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Tuberculin in Diagnosis

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Tuberculin (Subcutaneous method) in Diagnosis.

Introduction.

There are few subjects in Medical Literature on which more has been written than that of early diagnosis in Tuberculosis, especially the pulmonary form of the disease.

Each author has his own pet way of arriving at a diagnosis. One lays special importance on the detection of certain areas of dulness; a second, on certain modifications of the breath sounds, a third, on the early appearance of adventitious sounds; a fourth, on anomalies in the shape of the chest wall; and so on.

When the student has carefully read all this mass of literature, he pauses for breath. He may perhaps feel very learned, and believe himself capable of arriving at a diagnosis in any case put before him for an opinion. He is generally astonished at the large number of persons showing one or more of the special groups of signs or symptons he has read about. He may, even in the course of his special practice, find signs and symptons of this dreadful malady in the majority of the chests he examines.

As he gets more experience, he may find that a good deal of the material he has gathered in the literature is of limited value to him in practice. One patient who presents unmistakable evidence of the disease - according to one of his pet authors - may be going about his usual occupation in the enjoyment of perfect health. While a second patient who at the time of examination showed no book evidence of the disease, may have since developed the malady in an unmistakable an virulent form. He may then say to himself "Why did I not diagnose this case earlier ? But there were no signs, no symptons. I wish we had some specific method to exclude tubercle in these doubtful cases. That patient's life would have been saved if he had been sent to a Sanatorium twelve months ago. I might have tried

Tuberculin. But nobody seems to think it safe, most text-books hardly do more than mention it. Osler dismisses it in two lines. Again according to these records everybody seems to react to tuberculin". And he may leave it at that, or he may try it tentatively here and there, and come to certain conclusions.

In the above introduction, I have attempted to sketch my own trials and difficulties.

Four years ago I took up tuberculosis as a speciality. I started with the firm belief - more or less general among practitioners - that Tuberculin, as a diagnostic agent, was not only untrustworthy, but dangerous. To-day, I regard it as not only harmless and trustworthy, but as the only means of regognising the disease months or even years before the appearance of definite clinical evidence, still more, I regard the tuberculin test as the only scientific method of excluding the disease, in certain conditions where everything would seem to point to its presence. My experience in the use of Tuberculin in Civil Life, led me to find in the substance, an invaluable agent for the work it has been my priviledge to do, in the Tubercle Wards of a Military Hospital.

History of Tuberculin.

Koch created a sensation in the Medical World, when in 1890 at the Berlin Congress, he declared that he had prepared a substance by means of which he was able to immunise animals against the tubercle bacilli, and to arrest the disease in infected animals. The words he used then were, "I believe I am not going too far in assuming that tuberculin will, for the future, constitute an indispensable aid in diagnosis". (quoted from Wilkinsons Tuberculin in the diagnosis and treatment of tuberculosis.) This is a very careful and garded statement. There is here no claim by that great master, that tuberculin is infallible even as a diagnostic agent. Koch did not suggest that Laennac's and Virchow's teaching was false. He believed he had in tuberculin a substance that might help us a little

further. He believed that by its use as a diagnostic agent, thismethod might succeed when percussion and auscultation had failed. That is all he claimed.

It is now a quarter of a century since Koch made this statement, yet, it can hardly be claimed for tuberculin that it is established as a diagnostic agent. It is certainly used in a number of hospitals; in a few Sanatoria, and by an isolated general practitioner. The last named is a brave man who uses it. He has to beware of his opponents, least he should be shunned by one and all as a dangerous faddist. Yet he is the very man who ought to use it. He generally sees all the really early cases. Too often, the unfortunate with the earliest - and generally very indefinite - manifestations of the disease, is made to live in a fool's paradise. If there are no physical signs, and the symptons indefinite, the kindly practitioner is generally too anxious to reassure the patient. Probably when he sees the patient again, the physical signs are obvious, and with their appearance the chances of successful treatment are gone.

Surely if a general practitioner is competent to use that most dangerous drug opium, he ought to be competent to use tuberculin?.

Harm has certainly been done by the rash use of tuberculin. But those who have used this drug with disastrous results, are those who have used it in defiance of Koch's warnings and limitations.

If those whose duty it is to guide and advise the general body of practitioners will make up their mind as to the positive value of tuberculin in diagnosis, and, once their mind is made up, will teach its use - as weare taught as students the use of any other drug - we may perhaps get nearer to the day when tuberculosis will be a disease of the past.

DIAGNOSIS.

In Army Hospital work, time and space are two very important factors. We have orders from our superior Officers that if a soldier is suffering from a disease which renders him unsuitable for further Military Service, he should be put before a Medical Board and discharged from the army.

No time must be wasted: In the case of tuberculosis patients, very generous arragnements are made by the War Office for their treatment in Sanatoria. Again hospital accommodation must not be overtaxed. There must always be a good reserve of beds for any possible contigency. Therefore the quickest method of diagnosis -provided it is safe- is the best.

To keep a suspected case of tuberculosis under observation for weeks and weeks is quite impossible. It would tax the accommodation of the Hospital far too much, and tuberculin solves the difficulty in these caes which would otherwise require a long period of observation. Again we have our old friend the Malingerer. Rheumatism is perhaps his favourite complaint. But now and again he finds his way into the observation ward for tubercle. He will come in with a typical symptomatology of early tubercle. His picture of gradual loss of weight, loss of energy, characteristic night sweats, morning cough, is so striking that both his Regimental Medical Officer, and the Medical Officer in the Waiting room are satisfied that they are dealing with an early case of tubercle. Another will come in with a history of blood spitting, and mention - casually - that several members of his family have died of consumption.

One man got another patient with tubercle bacilli in his sputum to spit into his cup. In this case the tuberculin test having prooved negative, and the only patient with a positive sputum having been sent to another ward, repeated examination gave negative results. I had one man who, I think, used to "fake" his evening temperature. He came from his regiment with a note from the M.O. to the effect that he had tuberculosis of both apices. I examined him carefully, and could find nothing in his lungs.

His evening temperature was generally 100.F. and although he was watched, his dishonesty was never definitely laid bare.

One evening I took his temperature myself, and found it to be normal. The next day he was given $\frac{1}{100}$ C of the Old Tuberculin, and there was no trace of a reaction.

The Sceptical may well ask here - "But surely if the man comes into your ward with a history of blood spitting, a bad cough, Night sweats etc; it is easy enough to have these symtoms verified, while he is under observation". That is so in a small proportion of cases, but in the majority of real cases, with the rest, abundance of fresh air, and generous diets, there is rapid improvement, and even disappearance of the symptoms. The patient - not a Malingerer - may feel so well after a few days, that he is generally anxious to get back to his regiment.

The same remark applies to patients sent to Sanatoria for observation. In these cases, if there is no sufficient clinical evidence of the disease, a very good way to come to a conclusion is to use the method of auto-inoculation i.e., the patient is put on rapidly increased walk and work, and the charts studied. In the actively tuberculosis, the temperature rises and we have evidence of general intoxication This method needs a long period of observation, and is not ideal for a General Military Hospital. I have however made use of it in one or two cases, where tuberculin was contra-indicated.

The Tuberculin Reaction.

The tuberculin generally used in diagnosis is the Old tuberculin of Koch. It is prepared by growing the bacilli in a Glycerin Veal broth. When the growth is about six weeks old, the medium is filtered, and the filtrate boiled down to one tenth its original volume.

The specific substance in the fluid are mainly endotoxins. The tubercle bacillus is generally regarded as

Producing little or no exotoxins. In some acute cases of tubercle, a very small lesion may give rise to very severe signs of general intoxication; the intoxication being out of all proportion to the size of the lesion. It is not possible that the production of endo or exotoxin may depend to a certain extent on the particular strain of organism present?. Again does the character of the soil play any part?. The point of practical importance is that the tuberculin is a toxic product, and that its toxicity is due to certain specific bodies formed directly from the bacilli, and to other non-specific, but nevertheless poisonous substances formed as the result of chemical and physical changes in the fluid caused by the growth of the bacilli. Some of the phenomena produced by injecting tuberculin can be explained only by regarding the reaction as a complex, partly specific, partly poisoning in the ordinary sense.

The headache, for instance, is not specific. Perfectly healthy persons will have a headache after a comparatively small dose of tuberculin. Most patients who do not react have a headache. I have seen it present in dozens of cases with no pyrexia. Hence we cannot blame the temperature for its production. Again there may be a typical local and focal reaction, and even a high temperature without any headache. Pain in the eyeballs, pains in the limbs, pains in the back, pains in the joints and lassitude are often present without any local or focal reaction.

Koch taught that the temperature was the most important guide. No doubt it is; but it is probable that the rise is not entirely caused by the specific toxin in the tuberculin. In healthy individuals perfectly free from tuberculosis, a slight rise of the temperature, say 100 to 100.5 F after a test dose of tuberculin is quite common. I have a good many control charts showing this.

If the specific toxin of the tubercule bacillus could

be isolated, there would be no difficulty in enterpreting the reaction. We could determine by experiments what are merely toxic, and what are specific phenomena in the tuberculin reaction. Hunter has shown the presence of two proteoses and two alkaloidal bodies in Koch's tuberculin. His conclusions are that the proteoses are responsible for its remedial and inflammatory actions, while the alkaloid are fever producing and not essential to its remedial properties. On the other hand Crookshank and Herroun seem to regard the proteoses as fever producer. (Hewlwtt, Manual of Bacterology second edition p 232.)

Nature of tuberculin Reaction.

Many theories have been put forward to explain the nature of the tuberculin reaction. The one generally accepted is that of Wasserman and Bruck. These authors regard it as a reaction of immunity. Three substances, they say, are necessary for its production, an antibody (called anti-tuberculin by Wasserman) and antigen, and a complement. The antibody is found in the tuberculous focus; the complement exists normally in the serum; while the antigen is in the injected tuberculin. Wasserman has conclusively proved the presence of an antibody in the tuberculous focus by the disappearance of the complement.

The experiment is of course done in *vitro*. The test of the disappearance of the complement is by means of the process of haemolysis. The resulting reaction of immunity in the living gives rise to the inflammatory phenomena which constitute the focal recation. There is often clinical evidence of this, by the appearance of physical signs which did not previously exist. In the case of the local reaction - the reaction of the site of the tuberculin injection- instead of the antigen being attracted to the tuberculous focus by the antibody, it is probable that some of the antibody is attracted by the antigen, their union producing the

inflammatory phenomena which can be seen. Wasserman has shown that antituberculin is not generally present in the blood serum of the tuberculous, but that it can be made to appear by the injection of tuberculin in the individual.

According to the theory of Wasserman the intensity of the reaction will depend upon the amount of immunity in the particular individual. In the person who has never been infected with tuberculosis, there will be no specific reaction, because there is no antibody (antituberculin) in his system. Whatever reaction is present is purely toxic. In the person who has developed a perfect or complete active immunity through previous infection, here also, there will be no reaction. All the antibody will have been used up in the formation of immune bodies, and as the fight against the tubercle bacilli is over, the the lesion healed, further antibodies will not be produced. If there are no tubercle bacilli in the body, tuberculin cannot cause a reaction. But should the bacilli be imprisoned in dense fibrous tissue, or in calcareous masses, and in a semidormant state, it is more than likely that the tuberculin will not be able to penetrate the barrier, and there will be no reaction. Koch made use of the phenomenon of supersensitiveness for the recognition of a focus in these latent cases. By repeating the same dose of tuberculin for two , three or four times, at regular intervals, it is generally possible to get a moderate reaction; when a single test dose of .01c. c. has failed to give a reaction. Personally I do not think that the practice is safe or fair. If nature has got the bacilli safely imprisoned inside a fibrous tissue or lime salts camp, it is best to leave her to finish her work. She may succeed in destroying or starving out the besieged bacilli. If the individual is in good health, with no symptons, no bacilli in the sputum, and if there is no reaction to either a single dose of (say) .01c.c. of the old tuberculin or to .005c.c. followed on the third or fourth day by .01c.c., it is sufficient to regonise that the case

is not one of clinical tuberculosis.

The Focal Reaction.

In pulmonary tuberculosis, we cannot see what is actually happening at the site of the disease, after a test dose of tuberculin; though the stethoscope will often give us some indication of the changes occuring there,- as a study of the accompaning charts will show. The character of these "focal" signs varies. A rale - not previously audible - is occasionally to be heard over one or both apices. It is most commonly heard opposite the spine of the right scapula.

This would seem to indicate that there is infeltration near the lumen of a bronchial tube, or even slight ulceration and the superadded inflammatory condition - as the result of the reaction - has produced some catarrh in the tube. It is interesting to note that Birch Hersfeld has shown that the earliest pathological lesion in pulmonary tuberculosis is an infiltration of the mucous membrane of the middle size bronchial tubes, and that the most common situation is that of the bronchus apicalis posterior. This apparently agrees with the clinical evidence. A pleural friction sound may be heard over one of the apices or bases. Its presence indicates a lesion near the surface, or possibly infection of the pleura only. The patient often complains of pain over that area. Again a moist rale - usally very fine, and not easily differentiated from a fine silky friction sound - is now and again heard. This would indicate that the disease is more advanced. And that there must be caseation in the focus. The physician need not be alarmed at its appearance. It is a transient sign, and has generally disappeared well within a week of the injection of tuberculin. And the same is true of the other reaction focal signs. These are usually heard at the height of reaction, and pass away with it. I have not seen a single case in which the patient was a ny the worse for the appearance of a focal sign. They are so transient that, unless the patient is thoroughly and repeatedly examined, they are very likely to be overlooked. It has been my practice

to examine the patient every morning, until the reaction has quite disappeared. In the present series of 57 positive reactions, focal signs were present in 23 cases i.e. in 40.3% of them. Evidence of a focal reaction is not essential to a positive diagnosis. But it is certainly a contra indication to the further use of tuberculin as a diagnostic agent in the ca case. If the individual is to be treated with tuberculin, the injections should not be begun before all signs of a focal reaction have entirely cleared up. The initial dose will, of course, be very much smaller than that used in diagnosis. The focal reaction can best be studied in cases of lupus, in which this limitation does not apply. I have at present a patient who came into my ward with a lupus patch on the face, as large as the palm of my hand. His first dose (six weeks ago) was .005c.c.T. his last dose .05c.c.T. The lesion is now apparently healed. This man has been treated with X-ray in another Military Hospital for three months with no apparent benefit. In the majority of cases of lupus, small doses are useless. To get any benefit of treatment, it is essential to have a definite <u>focal</u> action.

<u>The local Reaction.</u>

By this is meant the inflammation which occurs at the sight of the injection. A possible explanation of its mode of production has already been discussed. It is the best practical guide to arrive at a diagnosis. It is invariably present with a typical tuberculin temperature - to be described later - It is always absent when there is no rise of temperature. But there may be a slight rise say to 100 F. with no local reaction. The temperature is probable of a purely toxic nature in these cases. In the very severe type, the local inflammation begins to appear within six hours. There is as a rule, great general disturbance, and a high temperature, reaching to 105 F. The pulse, of course, keeps pace with the temperature. The beginner may well be alarmed here. But with further experience, he will find that these severe reactions

are not frequent; and that they are not dangerous and if they cause him to be more careful in his clinical observations, they may do more good than harm. This will again be referred to later.

In the more usual type, the local inflammation begins to appear between the twelveth and twenty-fourth hour. It is common about the eighteenth hour. In the majority of cases, the temperature begins to go up an hour or two previously. This applies to all types of local reaction. The temperature here is not so high, and the general reaction, such as headache, pains in the limbs, loss of appetite etc, although definite is not so marked. The headache is the most troublesome symptom. Occasionally the local condition gives rise to a good deal of discomfort. In a third type, the local manifestation is very late in appearing. The same is true of the temperature. Here the general disturbance is minimal. Both the local reaction and temperature appear on the third day. The local inflammation is not intense; and the temperature rarely rises beyond 101. F. We are here probably dealing with a semi-latent type of the disease. The foci are surrounded with fairly dense fibrous tissue, and the antigen takes longer to reach the anti body in them, and to cause its appearance in the circulation. This would suggest that the local inflammation depends for its production upon the appearance of the anti-body in the serum.. The duration of the inflammatory process depends upon its severity. The milder form has generally disappeared at the end of twelve hours. The moderate form lasts about 24 hours, and the severe form about 2 days. The size of the inflamed area varies in the same way. The mild type is not more than three inches in diameter. A definite reaction, will give an inflamed area of about eight inches square. In the severe type, with the injection in the middle of external aspects of the upper arm, the inflamed area may be from the elbow to the shoulder. But this is unusual. The local reaction is a specific process of an inflammatory nature. There is really very little to distinguish it from an ordinary cellulitis.

Its edges are a little better defined, and the corresponding lymphatic, and glands only affected in the very severe type of reaction. There are redness, swelling, some oedema, and pain. In a few cases there are some small vesicles round the site of injection.

The General Reaction.

Headache is very frequent; both in cases with marked reaction, and in cases with no reaction at all. It is not in any way specific, and not of any importance in diagnosis. In negative reaction it is probably purely toxic; and in positive cases, it is the result of the temperature. Pain in the back, in the limbs, and in the joints is also fairly frequent, especially in the severe type of reaction. But one or all of these symptoms may be absent with a marked local reaction, a typical temperature, and even focal signs in the lungs. Pain in the side, or over one of the apices, may be the result of a focal pleurisy. Loss of appetite, feeling of weakness, drowsiness are often present in the severe reactions; but not in the more usual type. Sickness and vomiting, I have only seen one case. To sum up, the general reaction - excepting the temperature - is of no clinical value.

The Temperature.

In a typical reaction, the temperature is characteristic. It begins to rise about twelve hours after the injection. It reaching its maximum height early in the second day; keeps too much the same level during that day. On the third day, the temperature shows a slight fall, and on the fourth day it is quite normal again. In a severe reaction, the temperature begins to ascend in six hours or less. It has generally reached a very high level twelve hours after the injection; and it may last for several days, or may be quite normal again on the fourth day. The delayed type of temperature has already been considered. A slight rise of the temperature to 100 or 100.5 generally on the second day, with no local reaction, or at the most a slight redness of the skin, is of no clinical

significance. It only means that one individual is more susceptible to the purely toxic element in the tuberculin, than another. There is as a rule, no difficulty in distinguishing it from the milder form of reaction, where the temperature rarely reached above 101.4° Here the local reaction though mild, is quite definite and the temperature is similar in type and duration to the one already described, but its general level lower. A definite local reaction is invariably present with a typical temperature, and the reverse is equally true.

Technique.

The tuberculin generally used for diagnostic purpose is the Old Tuberculin of Koch. The human strain is the better for the pulmonary cases. The dilutions should be made fresh at least once a week. It is very much more convenient - and certainly very much cheaper - to make one's own dilutions. The diluent used is a .85% Saline with .5% carbolic Acid. Distilled water should be used, and the whole sterilised by boiling. The needles and syringe should be boiled just before use, and when there are several injections to be given, it is best to use a platinum needle which can be sterilised in a spirit lamp. For diagnostic purposes, only two dilutions are necessary i.e., A dilution of 1 in 10, and a second one of 1 in 100 . If a weaker solution is required, it can easily be prepared in the syringe.

It does not matter very much in what part of the body the tuberculin is injected. It should be a deep subcutaneous injection. It should not be intra-muscular, as the more rapid absorption would probable interfere with the appearance of a typical local reaction which is our only visible specific manifestation. The general reaction is of no advantage.

When the patient is not doing ordinary duty, and is and is under observation in a Hospital Ward, the upper arm is a very convenient situation for the injection. The arm should be

first lightly scrubbed with soap and water, and, after drying, be thoroughly painted with two coats of iodine. After the injection, the puncture should be closed, with a slip of gauze in collodium. Sepsis should not happen, if these precautions are taken. Its occurrance means carelessness on the part of the practitioner.

Diagnostic Doses.

Each case must be considered on its merits. The dose or doses must be determined by a careful study of all the clinical factors in the case. Whenever possible it is best to give one single dose of .01c.c.T. This can safely be done if there are no physical signs, if symptoms are slight and indefinite, and most important of all, if the pulse is slow. A history of "streaks of blood in the morning spit" is not a contra - indication.

In the average cases two doses of .005c.c. and .01c.c. with an interval of three or four days are indicated. Should a typical reaction be obtained with the first dose, there is, of course, no need to proceed further.

The disadvantage of too many doses is that an undue amount of hyper-sensitiveness is produced which will mask the real degree of immunity in the particular individual. That is to say, a violent reaction may be produced in an individual who has the disease in an arrested and, if I may so express it, a non-clinical form. If however, there are, contra-indications to the use of a large initial dose, it is best to begin with a very low dilution, and to increase the dose ten fold until either a reaction is obtained or the maximum dose of .01c.c. is reached. The interval between the dose, should be three or four days. If the first dose of .005c.c. should produce a rather indefinite reaction the best plan is to allow a longer interval than when there is no rection at all, and to give .01c.c. for the second injection. An unpleasent reaction is less likely to occur than if the same dose of .005c.c. is repeated. Under no circumstances should a second

diagnostic dose be given until the temperature and the pulse have been normal again for at least two or three days. A careful examination of the lungs should be made daily to discover the appearance of any 'focal' sign. This applies to all cases.

Indications.

Tuberculin should only be used after the usual clinical methods have failed. It should not be used indiscriminately. At the same time a good many practitioners should learn that to put the stethoscope over one apex, and then over the other apex, and not to hear anything, is not sufficient to exclude tubercle. In civil practise, the suspected case can be kept under observation for any lenght of time, and a long record of the temperature , both at rest and after graduated exercise, may settle the diagnosis. With plenty of time at the disposal ofthe patient, a diagnosis may be arrived at by making use of the process of auto-inoculation. For reasons which have already been touched upon, this is not always possible or convenientin Military pratice.

A study of the accompanying records will show the type of case in which tuberculin was found indispensable. In all the cases, there were no tubercle bacilli in the sputum. In the great majority there were no physical signs; and the symptons were either indefinite, or no reliance could be placed on the patients statement. In a few cases, physical signs were present, but like the symptons indefinite. In two or three cases physical signs were definite, but the patient came into hospital with some other complaint. The lung condition was discovered in the course of the routine examination by the M.O. in charge of the case. And if there was evidence that the physical signs were those of an obsolete lesion, the test was used to determine the amount of immunity in the individual. If the tuberculin test proved negative, and there were no symptoms, or tubercle bacilli in the sputum, the patient was discharged back to his Unit. The tuberculin test is the only

scientific test for the recognition of a truly obsolete lesion. An absolutely negative reaction in this type of case, means that a perfect active immunity has been developed.

The test is also very valuable during convalescence from certain forms of atypical pneumonias, when it is not possible to exclude tubercle. I have two such cases in the series. Both were sent to the tubercle ward as tuberculosis pneumonias. But they both gave negative results to the test, the physical signs cleared up, and they are both back in their Regiments.

Contra-Indications.

Definite physical signs will contra- indicate the use of tuberculin, and the same may be said of typical symptoms, providing malingering can be excluded. Osler teaches that symptoms are more important than signs in the diagnosis of early tubercle. That may be so in civil practice, but it is certainly not so in Military practice.

(a) Pyrexia is of course a contra-indication. Tuberculin should not be used until the temperature has been normal for at least two or three days, and then it should be used with great caution. We may be dealing with a fairly extensive lesion, too deeply seated to give rise to signs, and if the lesion is a closed one, the symptoms will be those of intoxication, and not so, in any way typical of pulmonary disease. The dose of .00001cc T may be quite sufficient to cause a typical reaction. If no reaction is obtained the dose should be increased ten fold, as suggested in previous chapter.

(b) A high pulse is not necessarily a contra-indication to the use of tuberculin. But it is certainly an indication for great caution. Here again we may be dealing with a deep seated lesion. There may be no pyrexia, although this can, as a rule, be easily induced by a sharp walk. Auto-inoculation is perhaps safer than the use of tuberculin in these cases.

(c) Evidence of marked intoxication is a contra-indication. The patient generally looks ill. The history of the illness is

usually short. Here we may be dealing with a case in the first stage of an acute Miliary tubercle. A dose of tuberculin here may ruin a physician's reputation. Some of the catastrophies recirded must have been due to tuberculin used in this type of case. It is safer to keep the patient under a long period of observation, and to wait and see. The possibility of typhoid and other infections must be excluded.

(d)A slight bloody streak in the morning expectoration is not a contra-indication. Tuberculin can be safely used, and does not aggravate the step. But with distinct or profuse haemoptysis, the diagnosis is evident, and there is no need for tuberculin. Should there be any doubt, the test should not be begun before the blood has quite disappeared from the expectoration, and the same precaution should be showed as with a case of pyrexia. In deciding the initial diagnostic dose, it is wise to remember that haemoptysis in soldiers may be the results of strain during certain exercises, as in the gymnasium, or in riding or swimming. (Oslerpp.195.) In the present series, a certain proportion of the cases with a history of haemoptysis, and have shown no reaction to tuberculin. Some of them were undoubtedly of that nature. Others are malingerers.

Dangers of the Test.

The majority of general practitioners and a good many consultants will not use tuberculin as a diagnostic agent. Not on account on its being regarded - by them - as unreliable but on account of the so-called "dangerous nature of the drug".

