	-
15 Aug 50	6	-	-	-

TABLE AU (Contd.)

<u>Date</u>	<u>ESR fall</u> <u>in mm/hr.</u>	<u>Sputum</u>	<u>Wt.in</u> <u>lbs</u>	<u>Pleural fluid</u> <u>withdrawn in ozs</u>
1 Sep 50	9	-	-	-
14 Sep 50	5	-	-	-
2 Oct 50	11	Positive	-	-
16 Oct 50	12	-	-	-
1 Nov 50	13	-	-	-
14 Nov 50	14	Positive	-	-
19 Dec 50	2	Positive	122	-
19 Jan 51	-	Positive	122 $\frac{1}{2}$	-
6 Feb 51	6	Positive	125	-
6 Mar 51	7	Negative	125	-
16 Mar 51	-	-	120	30
23 Mar 51	-	-	-	12
24 Apr 51	-	-	123	12
14 May 51	-	Negative	128	12
29 May 51	1	Negative	124 $\frac{1}{2}$	6
21 Jun 51	3	Negative	125 $\frac{3}{4}$	-
31 Jul 51	1	Negative	126	-
16 Aug 51	-	Negative	-	-
19 Sep	-	-	127	-
19 Oct 51	1	Negative	127	-
19 Dec 51	1	Negative	128	-
Mar 52	1	-	-	-

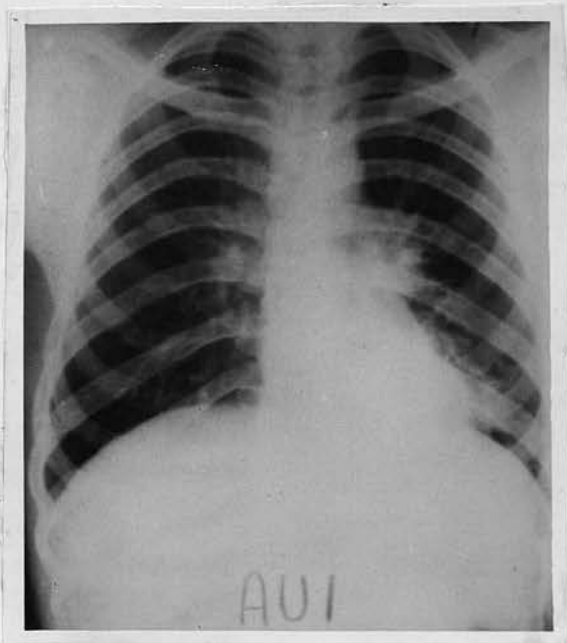


Plate AU1.
15 Jul 50.

There is an opacity in the left lower zone with associated enlargement of the left hilar glands.

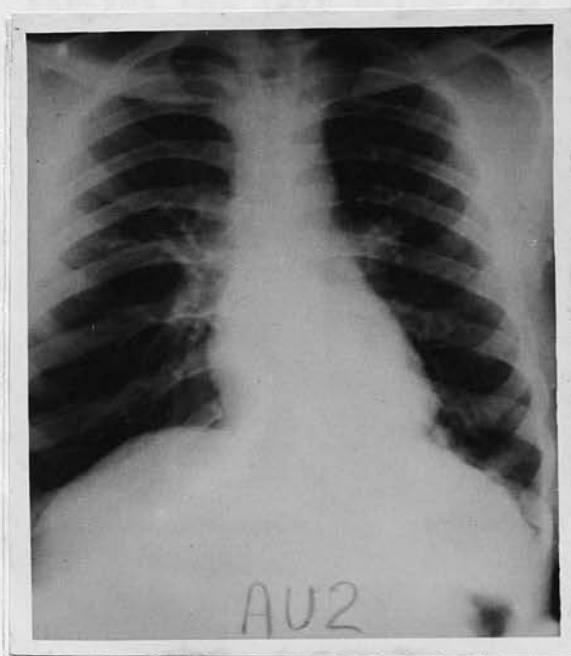


Plate AU2.
2 Sep 50.

There has been considerable improvement in both the glandular and the parenchymal lesions.

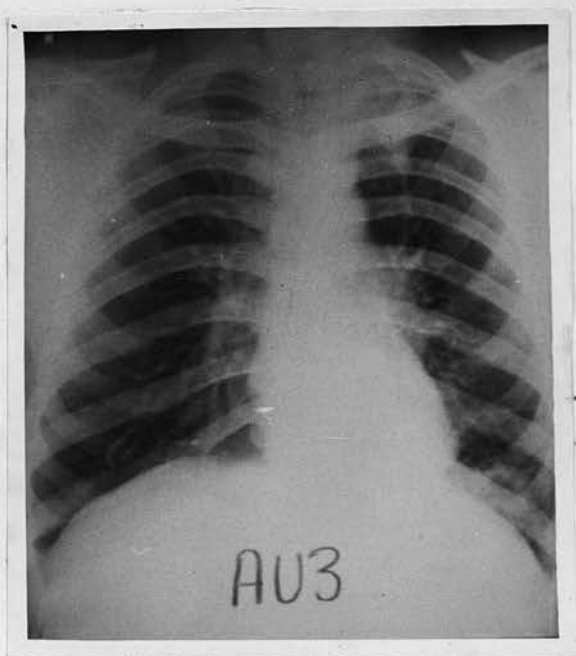


Plate AU3. An opacity with a central translucent area has now developed in the left upper zone. There is streaking from this opacity towards the left hilum. The left lower zone has deteriorated.



Plate AU4. The shadowing in the left upper zone has cleared but a cavity remains. There has been no change in the left lower zone.



Plate AU6. A left artificial pneumothorax has been induced. The cavity is not yet closed.
18 Jan 51.

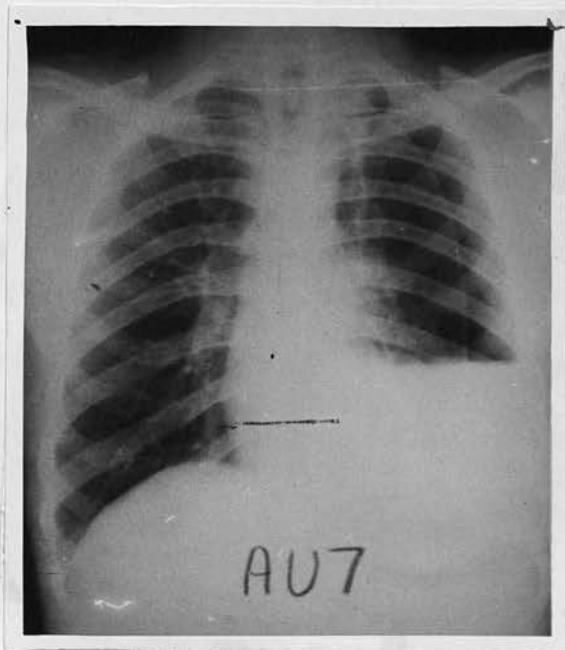


Plate AU7. A pleural effusion has developed on the left side. There is an adhesion at the left apex. But in spite of this the cavity has closed.
14 Mar.51.

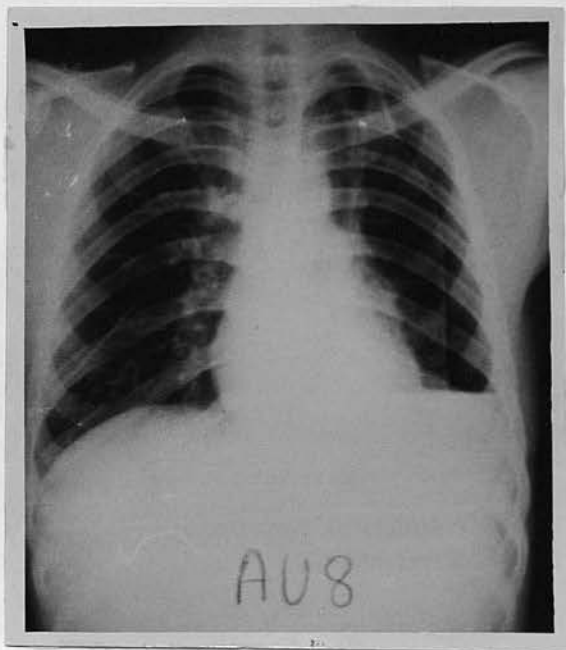


Plate AU8. There is less fluid than before. The cavity remains closed.
1 May 51.

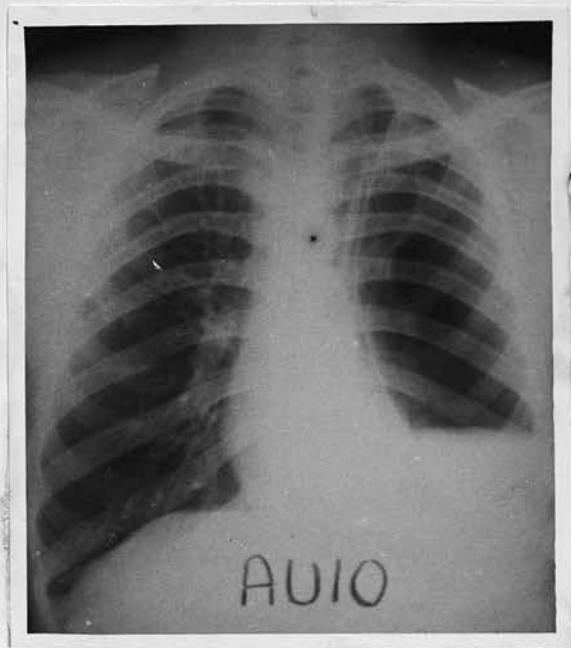


Plate AU10. A spontaneous pneumothorax has developed on the left side.
21 Jun 51.

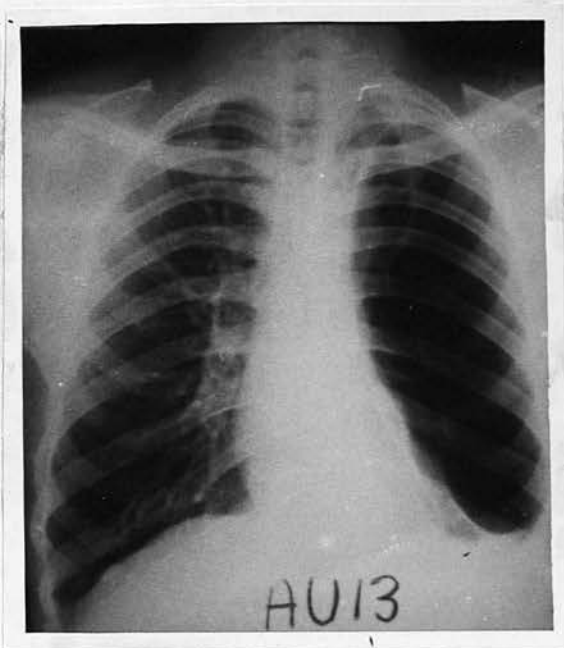


Plate AU13 The effusion has been almost entirely absorbed.
19 Sep 51.

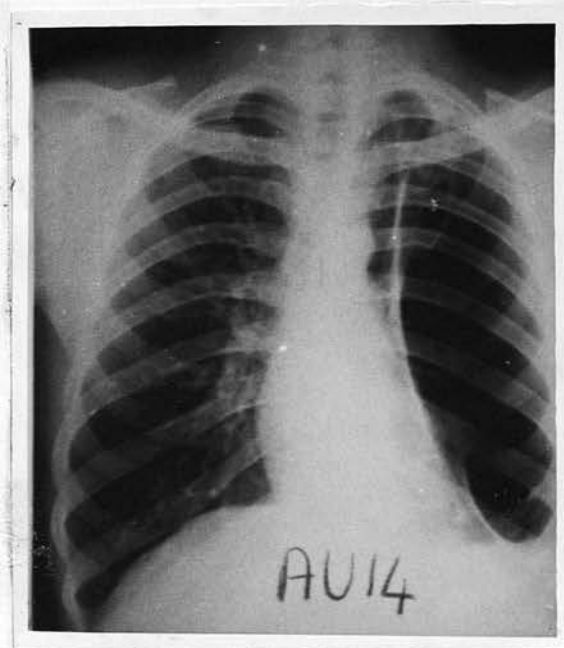


Plate AU14. No change since 19 Sep 51.
25 Nov 51.

Case Number: 9

Number: 15489

Rank: Lance Corporal.

Name: CHACHA s/o MBOHI

Age: 26

Length of service: 6 years.

Tribe: MUKENYE

Village: MAGENA

Location: MUSOMA

District: MWANZA.

Territory: TANGANYIKA.

Period under treatment: 15½ months.

L/Cpl CHACHA was admitted to the Station Hospital, MAURITIUS on 4 May 50 with a urinary infection.

On 5 Jun 50 a radiograph of his chest revealed tuberculous infiltration in the right mid zone and infraclavicular region.

A further radiograph on 10 July 50 showed increased infiltration in the right mid zone. And the radiograph on 5th Aug 50 showed slight clearing in the right upper zone.

On 17 Aug 50 a right artificial pneumothorax was induced and successfully maintained until the beginning of Oct 50 when for some undiscovered reason it was lost and no attempt made to reinduce it.

In Dec 50 he was evacuated to East Africa.

On admission to the British Military Hospital, MACKINNON ROAD clinical examination of his chest revealed impaired movement of the right side; impaired percussion note over the right infraclavicular and axillary regions and at the right base; areas of bronchial breathing at the right apex and base and in the right axilla; scattered fine moist rales over

the left base.

A radiograph taken on 4 Jan 51 showed widespread infiltration in the whole of the right lung and a small opacity in the left mid zone.

On 13 Feb 51 a pneumoperitoneum was induced and on 26 Feb 51 a right phrenic crush was performed under local anaesthesia.

On 6 Mar 51 the patient had a brisk haemoptysis and a radiograph on 7 Mar 51 showed a further spread of exudative lesions in the right lower zone.

In May 51 cavitation started in the right lung.

By Mid July 51, the cavities in the right lung were greatly increased in size.

On 25 Jul 51 the first stage of a right thoracoplasty was performed under pentothal and cyclopropane anaesthesia, the first three ribs being removed.

On 7 Aug 51 under similar anaesthesia the 4th to 8th ribs were removed.

Streptomycin 1 gramme daily and PAS 15 grammes daily were given from 21 Jul 51 onwards.

The patient made an excellent recovery from both operations.

But at 0300 hrs on 19 Aug 51 the patient suddenly became shocked and breathless. He was seen by the Orderly Medical Officer who found dullness at the right base and loud coarse bubbling rales. The patient died at 0515 hours.

At postmortem the larynx, trachea and bronchi were normal. The pleural cavity on the left side was

normal. The left lung contained several tuberculous foci which were localised in extent but showed little sign of healing except for one subpleural focus where there was some scar tissue. The right pleural cavity was obliterated anteriorly by adhesions and the remaining space contained much straw coloured fluid. The collapsed right lung was heavily infiltrated with tuberculous foci and there was a cavity in the upper lobe. There was also a cavity in the lower lobe and this had ruptured into the pleural space. The tracheobronchial glands were enlarged and contained caseous foci. There was no evidence of extrapulmonary spread.

The details of this patient's progress are illustrated by table AB and the serial X-ray photographs AB1 to AB9. Unfortunately no radiographs taken in MAURITIUS are available.

TABLE AB

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
5 Jun 50	32	-	-
23 Jun 50	32	-	-
8 Jul 50	31	Positive	-
5 Aug 50	47	Positive	147
1 Sep 50	43	Positive	150
2 Oct 50	33	Positive	-
4 Jan 51	55	Positive	-
16 Jan 51	38	-	-
13 Feb 51	57	Positive	-

TABLE AB (Contd.)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs</u>
1 Mar 51	57	-	-
1 May 51	55	Positive	-
19 May 51	-	-	131
1 Jun 51	24	Positive	127
20 Jun 51	32	Positive	125
21 Jul 51	40	Positive	-

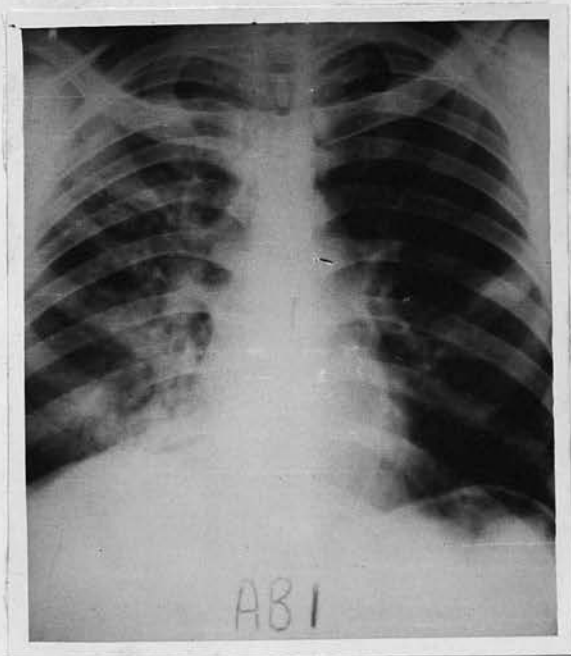


Plate AB1. 3 Jan 51. There is infiltration of the whole of the right lung. There is a small opacity in the left mid zone. There is no evidence of enlargement of the hilar glands.