Most of these gentlemen have never given it a trial. But they are unfortunately too ready to condemn its use. No doubt harm has been done by the use of tuberculin. But we must not put all the blame on the drug: we must put some of it on those who have used the drug in affiance of Koch's advice and warnings.

The main object of this thesis is to show that tuberculin is an indispensible diagnostic agent in the tuberculosis department of a Military Hospital, and the valuable time and space can be saved by its use. But I hope that it will furnish another small link in the still incomplete chain of evidence showing that tuberculin - used with proper care - is a perfectly safe drug.

The results of my own observations are recorded in the accompanying charts: and I can honestly state that no permanent harm was done in a single case. In one case (No 27) - and only one - the tuberculin apparently aggravated previous haemorrhage. Here I had unfortunately sinned against my own teaching. The patient was made hyper-sensitive by repeated doses. The slight aggravation of the haemoptysis was easily controlled by "typhoid" rest and the use of morphia When the patient was discharged from hospital he was feeling so fat that he refused to go to a Sanatorium for further treatment. In two cases (No's 37 and 51) the test was followed by a rather prolonged temperature. Here again undue hyper-sensitiveness was caused by too many doses; although it cannot be claimed that a single diagnostic dose would not have caused a prolonged temperature. No. 37 was looking and feeling so well that the Medical Board declined to discharge him from the Army. No. 51 was put on "typhoid" rest and the temperature came down at once.
And this represents all the 'mishaps' in a series of over 100 cases.

Virchow claimed that mobilisation of the tubercle bacilli was one of the dangers of the test (Wilkinsons tuberculin in Diagnosis and treatment p 43)
I have unfortunately never read his original communication on the subject. But it is apparent that a good deal of harm was done shortly after Koch made his first statement about Tuberculin. The action of the drug was then little understood and the type of cases on which it was used unsuitable.

Virchow's communication undoubtedly caused a good many practitioners to be more careful, but it also created an atmosphere of distrust which has prevented the majority of practitoners fron trying the drug.

It is also claimed the tuberculin has caused renewed activity in a latent focus of disease. This is highly improbably, and for this reason: In an individual with a latent focus a very good degree of immunity against the tubercle toxin has been reached. Inthe course of immuniztion, the protective cells of the organism have dealt with large quantities of auto-tuberculin. One or tow doses of tuberculin is not likely to affect such an organism. This is what one finds in practice. In latent cases the reaction is usually slight. The local re - action is not intense, focal reaction generally absent, and there is practicallyno general disturbance of health. In my experience more good than harm is done.

Of the other dangers. I have already gone into the subject of haemorrhage and temperature. Both of these can be prevented by proper care. Sepsis. I have never seen Its appearance at the site of the injection would indicate extreme carelessness on the part of the practitioner.

Result.

The Series consists of 122 Cases.

Positive reactions are obtained in 57 cases or 46.73%. Details are given of these in the table appended.

Negative reactions were obtained in 53 cases or 43.44%.

And in twelve cases or 9.83% the reactions were classified as "doubtful". Here - for some reason or other - the test was discontinued, or if complete the reactive phenomena were not sufficiently clear to warrant a diagnosis of active tuberculosis. This small percentage of failure of the test is sufficient to show that, although tuberculin is a valuable diagnostic agent, it is not infallible.

The percentage of negative results is certainly high.

The clever malingerer, and the cases of haemoptysis of a non-tuberculous origin must be the explanation.

Focal reactions were present in 23 out of the 57 positive cases. As has been pointed out in a previous chapter, these 'focal' signs are very transient, and unless a careful examination of the lungs is made every-day - or better still twice daily - after the injection, they are easily missed.

Another point of interest is that in 39 cases, a positive result was obtained .005ccT.
In 14 cases a positive reaction was not obtained until .01ccT had been given. This shows that the maximum dose of 01ccT is not always necessary for a positive result. But it certainly is for a negative result. The cases which did not get this dose were classified as doubtful.

The appended charts will, I hope bear proof of the contents of this thesis.

I have attempted to show that tuberculin is a valuable agent in diagnosis, where signs are absent, or indefinite, and when symptoms are vague; or when no reliance could be placed on the history of the case.

I have also attempted to show that in the tuberculosis department of a Military Hospital it is invaluable; and that - with due care - it is perfectly safe.

The charts are a faithful copy of the original documents which remain the property of the War Office.

With the exception of suggestions, and conclusions based on clinical observation, there is no claim that this work is solely original. It is only further proof of the value of the drug in the diagnosis of early tubercle, and that it may be used without fear of dreadful catastrophes.

I am much indebted to Lt Col Turner for permission to present this thesis.
Felix Savy [?] Capt RAMC

Signs	Focal Reaction	Local	Max Dose.	No of Days under Observation
Nil	Nil	XX	.000025cc	15
Nil	Cups below clav:	X	.0001cc	20
Present	Nil	XX	.000025cc	6
?(nil)	Cups below L.Clav:	X	.005cc	4
Left apex Dl	Nil	X	.0075cc	8
Present	Nil	XX	.005cc	8
Right apex Dl	GL rt: scapula	XX	.01cc	8
nil	Moist rale	XX	.0075cc	18
Present	Nil	X	.005cc	13
Present	Nil	X	.005cc	13
Nil	Fine Rale spine Lt: scap:	XX	.01cc	11
Present	Nil	XX	.01cc	11
Nil	Nil	X	.001cc	10
General Bronchitis.	Nil	XX	.01cc	7
Nil	Sibilant rale rt: lung.	XX	.001cc	4
Present	Nil	X	.0005cc	16
Present	Nil	XX	.005cc	15
Present Dl	Nil	X	.005cc	6
Present	Nil	X	.001cc	9
Present	RH fremitus Rt lung	X	.01cc	8
Nil	GL rt Scapula	no record	.005cc	15
Nil	Nil	XX	.005cc	16
Crack: below rt Clav:	Crack: without cough	XX	.005cc	11
Dl	Crack: below L.Clav:	X	.005cc	9
Nil	Nil	XX	.005cc	13
Lt: Apex Friction	Nil	X	.00001cc	5
Nil	Nil	XX	.005cc	11
Nil	X Lt: apex post	XX	.01cc	10
Nil	X above & below rt Clav:	X	.01cc	6
Dl	Nil	X	.01cc	7
Nil	Crack: rt apex	Nil	.00001cc	11
Nil	Nil	XX	.0025cc	13
Nil	Crack: spine Lt Scap: also above Lt Clav:	Nil	.0001cc	5

Signs	Focal Reaction	Local	Max: Dose.	No of Days under Observation
Nil	Nil	X	.01cc	10.
Present	Crack: above rt: nipple	X	.004cc	12.
Dl both apices	S. opposite spine rt: scapula.	XX	.002cc	17.
Nil	Nil	X	.001cc	13.
Nil	X right base	X	.005cc	5.
Present	~~Friction~~ Nil	X	.0005cc	7.
Rt: apex Br: vr XX	Nil	XX	.01cc	9.
Nil	Nil	XX	.005cc	3.
Nil	Nil	XX	.0005cc	7.
Nil	Nil	XX	.005cc	3.
Nil	Nil	XX	.02cc	6.
Dl Lt: apex post.	S Lt: scapula	X	.0005cc	5.
Nil	Nil	X	.005cc	10.
Nil	X spine Rt: scapula	X	.01cc	5.
Nil	Nil	XX	.01cc	8.
S. rt: base	Friction ~~spund~~ Sound rt: base.	XX	.005cc	3.
Nil	Friction rt: base.	XX	.001cc	11.
Nil	Nil	XX	.005cc	11.
Nil	Crack: rt: apex post:	XX	.005cc	5.
Nil	Nil	XX	.005cc	15.
Nil	Nil	XX	.01cc	10.
B.S.R.F.	Insp: Marsh spine rt: scapula	X	.005cc	4.
Present	Nil	X	.01cc	6.
Nil	Nil	XX	.005cc	3.
			Total	529

Key

X = Definite reaction

XX = marked reaction

Dl = slight dulness.

S = Subdued note.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 1

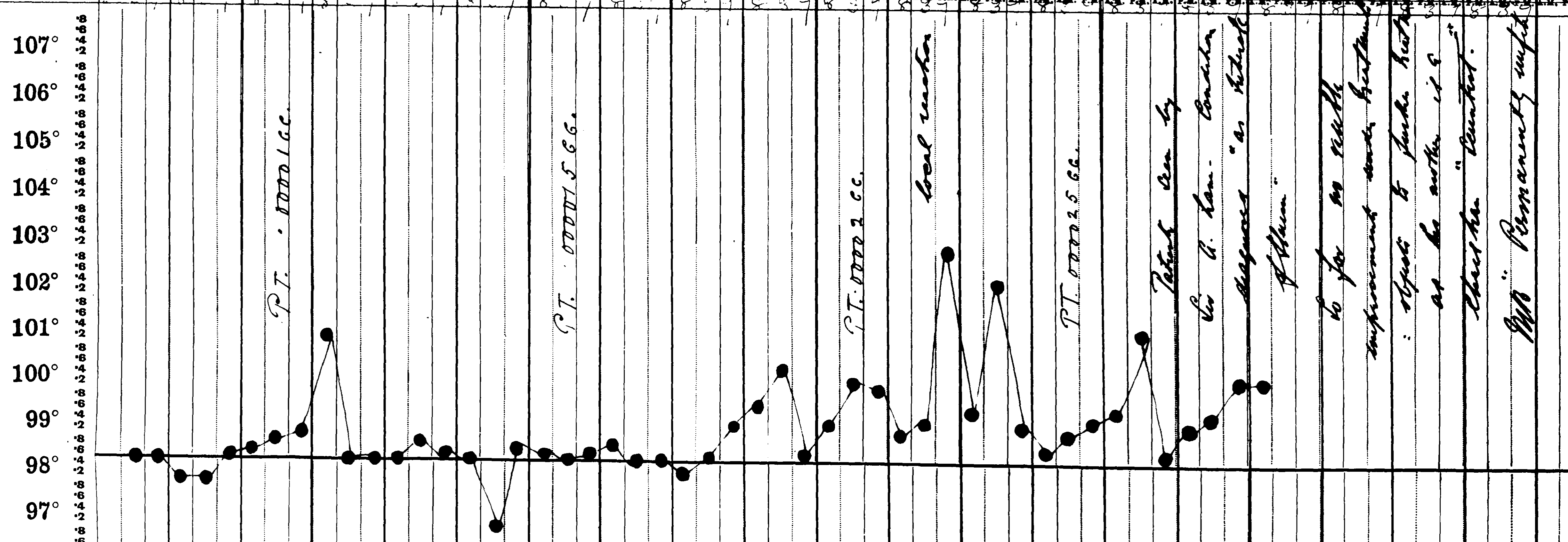
Corps A. S. C. No. L 9/015499 Rank and Name Pte. F. Age ______ Military Hospital Connaught Aldershot Service ______

Disease ______ Date of admission ______ Date of discharge ______ Result ______

Dates of Observation: September 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, Oct. 1, 2, 3, 4, 5, 6, 7, 8, 9

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.)



Pulse per Minute: 72, 64, 62, 72, 87, 70, 88, 72, 80, 80, 67, 84, 84, 68, 86, 84, 84, 100, 88, 104, 94, 88, 88, 84, 100, 88, 92, 92, 84, 68, 100, 96, 100, 88, 96, 104, 92, 100, 92, 88, 92, 92, 80, 100

Respirations per Minute: 20, 20, 18, 16, 18, 18, 18, 18, 16, 18, 16, 20, 20, 18, 16, 16, 14, 14, 14, 18, 18, 18, 16, 16, 16, 18, 18

Motions per 24 hours: · E1. · · E1. · E1. · E1. · · · E1. · · E1. · · E1.

(4277.) Wt. 9043—1195. 250,000. 12/14. J. T. & S., Ltd.

[redacted] In Charge of Case.

Sent in by Ward as a case of 'atonic dyspepsia'

Symptoms: Chronic constipation. Vague [illegible]

Remarks

As the patient had a bad family history I suggested that case might be one of abdominal tubercle. This later confirmed by tuberculin reaction.

Note very small dose

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

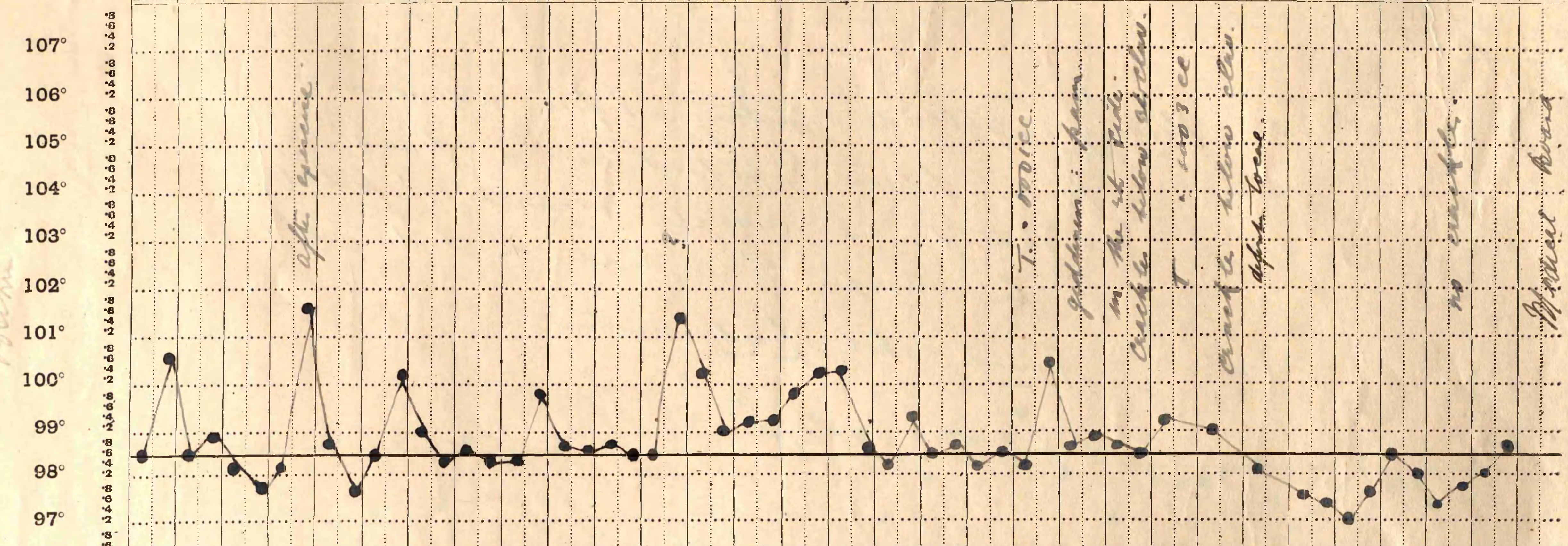
No 2

Corps R.F.A. Military Hospital Connaught. Aldershot

No. 17028 Rank and Name Pte H. H. Age 20 Service 1

Disease Date of admission July 21st 1915 Date of discharge Result

Dates of Observation	21	22	23	24	25	26	27	28	29	30	31	Aug 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

History. Of blood spitting before admission

M.O. believes 'patient' is a fraud'

Patient on several occasions 'faked'

his temp. & he kept in bed.

Remarks. Note focal reaction

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B 181.

Corps R.A.M.C. No. 3

Military Hospital Connaught - Aldershot

No. 4364 Rank and Name E. Age Service 2/12

Disease Date of admission 24-9-15 Date of discharge Result

Dates of Observation	26		27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Days of Disease																					
Temperature Fahrenheit	Time A.M. P.M.																				

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Very bad cough: sputum, chestnut flecked.
especially on exertion: weakness.

Signs: Crackles below left clav. very slight dulness
and defficient movement.

Remarks. Note very small dose

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No. 4

Corps R. G. A.

No. 44650

Rank and Name Pte. H.

Age 31

Military Hospital Connaught. Aldershot

Service

Disease

Date of admission 16 - 12 - 15

Date of discharge

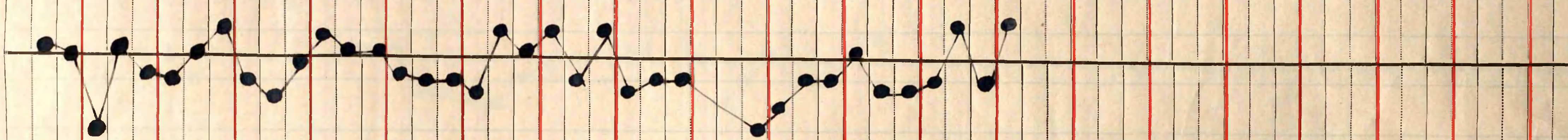
Result

Dates of Observation: 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 1 Jan, 2, 3, 4

Days of Disease

Temperature Fahrenheit: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Positive



T. ·005 cc.

Headache: pain in the region of the axilla slight local.

Crackles (without cough) below left clav.

8 St. 7 lbs

Signs = very definite

8 St. 7 lbs

Medical Board

"Permanently unfit"

Pulse per Minute: T.B.- 96; T.B.-

Respirations per Minute

Motions per 24 hours: / / / / / / / / / / /

On admission: Coughing. Spitting in the morning: Pain in the left shoulder: General weakness.
Patient states he was in Dawn Sanatorium from Nov. 13 to March '14.

Lgs: ? occasional crackle, left apex - below clavicle.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No. 5

Corps: Q.V.C. B. Coy

No. 12563

Rank and Name: Pte T.

Age: 38

Military Hospital: Connaught - Aldershot

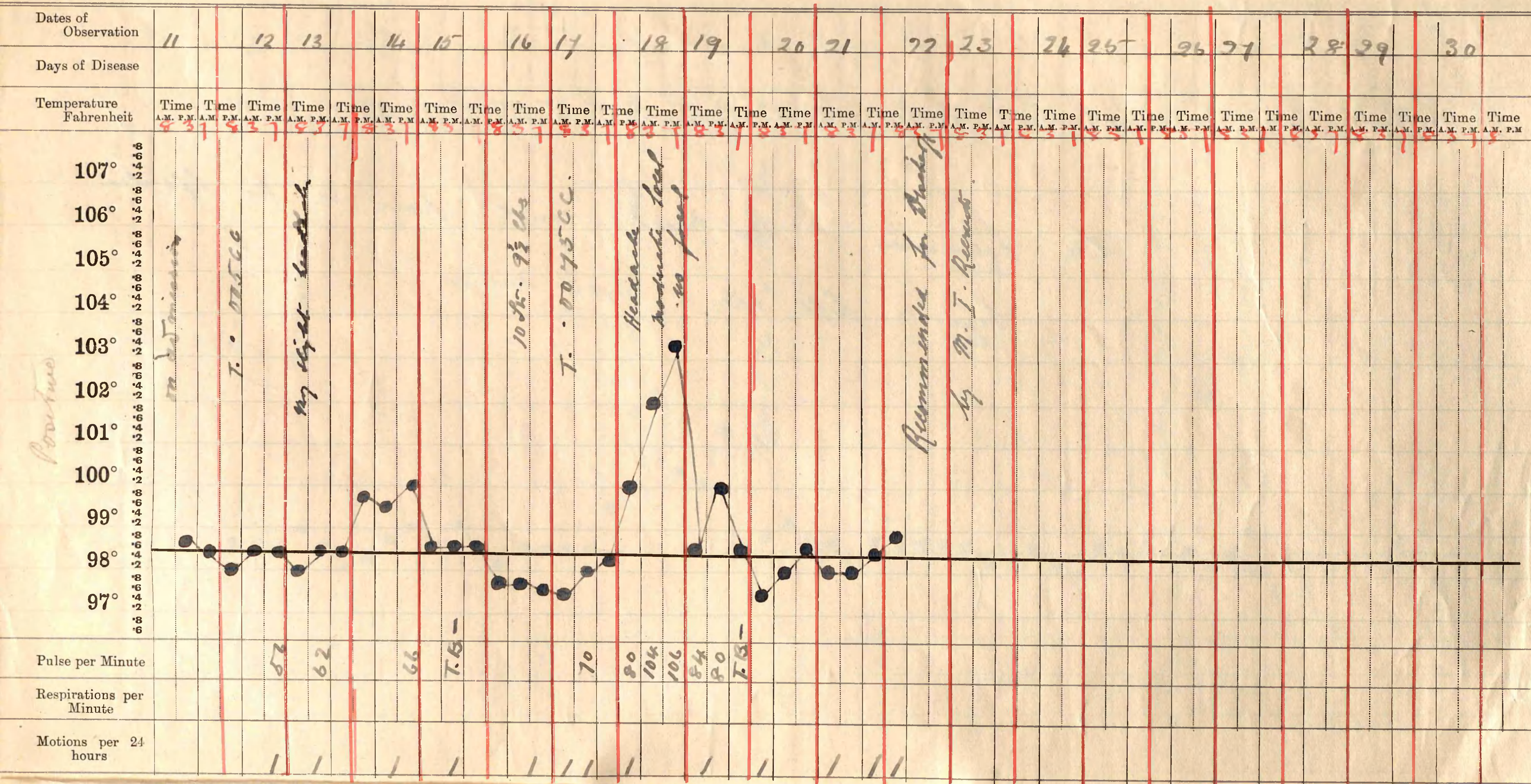
Service: 10/52

Disease:

Date of admission: 11 – 1 – 16

Date of discharge:

Result:



On admission: Sore throat. cough. pain in the left side.

Signs: left apex: slight dulness.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 6

Corps a v c. Military Hospital Connaught. Aldershot

No. 12604 Rank and Name Pt. W. Age 32 Service 2 2/12

Disease ______ Date of admission Dec 27th Date of discharge ______ Result ______

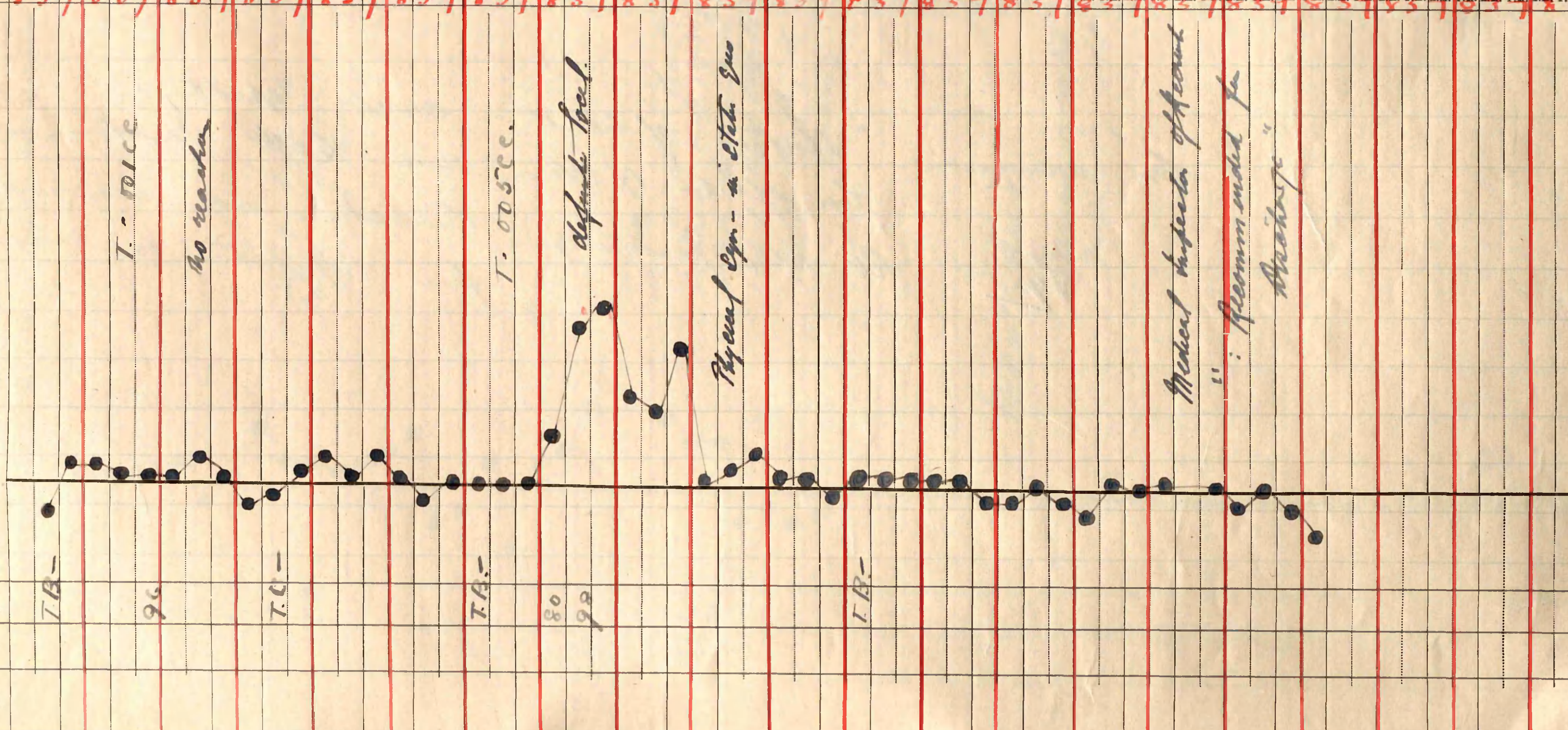
Jan 1916

Dates of Observation: 28, 29, 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16

Days of Disease

Temperature Fahrenheit: Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: "Shortness of breath: cough: spitting:
loss of wt. - 1½ stone since he left Sanatorium - 14 mths ago)"

Signs: Rt apex posteriorly: Crumple. with occasional
fine crepitation in cough

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps R. 9. Rifles — No 7

No. 3234

Rank and Name Rf. H

Age 20

Military Hospital Connaught - Aldershot

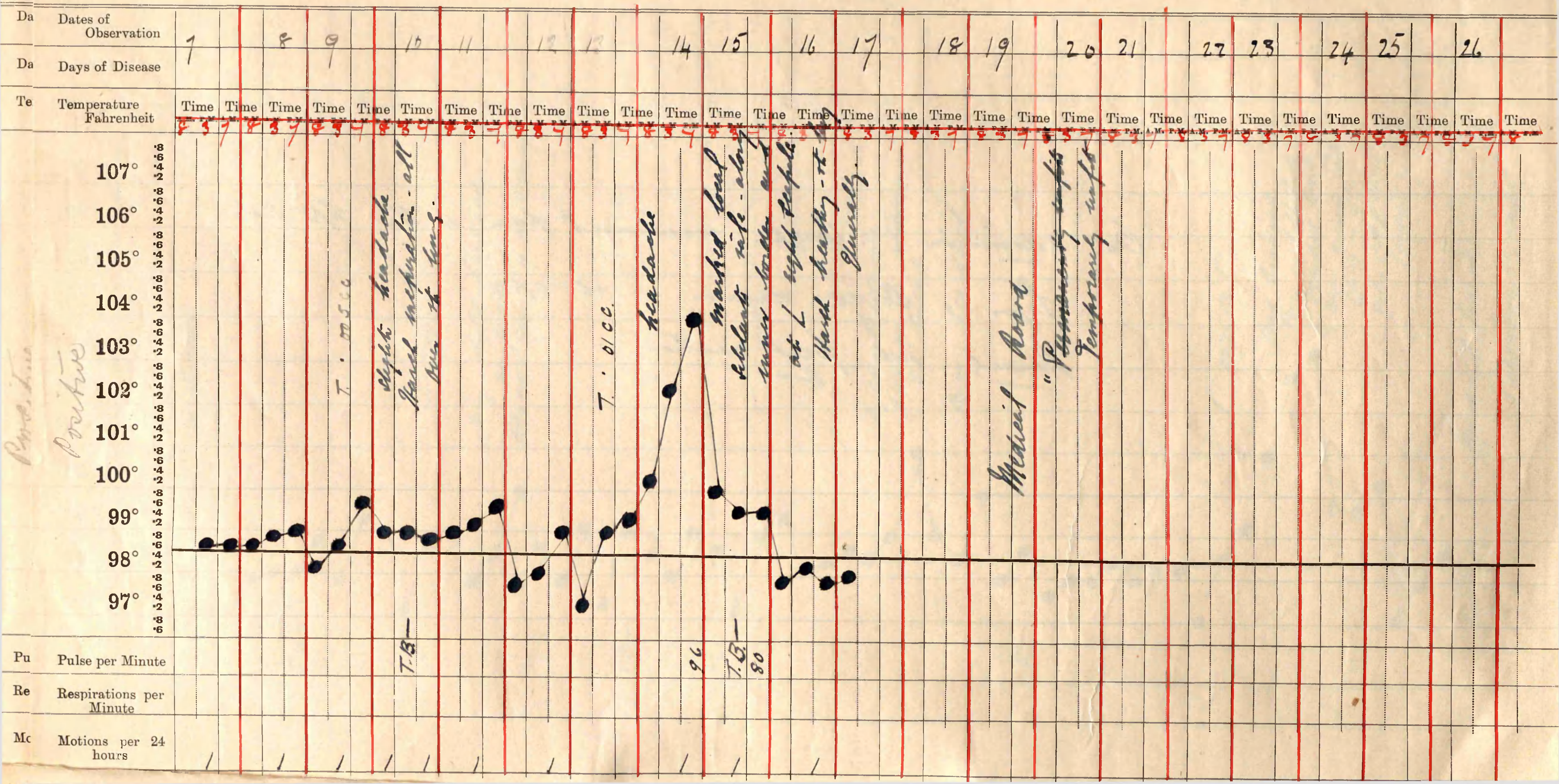
Service 11/12

Disease

Date of admission

Date of discharge

Result

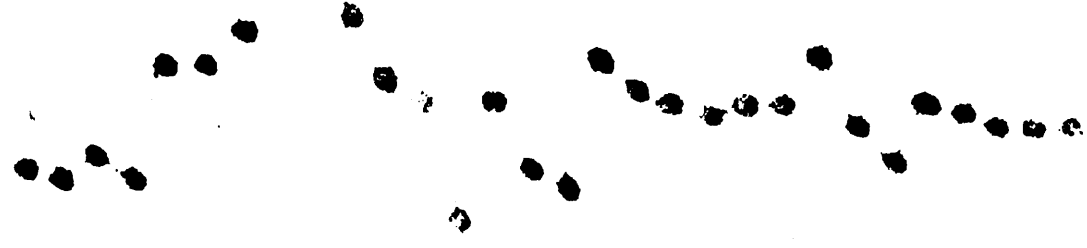


Dates of Observation
Days of Disease
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Temperature Fahrenheit
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
Positive
T. ·005 cc
slight headache
Harsh inspiration - all over the lung.
T. ·01 cc.
headache
marked local sibilant râle - along inner border and at L. upper scapula
Harsh breathing - the lung generally.
Medical Board
"Permanently unfit"
Temporarily unfit
Pulse per Minute
T.B—
96
T.B—
80
Respirations per Minute
Motions per 24 hours

On admission. Cough: occasional pain in the left side.

Sign: Slight dulness at the apex.

Remark. Note focal reaction.



No. 8

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 23 Middlesex

No. 1778

Rank and Name Pte H.

Military Hospital Connaught. Aldershot

Age 19

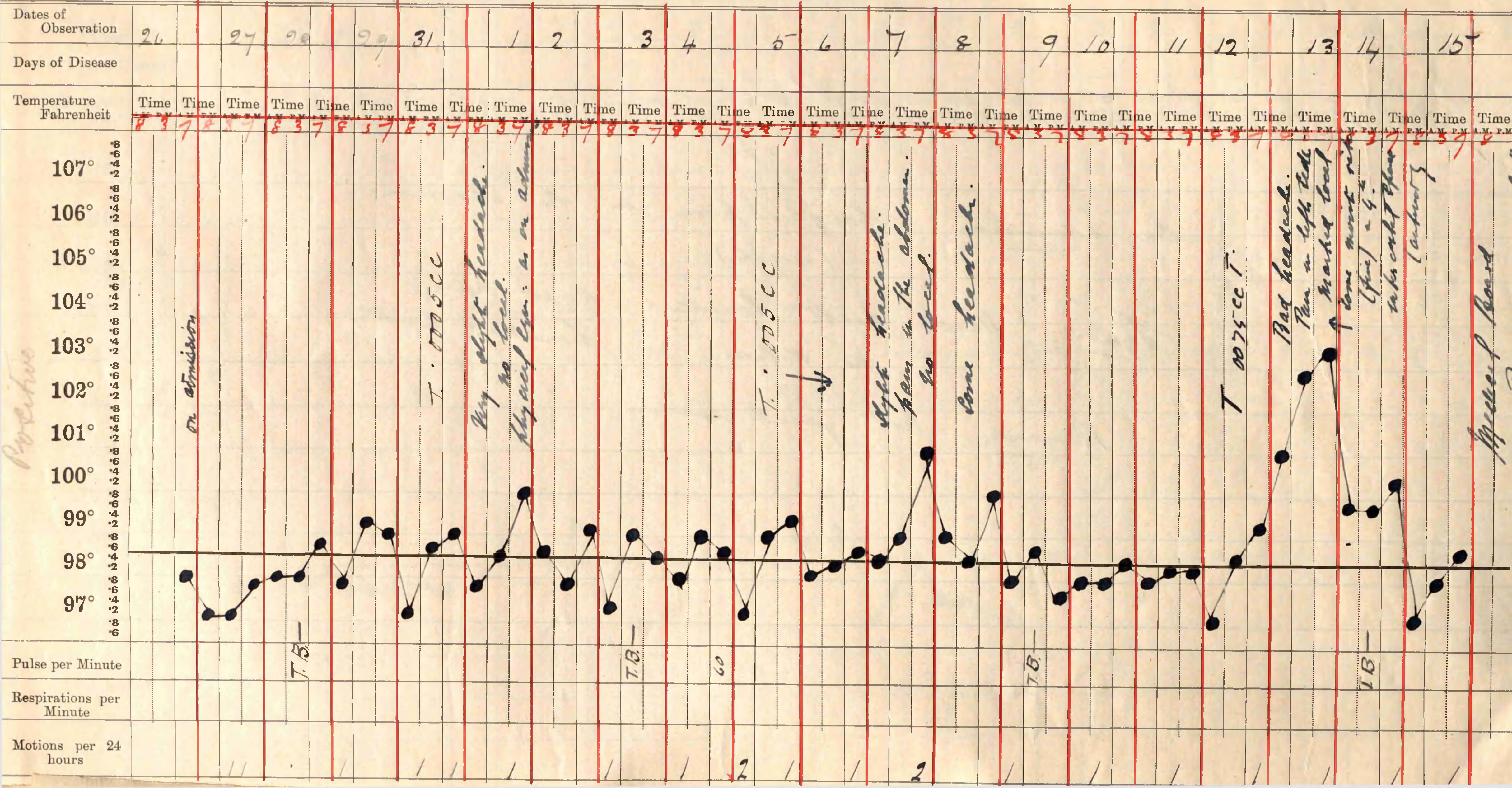
Service

Disease

Date of admission 26. 11. 15

Date of discharge

Result



Positive
Dates of Observation
Days of Disease
Temperature Fahrenheit
Pulse per Minute
Respirations per Minute
Motions per 24 hours
26 27 28 29 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
on admission
T. ·0005cc
Very slight headache.
no local.
Physical exam: as on admission
T. ·005cc
Slight headache.
pain in the abdomen.
no local.
Some headache.
T ·0075cc T.
Bad headache.
Pain in left side
marked local
Some moist râles
(fine) & 4th
intercostal space
(anterior)
Medical Board
"Permanently unfit"
T.B.
60

On admission. Cough: pain in the abdomen.
(Sweats).

Sym: Harsh breath sounds: Right apex.
No dulness: no bronchial breathing.

Remarks. Note focal reaction

CLINICAL CHART.

Army Form B. 181.

(*To be attached to Case Sheet.*)

No. 9

Corps 18 K. R. R.

Military Hospital Connaught. Aldershot

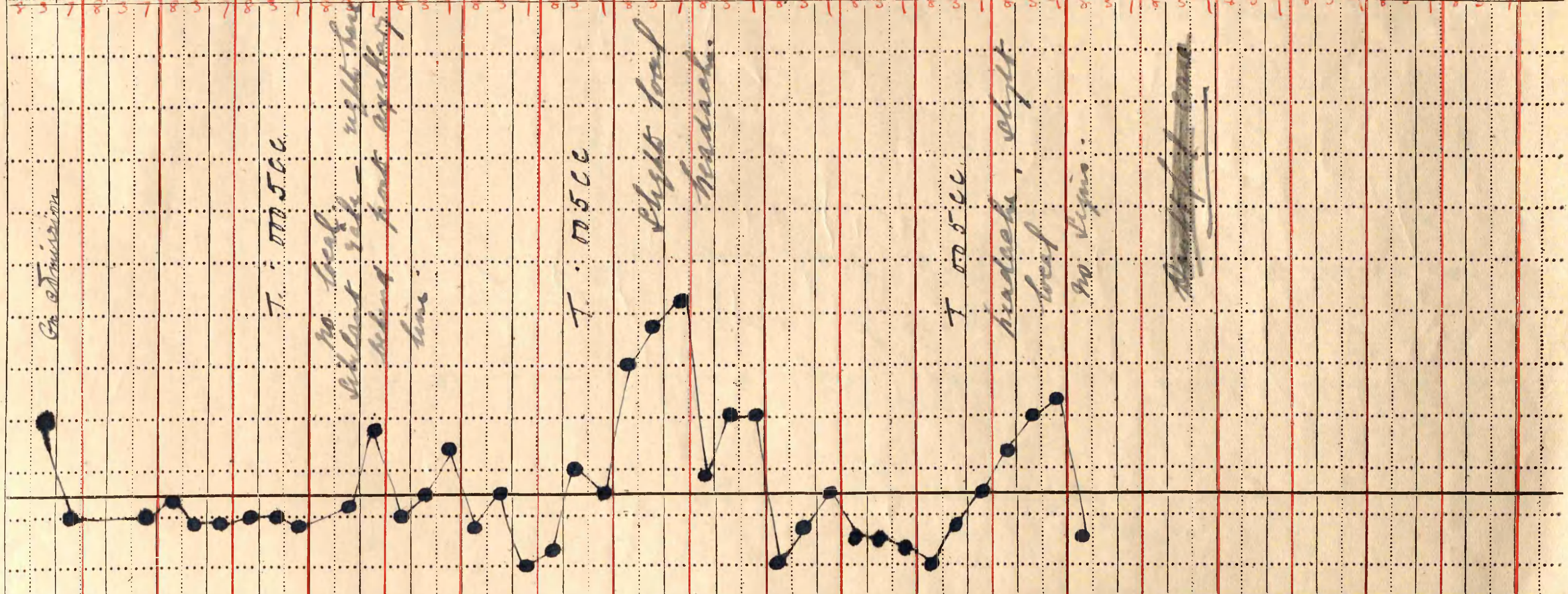
No. 6497 Rank and Name Pte. S. Age 24 Service 3/12

Disease ? Phthisis Date of admission 27 - 10 - 15 Date of discharge Result

Dates of Observation	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute: 80, 78, 76 (4th); 72 (9th)

Respirations per Minute

Motions per 24 hours

On admission: Weak voice: Spitting up blood (bleeds in morning)
loss of strength

Sign: left apex posteriorly: Apparently thickened pleura
No adventitious sounds. or abnormal breath sounds

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 10

Corps: A.S.C. 1. Coy.

No.: 015235

Rank and Name: Pte. D.

Age:

Military Hospital: Connaught. Aldershot

Service:

Disease:

Date of admission: 12 - 11 - 15

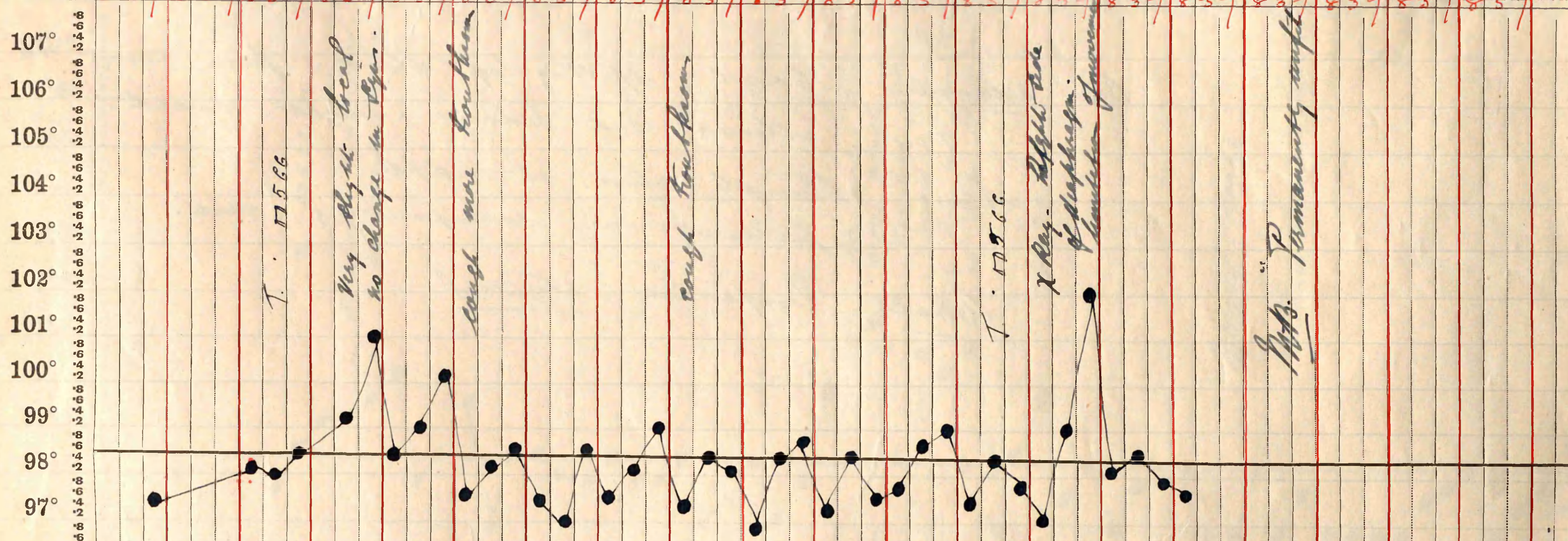
Date of discharge:

Result:

Dates of Observation: 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 1

Days of Disease:

Temperature Fahrenheit



Pulse per Minute: 92, 72, 78, 56, 75

Respirations per Minute:

Motions per 24 hours: 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 6, 6, 5, -, 2, 1, 1, 1

<u>On admission</u>. Cough: spitting up blood. pain across the stomach and kidneys: night sweats.

<u>Sym</u>: Crumple above rt nipple.
posteriorly over corresponding area.

<u>Remark</u>. Temperature <u>atypical</u>

CLINICAL CHART.

(*To be attached to Case Sheet.*)

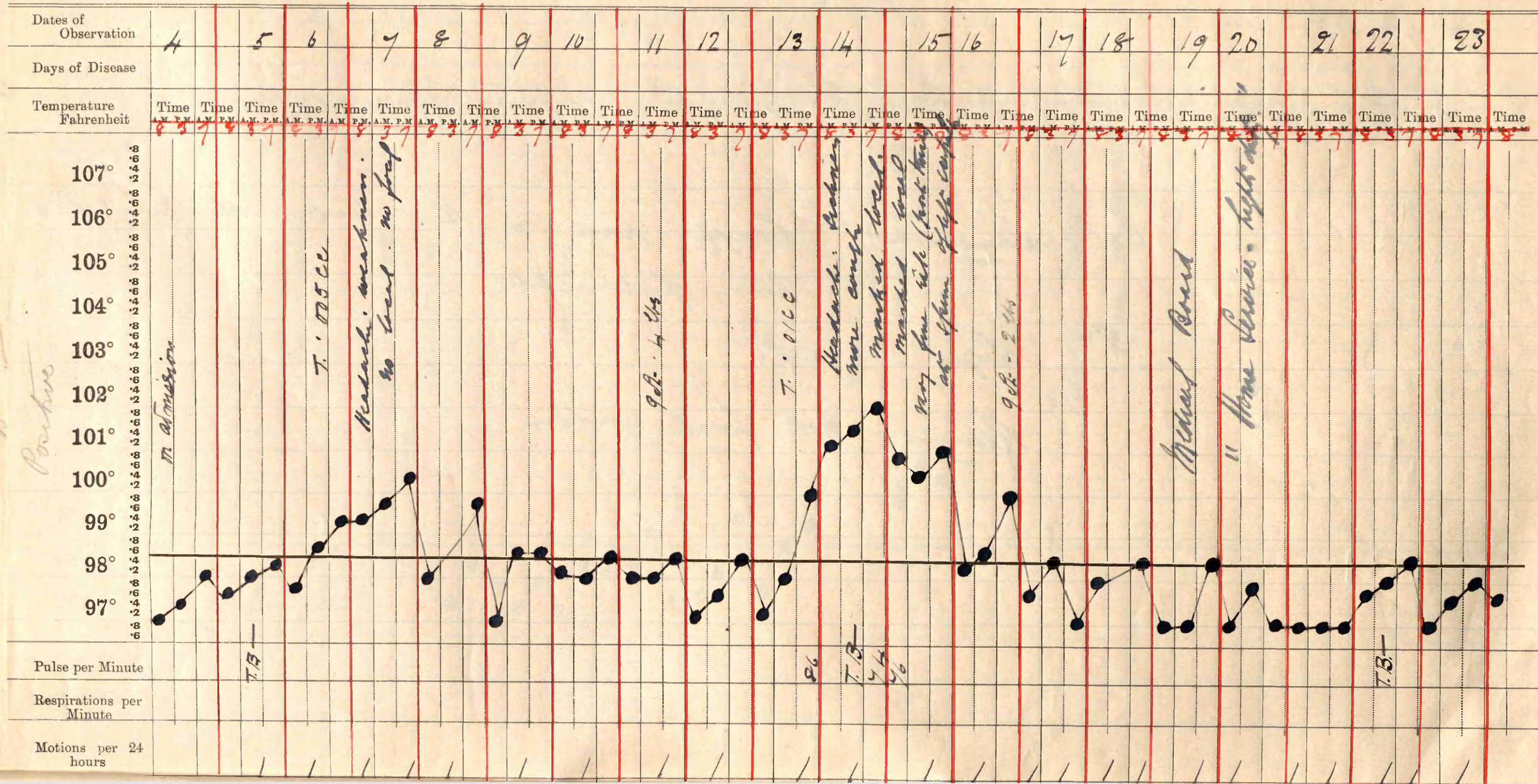
Army Form B 181.

Corps R. E. a Co. No. 11

No. 92420 Rank and Name Pte W.S. Age 29 Service 8/52

Military Hospital Aldershot. Connaught

Disease _____ Date of admission 4-15-16 Date of discharge _____ Result _____



On admission. Cough: pain in the chest: shortness of breath
loss of weight

Eye - nil.

Remark. Note focal reaction.

Army Form B. 181.

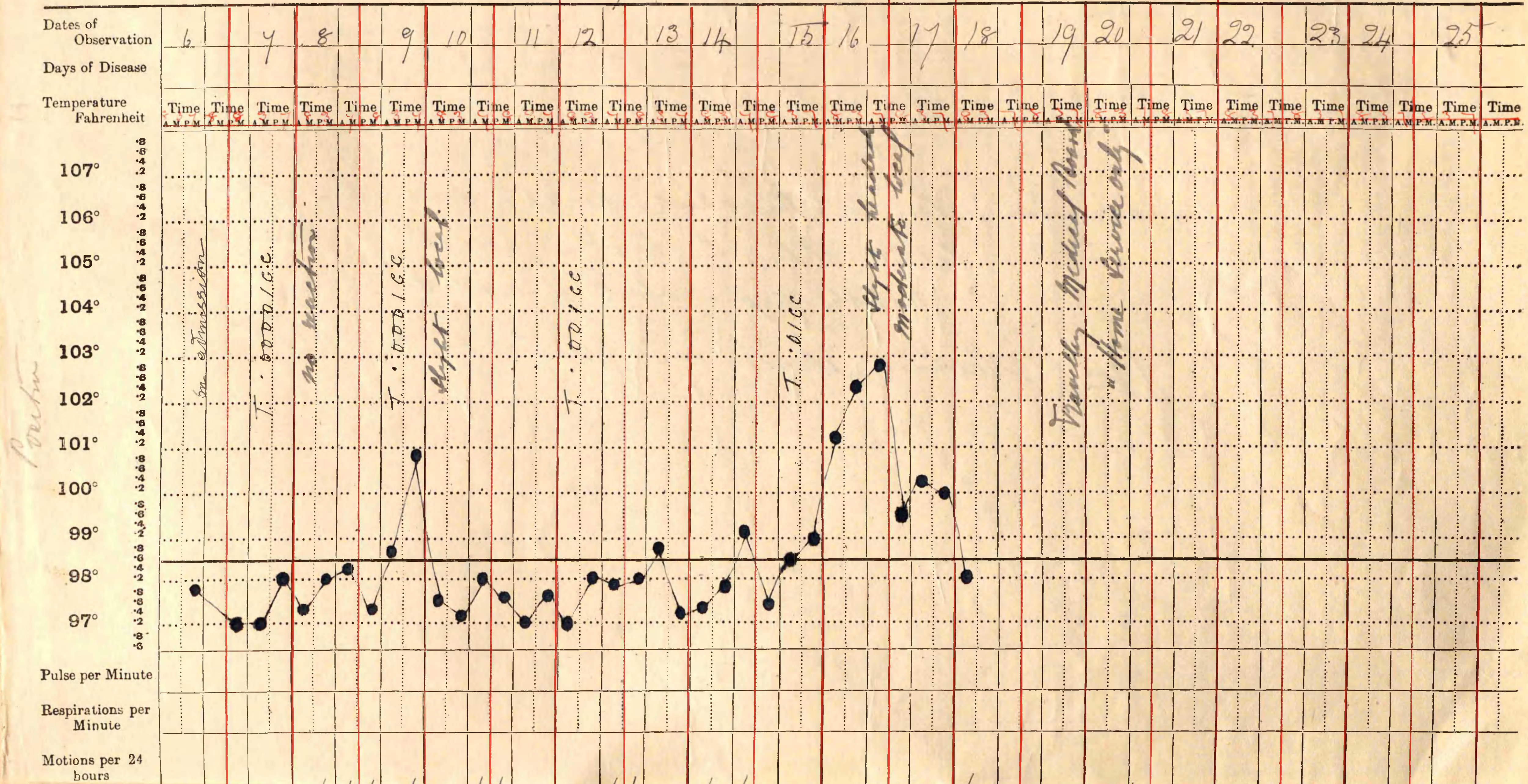
CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps ________ No. 12 Military Hospital Connaught. Aldershot

No. ________ Rank and Name Pte H. Age ________ Service ________

Disease ________ Date of admission 6-9-15 Date of discharge ________ Result ________



On admission: Pain in the chest. cough. some loss of weight (about 6 lbs)

Patient states. he had an attack of haemoptysis. 4 months ago - about ½ cupful.