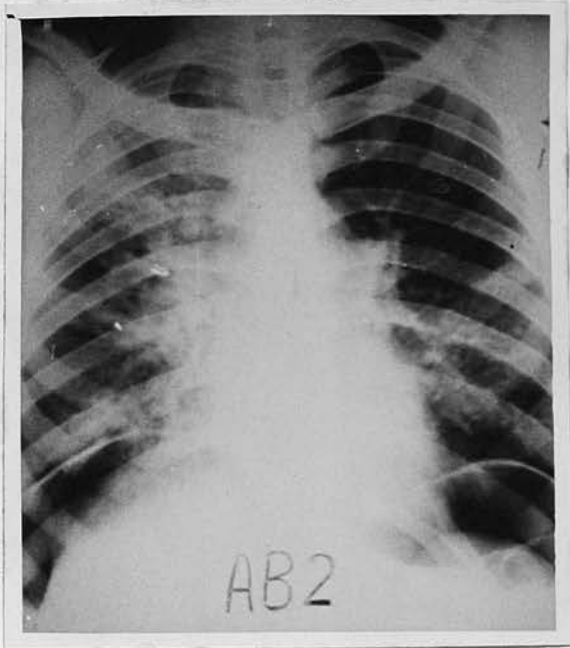


Plate AB2
13 Feb 51

A pneumoperitoneum has been induced. There has been an increase in the disease near the right hilum and in the left lower zone.

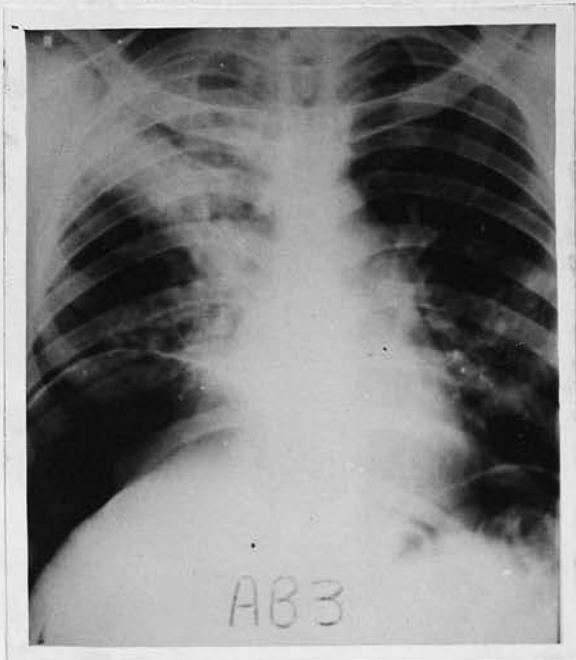


Plate AB3.
1 Mar 51.

A right phrenic crush has been performed and the pneumoperitoneum increased - An area of collapse has developed in the right upper and mid zones.

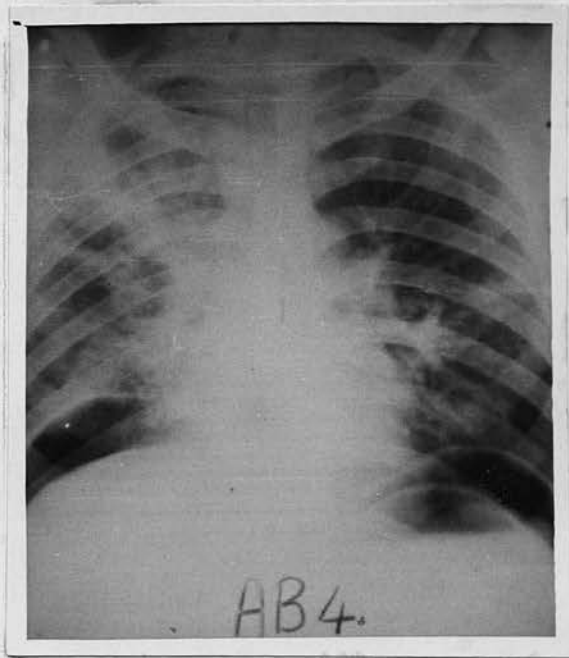


Plate AB4.
21 Mar 51.

There has been an increase of the disease in the right lower zone. Otherwise there has been little change.

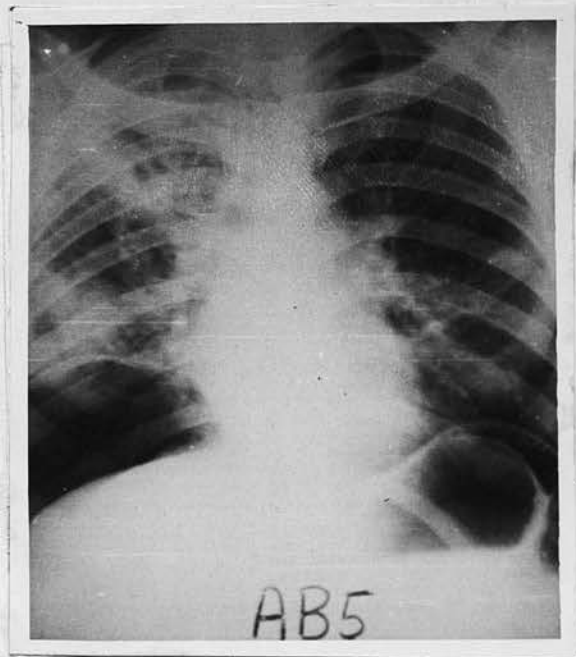


Plate AB5.
1 May 51.

Cavitation is starting in the right upper zone. There has been further spread of disease with cavitation in the right lower zone. In the left lung field there has been some improvement.

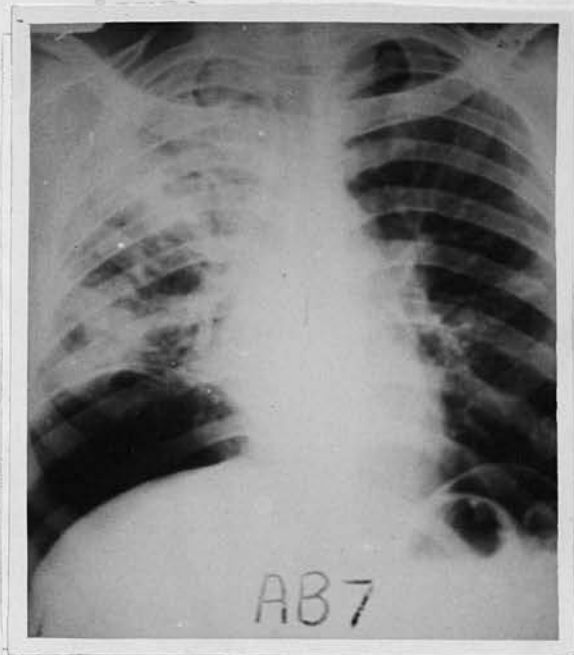


Plate AB7. Another cavity has developed just lateral to the right hilum. Otherwise there has been little change.
21 Jul 51.

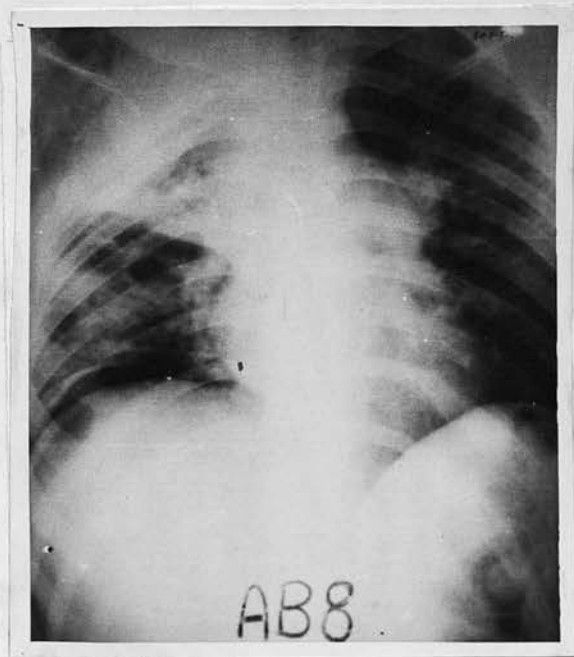


Plate AB8. The first stage of a right thoracoplasty has been performed.
30 Jul 51.

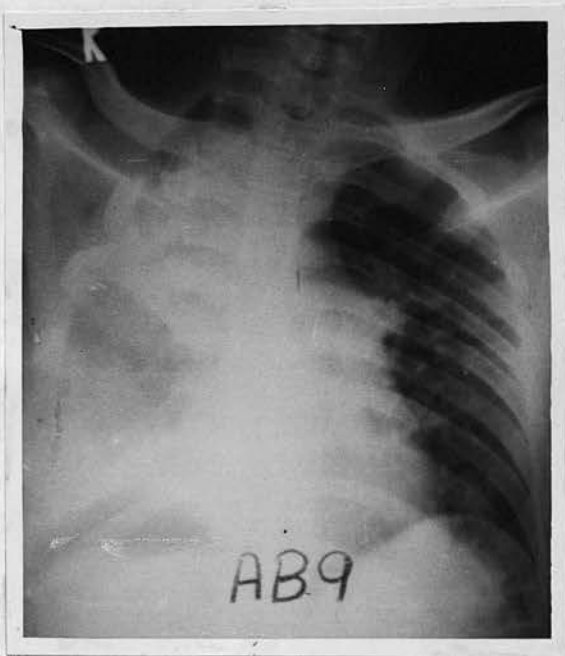


Plate AB9. The second stage of the thoracoplasty
16 Aug 51. has been completed. There is some
intrapleural fluid present.

Case Number 10.

Number: 303269 Rank: Private.

Name: MUNYITHIA s/o MUTIA.

Age: Adult. Length of Service: Not known.

Tribe: MKAMBA.

Village: KAKUYU. Location: Not known.

District: KITUI. Territory: KENYA.

Period under treatment: 3½ months.

Private MUNYITHIA was admitted to the Military Hospital, NAIROBI on 17 Oct 50. He stated that he had been easily fatigued and had been troubled with a cough since Jan 50.

On admission he was febrile and had clearly lost a lot of weight. Examination of the chest revealed fine moist rales scattered through the left lung.

A radiograph taken on the day of admission revealed small opacities scattered throughout the whole of the left lung field; similar opacities and a cavity in the right lower zone; and enlargement of the right hilar glands. (Plate M1). His sputum contained acid fast bacilli and the ESR was 25 mm/1 hr.

His condition deteriorated steadily. As a forlorn hope a pneumoperitoneum was induced on 11 Jan. '51.

He died on 28 Jan. 51.

The post mortem examination revealed a widespread tuberculous bronchopneumonia in both lungs. The hilar, paraaortic and mesenteric glands were en-

larged and contained caseous foci. There were three small tuberculous ulcers in the ileum -

The details of this patient's progress are illustrated by table M and the serial X-ray photographs M1 to M4.

Table M.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
17 Oct 50	25	Positive	100
27 Nov 50	-	Positive	100
22 Dec 50	20	Positive	-
11 Jan 51	-	Positive	90
24 Jan 51	-	-	72

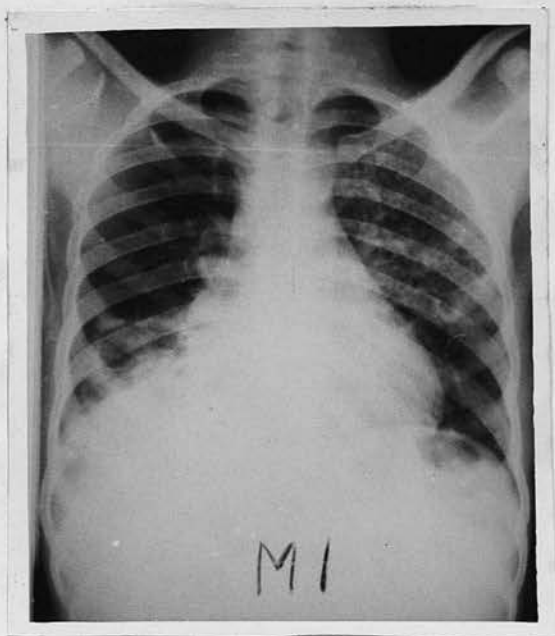


Plate M1. Small opacities are scattered through the whole of the left lung field. Similar opacities are present in the right lower zone and are becoming confluent above the diaphragm. There is a cavity in the right lower zone. The right hilar glands are enlarged.

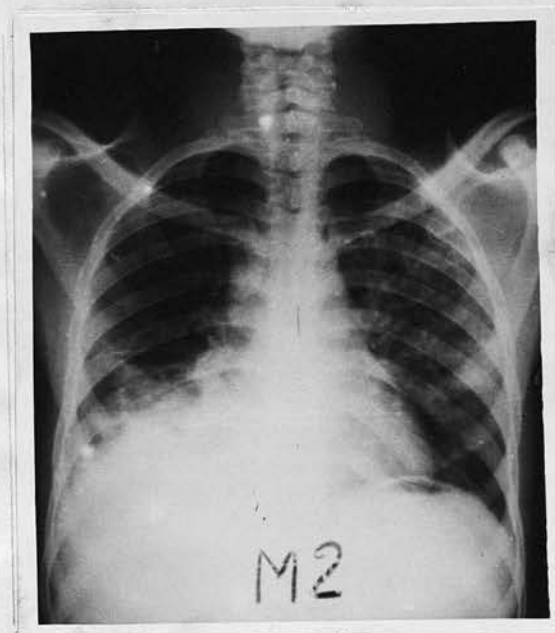


Plate M2. There has been no appreciable change since 17 Oct 50.

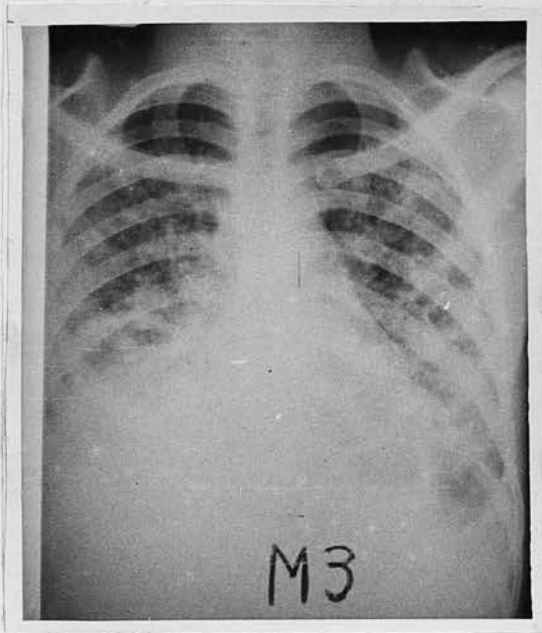


Plate M3. Small opacities are now present throughout the whole of the right lung field. The opacities in the left lung field are becoming confluent - The cavity in the right lower zone has increased in size.

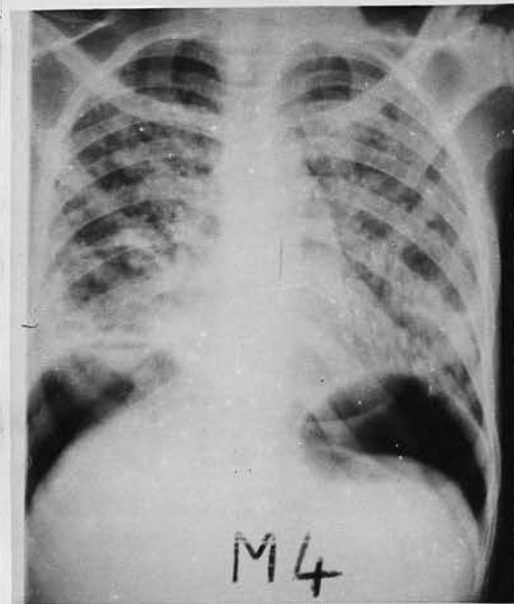


Plate M4. The opacities in both lung fields have become more confluent. The cavity in the right lower zone has enlarged further and there is a fluid level in it. A pneumoperitoneum has been induced.

Case Number: 11

Number: 6636 Rank: Private.

Name: MNICHABE s/o CHABERA.

Age: 26 Length of Service: 4 years.

Tribe: MCHEWA

Village: KANTU Location: Not known.

District: FORT JAMESON. Territory: N. RHODESIA.

Period under treatment: 11 weeks.

Private MNICHABE was admitted to the British Military Hospital, MACKINNON ROAD on 15 Nov 50. He stated that he had developed a cough and pain in the right side of his chest on 14 Nov 50.