Signs Scattered rhonci over greater part of right lung.

Army Form B 181.

CLINICAL CHART.

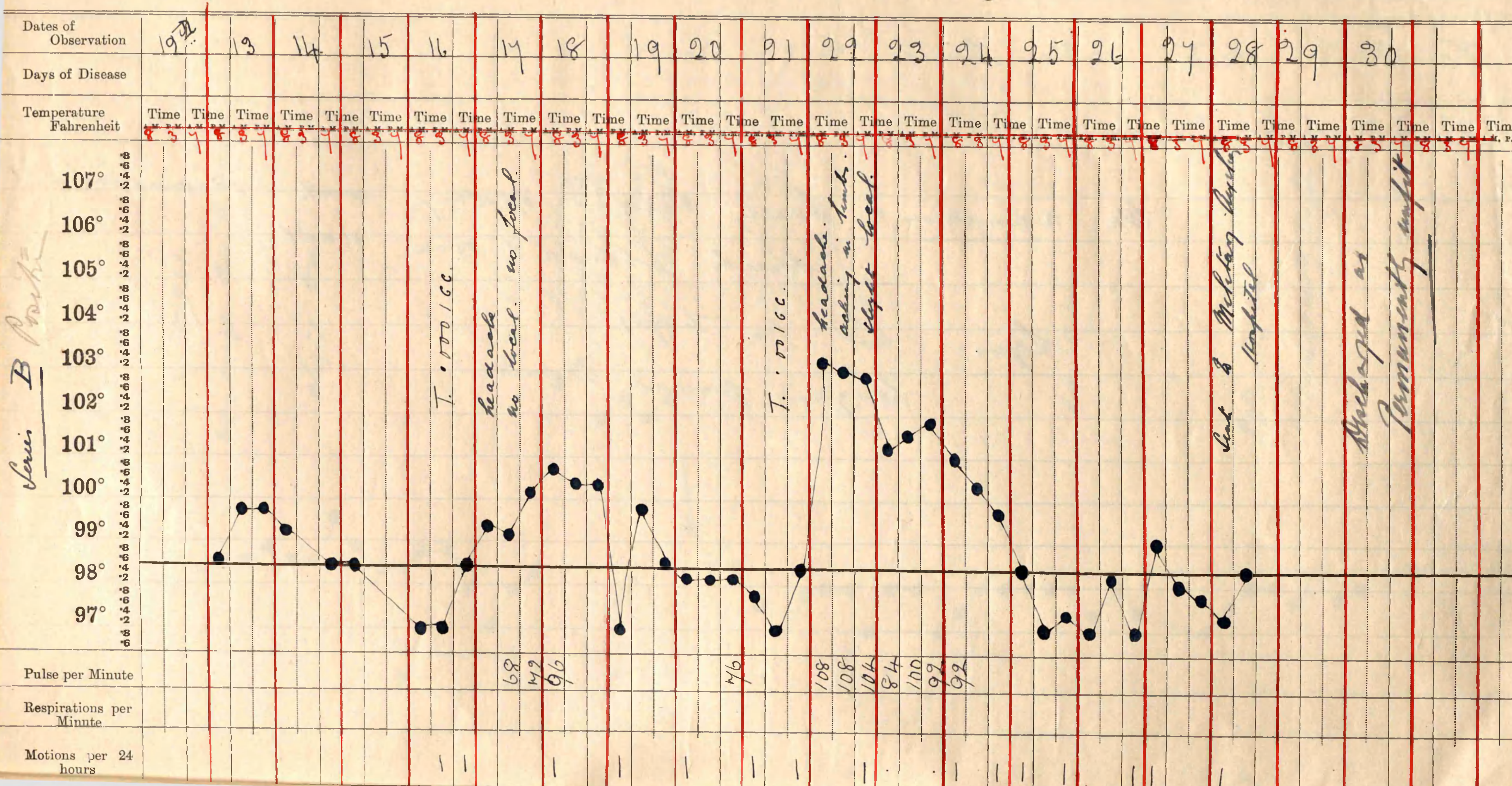
(To be attached to Case Sheet.)

No. 13

Corps ____ Military Hospital Connaught

No. ____ Rank and Name Pte Kellers Age ____ Service ____

Disease ____ Date of admission ____ Date of discharge ____ Result ____


Series B Positive
Dates of Observation
1921
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Days of Disease
Temperature Fahrenheit
Time
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
T. ·0001 cc.
headache
no local. no focal.
T. ·001 cc.
headache.
aching in limbs.
slight local.
Sent to Military Auxiliary Hospital
Discharged as Permanently unfit
Pulse per Minute
68 72 96 76 108 108 104 84 100 92 92
Respirations per Minute
Motions per 24 hours

On admission: Early fired: Spitting with occasional streak of blood: voice weak.

Lungs: nil. (in lungs)

Larynx - general redness.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

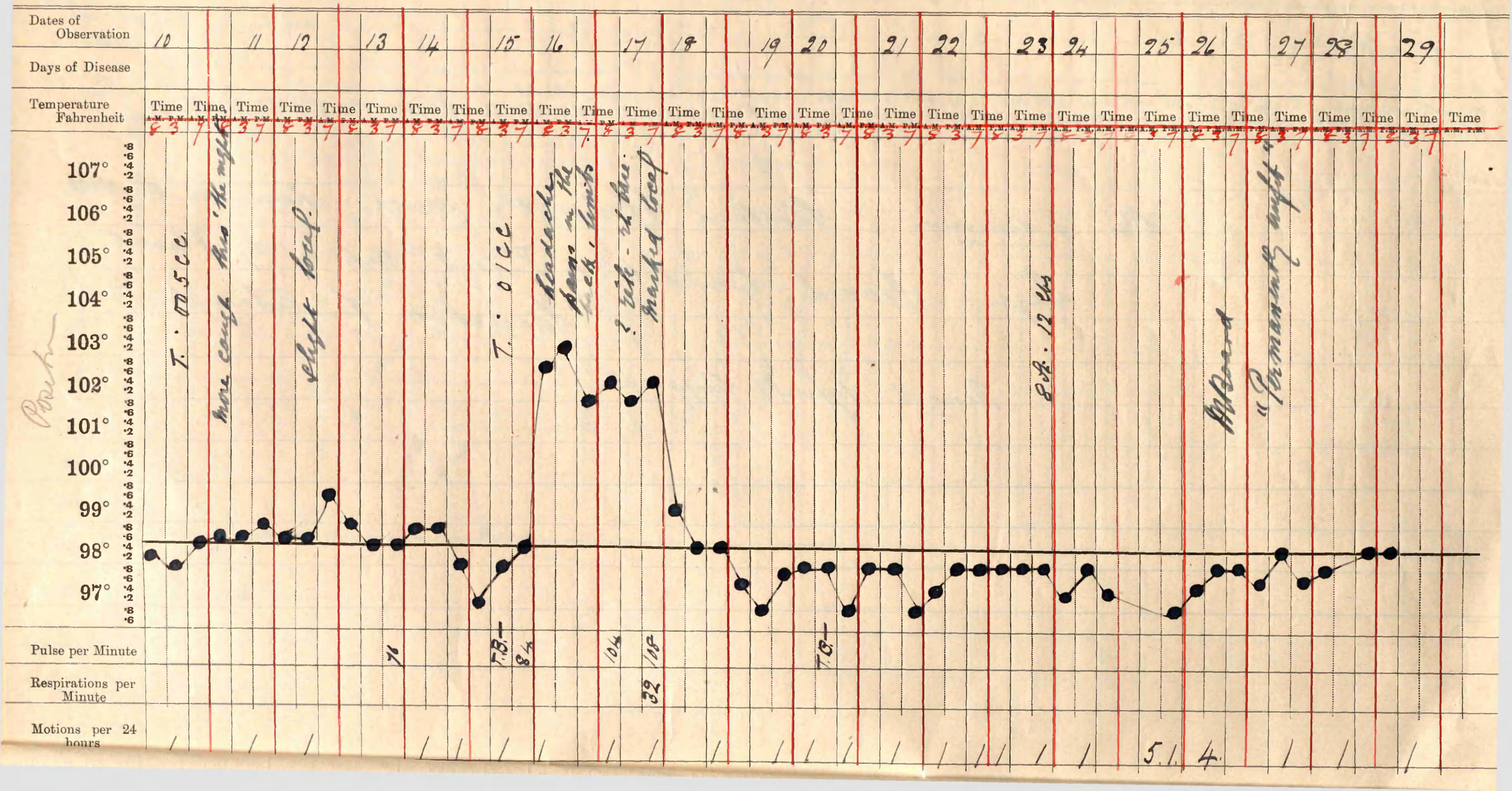
Army Form B 181.

Corps 8th D. 7. No. 14

Military Hospital Connaught Aldershot.

No. 15491 Rank and Name Pte W. Age 38 Service 15 mnths

Disease _____ Date of admission 10 · 12 · 15 Date of discharge _____ Result _____



On admission : Shortness of breath . cough : pain in the side .

Exp : General bronchitis (Patient sent in by Throat Specialist for tuberculin test)

Remark : Typical temperature

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps Queens W. Surreys   No 15

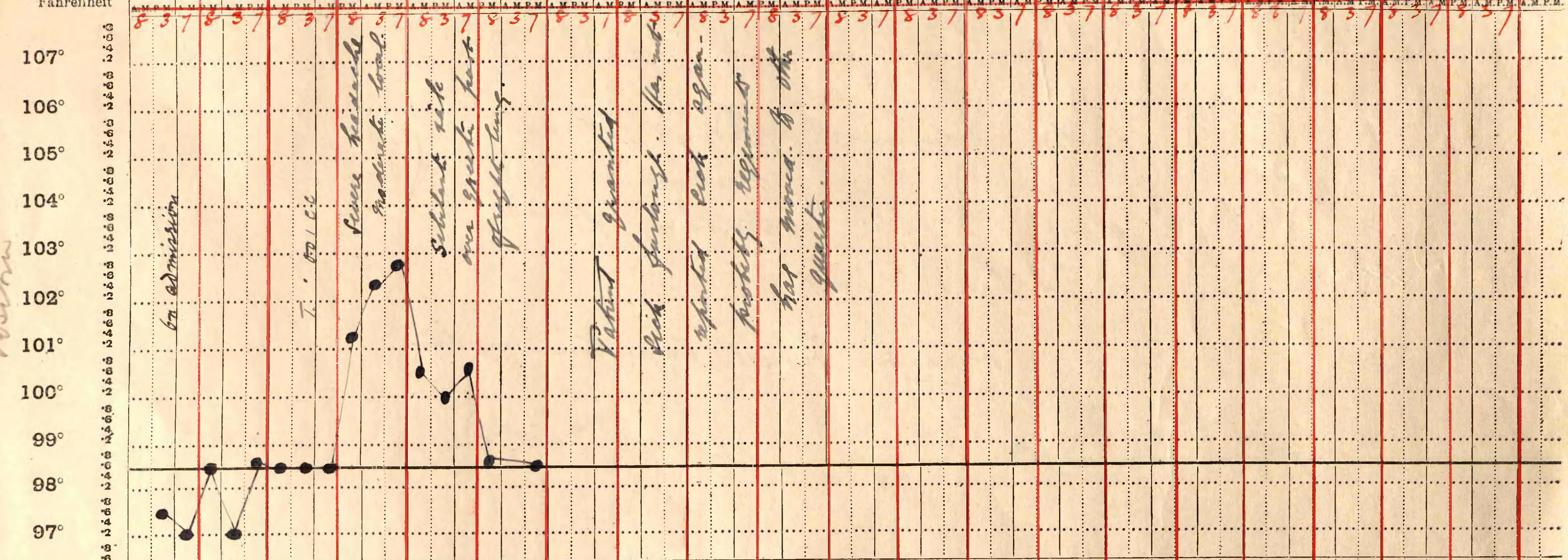
No. 1822   Rank and Name L. Cpl B.   Age ____   Military Hospital Connaught - Aldershot -   Service ____

Disease ____   Date of admission 21 - 9 - 15   Date of discharge ____   Result ____

Positive

Dates of Observation	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Spitting of blood.
Weakness.
Shortness of breath.

Syn: nil

Remarks. Typical temperature reaction.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

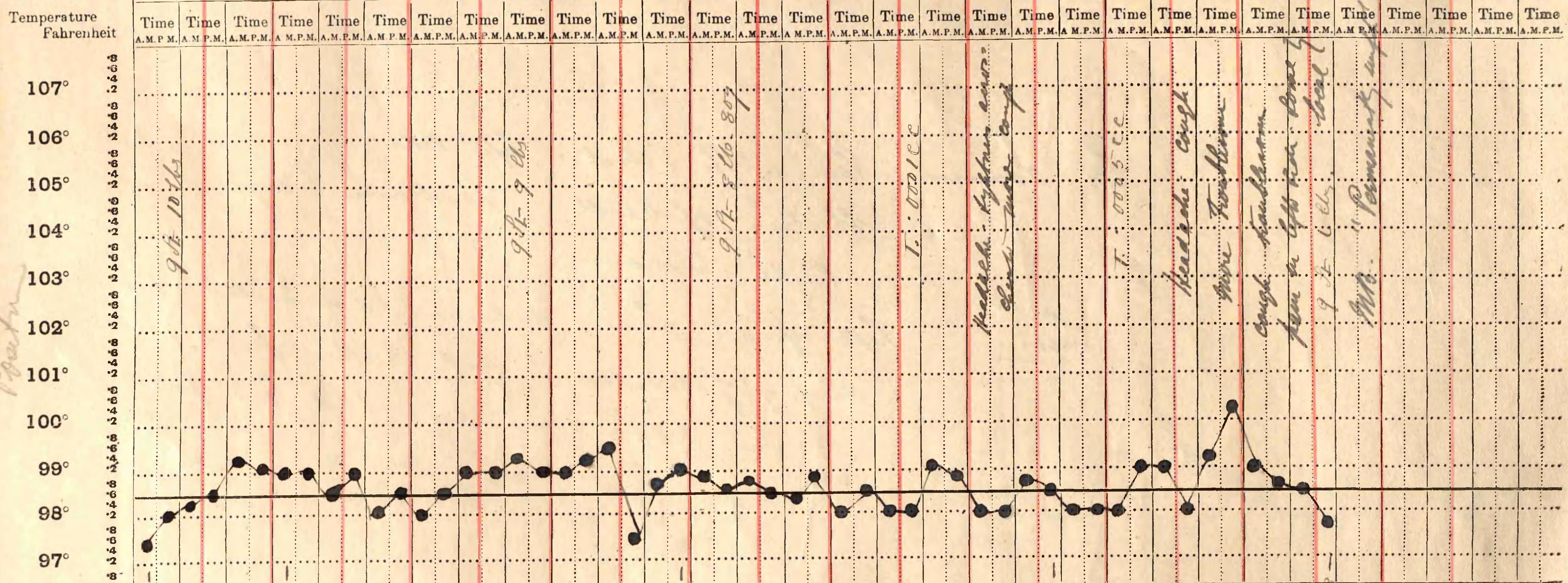
No. 16

Corps ______ Military Hospital Connaught – Aldershot

No. 98799 Rank and Name Pte. J. G. Age 41 Service 1/12

Disease ______ Date of admission 5 – 1 – 16. Date of discharge ______ Result ______

Dates of Observation	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Days of Disease																			



Pulse per Minute: T. B. – (9), T. B. – (11), T. B. – (16), T. B. – (22), T. B. – (26)

Respirations per Minute

Motions per 24 hours

On admission. Pain in the chest. Left side:
shortness of breath: troublesome cough:
slight hoarseness.

Signs. left apex: some dulness, diminished movement:
drooping of shoulder: B.S. rather faint.
? fine crepts. over apex. (Lat. and post.)

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 41st Batt. Canadian Inf. No. 17

Military Hospital Connaught - Aldershot

No. 416079 Rank and Name Pte V.

Age 19 Service 6/12

Disease

Date of admission 25-12-15

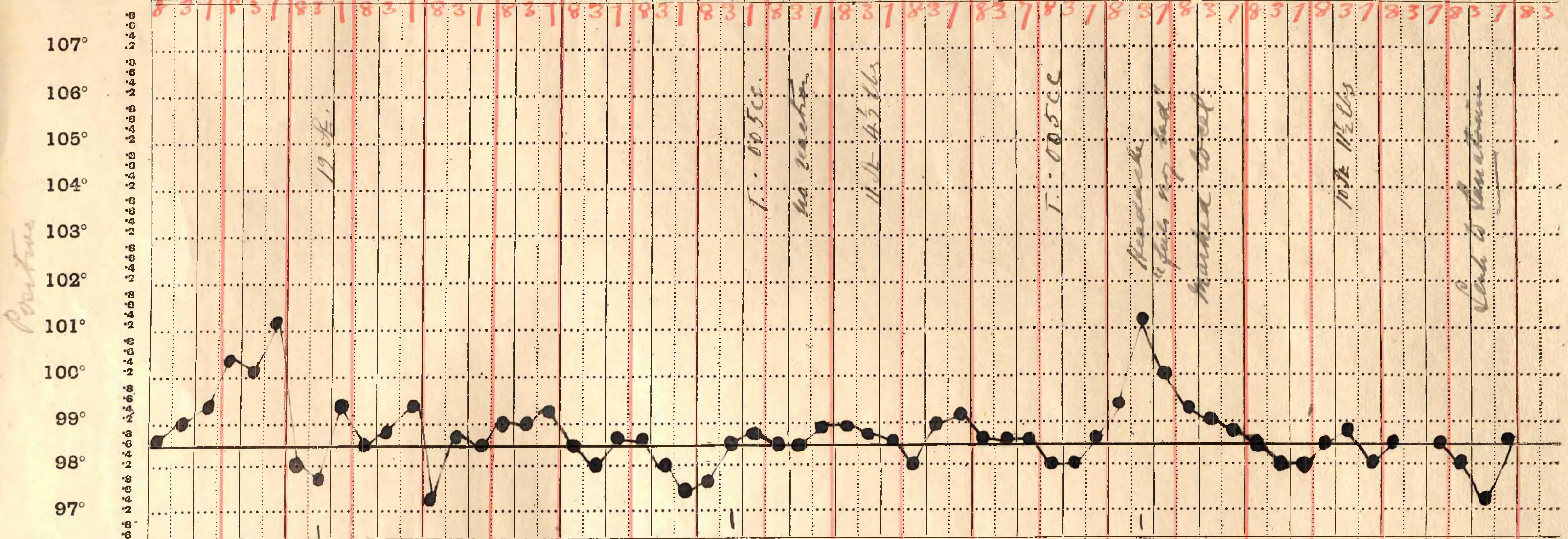
Date of discharge

Result

Dates of Observation: 26, 27, 28, 29, 30, 31, 1 (Jan), 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.)



Pulse per Minute: T.B.– (28); T.B – (3); 92, T.B – (9); 84 (12); 84, 86 (13–14); 70, 100 (14)

Respirations per Minute: 22, 24 (14)

Motions per 24 hours

On admission: Soreness of throat: Soreness of the chest –

Cough: Spitting (Sent in by Mr Lang for Tubercle test).

Signs: Right base: Some dulness: a few fine crepitations: and occasional rhonchi:

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

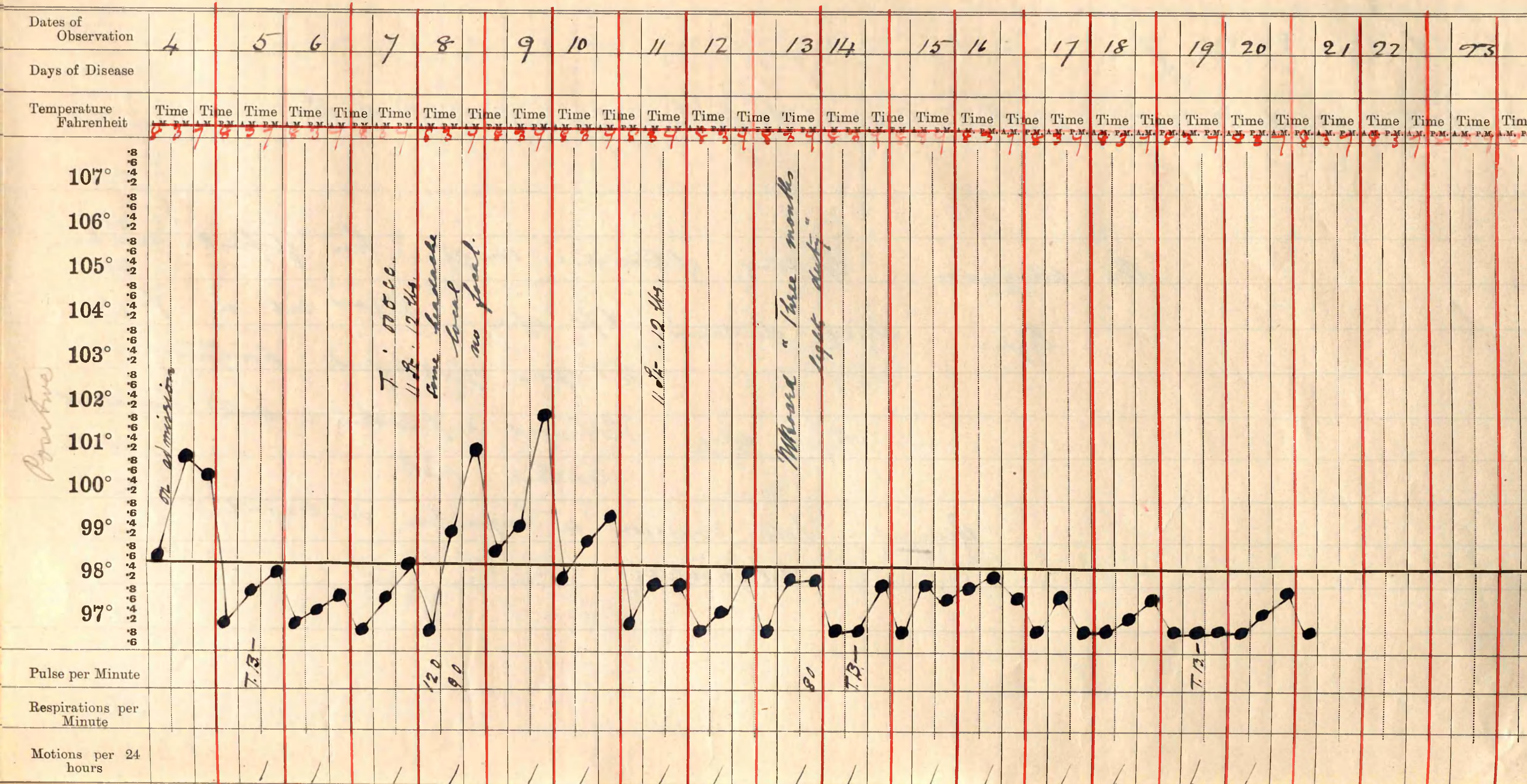
No. 18

Corps S. A. Horse

Military Hospital Connaught. Aldershot

No. 1123 C Squadron Rank and Name Pi M. Age 31 Service

Disease Date of admission 4 - 12 - 15 Date of discharge Result



On admission: Spitting of blood: cough: loss of flesh: weakness

Sign: Slight dulness - left apex - 2nd rib in front: and
2 spine of scapula posteriorly.

Right apex. Prolonged expiration: rale transmitted
behind site.

Remark. Note remission in temperature on second day:
this unusual.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps A. V. C No. 19 / 11

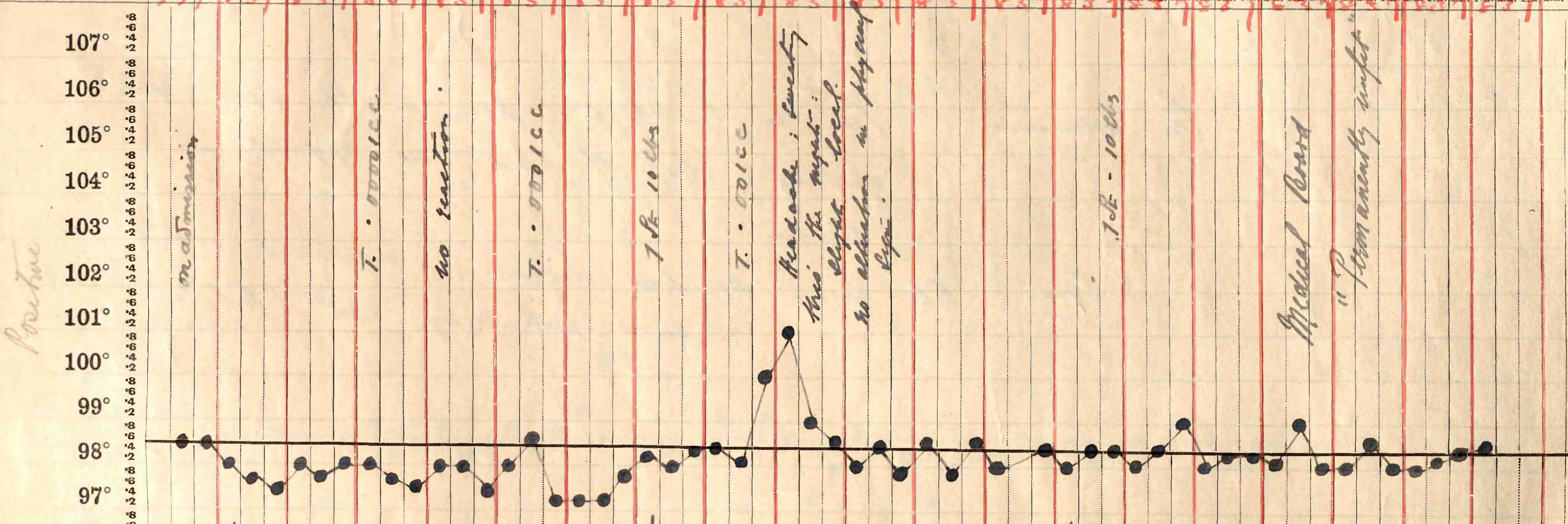
No. 16303 Rank and Name Pte C Age 21

Military Hospital Connaught Aldershot

Service 1/12

Disease ______ Date of admission 3 - 1 - 16 Date of discharge ______ Result ______

Dates of Observation / Days of Disease	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.



Pulse per Minute: T.B. – ; T.B. – ; 78 74 ; T.B. –

Respirations per Minute

Motions per 24 hours: / / / / / / / / // / / / / / / / / / / / / /

On admission. Pain in the chest: pain in the right side:
Spitting: loss of weight. no appetite. two months
duration.

Syms: Rt apex: Marked dulness. increased vocal resonance
Whispered pectoriloquy. and tubular breathing.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No. 20

Corps R. F. A. 181st Bde.

No. 34204

Rank and Name Pte W.

Military Hospital Connaught Alldershot.

Age 25

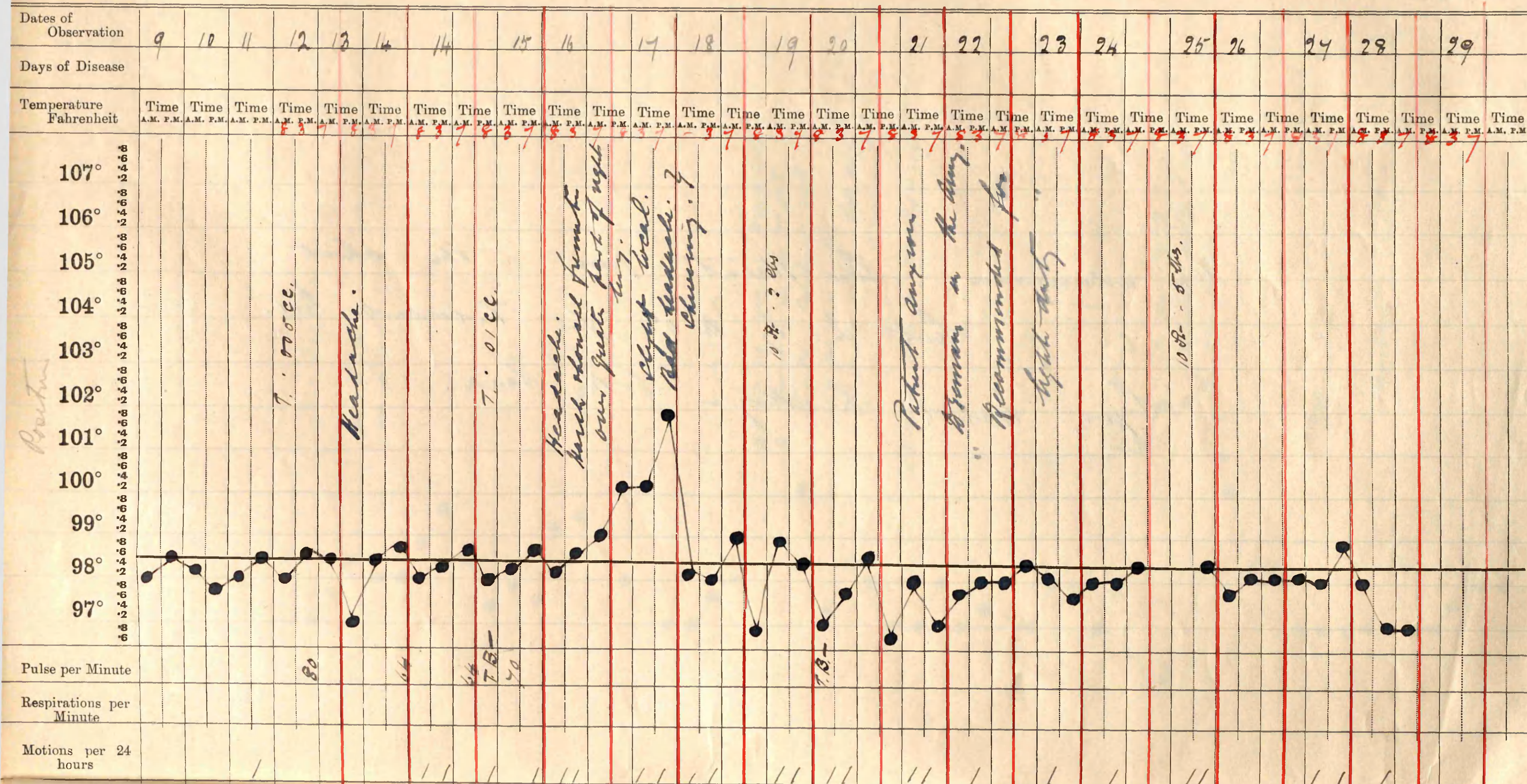
Service 5/12

Disease

Date of admission 7. 15. 15

Date of discharge

Result



On admission: Sore throat: pain in the chest

Sent in by B.O. for Tuberculin test.

Sym. Hard breathing - both lungs.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R. F. A. Military Hospital Connaught Aldershot

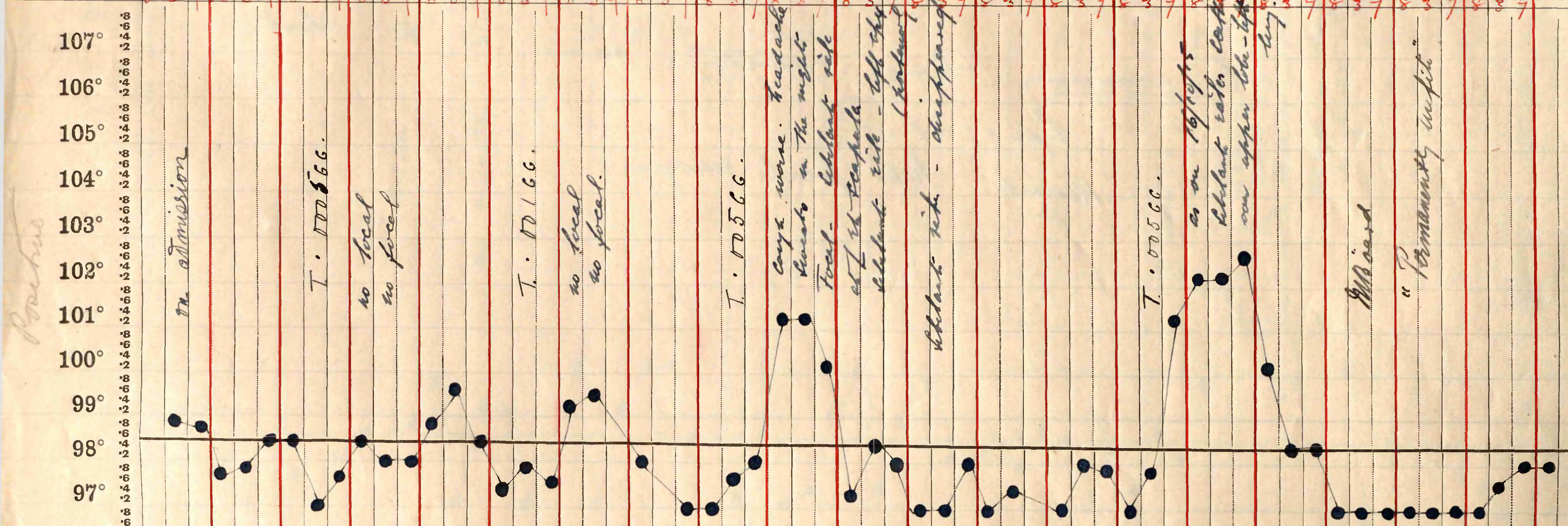
No. 32830. Rank and Name Pte. W. Age ____ Service ____

Disease ? Phthisis Date of admission 7 - 10 - 15 Date of discharge ____ Result ____

Dates of Observation: 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26

Days of Disease

Temperature Fahrenheit



Pulse per Minute: 104, 88, 68 (16–17); 100, 108, 100, 104 (21–22)

Respirations per Minute

Motions per 24 hours: /

On admission: Cough. Spitting. Pains in the chest

Legs: nil.

Remark. Note focal reaction

Army Form B. 181.

CLINICAL CHART.

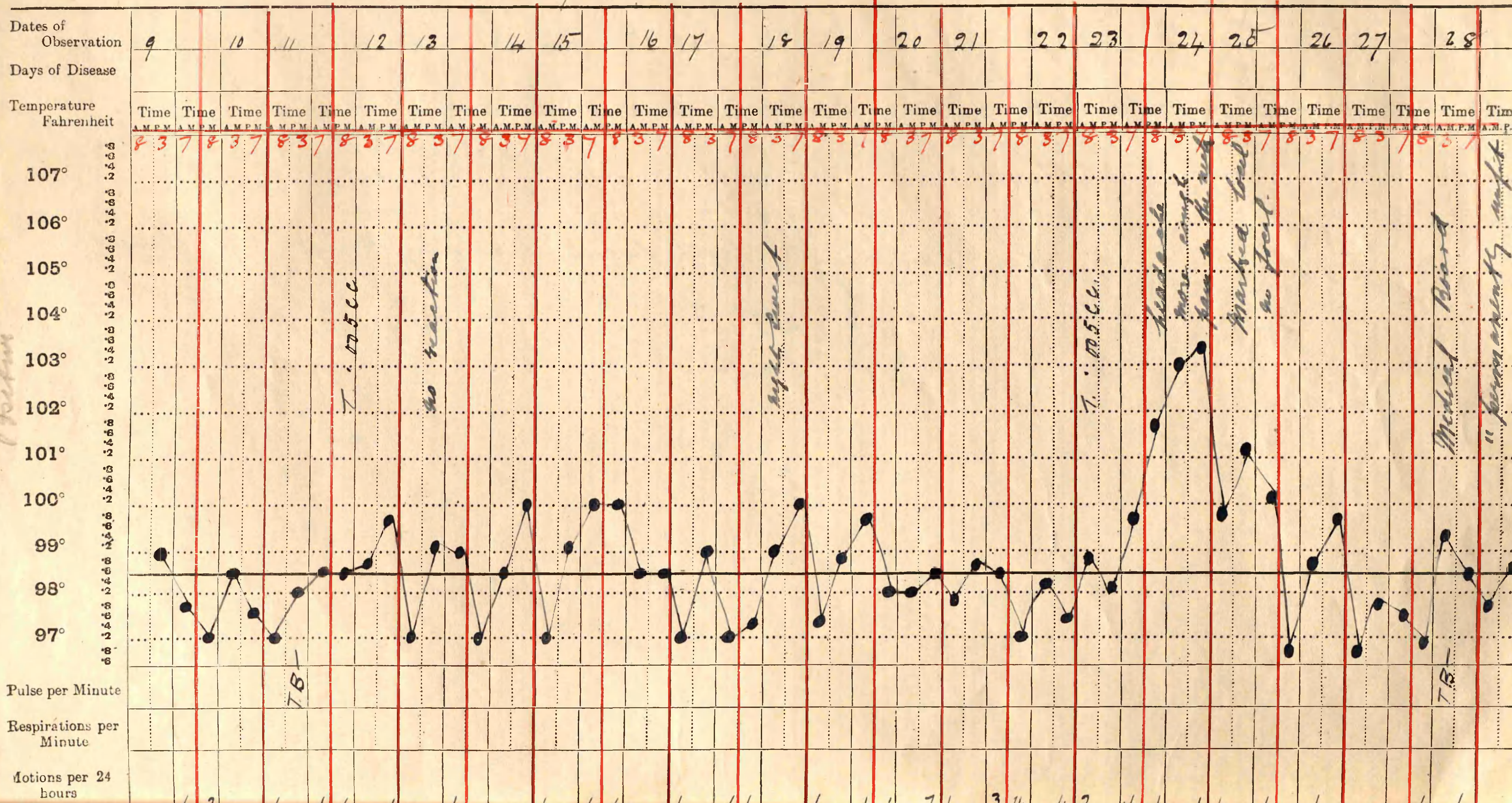
(To be attached to Case Sheet.)

No 22

Corps ______ Military Hospital Connaught. Aldershot-

No. ______ Rank and Name L Cpl B ______ Age 27 ______ Service ______

Disease ______ Date of admission 9 - 11 - 15 ______ Date of discharge ______ Result ______



On admission " Night sweats. morning cough. loss of energy.

Sputum nil.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps R. E. No 23

Military Hospital Connaught Aldershot

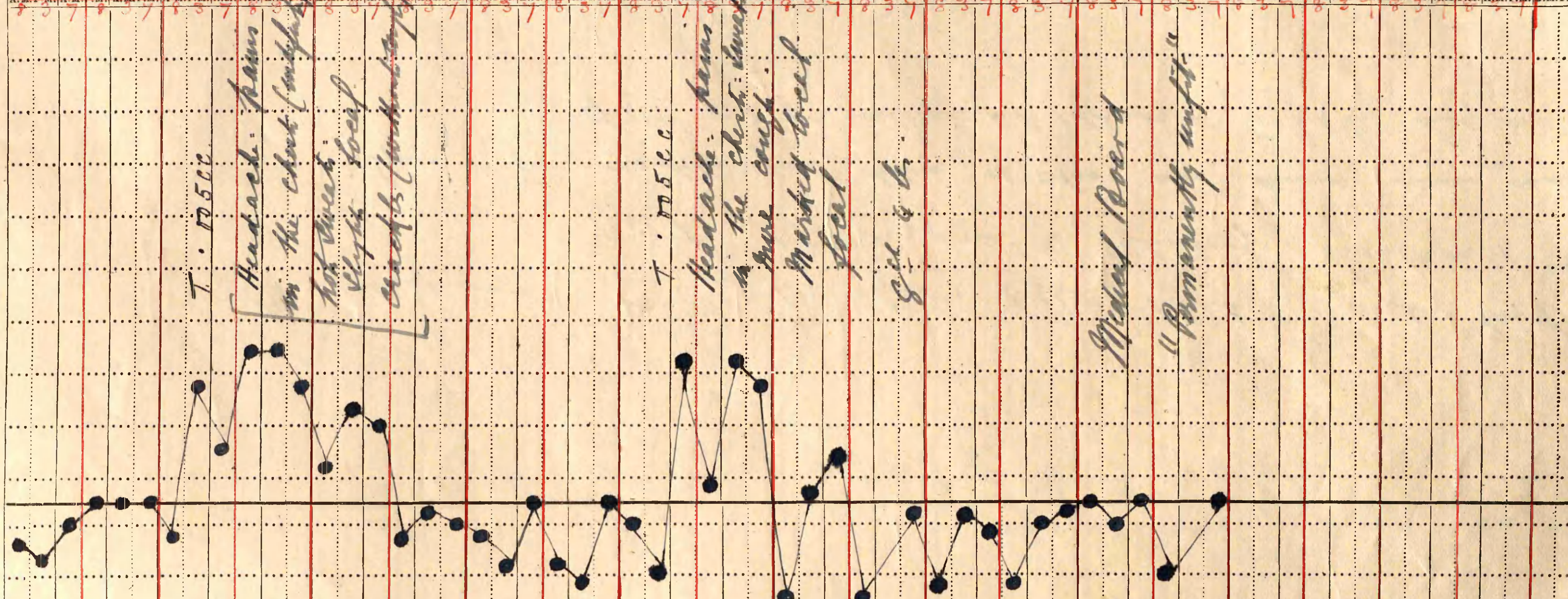
No. 92368 Rank and Name Pte. H. Age 20 Service 6 weeks

Disease Date of admission 16 – 11 – 15 Date of discharge Result

Positive

Dates of Observation	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5
Days of Disease																				

Temperature Fahrenheit



Pulse per Minute 84

Respirations per Minute

Motions per 24 hours: 1 1 1 1 2 1 2 2 2 2 1 1 1 1 1 1 1 1 1

On admission "Pain in the chest: nights sweats: cough: loss of w[eight]
Patient states he was in Aylesbury Sanatorium. 7 months

Sym. Fine crackles just below rt clav. also towards inner end [of]
of 3rd and 4th intercostal space. Crackles only on coug[h]

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps R.E. W.24

Military Hospital Connaught Aldershot

No. 104566 Rank and Name Sgt J. Age 34 Service 9

Disease Date of admission 8-11-15 Date of discharge Result

Dates of Observation: 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Days of Disease

Temperature Fahrenheit

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: "Loss of weight: General weakness."

Signs: Slight dulness - left apex - anteriorly.

Movements not so good as on rt. apex.

Remark. No focal reaction

Army Form B. 181.

CLINICAL CHART.

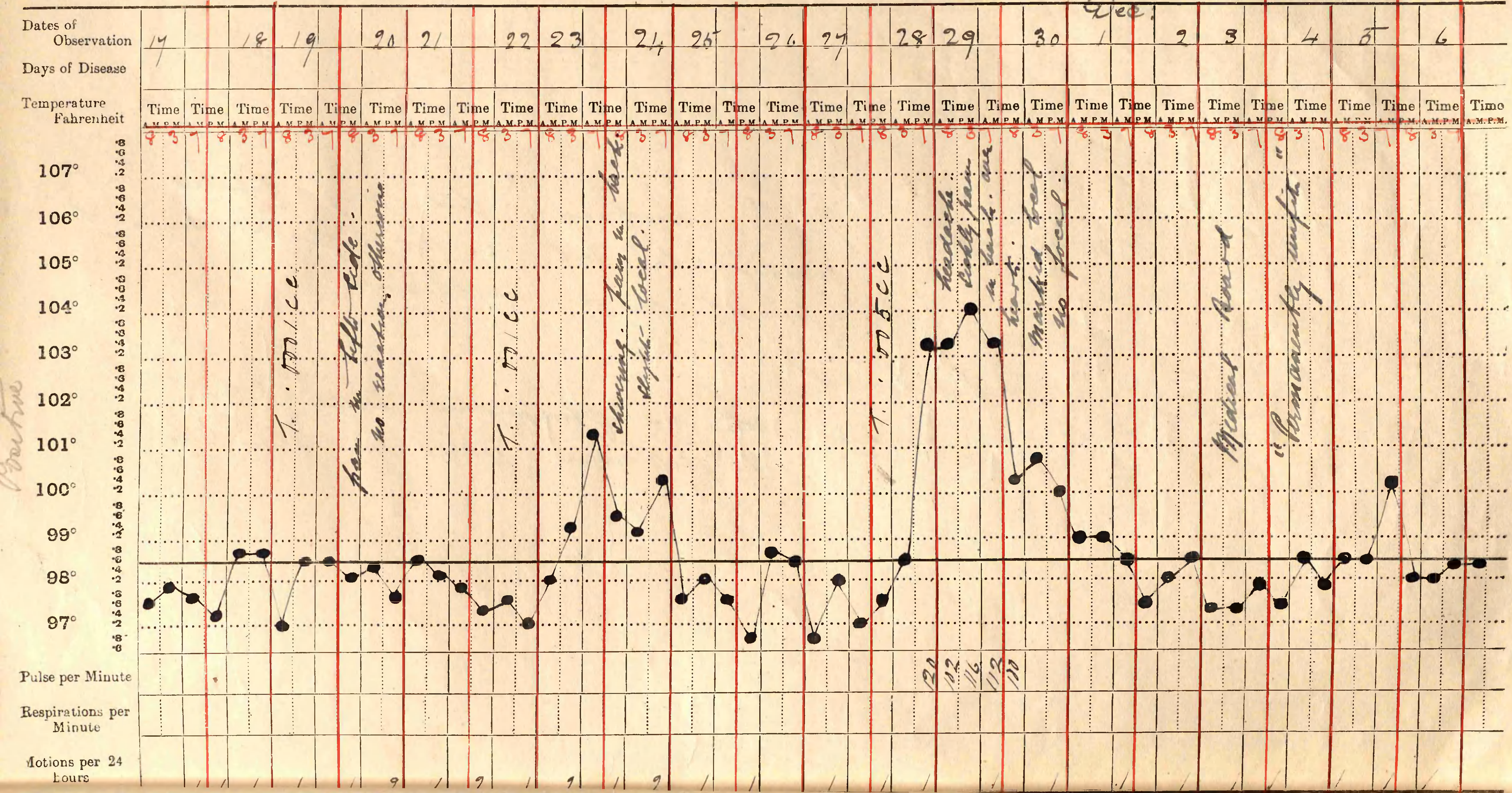
(*To be attached to Case Sheet.*)

No 25

Corps ______ Military Hospital Connaught 'Aldershot'

No. 4569 Rank and Name Pte. M. Age 22 Service 7/12

Disease ______ Date of admission 28 - 11 - 15 Date of discharge ______ Result ______



On admission: General weakness: feels very feverish in the evening: has lost a lot of wt since he joined: cough - toothroom.

Sym: nil

Remark. Note rise of temperature within 8 hrs.
This not usual, except in severe reaction

CLINICAL CHART.

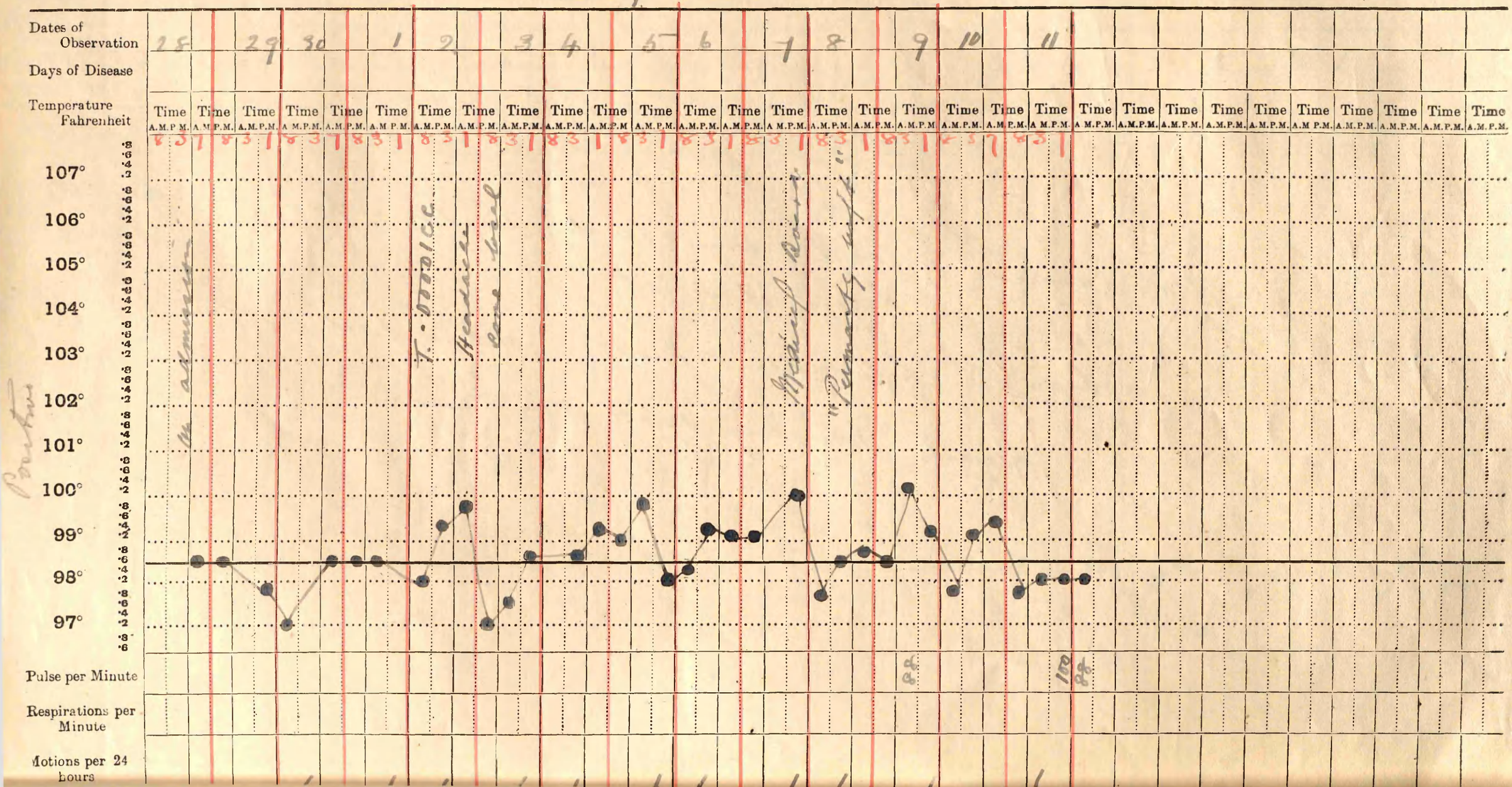
(To be attached to Case Sheet.)