On admission he was found to be febrile and examination of the chest revealed the signs of a massive pleural effusion in the right side. This was confirmed by paracentesis and by radiography.

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

On 1 Dec 50 he developed ascites and oedema of the feet and ankles. It was thought that this was most probably due to glandular enlargement obstructing the inferior vena cava and paracentesis with air replacement was carried out in the hope of obtaining radiological confirmation of this provisional diagnosis. But no evidence of gross glandular enlargement was obtained.

Paracentesis was repeated twice and following this the ascites and oedema of the legs improved.

But on 10 Jan 51 the oedema of the feet recurred and a radiograph taken on 15 Jan 51 was suggestive of

a pericardial effusion.

On 27 Jan 51 a pericardial rub was heard.

The oedema continued to increase and spread to the arms and face -

On 8 Feb 51, the patient suddenly collapsed with tachycardia, breathlessness and vomiting and he died before any treatment could be instituted.

At postmortem the right lung was collapsed, adherent to the right cupola of the diaphragm and contained multiple small cavities in the lower lobe. The pleural layers between the base of the right lung and the diaphragm were thickened and adherent and contained a number of small multilocular cysts. There was a large pleural effusion on the right side. The left lung and the left pleural cavity were normal.

Large masses of caseous mediastinal glands were present.

The pericardium was bound to the diaphragm by tuberculous granulation tissue. Both parietal and cardiac layers were thickened with tuberculous granulation tissue and the cavity was largely obliterated. There was no constriction of the vessels entering or leaving the heart.

The liver was rigidly adherent to the diaphragm over the base and right lateral surface. The cut surface and peritoneal covering were heavily seeded with small hard tuberculous nodules.

The cut surface of the spleen exhibited diffuse tuberculous nodules.

The kidneys, suprarenals and bladder were normal.

All groups of abdominal glands were enlarged and caseous. The entire peritoneal cavity was heavily seeded with small tuberculous nodules and there was a great deal of free fluid.-

The details of this patient's progress are illustrated by table P and the serial X-ray photographs P1 to P17.

TABLE P.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Pleural fluid with-</u> <u>drawn in ozs.</u>
17 Nov 50	-	Negative	20
1 Dec 50	56	-	-
8 Dec 50	-	-	44
12 Dec 50	60	-	28
19 Dec 50	-	Negative	12
30 Dec 50	57	-	-
10 Jan 51	55	-	-
6 Feb 51	59	-	-

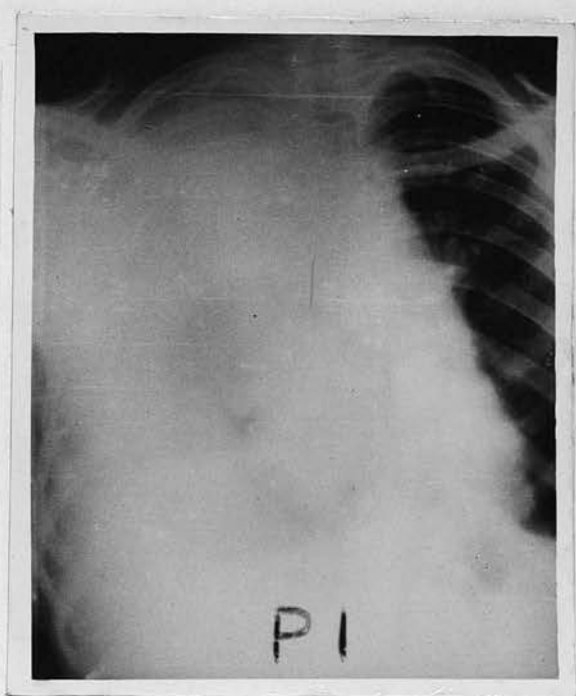


Plate P1.
16 Nov 50.

There is a right pleural effusion reaching to the level of the clavicle. The mediastinum is displaced to the left.

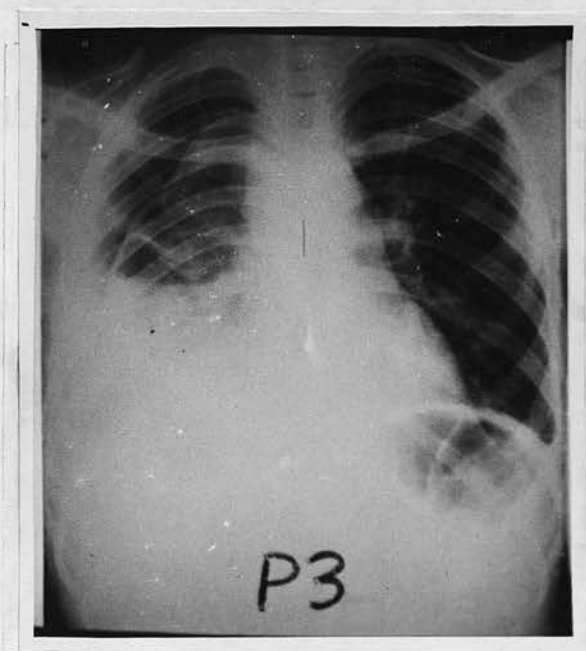


Plate P3.
8 Dec 50.

Paracentesis has been carried out and some air introduced. The right upper lobe is partially collapsed. There is no evidence of hilar glandular enlargement.

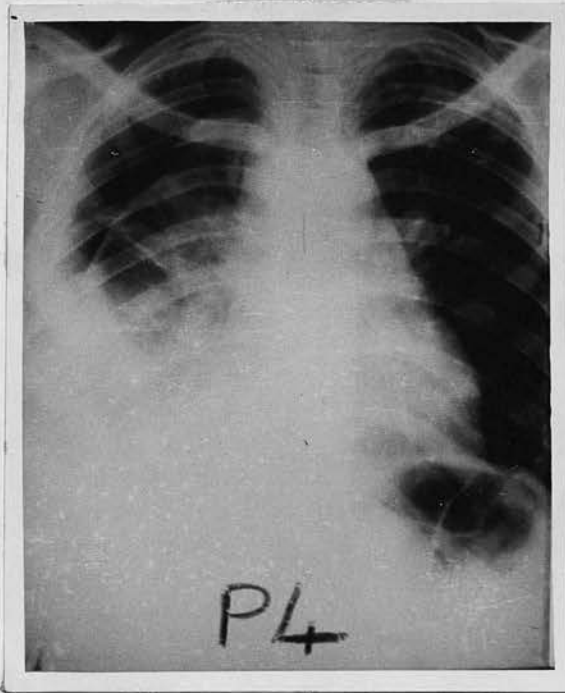


Plate P4
8 Dec. 50.

PA film taken with the patient lying down. There is no evidence of glandular enlargement.

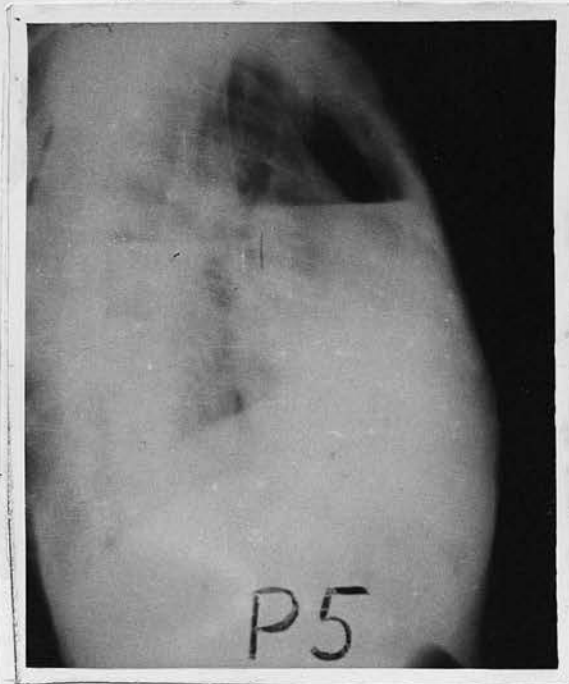


Plate P5.
8 Dec 50.

Right lateral standing. There is no evidence of glandular enlargement. Two separate fluid levels can be seen in the anterior and posterior compartments.

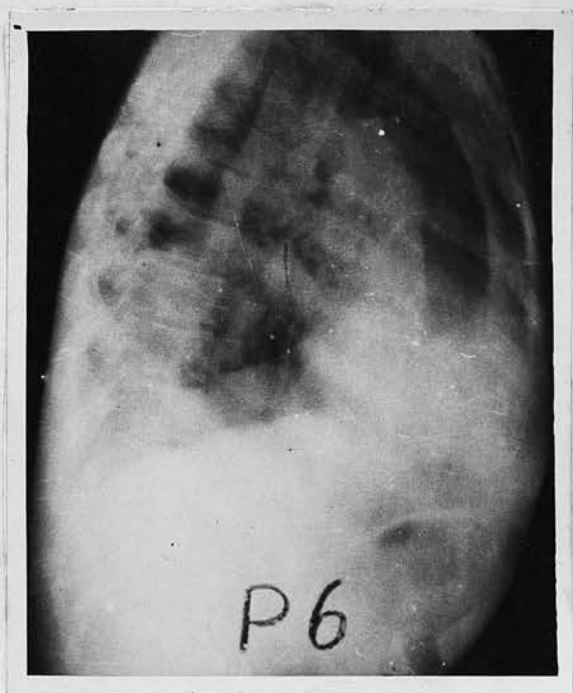


Plate P6. Right lateral lying. There is an opacity in the hilar region which is probably glandular in origin but it is doubtful whether it is large enough to explain the patient's symptoms.
8 Dec.50.

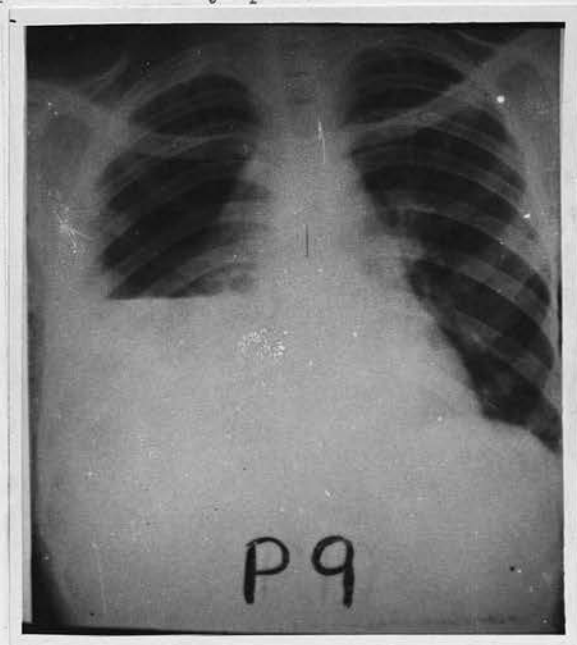


Plate P9. PA standing after further paracentesis. The collapse of the right upper lobe is more evident than in Plate P3.
12 Dec.50.

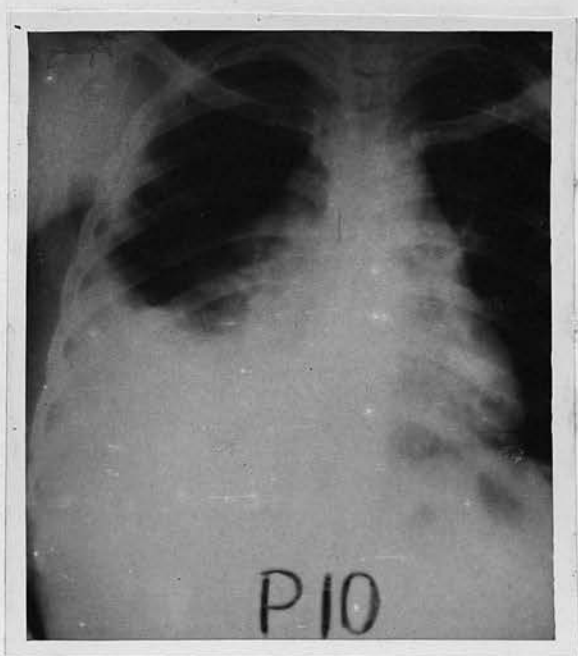


Plate P10. PA lying. The collapse of the right upper lobe is more evident than in Plate P4.

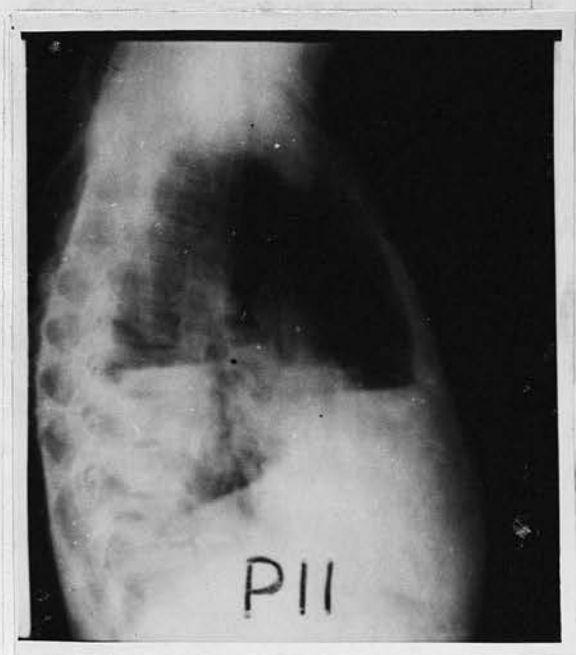


Plate P11. Right lateral standing. There is no satisfactory evidence of glandular enlargement.

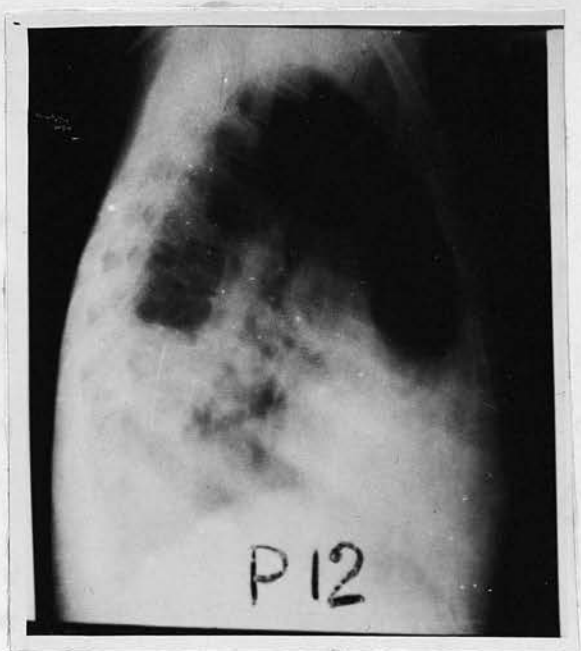


Plate P12. Right lateral lying. There is still
12 Dec 50. no satisfactory evidence of glandular
enlargement.

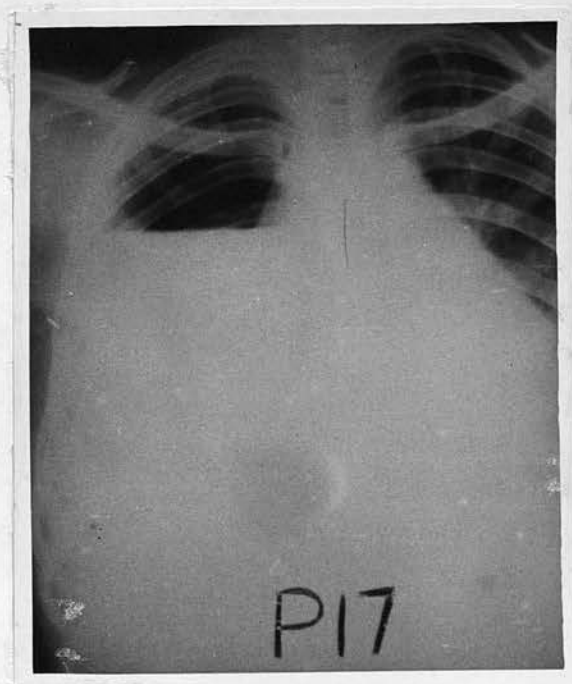


Plate P17. The fluid in the right pleural cavity
15 Jan 51. has now reached the level of the 2nd ribs
anteriorly. The straight left border of
the cardiac shadow suggests that a peri-
cardial effusion has developed.

Case Number: 12

Number: 14680

Rank: Civilian.

Name: ALOSI S/O OSIRI

Age: Adult.

Length of Service: 1 year.

Tribe: JALUO.

Village: KAMENYA.

Location: KUCHA.

District: KISII

Territory: KENYA.

Period under treatment: 6 months.

Civilian ALOSI was admitted to the British Military Hospital, MACKINNON ROAD on 3 Dec 49. He stated that he had been well until 1 Dec 49 when he developed a pain on the left side of his chest.