Army Form B. 181.

Corps 8th Dublin No 26 Military Hospital Connaught - Aldershot

No. 1873 Rank and Name Pte G. Age Service

Disease Date of admission 28-9-15 Date of discharge Result



On admission : Cough (several weeks duration . pain in the side
loss of weight .

Signs : left apex. Friction - ant & post. few fine crep.

Remarks. Note very small dose used.

Army Form B 181.

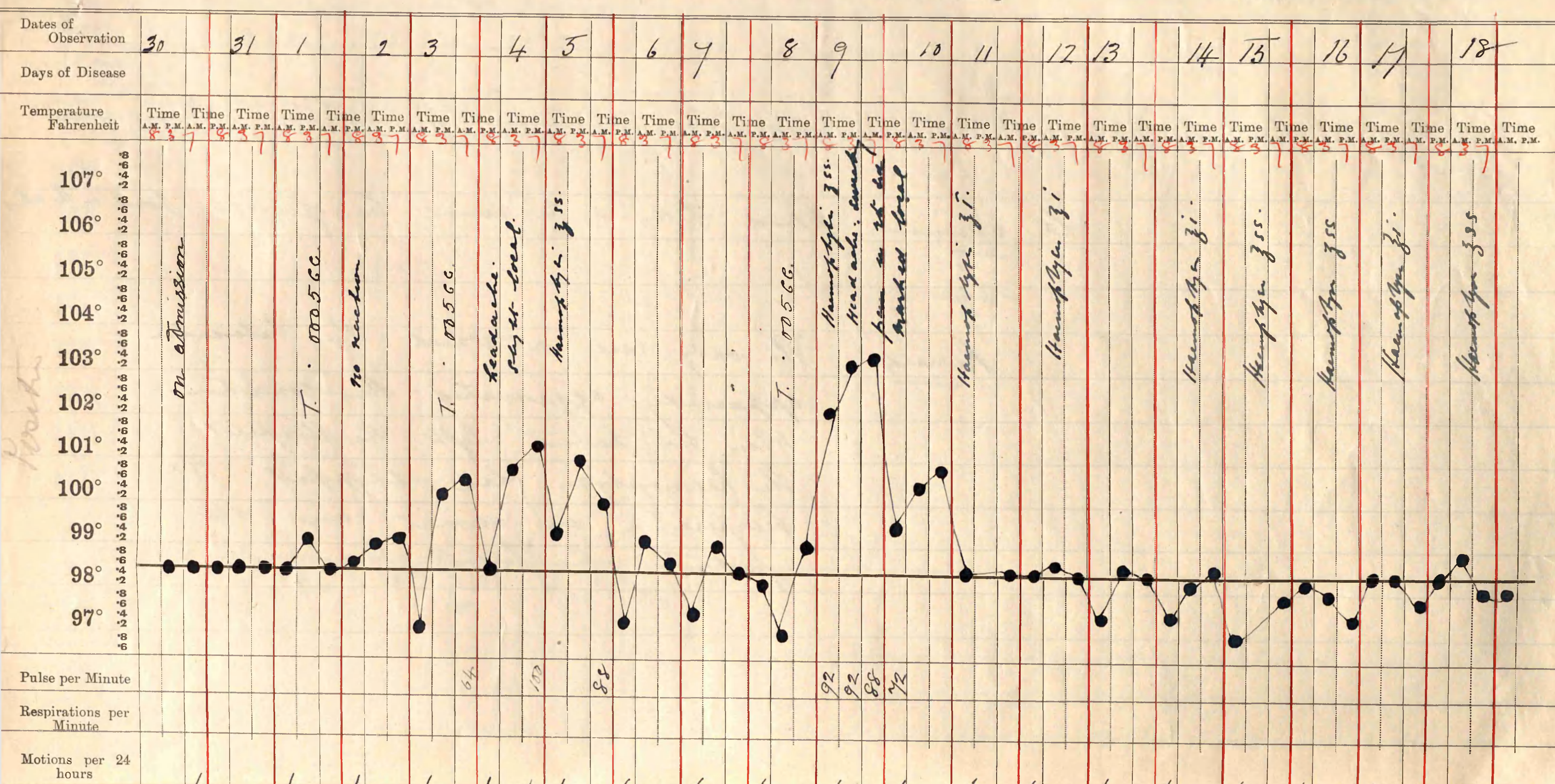
CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 19th Middlesex. B. Coy. No. 27

No. 1823 Rank and Name Pte. W. Age 36 Military Hospital Connaught. Aldershot Service 4/12

Disease Date of admission 30 - 10 - 15 Date of discharge Result /



Dates of Observation
30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Days of Disease
Temperature Fahrenheit
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
on admission
T. ·0005cc.
no reaction
T. ·005cc.
Headache. slight local.
Haemoptysis ʒ ss.
T. ·005cc.
Haemoptysis ʒ ss.
Headache. sweating
pain in rt. side
marked local
Haemoptysis ʒ i.
Haemoptysis ʒ i
Haemoptysis ʒ i.
Haemoptysis ʒ ss.
Haemoptysis ʒ ss
Haemoptysis ʒ i.
Haemoptysis ʒ ss
Pulse per Minute
64 100 88 92 92 88 72
Respirations per Minute
Motions per 24 hours

On admission. Blood spitting on the morning: loss of weight: pains in the chest.

Signs: nil.

Remark. The only case in which the Tuberculin apparently aggravated the condition. When the patient left the Hospital, the haemoptysis had stopped. the temperature was normal. and the patient was feeling very well.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 19th Middlesex B. Coy. Military Hospital Connaught. Aldershot

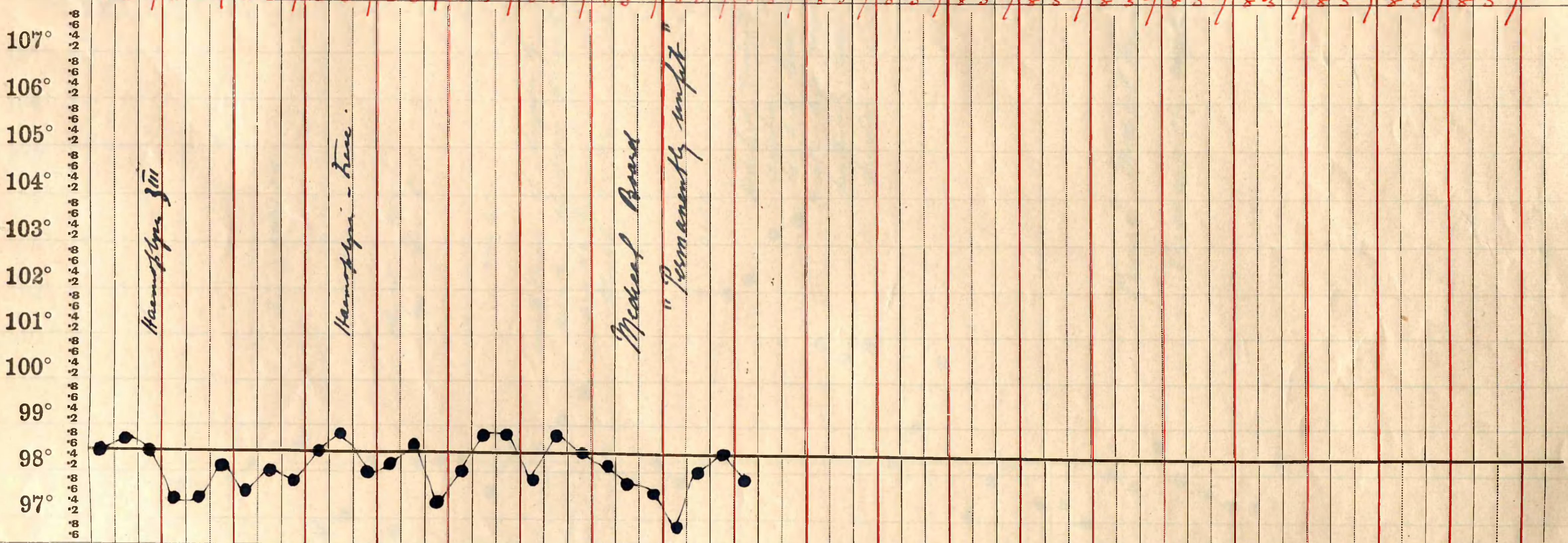
No. 1823 Rank and Name Pte W. Age 36 Service 4/12

Disease ______ Date of admission ______ Date of discharge ______ Result ______

Dates of Observation: November 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Days of Disease

Temperature Fahrenheit (Time A.M. P.M. — 8 3 7)



Pulse per Minute

Respirations per Minute

Motions per 24 hours: 2, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 28

Corps A. S. C. M. T.

No. 3958

Rank and Name Pte G.

Age

Military Hospital Connaught. Aldershot

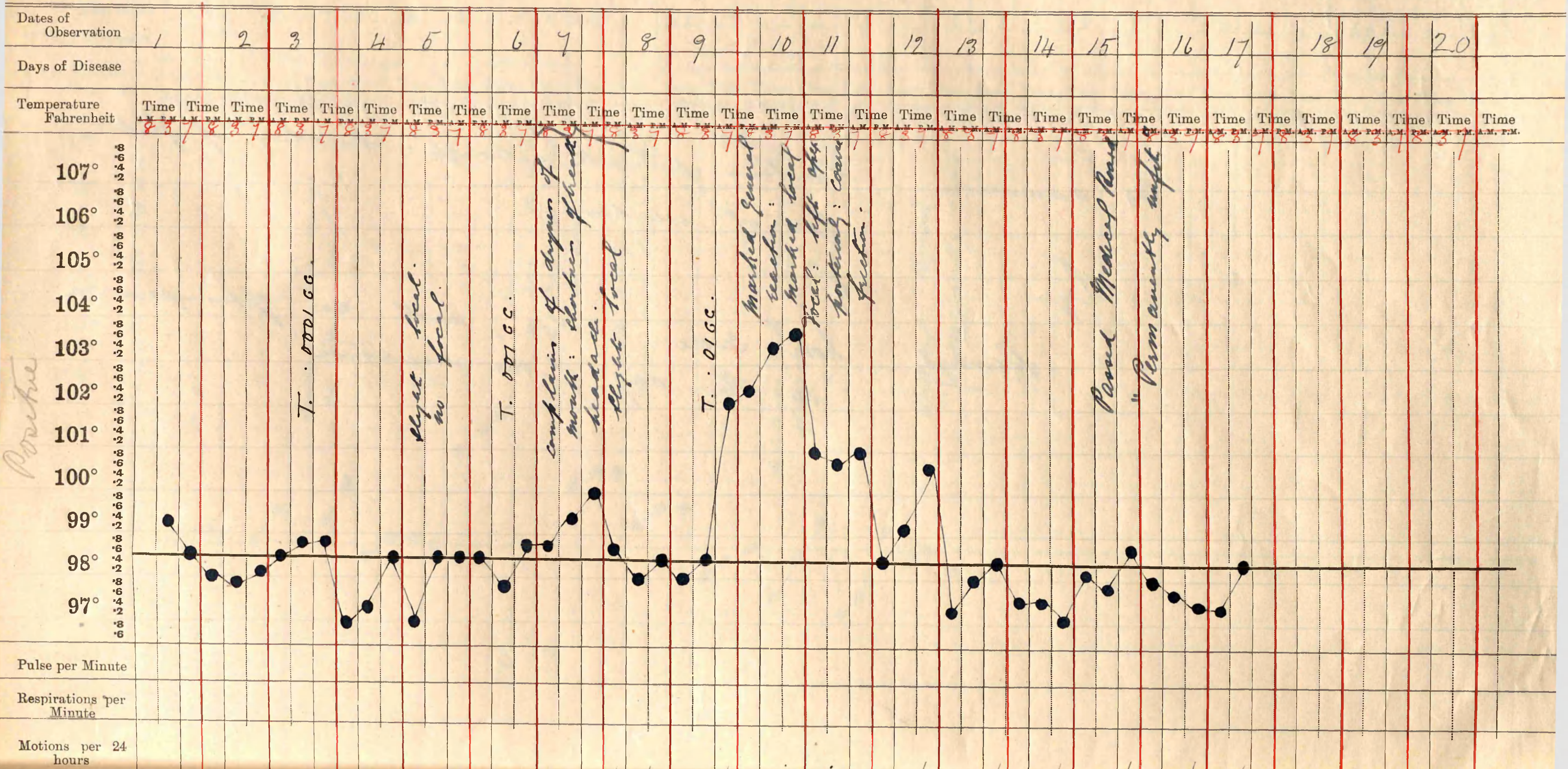
Service

Disease

Date of admission 1 - 9 - 15

Date of discharge

Result



Dates of Observation
Days of Disease
Temperature Fahrenheit
Pulse per Minute
Respirations per Minute
Motions per 24 hours
Positive
T. ·0001 cc.
slight local.
no focal.
T. ·001 cc.
complains of dryness of mouth: shortness of breath
headache.
slight local
T. ·01 cc.
marked general reaction:
marked local
Focal: left apex posteriorly: coarse friction.
Passed Medical Board
"Permanently unfit"

On admission: Shortness of breath: cough: sweating of feet:
General weakness.

Pyrexia: Nil.

Remarks. Note severe reaction, with rise of temperature
on the day of the operation

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps R. F. A. 77 Bde / D 24 3A   No. 29   Military Hospital Connaught - Aldershot.

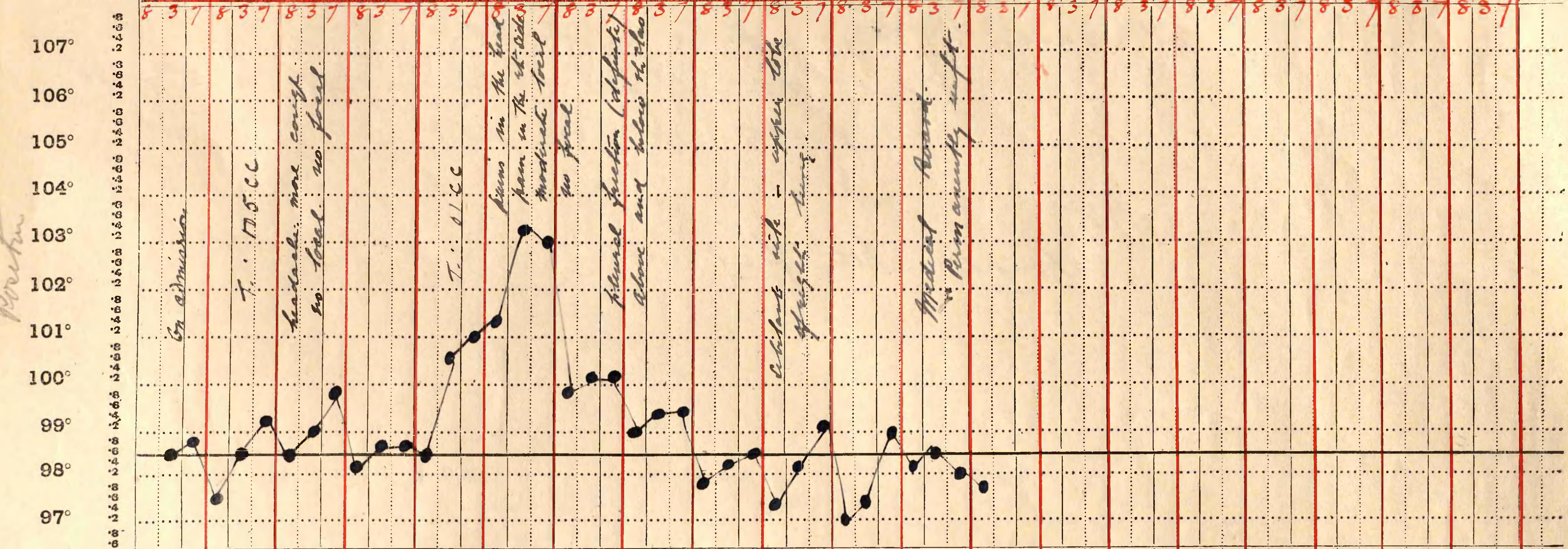
No. 31531   Rank and Name Pte. P. M.   Age   Service

Disease   Date of admission 4 - 11 - 15   Date of discharge   Result

Dates of Observation: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8, 3, 7)



Pulse per Minute: 60, 104, 112

Respirations per Minute

Motions per 24 hours

On admission. Cough: pain in the chest

Patient states he had a haemorrhage in lung. 15-

- quantity about one pint.

Signs: nil.

Remarks. Note focal reaction.

Army Form B. 181.

CLINICAL CHART.

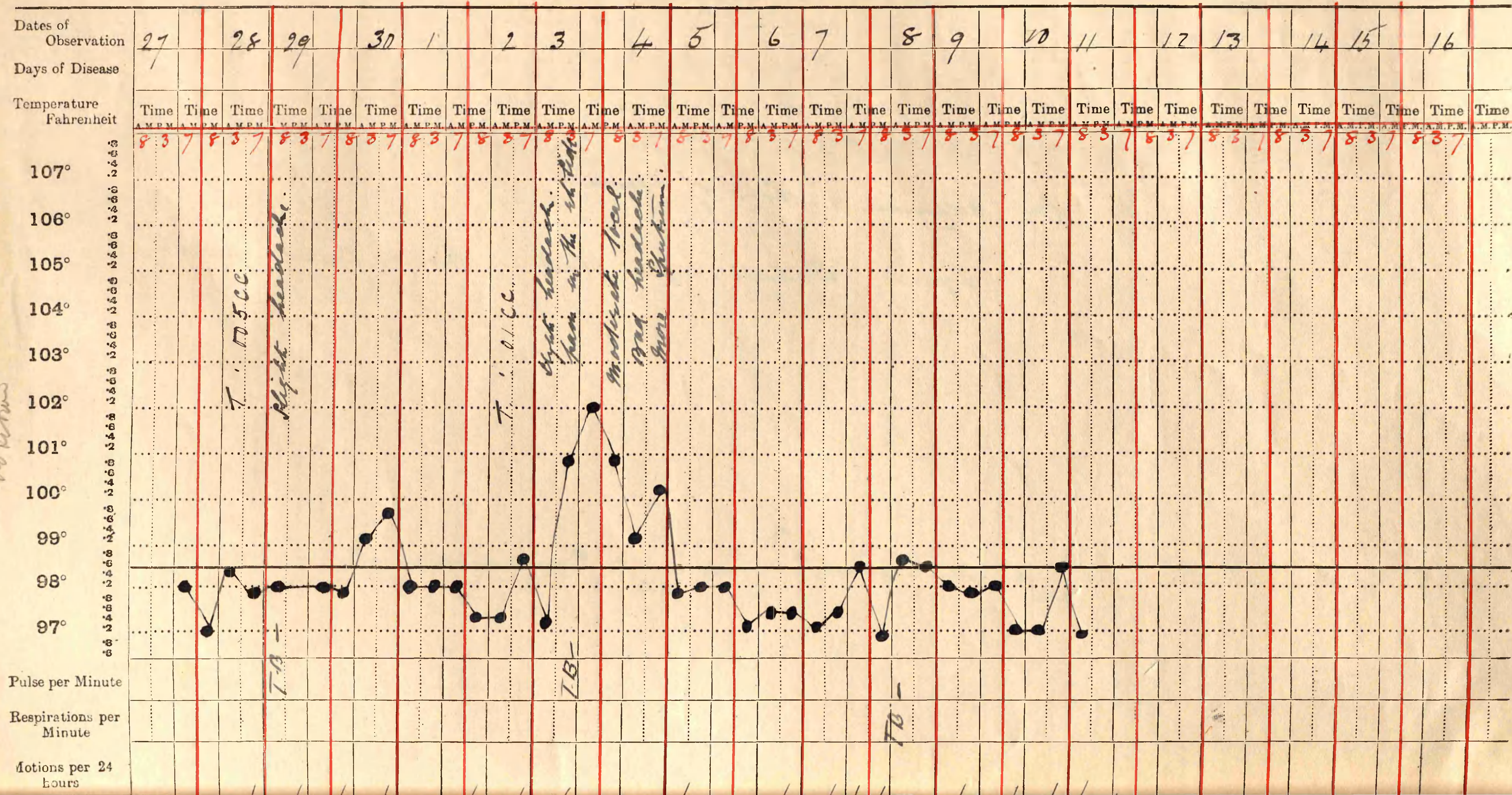
(*To be attached to Case Sheet.*)

Corps 12th E. Surreys 8th Coy No. 30

Military Hospital Connaught – Aldershot –

No. 123182 Rank and Name Pte. M. Age 36 Service

Disease Date of admission 28 – 11 – 15 Date of discharge Result



Pottow

On admission. loss of voice.

Sym. Dulness: right base. Breath sounds faint.

No. 31

CLINICAL CHART.

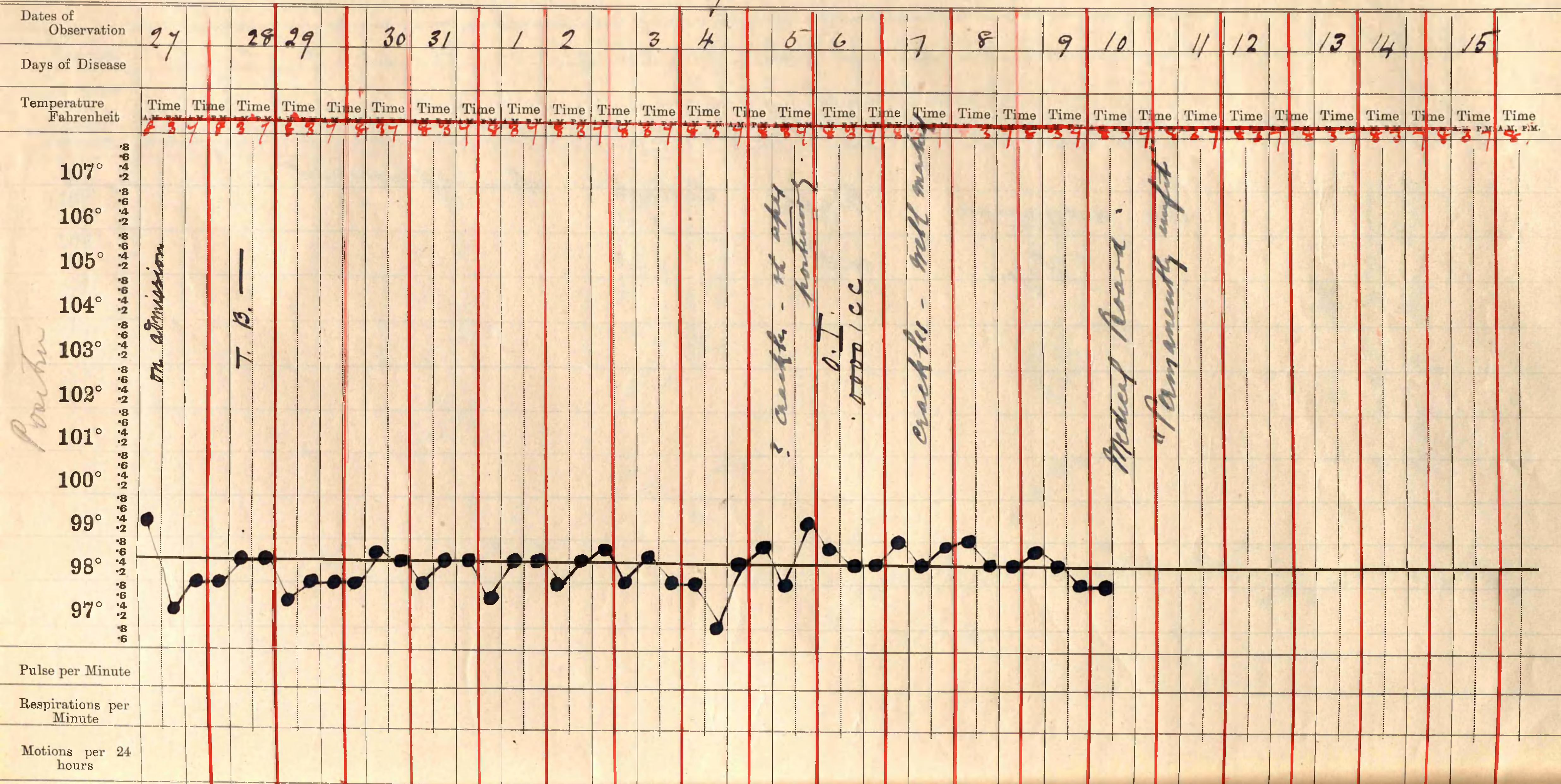
(To be attached to Case Sheet.)

Army Form B 181.

Corps ____________ Military Hospital Connaught. Aldershot

No. ____________ Rank and Name Cpl. L. ____________ Age ____________ Service ____________

Disease ____________ Date of admission August ____________ Date of discharge ____________ Result ____________



On admission. Night sweats: loss of weight.

Sputum: nil

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 9th Norfolks No. 32

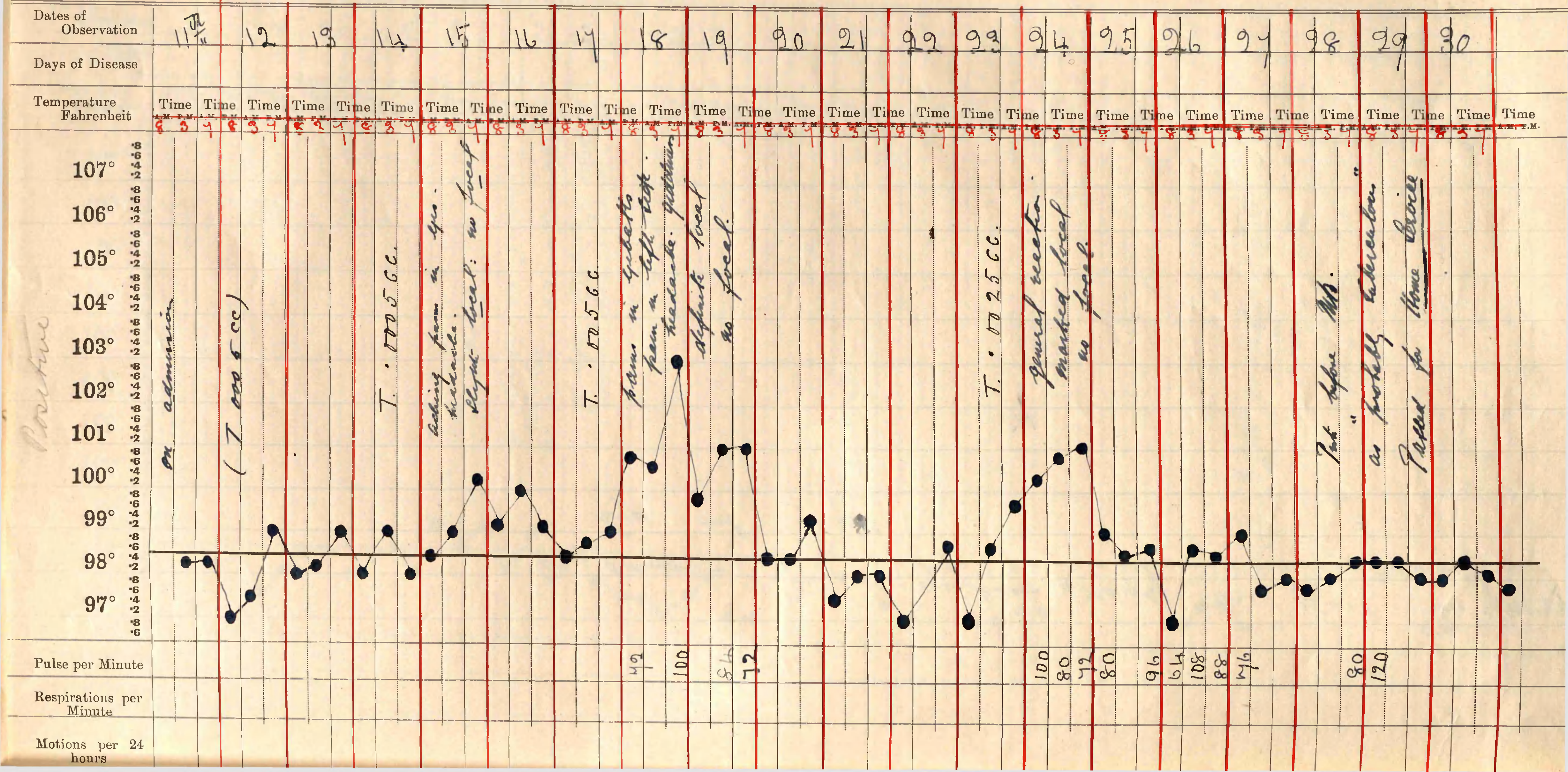
No. 15461

Rank and Name Pte Plumb.

Military Hospital Connaught

Age 31 Service 11/12

Disease ______ Date of admission 11/7/16 Date of discharge ______ Result ______



Positive
Dates of Observation
11th Jul. 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Days of Disease
Temperature Fahrenheit
Time A.M. P.M.
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
on admission
(T ·0005 cc)
T. ·0005 CC.
aching pain in eyes.
headache.
slight local: no focal
T. ·005 CC
pains in eyeballs
pain in left side.
headache. giddiness
definite local
no focal.
T. ·0025 CC.
general reaction.
marked local
no focal.
Put before M.B.
as "probably tuberculous"
Passed for Home Service
Pulse per Minute
72 100 84 72 100 80 72 80 96 64 108 88 76 80 120
Respirations per Minute
Motions per 24 hours

On admission: General weakness. cough. loss of wt. loss of energy.

" Appetite

No. 33

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R. F. C.

No. 7432

Rank and Name 2nd A. H. B.

Military Hospital Connaught Aldershot

Age

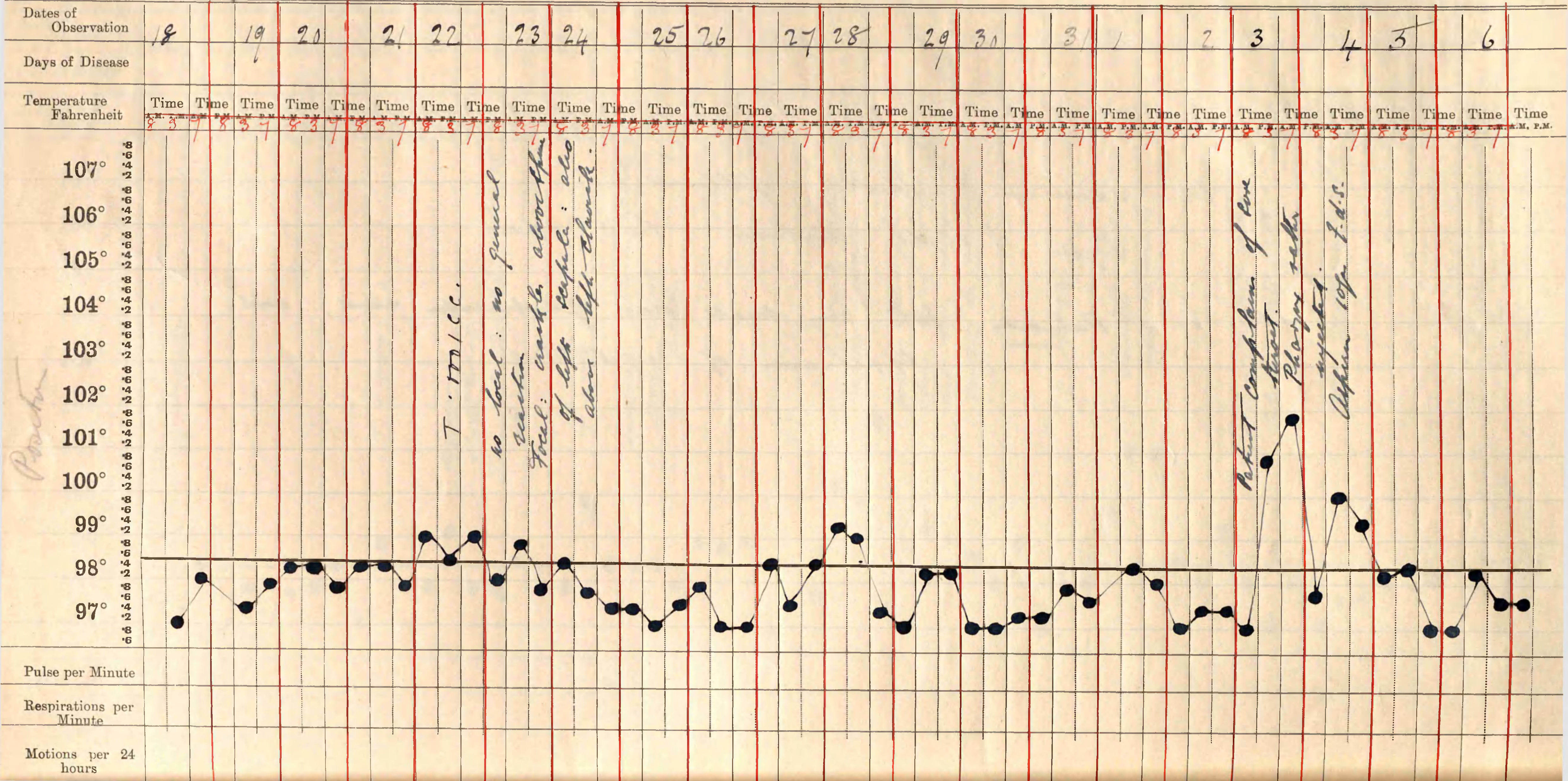
Service 2/12

Disease Haemoptysis.

Date of admission 14 · 10 - 15

Date of discharge

Result



Posterior
Dates of Observation
18
19
20
21
22
23
24
25
26
27
28
29
30
31
1
2
3
4
5
6
Days of Disease
Temperature Fahrenheit
Time
A.M. P.M.
107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
Pulse per Minute
Respirations per Minute
Motions per 24 hours
T. 1001 c.c.
no local: no general reaction
Focal: crackles above spine of left scapula: also above left clavicle.
Patient complains of sore throat.
Pharynx rather injected.
Aspirin 10 gr t.d.s.

On admission: Spitting of blood.

Signs: ? Slight dulness: left apex.

Remarks. Note very small dose of tuberculin used, and appearance of expectoration.

No 34

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B 181.

Corps 10 Yorks [illegible] No. 1/9283

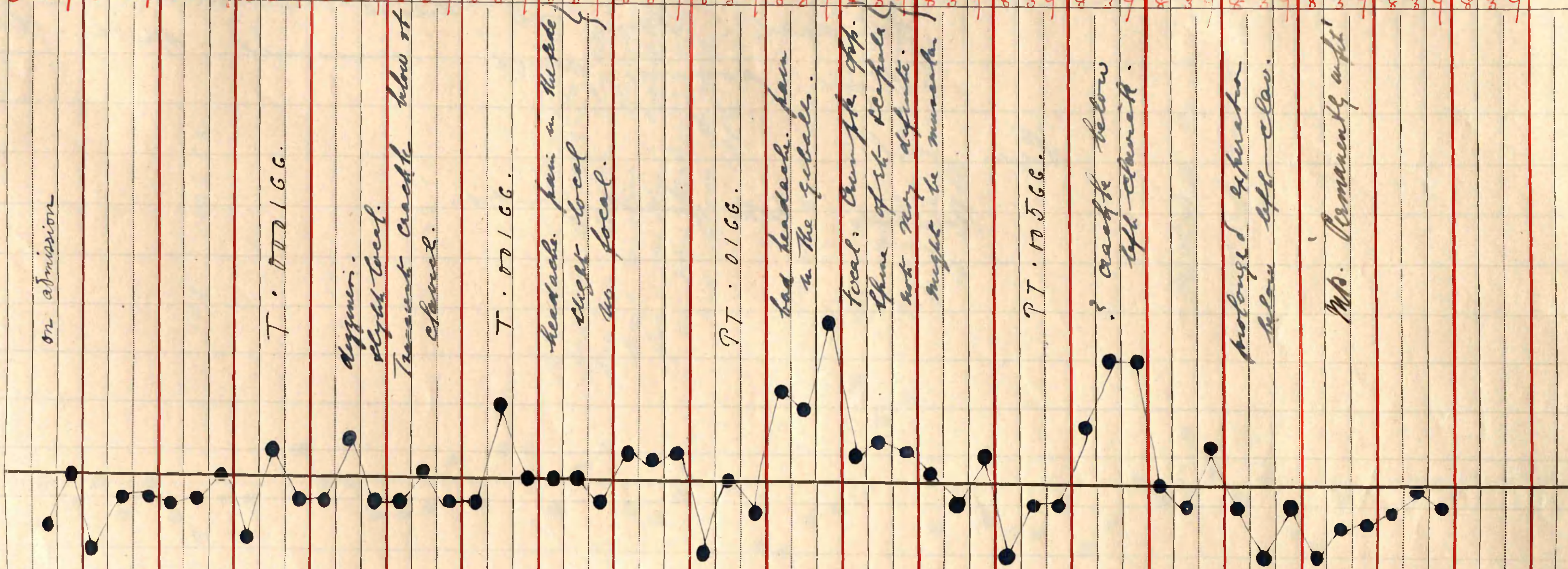
Rank and Name Pte. H. Age ______ Military Hospital Connaught Aldershot

Service ______

Disease ______ Date of admission 22-8-15 Date of discharge ______ Result ______

Dates of Observation	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)



107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
Positive
on admission
T · 0001 GG.
dizziness.
slight local.
Transient crackle below rt clavicl.
T · 001 GG.
headache. pain in the side
slight local
no focal.
PT · 01 GG.
bad headache. pain in the eyeballs.
focal: crackle opp. spine of rt scapula not very definite. might be muscular
PT · 005 GG.
? crackle below left clavicle.
prolonged expiration below left clav.
MB. Permanently unfit

Pulse per Minute: 74 (22); 80, 96 (28–29)

Respirations per Minute

Motions per 24 hours

On admission: Pain in the side; pains in the head: and back of the neck: pain over breast-bone. weakness: slight morning cough: occasional spitting of blood.

Sequi: nil.

Remarks. Note focal reaction

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

No 36

Corps 10th Yorks

No. 19294

Rank and Name Pte G.

Age

Military Hospital Connaught. Aldershot

Service

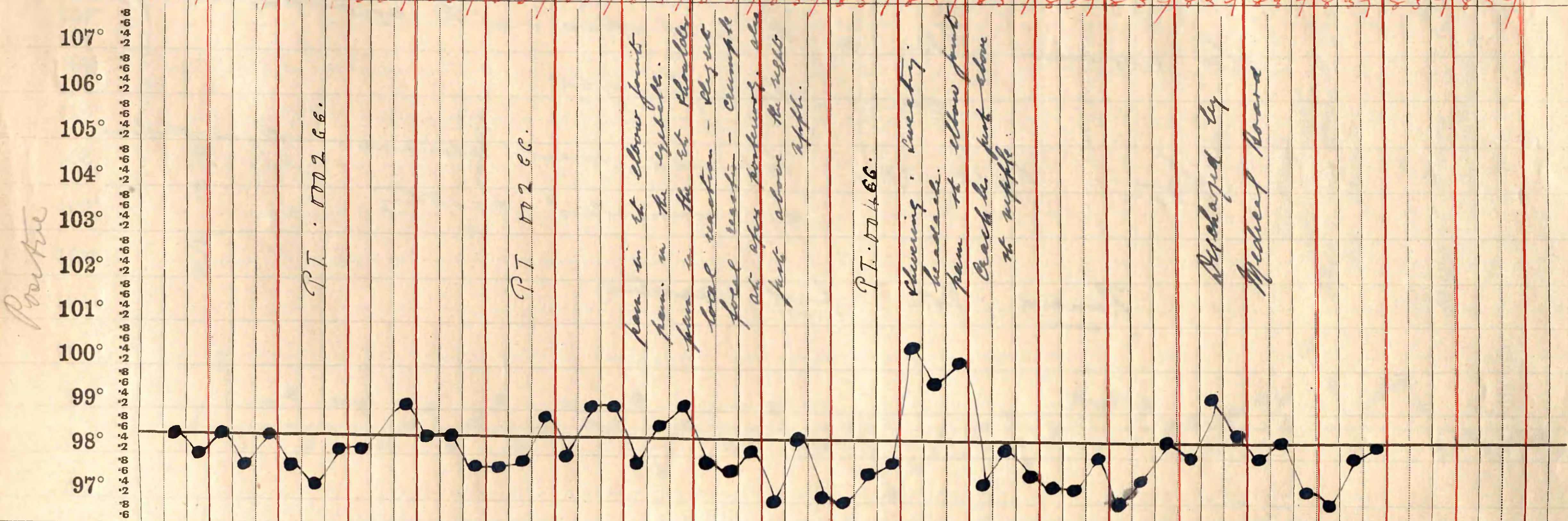
Disease

Date of admission 19 - 8 - 15

Date of discharge Sep.

Result

Dates of Observation	19		20	21		22	23		24	25		26	27		28	29		30	31		1	2		3	4		5	6		7	
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.



Pulse per Minute 80 80 84

Respirations per Minute

Motions per 24 hours

On admission: Pain in the right elbow: in the right side:

Cough: loss of weight

Signs: Right apex. Increased vocal resonance: slight dulness: and bronchial breathing.

Remark. Little focal reaction

CLINICAL CHART.

(*To be attached to Case Sheet.*)

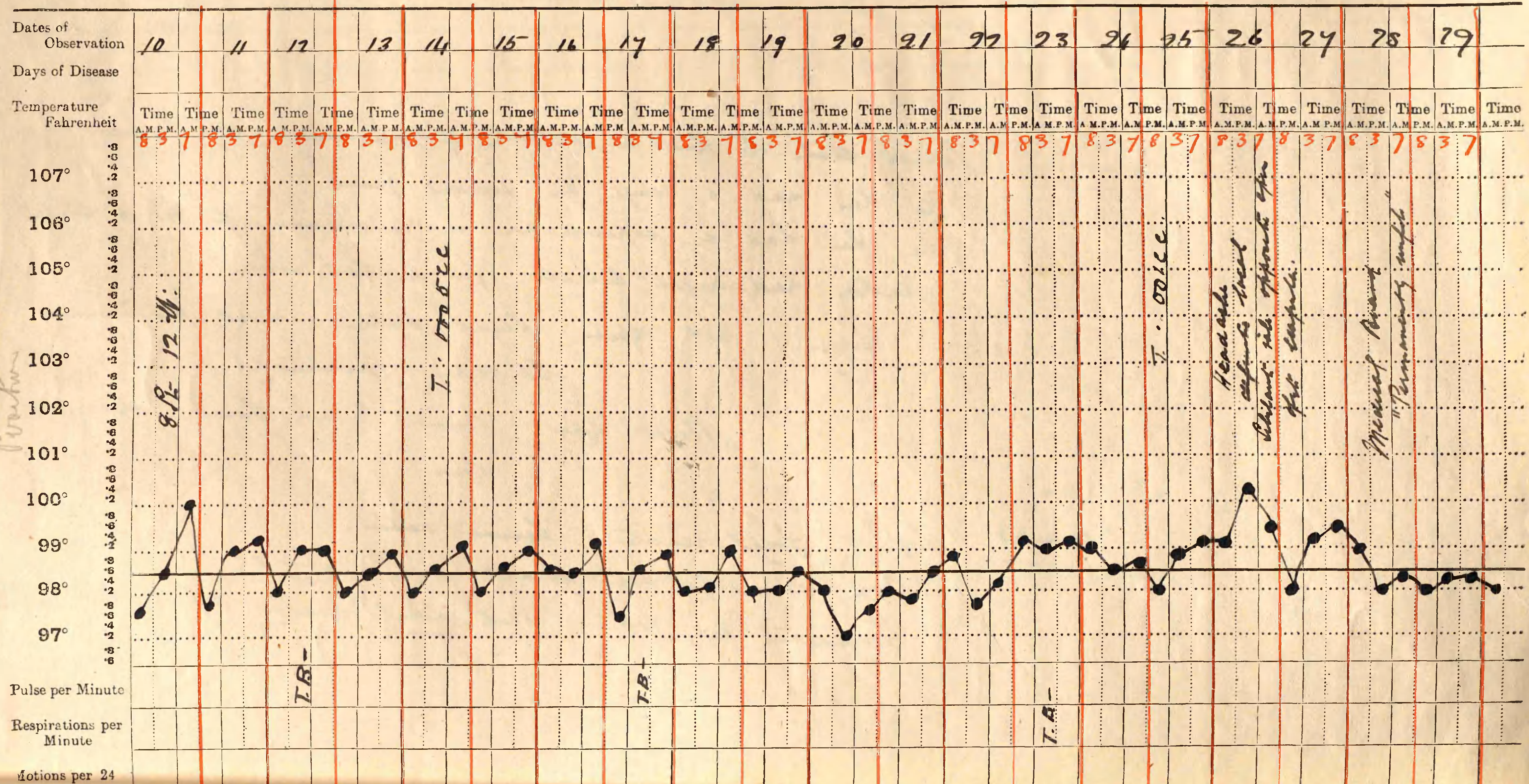
Army Form B. 181.

No. 36

Corps ______ Military Hospital Connaught. Aldershot

No. 30056 Rank and Name Pte. W. Age 35 Service 1/12

Disease ______ Date of admission 10. 2. 16 Date of discharge ______ Result ______



On admission: Patient states he had an attack of pneumonia - 5 mths ago.

He has had a cough for several years.

He has had an expectoration. in the morning. for the 6 weeks

He has had night sweats. for a few weeks

Lungs: Both apices: Slight dulness, most pronounced left apex: (posteriorly)

Right apex: Breath sounds faint. opposite Spine.

Remarks: Definite focal reaction. Lesion active.

Note diagnostic dose: small: only $\frac{1}{1000}$ cc T.

Temperature only 100.2°. But local reaction definite also focal

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 37

Corps ______ Military Hospital Connaught

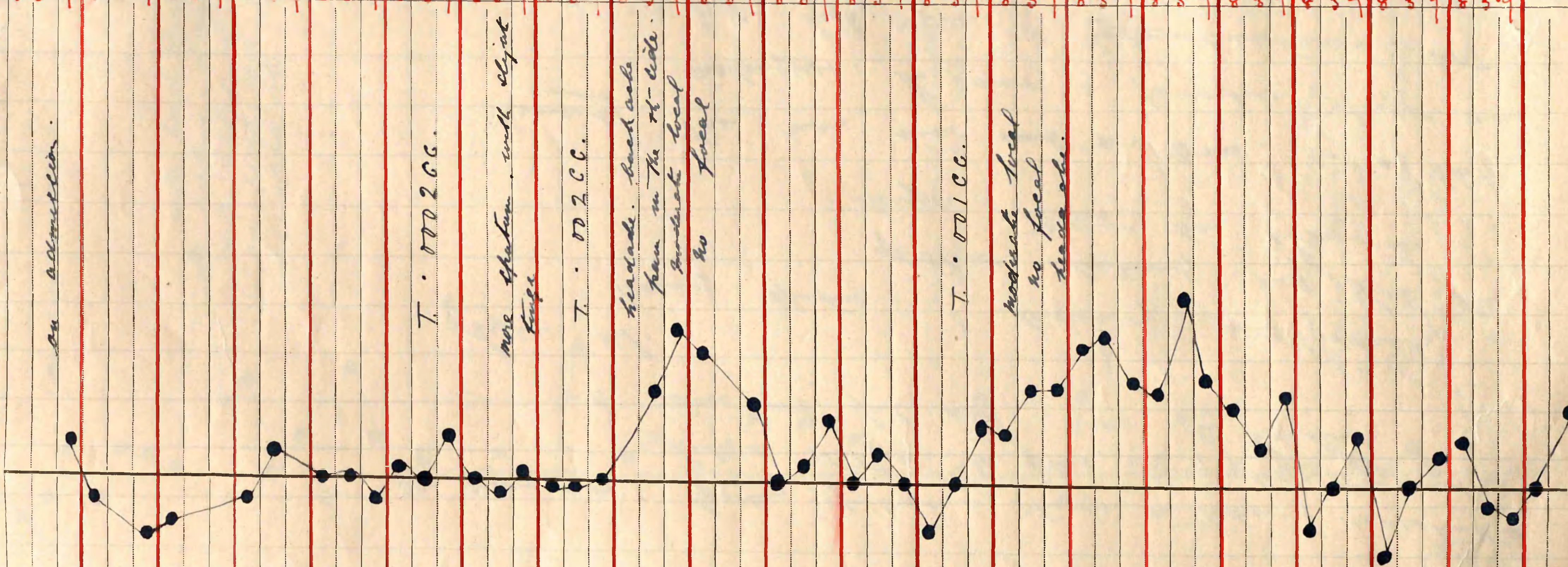
No. ______ Rank and Name Pte Patterson Age ______ Service ______

Disease ______ Date of admission 10 - 9 - 15 Date of discharge ______ Result ______

Series B Positive 1

Dates of Observation	September 10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Days of Disease																					

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours		/	/		·	/	/	/		/				/	/	//	/	/	/	/	

On admission: Spitting of blood. – streaks in morning's expectoration
Patient states he has been losing weight and
does not feel able to do his duties:

Signs: nil.