On admission he was febrile and examination of the chest revealed the signs of a left pleural effusion - This was confirmed by paracentesis and by radiography. (Plate C1).

He was treated by strict bed rest and a European diet and made an uninterrupted recovery. As the effusion became absorbed the underlying lesion became visible.

At his own request he was discharged to the reserves on 30 May 50 although radiological evidence of the lung lesion was still present.

The details of this patient's progress are illustrated by table C and the serial X-ray photographs C1 to C3.

TABLE C.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Jan 50	12	Negative	-

TABLE C (Contd.)

<u>Date</u>	<u>ESR</u> <u>Fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
30 Jan 50	12	-	-
15 Feb 50	1	Negative	-
28 Feb 50	1	-	-
15 Mar 50	1	Negative	-
28 Mar 50	2	-	-
29 Apr 50	1	Negative	-
27 May 50	1	Negative	142

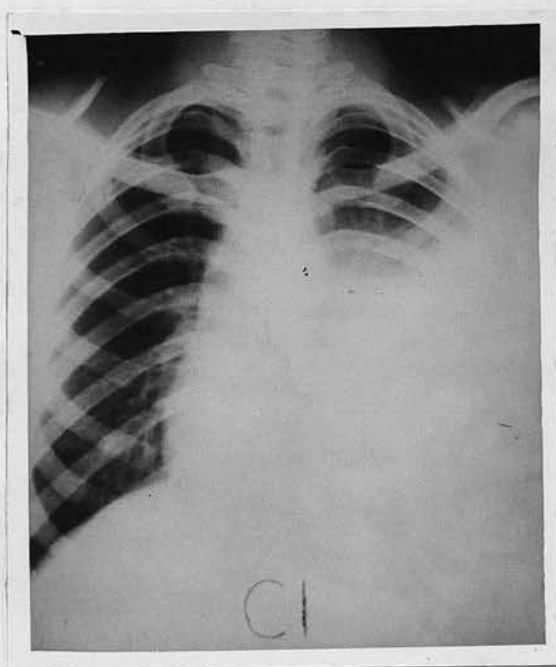


Plate C1. There is a left pleural effusion rising to the level of the 2nd rib anteriorly.
5 Dec 49.

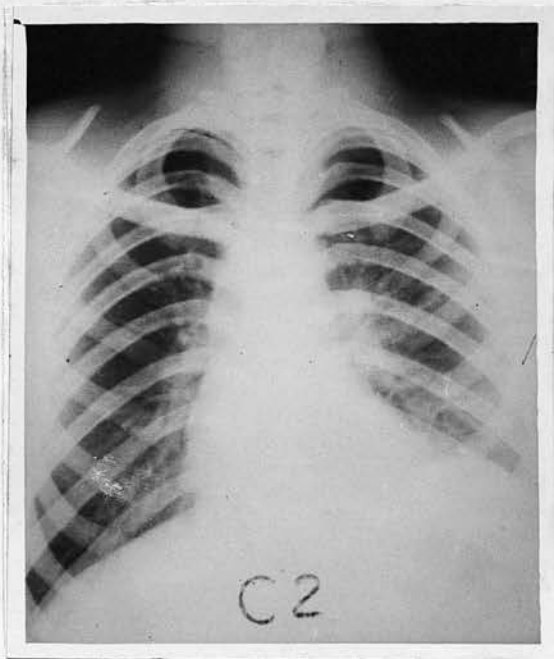


Plate C2. The pleural effusion has been largely absorbed. There are small opacities in the 1st and 2nd left interspaces. The left hilar glands are enlarged.

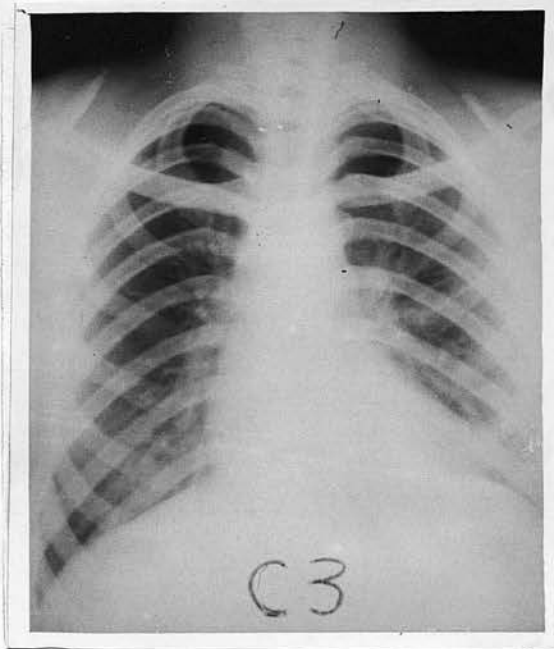


Plate C3. There has been some improvement in both the glandular and parenchymatous lesions.

Case Number: 13.

Number: 15258 Rank: Civilian.

Name: MUTHAMI

Age: Adult. Length of Service: 2 years.

Tribe: MMERU

Village: KATHERI Location: BOTUGUSHI

District: MERU Territory: KENYA.

Period under treatment: 7 months.

Civilian MUTHAMI was admitted to the British Military Hospital, MACKINNON ROAD on 10 Oct 49. He stated that he had been quite well until 9 Oct 49 when he developed pain in the left side of his chest.

On admission he was febrile and examination of the chest revealed the signs of a left pleural effusion. This was confirmed by paracentesis and by radiography (Plate II).

He was healed by strict bed rest and a European diet. The effusion resolved satisfactorily. At the time of his discharge at his own request on 11 May 50 there had been little improvement in the condition of the underlying lesion in the lung.

The details of this patient's progress are illustrated by Table I and the serial X-ray photographs I 1 to I 3.

TABLE I.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Oct 49	23	Negative	-
20 Nov 49	-	Negative	-

TABLE I (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Jan 50	1	Negative	109
30 Jan 50	4	-	-
15 Feb 50	4	Negative	-
1 Mar 50	1	-	-
15 Mar 50	1	Negative	-
28 Mar 50	2	-	-
15 Apr 50	1	Negative	117

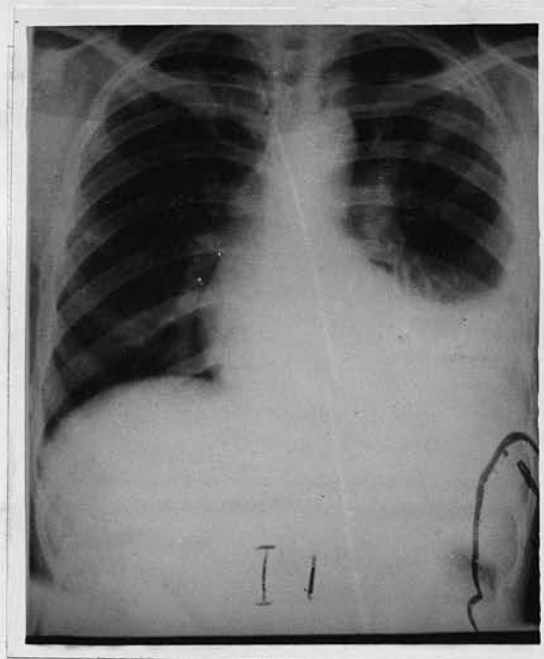


Plate I 1
11 Oct 49.

There is a pleural effusion on the left side rising to the level of the 5th rib anteriorly. There is some mottling in the left 2nd interspace and the left hilar glands are enlarged.

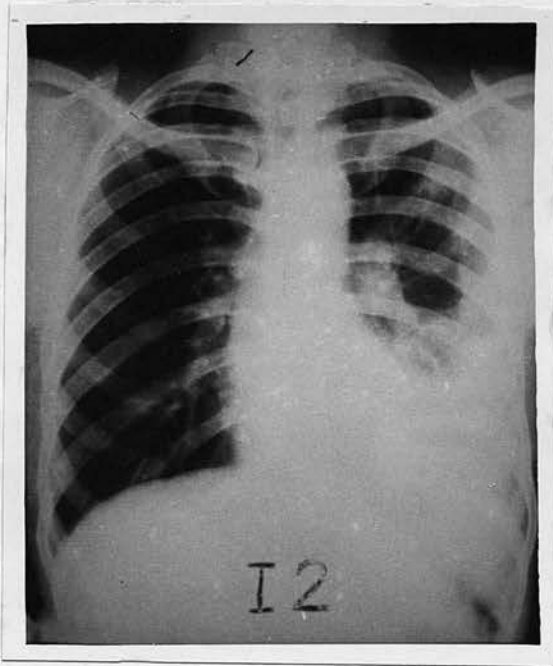


Plate I 2
5 Nov 49

There has been some absorption of the effusion. The lesion in the left 2nd interspace is more obvious.

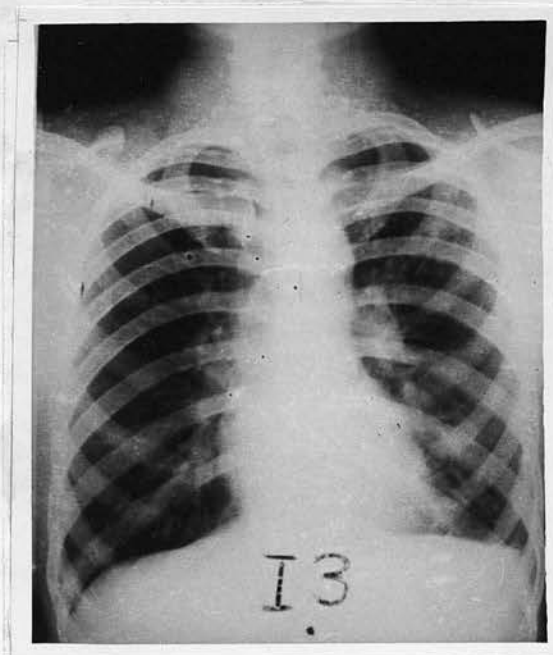


Plate I 3.
28 Mar.50.

The effusion has been completely absorbed. There has been no change in the glandular and parenchymal lesions.

Case Number : 14.

Number: 312463. Rank: Private.

Name: OPIERO s/o NDANGO.

Age: 24. Length of Service: 13 months.

Tribe: JALUO.

Village: KORANDO. Location: KOTENYI.

District: KISUMU. Territory: KENYA.

Period under treatment: 7 months.

Private OPIERO was admitted to the British Military Hospital, MACKINNON ROAD on 9 May 51. He stated that he had lost weight during the previous three weeks and that since 6 May 51 he had been troubled with a pain in the left side of his chest and with a cough, which was productive of bloodstreaked sputum.

On admission he was found to be febrile and examination of the chest revealed the signs of a left pleural effusion. This was confirmed by paracentesis and radiography (Plate AS2.)

He was treated by strict bed rest and a European diet. He made an uninterrupted recovery and was discharged to the reserves on 17 Dec 51. At that time his disease was thought to be quiescent.

The details of this patient's progress are illustrated by Table AS and the serial X-ray photographs AS1 to AS5.

TABLE AS.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
1 Jun 51	-	Negative	134
21 Jun 51	6	Negative	136
13 Jul 51	15	-	-
30 Jul 51	-	Negative	140
9 Aug 51	10	-	-
29 Aug 51	4	Negative	143
20 Sep 51	9	Negative	142
17 Oct 51	12	Negative	141
21 Nov 51	12	Negative	142



Plate AS1.
31 Jan 51.

There is no radiological evidence of disease. (The elevation of the right diaphragm is a fairly common abnormality in East African Natives).

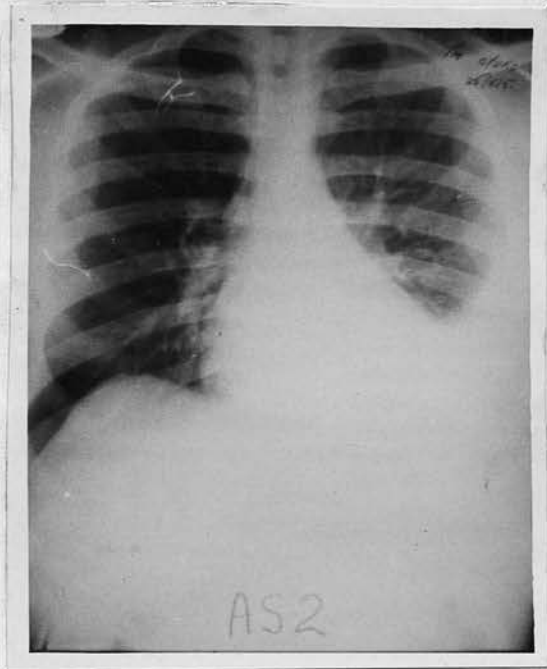


Plate AS2. 25 May 51. There is a left pleural effusion rising to the level of the 5th rib anteriorly.



Plate AS3. 21 Jun 51. Absorption of the effusion has started.



Plate AS4. The effusion has been largely absorbed but the left lower zone is still somewhat hazy -
21 Sep 51.

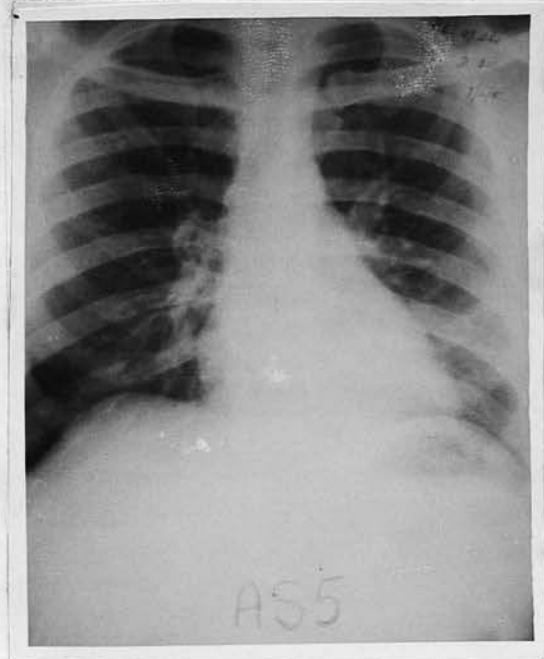


Plate AS5. There has been no change since 21 Sep 51
7 Nov 51.

Case Number: 15.

Number: 56527 Rank: Private.

Name: KINDA s/o LEONADS OGALS.

Age: 24. Length of Service: 2 years.

Tribe: JALUO.

Village: KABODHO Location: GATURI.

District: CENTRAL NYANZA Territory: KENYA.

Period under treatment: 4 months.

Private KINDA was admitted to the British Military Hospital, MACKINNON ROAD on 6 Jan 50. He stated that he had been troubled with a pain in his left chest and with a productive cough since 3 Jan 50.

On admission he was found to be febrile and examination of his chest revealed the signs of a right pleural effusion. This was confirmed by paracentesis and radiography (Plate E1).

He was treated with strict bed rest and a European diet and made an uneventful recovery.

He was discharged to the reserves on 8 May 50 at which time his disease was regarded as controlled.

The details of this patient's progress are illustrated by table E and the serial X-ray photographs E1 and E2.

TABLE E

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Jan 50	8	Negative	-
15 Feb 50	4	Negative	-
15 Mar 50	2	Negative	-
15 Apr 50	3	Negative	-
29 Apr 50	-	-	140

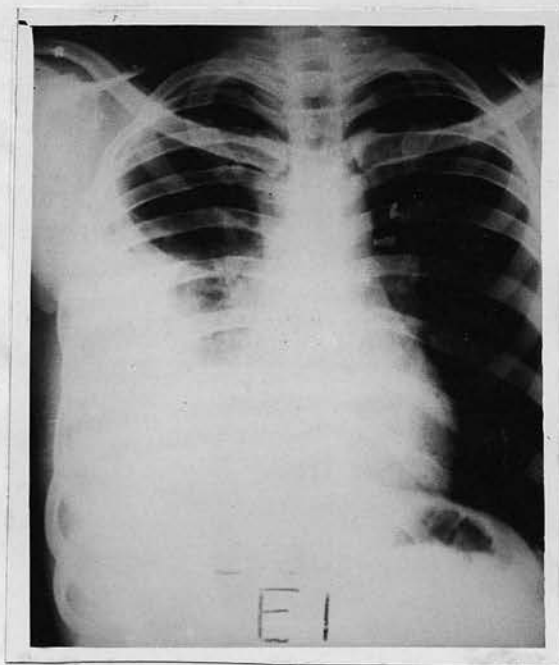


Plate E1. There is a right pleural effusion rising to the level of the 3rd rib anteriorly. The hard opacities in the left mid zone are artefacts.
7 Jan 50.

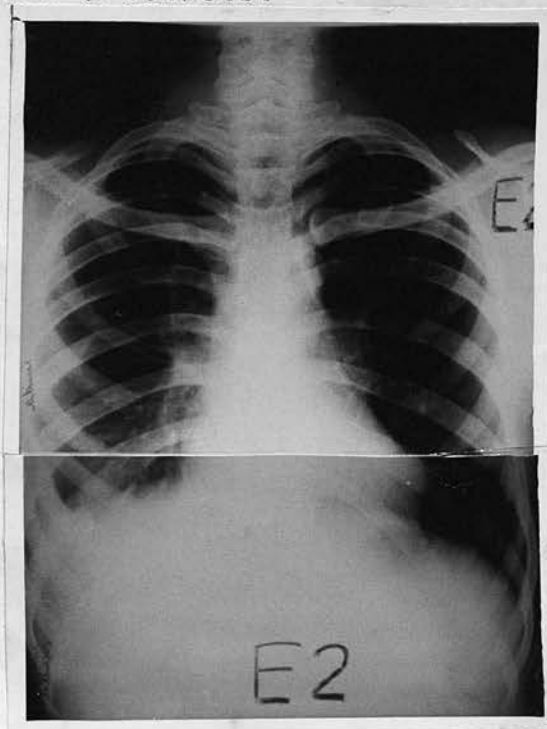


Plate E2. A composite picture due to shortage of film. The effusion has been absorbed but diaphragmatic adhesions have developed.
29 Apr. 50.

Case Number: 16

Number: 50052

Rank: Private

Name: KITEBI

Age: 23

Length of service: 3 years.

Tribe: MSUKUMA.

Village: GINGI

Location: LUHUMBO.

District: SHINYANGA

Territory: TANGANYIKA.

Period under treatment: 9 months.

Private KITEBI was admitted to the Station Hospital, MAURITIUS early in Feb 51 - Examination revealed the presence of a pleural effusion.

He was treated with rest in bed. The effusion cleared in about six weeks but the left hilar glands were considered to be enlarged.

He was transferred to NAIROBI and treated there by rest in bed and a European diet until his hilar shadows were considered to be within normal limits.

He was discharged to the reserves on 9 Nov 51 at which time his disease was regarded as controlled.

The details of his progress are illustrated by table AL and the serial X-ray photographs AL 1 to AL 5.

TABLE AL

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
29 May 51	-	-	131
21 Jun 51	10	Negative	135
18 Jul 51	3	Negative	145
16 Aug 51	10	-	-
28 Aug 51	9	Negative	147
21 Sep 51	3	Negative	146
14 Oct 51	2	Negative	147

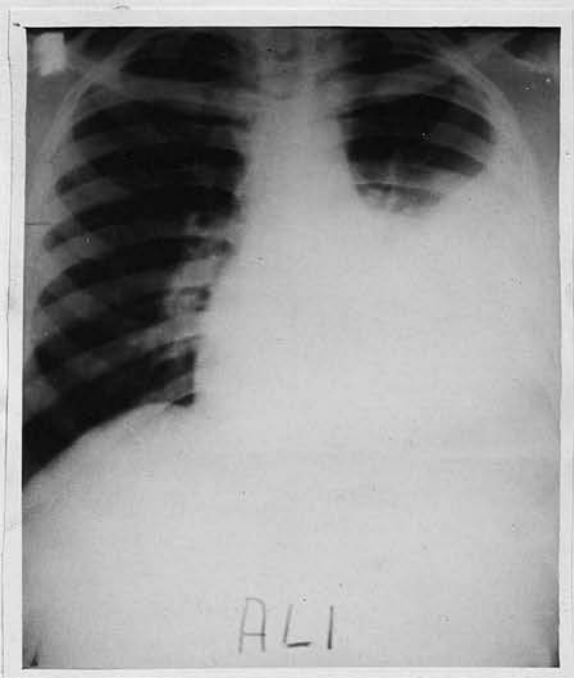


Plate AL1
19 Feb 51.

There is a left pleural effusion rising to the level of the 3rd rib anteriorly.



Plate AL2. The effusion has been largely absorbed and now reaches only to the level of the 6th rib anteriorly.
2 Mar 51.

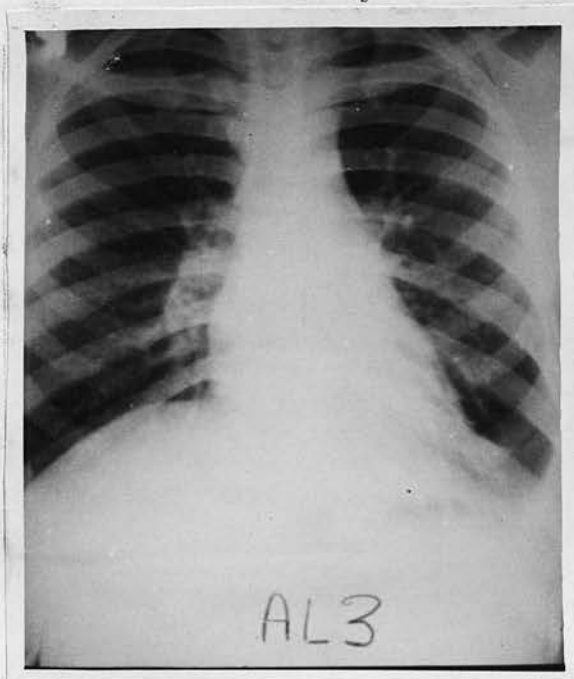


Plate AL3. Further absorption of the effusion has occurred.
30 Mar 51.



Plate AL 4. The effusion has now been completely
18 Jul 51. absorbed.

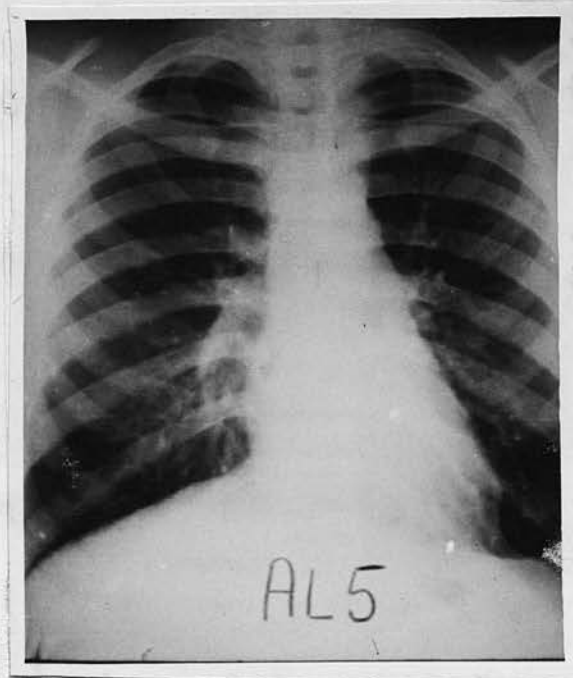


Plate AL5. There has been no change since 18 Jul
18 Oct 51. '51.

Case Number : 17

Number: 313379 Rank: Private.

Name: MAYEU s/o KIVUVA

Age: 21 Length of Service: 1 year.

Tribe: MKAMBA

Village: MISIANI Location: KANGUNDO.

District: MACHAKOS Territory: KENYA.

Period under treatment: 5 months.

Private MAYEU was admitted to the Military Hospital, MACKINNON ROAD on the 14 Dec 50. He stated that he had been troubled with a pain in the right side of his chest since 9 Dec 50.

On admission he was febrile and examination of the chest revealed the signs of a right pleural effusion. This was confirmed by paracentesis and radiography.

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

He made an uneventful recovery and was discharged to the reserves on 16 May 51. At that time the disease was regarded as controlled.

The details of this patient's progress are illustrated by table K and the serial X-ray photographs K1 to K3.

TABLE K

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
19 Dec 50	30	-	-
28 Dec 50	30	Negative	-
16 Jan 51	15	Negative	-
30 Jan 51	-	Negative	128

TABLE K (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
27 Feb 51	6	Negative	130
20 Mar 51	6	Negative	134
29 Apr 51	4	Negative	137

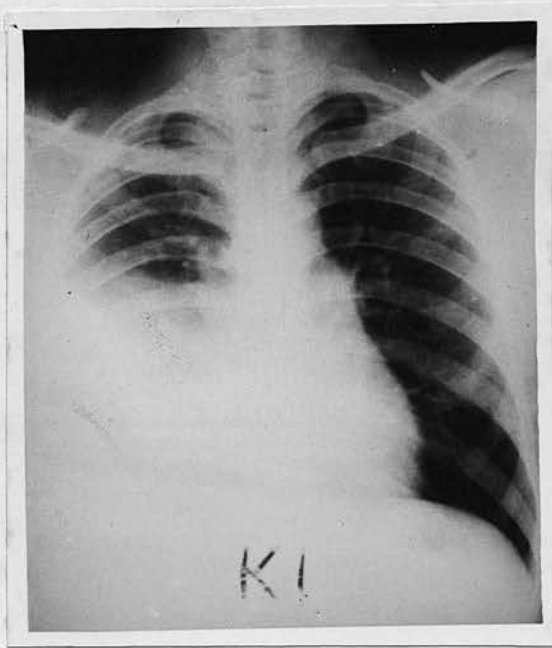


Plate K1. There is a right pleural effusion rising to the level of the 3rd rib anteriorly. 19 Dec 50.

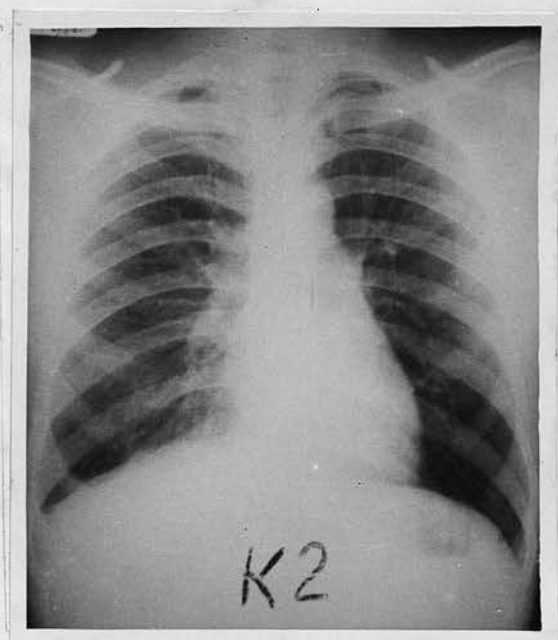


Plate K2. The effusion has been completely absorbed. The transverse fissure is thickened and the right costophrenic angle obliterated. The right hilar shadow is prominent.
31 Jan 51.

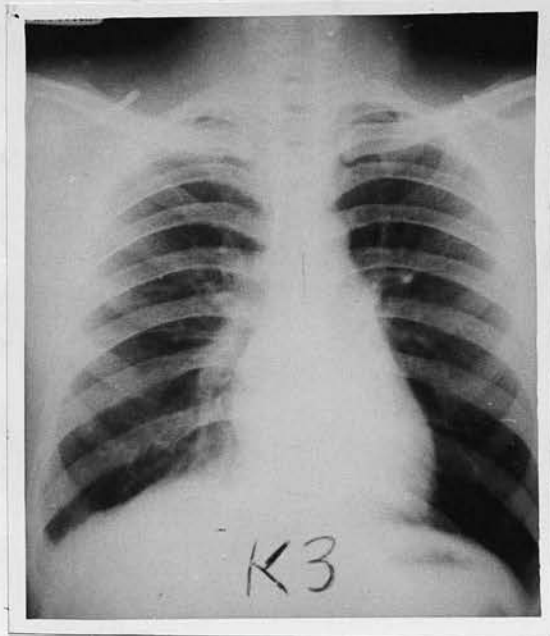


Plate K3. There has been no change since 31 Jan 51.
20 Mar 51.

Case Number: 18

Number: 15798. Rank: Civilian

Name: MUTHAMA s/o WAMBUA.

Age: 25. Length of Service: 6 months.

Tribe: MKAMBA.

Village: Not known. Location: MIWANI.

District: KITUI. Territory: KENYA.

Period under treatment: 4 months.

Civilian MUTHAMA was admitted to the British Military Hospital, MACKINNON ROAD on 30 Jan 50. He stated that he had had a pain in the left side of his chest since 28 Jan 50.

On admission he was febrile and examination of the chest revealed the signs of a small pleural effusion which was confirmed by paracentesis and radiography.

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

He made an uninterrupted recovery and was discharged to the reserves on 30 May 50. This was rather premature but was due to family troubles. At the time of his discharge the effusion was not completely absorbed.

This patient's progress is illustrated by the serial X-ray photographs AN 1 to AN 4.

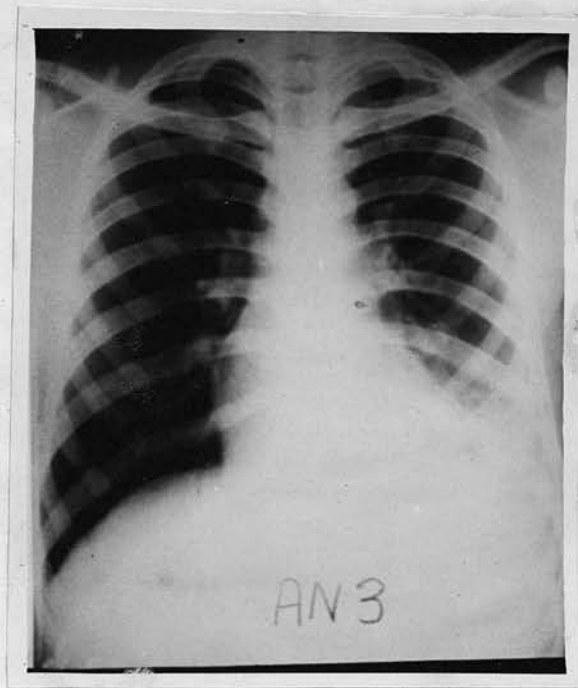


Plate AN 3. 28 Mar 50. The effusion has been partly absorbed and now rises only to the level of the 6th rib anteriorly. The hilar glands are prominent on the left side.



Plate AN 4. 27 May 50. The left costophrenic angle is not yet clear. The left hilar shadow is still prominent - The lung fields appear clear.

Case Number: 19

Number: 16701. Rank: Civilian.

Name: WAEMA s/o MUNYAU.

Age: Adult. Length of Service: 1 year.

Tribe: MKAMBA.

Village: KIBAWUNE. Location: NOTE

District: MACHAKOS. Territory: KENYA.

Period under treatment: 3 months.

Civilian WAEMA was admitted to the Military Hospital, NAIROBI on 14 Sep 51. He stated that since the middle of August he had been troubled with a pain in the left side of his chest and with a productive cough. When the pain first started he was feverish for a few days.

On admission he was found to be afebrile and examination of the chest revealed the physical signs of a left pleural effusion. This was confirmed by paracentesis and by radiography (Plate AT1).

He was treated with strict bed rest and a European diet. He made a rapid recovery and was discharged to the reserves on 28 Dec 51. At that time the left hilar glands were still enlarged.

The details of this patient's progress are illustrated by table AT and the serial X-ray photographs AT1 and AT2.

TABLE AT

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
15 Sep 51	55	Negative	-
24 Sep 51	40	Negative	104
19 Oct 51	12	Negative	107

TABLE AT (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
12 Nov 51	14	Negative	113
18 Dec 51	8	Negative	115

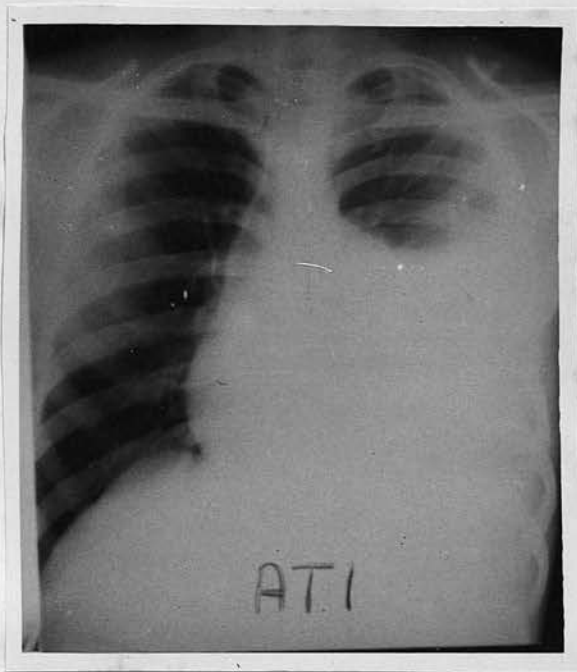


Plate AT1. There is a left pleural effusion rising to the level of the 4th rib anteriorly.
15 Sep 51.



Plate AT 2. The effusion has been completely absorbed. The left hilar shadow is prominent. The lung fields appear to be clear.
23 Oct 51.

Case Number: 20.

Number: 310294. Rank: Private.

Name: MAGINGA.

Age: Adult. Length of Service: 3 years.

Tribe: MTENDE.

Village: PUTANGA. Location: MATONGO.

District: TARIME. Territory: TANGANYIKA.

Period under treatment: 7 months.

Private MAGINGA was admitted to the British Military Hospital, MACKINNON ROAD on 10 Apr. 51. He stated that he had had a cough associated with epigastric pain since 2 Apr 51.

On admission he was febrile and examination revealed the signs of an extensive pleural effusion on the left side. This was confirmed by paracentesis and by radiography (Plate AF1).

He was treated with strict bed rest and a European diet. The effusion did not clear satisfactorily and he was left with a large area of pleural thickening.

He was discharged to the reserves on 28 Nov 51. At that time the disease was regarded as quiescent.

Details of this patient's progress are illustrated by table AF and the serial X-ray photographs AF1 and AF2.

TABLE AF

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
10 Apr 51	45	Negative	-
3 May 51	44	Negative	-
19 May 51	-	-	132
29 May 51	-	-	134

TABLE AF (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
21 Jun 51	3	Negative	137
29 Jul 51	33	Negative	136
9 Aug 51	14	Negative	-
26 Aug 51	6	Negative	143
25 Sep 51	3	Negative	148
18 Oct 51	8	Negative	148
18 Nov 51	5	Negative	148

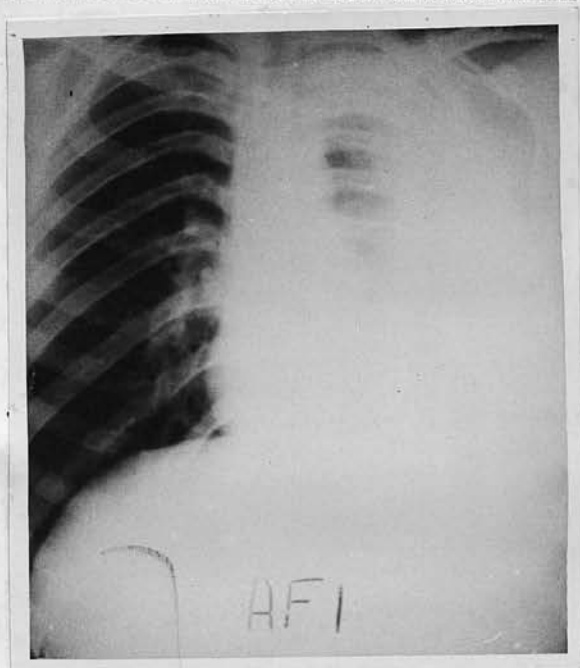


Plate AF1.
11 Apr 51

There is a left pleural effusion extending up to the clavicle.

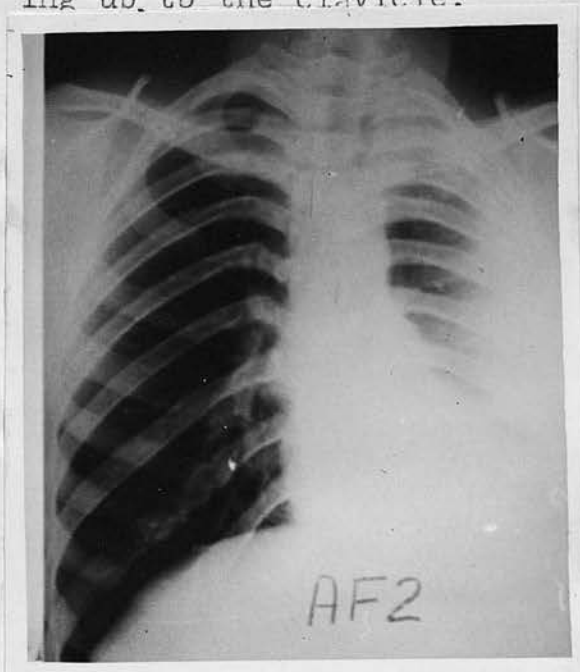


Plate AF2.
18 Nov 51.

The effusion has cleared leaving an extensive area of thickened pleura. There is crowding of the upper and middle ribs on the left side.

Case Number: 21.

Number : 16889 Rank: Civilian.

Name: MASEMBI.

Age: 29 Length of Service: 15 months.

Tribe: MKAMBA.

Village: MWALA. Location: MWALA.

District: MACHAKOS. Territory: KENYA.

Period under treatment: 6 months.

Civilian MASEMBI was admitted to the British Military Hospital, MACKINNON ROAD on 28 Aug 51. He stated that he had had a pain in the right side of his chest since 3 Aug 51.

On admission he was found to be febrile and examination of the chest revealed the signs of a pleural effusion on the right side. This was confirmed by paracentesis and radiography -

He was treated by strict bed rest and a European diet. The effusion increased a little and then subsided and by the end of the year had cleared leaving a considerable area of thickened pleura.

The patient was discharged to the reserves on 1 Mar 52 for administrative reasons although at this time the disease was considered to be still active.

The details of this patient's progress are illustrated by table BG and the serial X-ray photographs BG1 to BG3.

TABLE BG.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
28 Aug 51	40	Negative	-
10 Sep 51	28	Negative	119

TABLE BG (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
2 Oct 51	82	Negative	112
22 Nov 51	38	Negative	115
4 Jan 52	-	Negative	117
25 Jan 52	36	Negative	-
28 Feb 52	38	Negative	119

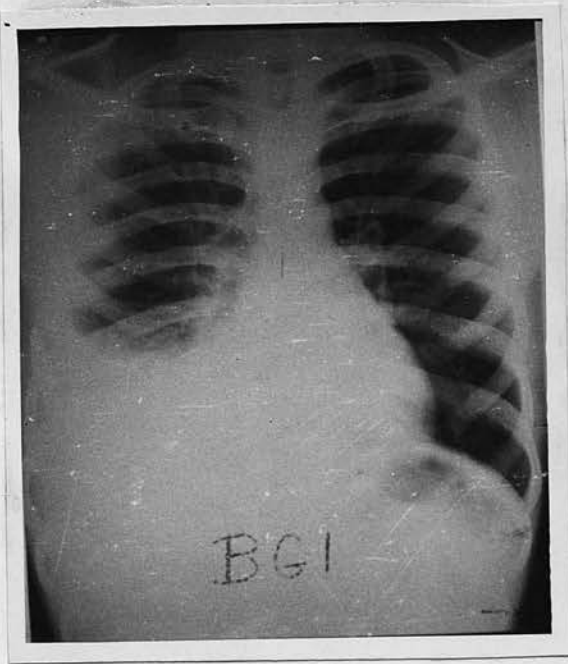


Plate BG 1
28 Aug. 51.

There is a right pleural effusion rising to the level of the 6th rib anteriorly.

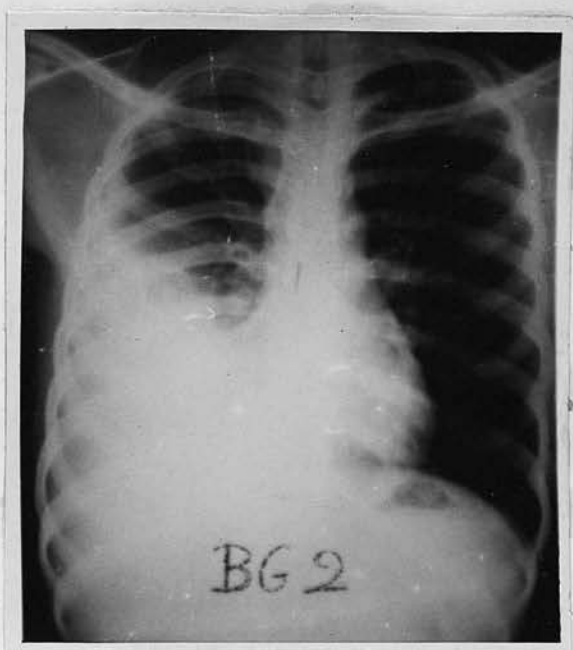


Plate BG2. The effusion has increased in size and now reaches the level of the 4th rib anteriorly.
18 Oct 51.



Plate BG3. The effusion has been absorbed leaving a large area of thickened pleura. Crowding of the middle ribs on the right side has started.
7 Dec 51.

Case Number: 22

Number: 307211. Rank: Private.

Name: ONGERI s/o NYAMUNYI.

Age: 23 Length of Service: 2 years.

Tribe: JALUO.

Village: OJUALA. Location: Not known.

District: KISUMU. Territory: KENYA.

Period under treatment: 8½ months.

Private ONGERI was admitted to the British Military Hospital, MACKINNON ROAD on 10 May 49. He stated that he had been troubled with breathlessness since 8 May 49.

On admission he was found to be febrile and examination of the chest revealed the signs of a massive right pleural effusion.

A radiograph taken on 11 May 49 showed that the effusion reached to the level of the 1st rib anteriorly.

He was treated by strict bed rest and a European diet. The effusion was only slowly absorbed and he was left with a large area of pleural thickening.

He was discharged to the reserves on 18 Mar 50, when the disease was considered to be arrested.

The details of this patient's progress are illustrated by table AP and the serial X-ray photographs AP 1 to AP 5.

TABLE AP

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
11 May 49	27	Negative	-
20 Jun 49	38	Negative	-

TABLE AP (Contd:)

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
16 Jul 49	45	Negative	-
15 Aug 49	20	Negative	-
12 Sep 49	12	Negative	-
17 Oct 49	8	-	-
24 Nov 49	3	Negative	-
2 Jan 50	1	Negative	147
14 Feb 50	2	Negative	-

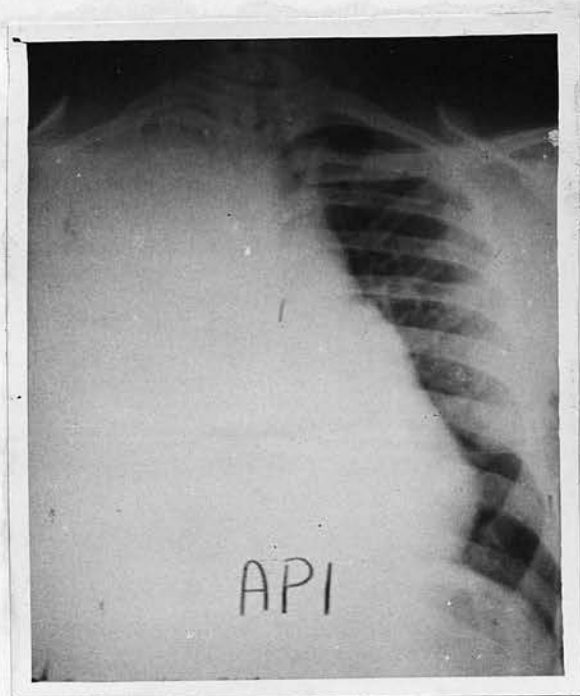


Plate AP 1
10 May 49.

There is a right pleural effusion reaching to the level of the clavicle. The heart and mediastinum are displaced to the left.

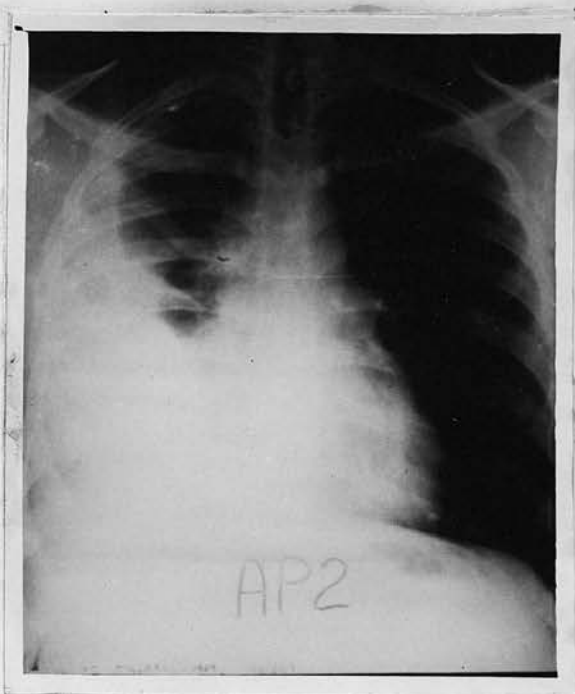


Plate AP2. The effusion has been partly absorbed.
14 Jul 49. The heart and mediastinum have returned
to the central position -

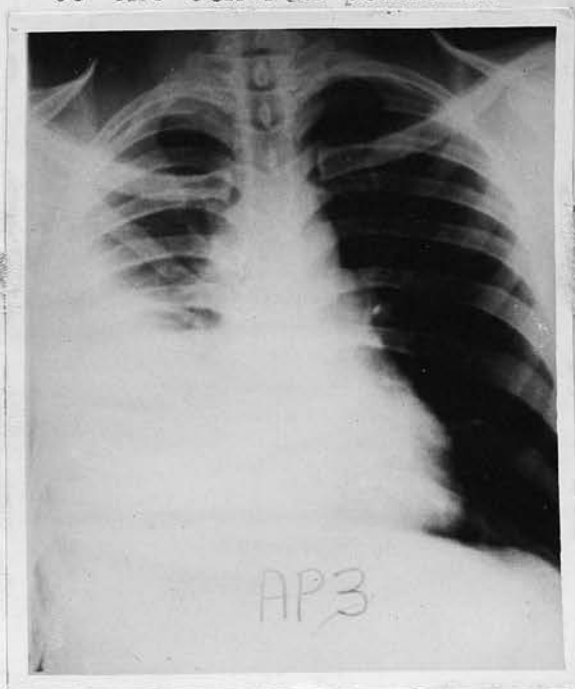


Plate AP 3. There has been no appreciable change
12 Sep 49. since 14 Jul 49.

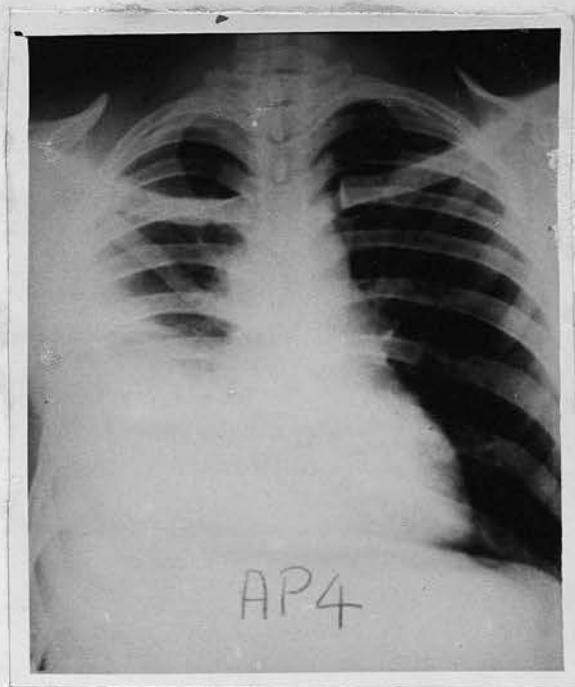


Plate AP4. There has been slight further absorption of the effusion.
28 Nov 49.

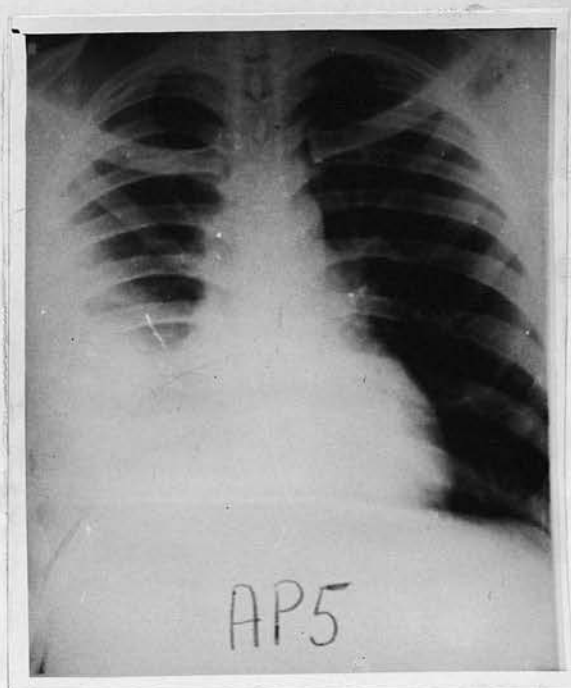


Plate AP5. The effusion has been absorbed and there is now a large area of thickened pleura.
28 Feb 50.

Case Number: 23.

Number: 305511.

Rank: Lance Corporal.

Name: ODERO

Age: Adult.

Length of Service: 3 years.

Tribe: JALUO

Village: KAMBARI

Location: GEMU

District: KISUMU

Territory: KENYA.

Period under treatment: 9 months.

L/Cpl. ODERO was admitted to the British Military Hospital, MACKINNON ROAD on 5 Apr 51. He stated that he had had a slight cough and a pain in the right side of his chest since 3 Apr. 51.

On admission he was febrile and examination of his chest revealed the signs of a right pleural effusion. This was confirmed by paracentesis and by radiography (Plate AWL).

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

The effusion cleared rapidly revealing an underlying parenchymatous lesion.

At the end of Jun 51 his father died and it became necessary for him to go to the reserves to build a house for his mother. He was given three weeks compassionate leave but failed to return until 1 Oct 51 when it was found that his effusion had re-accumulated -

On 12 Oct 51 an air replacement was carried out with a view to minimising the formation of pleural adhesions and in the hope of relaxing the

lung round the parenchymal lesion

The artificial pneumothorax was maintained until 27 Nov 51, when it was discontinued as the effusion appeared to have been absorbed and old adhesions were preventing a selective collapse.

He was discharged to the reserves at the beginning of January 1952, at which time the disease was considered to be controlled.

The details of this patient's progress are illustrated by table AW and the serial X-ray photographs AW1 to AW6.

TABLE AW

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
9 Apr 51	34	Negative	-
1 May 51	44	Negative	133
21 Jun 51	10	Negative	134
6 Oct 51	20	Negative	144
12 Nov 51	22	Negative	143
11 Dec 51	12	Negative	143

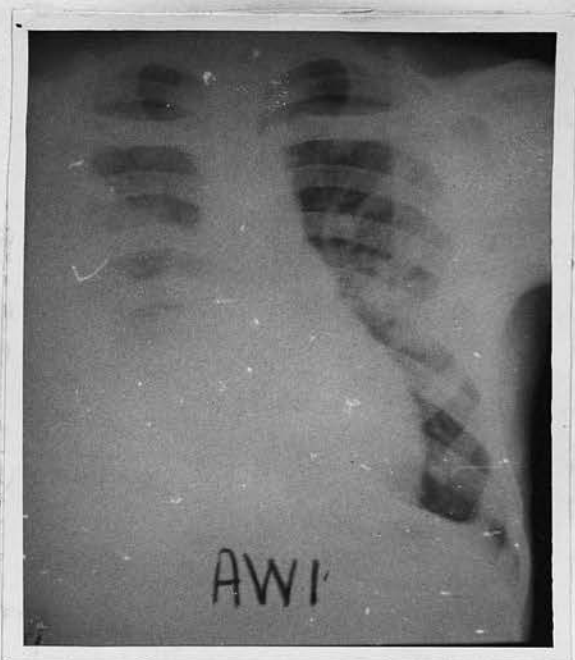


Plate AW1. There is a right pleural effusion rising to the level of the 2nd rib anteriorly. There are several opacities in the left mid zone.
9 Apr. 51.

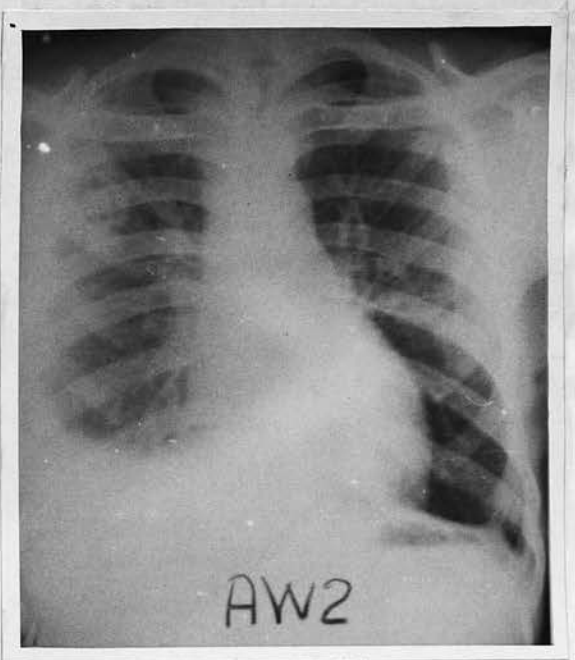


Plate AW2. The effusion has been largely absorbed. There is an opacity visible now in the right mix zone. There has been some clearing of the opacities in the left mid zone.
1 May 51.

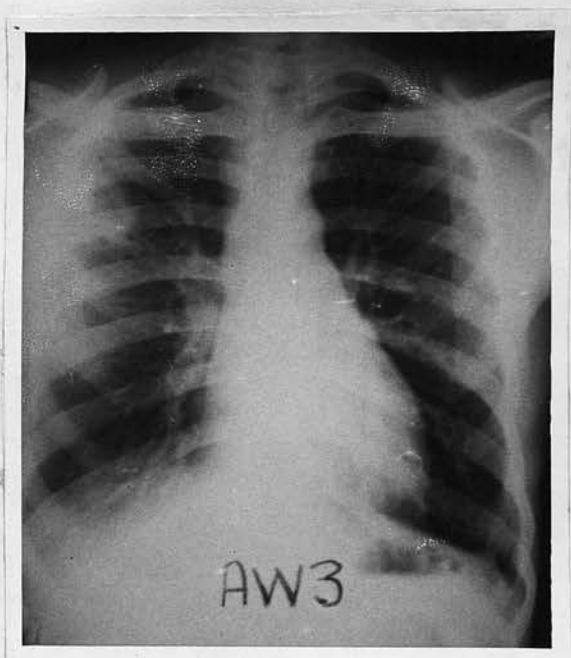


Plate AW3. The effusion has cleared almost completely and the transverse fissure is visible. Otherwise there is no change.
29 May 51.

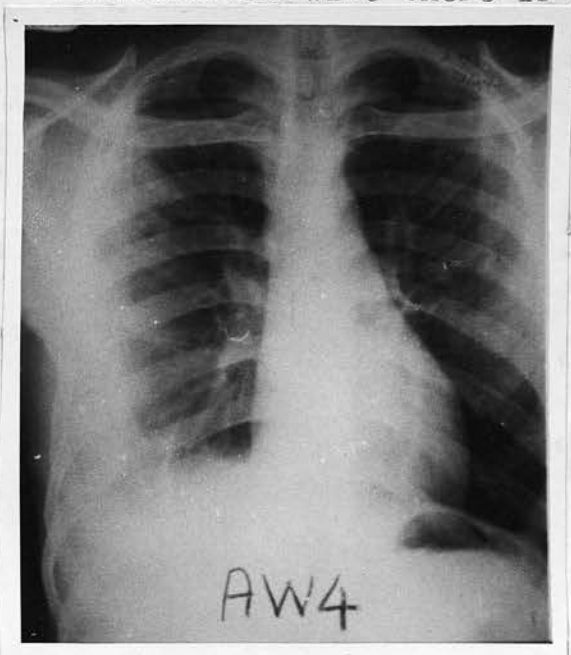


Plate AW4. The effusion has reaccumulated. The opacity in the right mid zone is still present.
2 Oct 51.

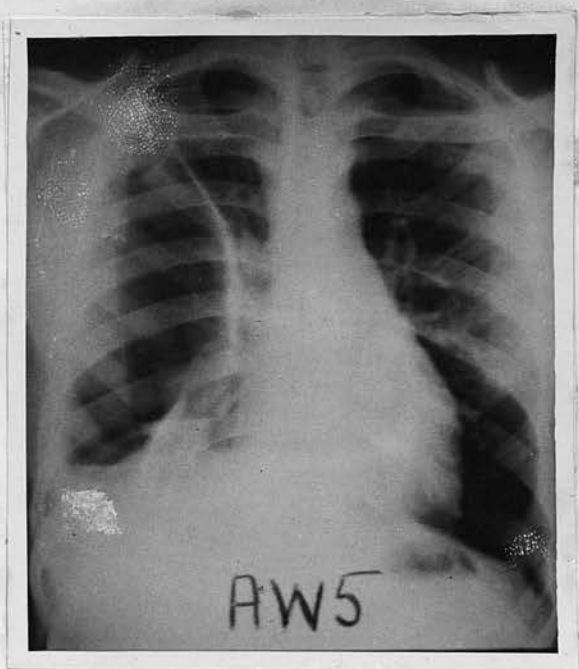


Plate AW5. An air replacement has been carried out.
18 Oct 51.



Plate AW6. The effusion has been almost completely
25 Nov 51. absorbed.

Case Number: 24.

Number: 16588

Rank: Civilian.

Name: WAMBUA.

Age: 19

Length of service: 9 months.

Tribe: MKAMBA.

Village: CHANGANGA.

Location: MWALA.

District: MACHAKOS

Territory: KENYA.

Period under treatment: 12 months.

Civilian WAMBUA was admitted to the British Military Hospital, MACKINNON ROAD on 15 Sep 50. He stated that he had been quite well until 14 Sep 50 when he developed a productive cough and a pain in the right side of his chest.

On examination he was found to be febrile and examination of the chest revealed the signs of a right pleural effusion.

A radiograph taken on the day of admission revealed an opacity in the right upper zone and right pleural effusion reaching to the level of the 4th rib anteriorly (Plate AH1). Acid fast bacilli were found in the sputum in large numbers.

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

The effusion continued to increase in size and by 20 Oct 50 had reached the apex. Paracentesis was carried out and 24 ozs of fluid withdrawn.

From this time onwards the effusion was slowly absorbed. Paracentesis was performed on three other occasions.

The patient was discharged to the reserves on

29 Sep 51 at which time it was considered that his disease was controlled. His disability was assessed at 40%.

Details of this patient's progress are illustrated by table AH and the serial X-ray photographs AH1 to AH 11.

TABLE AH.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight</u> <u>in lbs.</u>	<u>Pleural tap</u> <u>in ozs.</u>
15 Sep 50	-	Positive	-	-
20 Oct 50	60	Negative	-	24
16 Nov 50	50	-	-	-
30 Nov 50	37	-	-	-
16 Dec 50	33	Negative	-	-
2 Jan 51	26	Negative	-	-
16 Jan 51	37	-	-	-
31 Jan 51	22	Negative	125	10
23 Feb 51	10	Positive	126	-
22 Mar 51	3	-	125	5
24 Apr 51	6	Negative	128	-
8 May 51	-	-	-	20
1 Jun 51	-	-	126	-
20 Jun 51	2	Positive	126	-
18 Jul 51	3	Negative	128	-
23 Aug 51	1	Negative	127	-

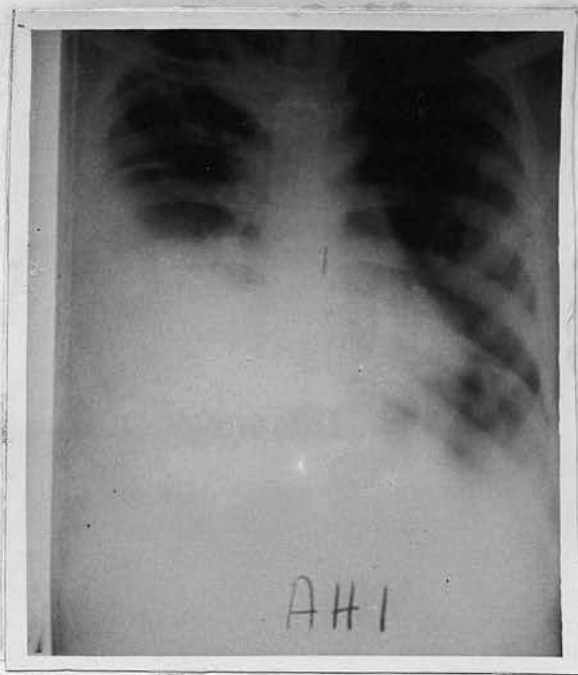


Plate AH1.
15 Sep 50.

There is an opacity in the right upper zone and a right pleural effusion rising to the level of the 4th rib anteriorly.



Plate AH2.
20 Oct 50.

The effusion now completely fills the right pleural cavity and there is marked displacement of the mediastinum to the left.



Plate AH3.
16 Nov 50.

Absorption of the effusion is starting.

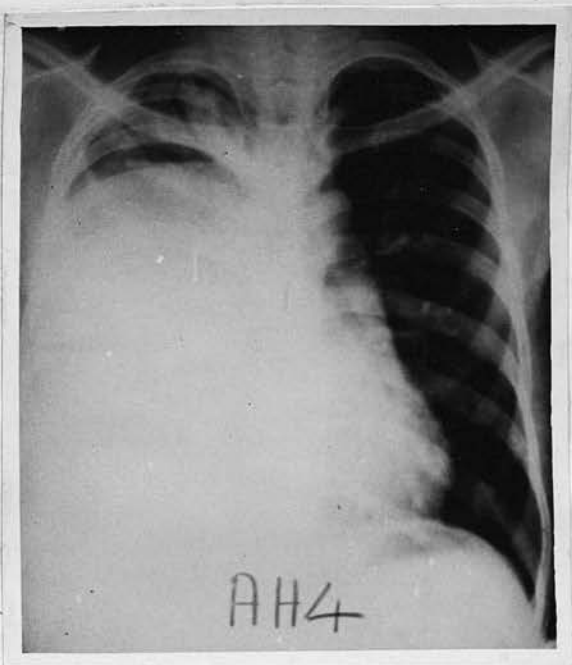


Plate AH4.
16 Dec 50.

Absorption of the effusion continues. The mediastinum is returning to the central position. The underlying lesion in the right upper zone is again visible.

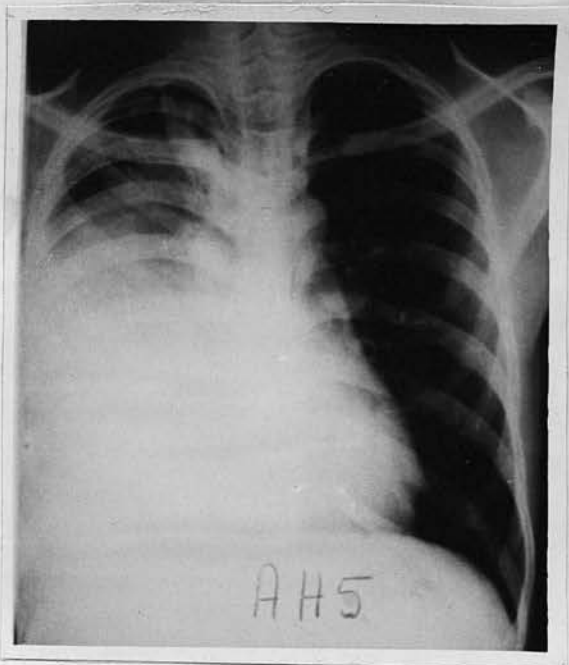


Plate AH5. Further absorption of the effusion
15 Jan 51. has occurred.

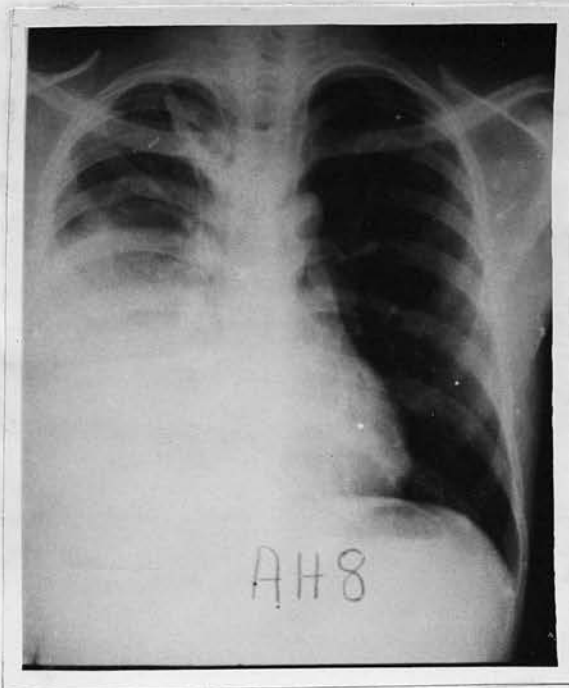


Plate AH8. There has been no change in the effusion
16 Mar. 51. but the lesion in the right upper zone
is smaller.

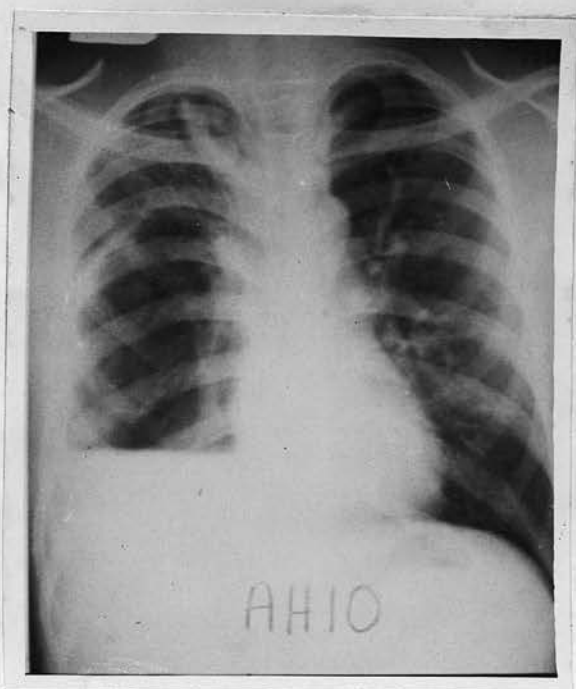


Plate AH 10 Some air has leaked into the pleural space during paracentesis and there is a small residual hydro-pneumothorax-
8 May 51.

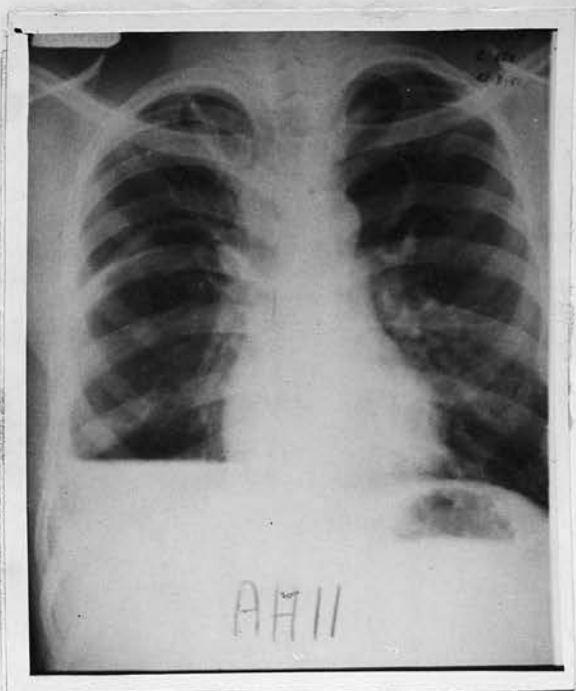


Plate AH 11 There is no change in the size of the hydro-pneumothorax. The lesion in the right upper zone is still smaller. The rest of the lung fields are clear.
23 Aug 51.

Case Number: 25.

Number: 303880 Rank: Private.

Name: WAMBUA s/o KANULU.

Age: 35 Length of Service: 3 years.

Tribe : MKAMBA.

Village: KIDONGONI Location: MATUNGULU.

District: MACHAKOS Territory: KENYA.

Period under treatment: 6½ months.

Private WAMBUA was X-rayed as an outpatient at the British Military Hospital, MACKINNON ROAD in Aug 49 (Plate BD1). No record of the radiologist's opinion or of the reason for the film being taken can be traced.

He was again X-rayed in Apr 50 and the Medical Officer who read the film made a diagnosis of Dextro-cardia.

In June 51 he was admitted to hospital for 14 days and treated for Bronchopneumonia and Pleurisy.

He was readmitted on 28 Aug 51 with a pleural effusion.

He was treated with rest in bed and a European diet. The effusion was absorbed satisfactorily but a large area of thickened pleura remains.

Careful screening at NAIROBI showed that no Dextro-cardia was present and that the appearances were due to old adhesions.

The patient was discharged to the reserves on 10 Mar 52. At that time his disease was considered to be quiescent.

The details of this patient's progress are

illustrated by table BD and the serial X-ray photographs BD1 to BD5.

TABLE BD

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
7 Sep 51	40	Negative	-
24 Sep 51	45	-	121
25 Oct 51	24	Negative	125
22 Nov 51	15	-	-
6 Dec 51	12	Negative	-
25 Jan 52	5	Negative	129
28 Feb 52	7	Negative	130

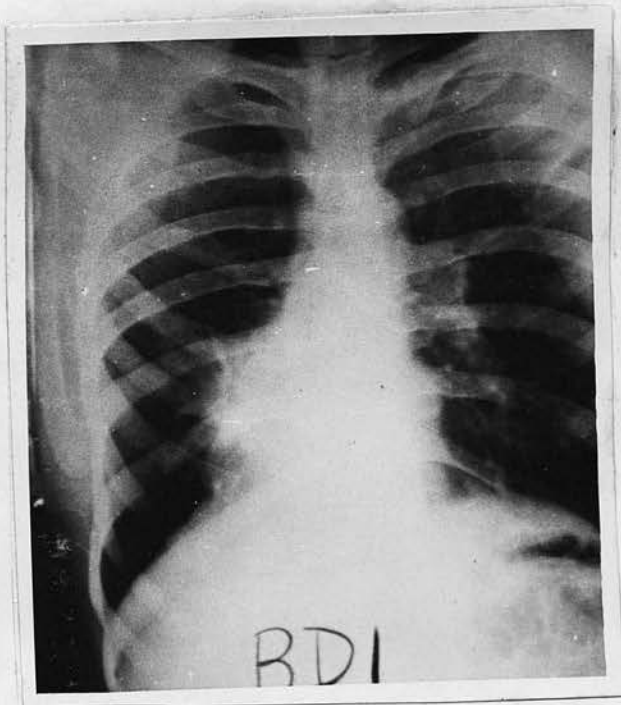


Plate BD1. There is an opacity in the right lower zone. The cardiac shadow is displaced to the right. The left hilar shadow is prominent.
Aug 49

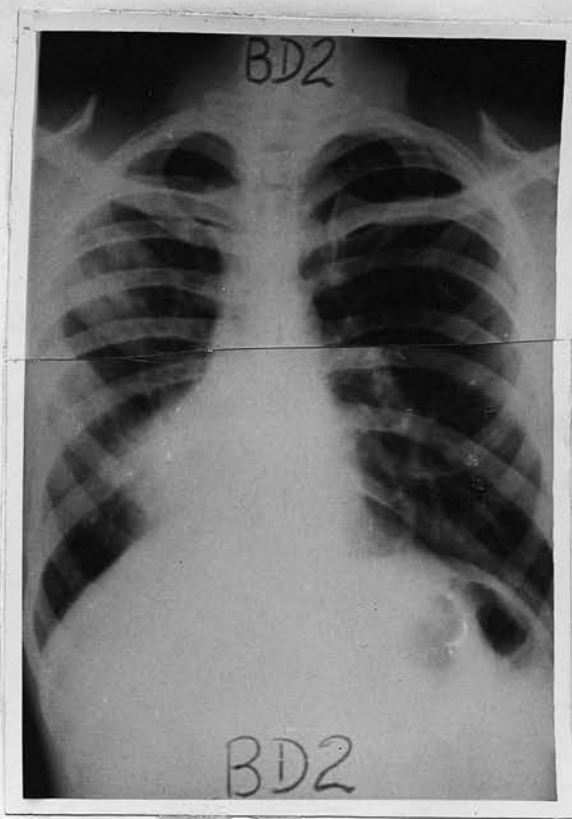


Plate BD2. A composite picture due to shortage of films - 17 Apr 50. Some opacities have now developed in the right mid zone. The right transverse fissure is sloping upwards in an abnormal manner.



Plate BD3. The opacities in the right mid zone have disappeared. Fresh opacities have appeared in the left lower zone and there is a small effusion obliterating the left costophrenic angle -

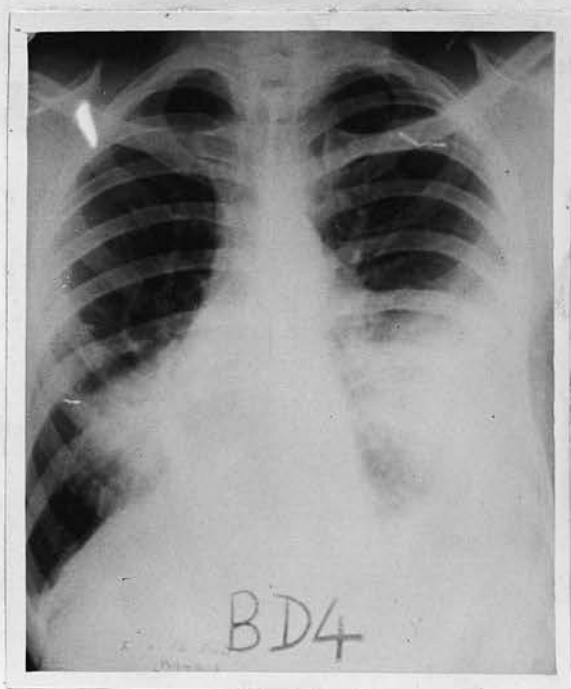


Plate BD4. 13 Oct 51. There is now a large area of pleural thickening in the left mid and lower zones.

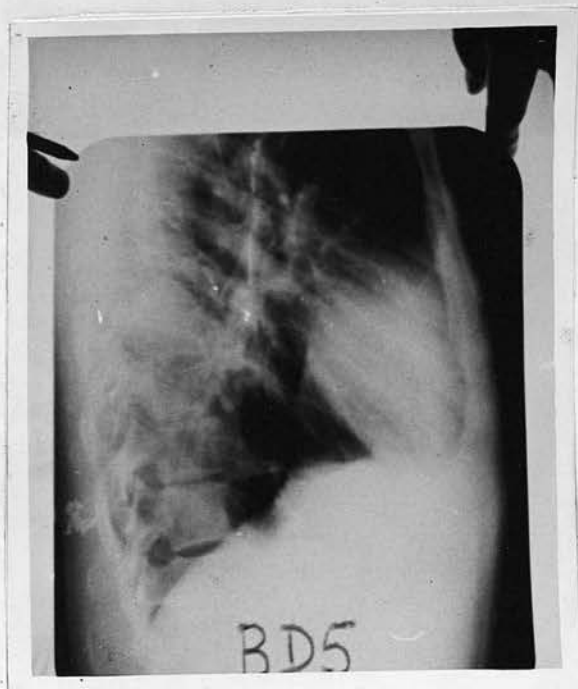


Plate BD5. 13 Oct 51. Right lateral film showing adhesions extending forwards from the pericardium to the sternum -

Case Number: 26.

Number: 14933. Rank: Civilian.

Name: KATHUKU s/o NDUTI.

Age: Adult. Length of Service: 9 months.

Tribe: KIKUYU.

Village: MUGUGA. Location: MUGUGA.

District: KIAMBU Territory: KENYA.

Period under treatment: 10 months.

Civilian KATHUKU was admitted to the British Military Hospital, MACKINNON ROAD on 27 Jul 50. He stated that he had been well until 26 Jul 50 when he became feverish -

On admission he was found to be febrile but clinical examination was negative. A radiograph of the chest taken on the day of admission revealed scattered mottling at both apices; pleural adhesions in the right mid zone; and obliteration of the right costo-phrenic angle (Plate H1).

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

On 28 Aug 50 he complained of pain in the left side of his chest and clinical examination revealed the signs of a left pleural effusion. This was confirmed by paracentesis and radiography.

The effusion was absorbed slowly. By Dec 50 absorption had virtually ceased and the patient was left with a large area of thickened pleura on the left side.

At this time there was an increase in the disease in the right upper zone.

The patient was retained in hospital until the end of May 1951. It was then clear that no active measures could be employed in his case and as he was in good general condition he was discharged to the reserves. His disease was clearly still active.

The details of this patient's progress are illustrated by table H and the serial X-ray photographs H1 to H6.

TABLE H.

<u>Date</u>	<u>ESR</u> <u>fall in mm/hr.</u>	<u>Sputum</u>	<u>Weight in lbs.</u>
27 Jul 50	22	-	-
14 Aug 50	29	Positive	-
28 Aug 50	42	-	-
14 Sep 50	52	-	-
12 Oct 50	54	Negative	-
16 Nov 50	51	Negative	-
16 Dec 50	52	Negative	-
19 Jan 51	36	Negative	118
30 Jan 51	-	Positive	-
26 Feb 51	-	Positive	118
22 Mar 51	-	Negative	122
24 Apr 51	40	Negative	122

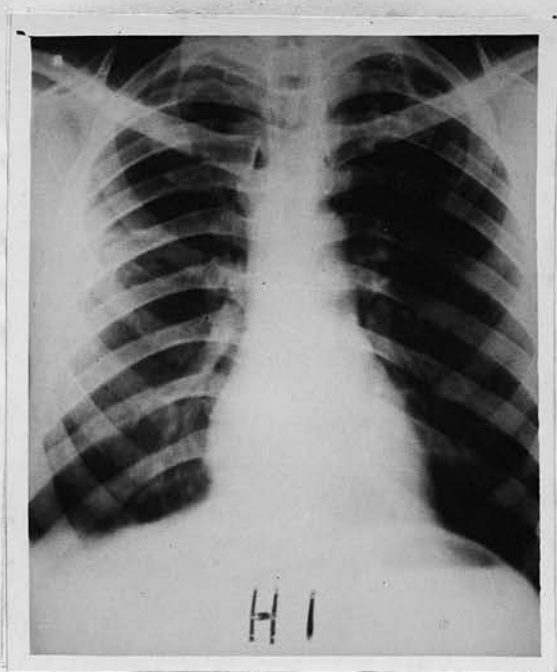


Plate H1. There are several small opacities present in both apical areas. Pleural thickening is visible at the periphery of the right mid zone. The right costophrenic angle is obliterated (though this is not visible in the photograph).
27 Jul 50.

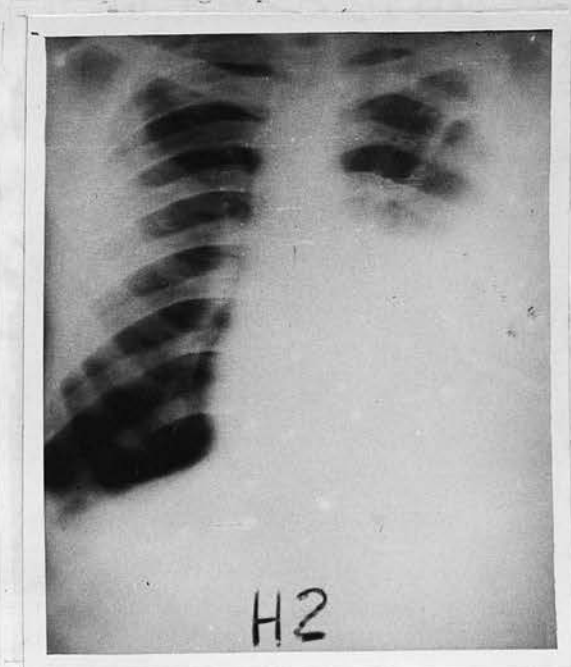


Plate H2. A pleural effusion rising to the level of the 2nd rib anteriorly has developed on the left side -
28 Aug 50.

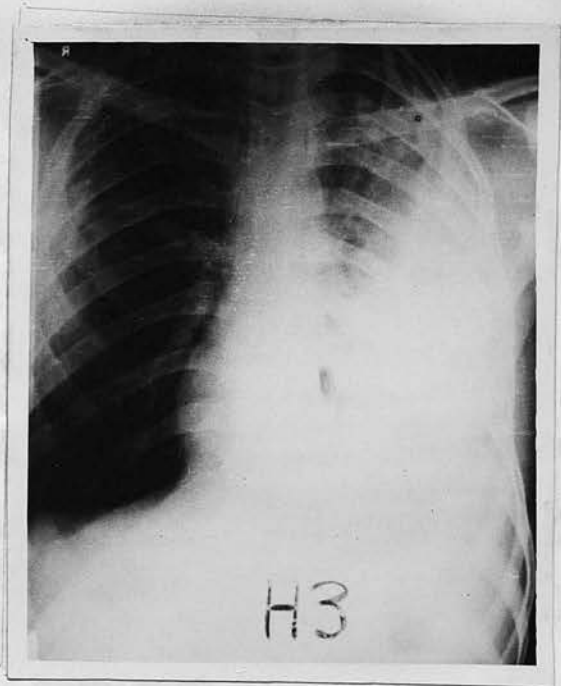


Plate H3. The left pleural effusion has been partly absorbed.
17 Oct 50.

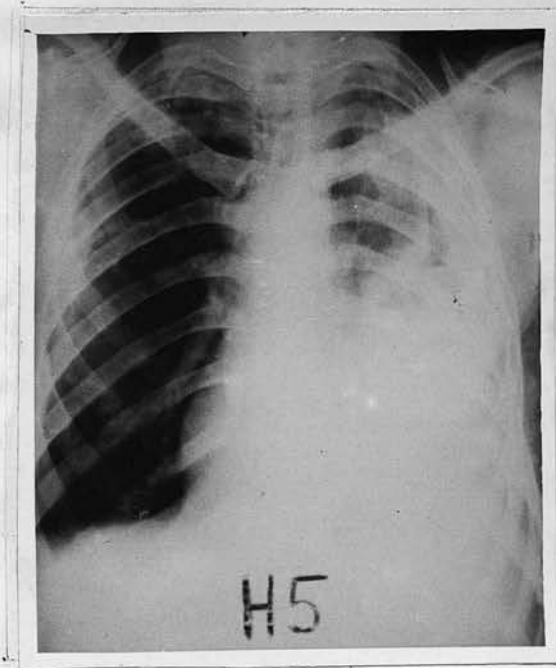


Plate H5. There has been some further absorption of the left pleural effusion. A small fluid level in the left mid zone suggests the occurrence of a spontaneous pneumothorax. There has been an increase of the disease in the right upper zone -
15 Dec 50.