Morning Sputum. ? salivary with streaks
of blood. Certainly not from the
lungs. Patient has adenoids.

Remarks. This man was sent in Bone, as a likely
malingerer. He was a powerfully built man.
Note high degree of hyper-sensitiveness. Note
that hand does only half pronation.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps A. S. C. 196 Coy. Military Hospital Connaught - Aldershot

No. 14459 Rank and Name Pte Patterson Age ______ Service ______

Disease ______ Date of admission 10 - 9 - 15 Date of discharge ______ Result ______

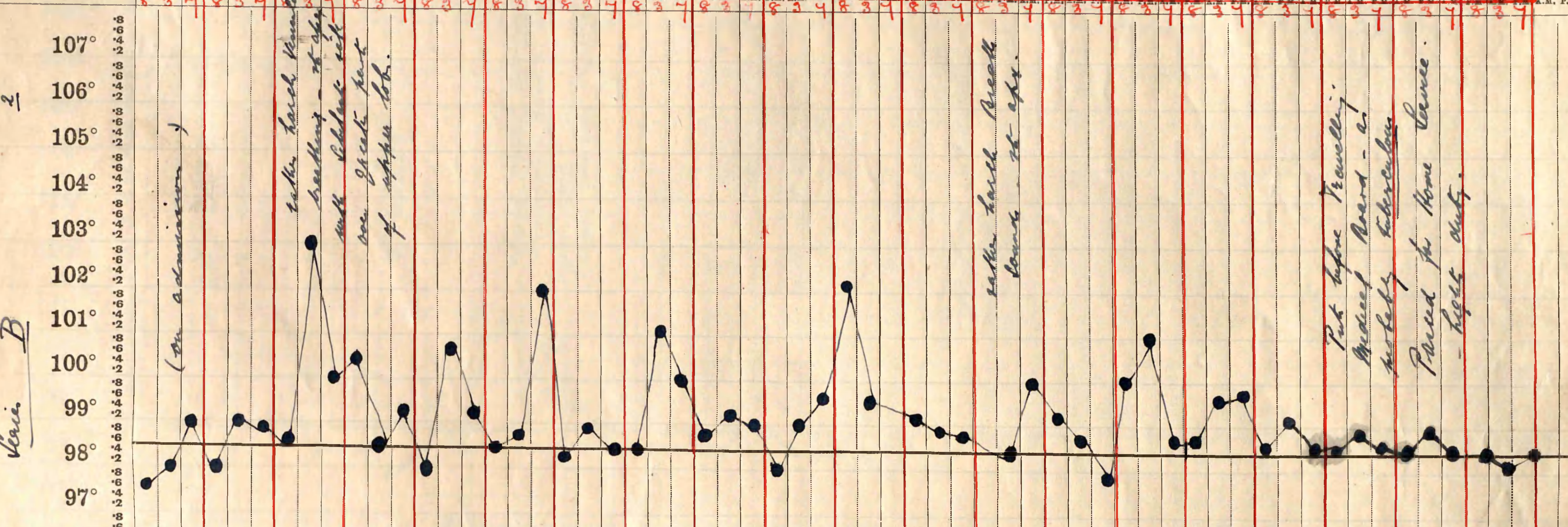
Gel:

Series B

2

Dates of Observation																				
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Temperature Fahrenheit



Pulse per Minute: 76, 68, 76, 92, 74, 76, 60

Respirations per Minute

Motions per 24 hours

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 38

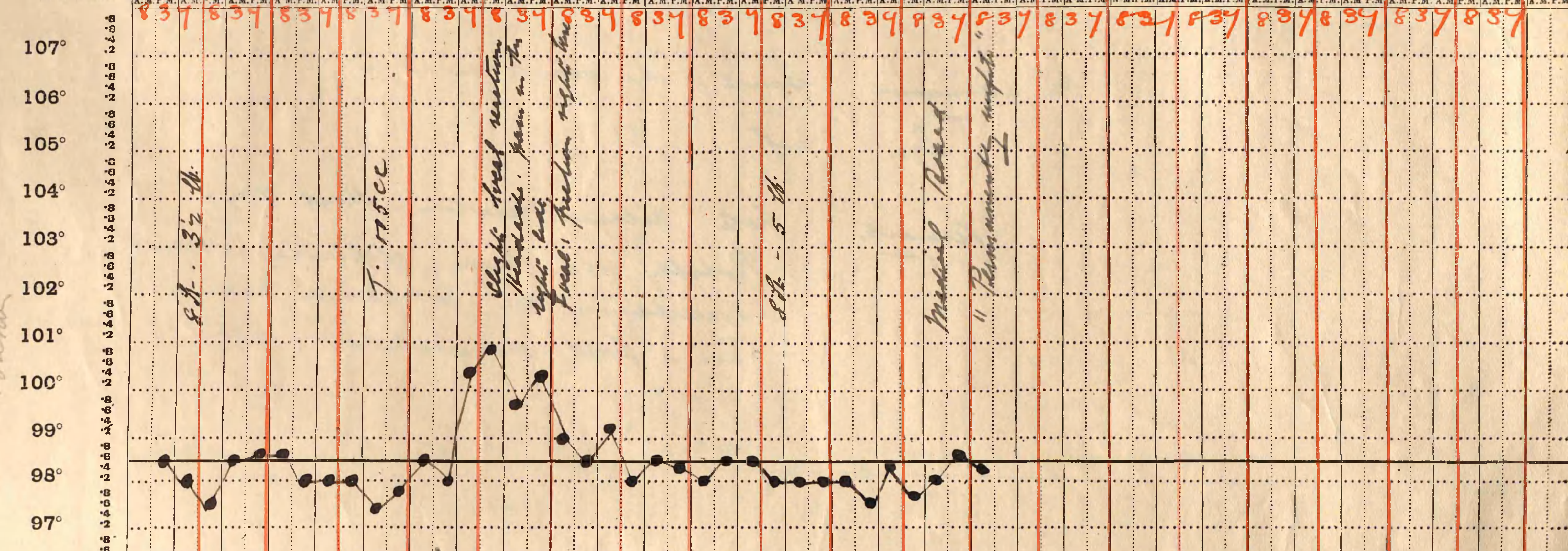
Corps: 4 W.
Military Hospital: Connaught. Aldershot

No. 2614 — Rank and Name: Pte W. — Age: 22 — Service:

Disease: — Date of admission: 4-2-16 — Date of discharge: — Result:

Dates of Observation	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Days of Disease																				
Time (A.M. P.M.)	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

T. B. —

T. B. —

Porton

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

39

Corps ______ Military Hospital Connaught - Aldershot

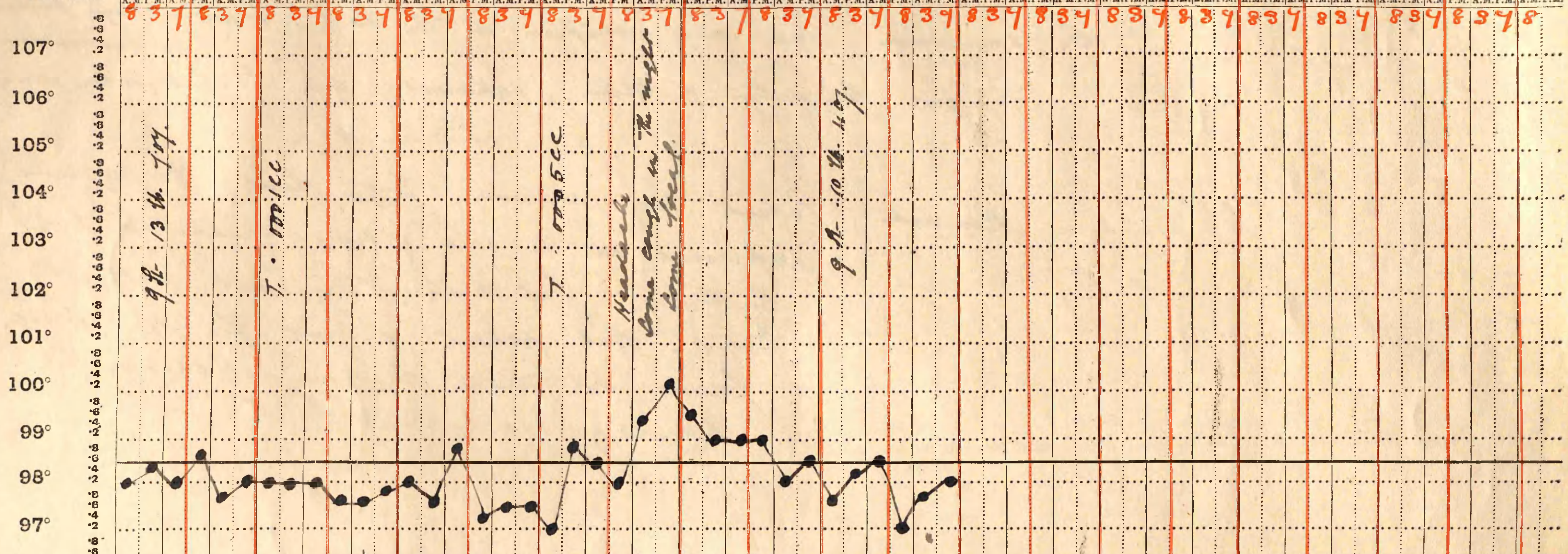
No. 23404 Rank and Name Pte. K. Age 22 Service 1/12

Disease ______ Date of admission 14 . 9 . 16 Date of discharge ______ Result ______

Dates of Observation: 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 1, 2, 3, 4

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.: 8 3 7)



Pulse per Minute

Respirations per Minute: T. B. – ; T. B. –

Motions per 24 hours

On admission. Pain and stiffness in the back. Strain. 3 days previous to admission

Sym: Curvature of spine (apparently due to tubercular caries in childhood)

Remarks. Patient very anxious to go back to Regiment. Depressed at the idea of being discharged from the Army. Sent back to Regiment with note to M.O. that patient is not fit for foreign service, but might be given a chance for sedentary occupation.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ______ **No 40**

Military Hospital *Connaught Aldershot*

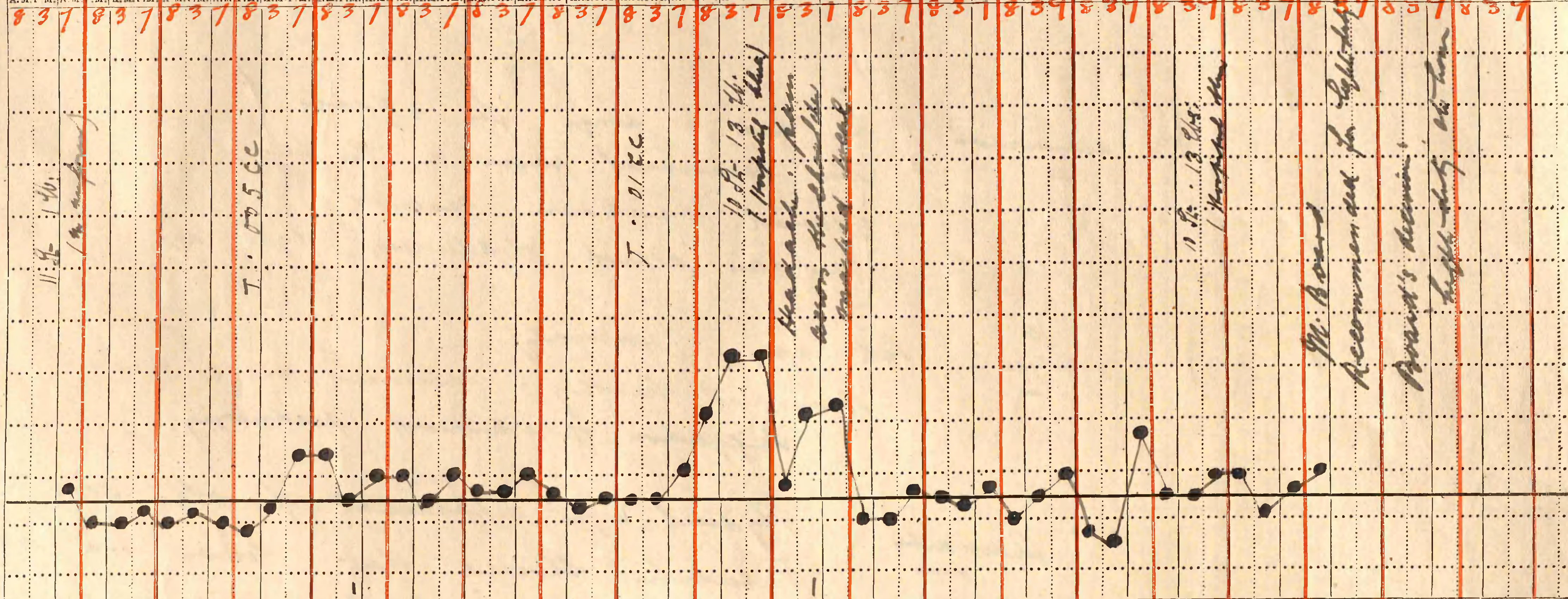
No. *22596* Rank and Name *Pte. D. D.* Age *45* Service *3/12*

Disease ______ Date of admission *19 - 2 - 16* Date of discharge ______ Result ______

Dates of Observation: 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, March 1, 2, 3, 4, 5, 6, 7, 8, 9

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.: 8 3 7)



Pulse per Minute: 68, 76, 92, 92, T.B. –, 92, 80, 108, 84, 84, T.B. –

Respirations per Minute

Motions per 24 hours

Position

On admission. Has had a cough for 6 years.
Has occasional pains in the chest.
General weakness recently.
Had an attack of pleurisy 6 yrs ago.

Signs: Rt apex: (posteriorly).
Bronchial breathing: moisture over ...
Suggestion of whispered pectoriloquy.

Remarks. Physical signs apparently of old disease
Tuberculin showed that lesion was not
Quiescent, and therefore patient was not
fit for active service.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

No. 41

Corps ______ Military Hospital Connaught. Aldershot

No. 136888 Rank and Name Pte. C. Age 28 Service ______

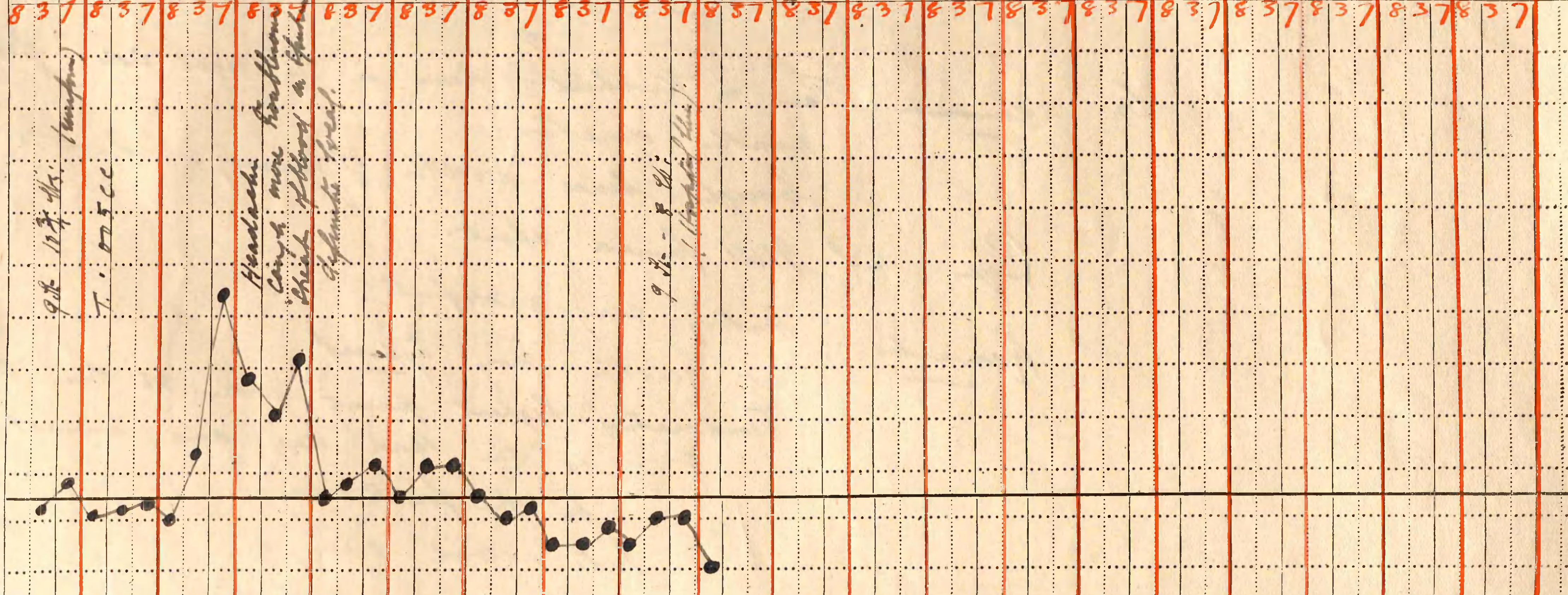
Disease ______ Date of admission 21 - 2 - 16 Date of discharge ______ Result ______

Dates of Observation: 21, 22, 23, 24, 25, 26, 27, 28, 29, March 1, 2

Days of Disease

Temperature Fahrenheit: Time A.M. P.M. (8 3 7 repeated for each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°



Pulse per Minute: 100, 98, 96, 100, 116, 108, 112

Respirations per Minute: T.B. -

Motions per 24

Portm

On admission: Pain in the chest: pain in the right side: of several months duration.

Cough. Since middle of January. had cold then.

Sym: nil. Well formed chest.

Remarks. History very indefinite.

Rept. reaction very typical

Temperature: highest point within 36 hrs: some drop on the third day. and normal again on the fourth day.

Note blood stain in [illegible]: not common occurrence: and of no serious consequence.

Army Form B 181.

CLINICAL CHART.

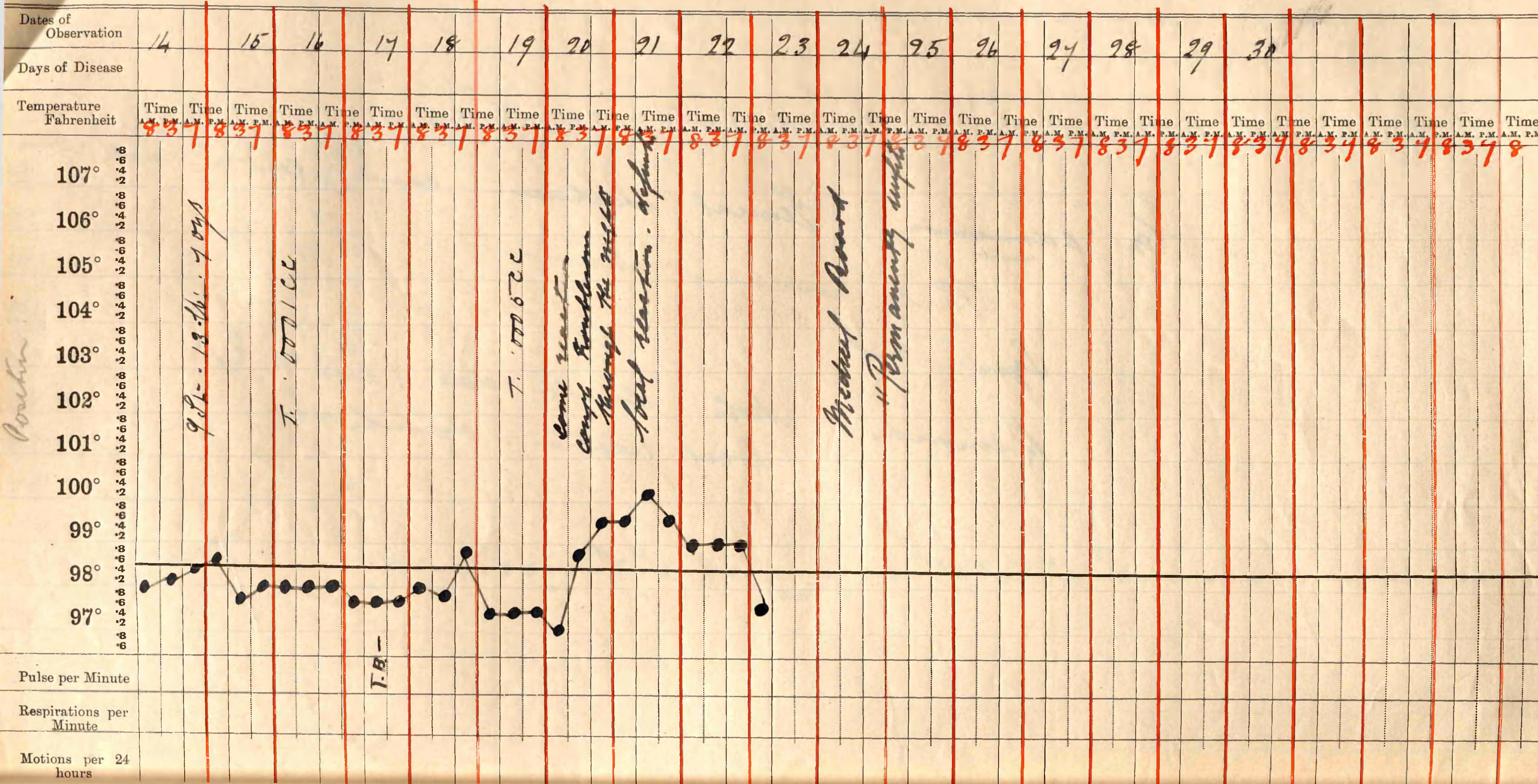
(To be attached to Case Sheet.)

nor 43

Corps ______ No. 23404 Rank and Name Pte R. Military Hospital Connaught Aldershot

Age 22 Service 2 1/2

Disease ______ Date of admission 14 - 9 - 16 Date of discharge ______ Result ______



On admission : General weakness. can't get on with work.

Poorly nourished individual.

Lym. nil.

Remarks. Note small dose ($\frac{1}{2000}$ cc T)

local reaction. definite.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

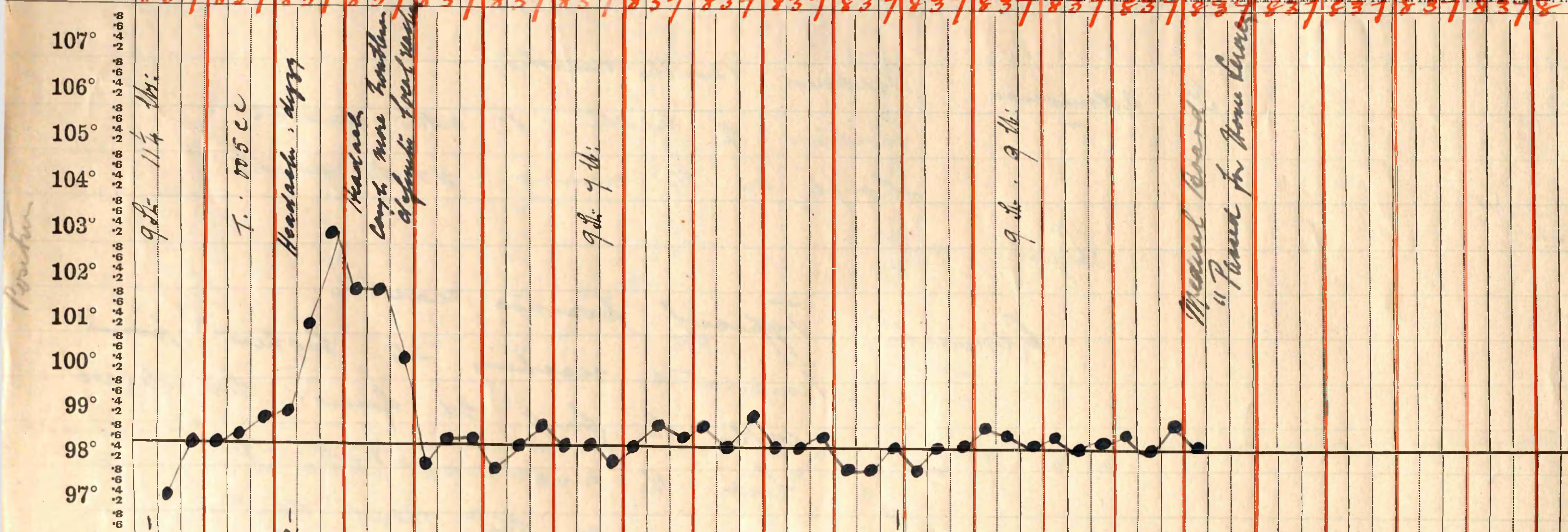
43

Corps ____________ No. 974 Rank and Name Pj. L Age 24

Military Hospital Connaught. Aldershot. Service ____________

Disease ____________ Date of admission 1 - 2 - 16 Date of discharge ____________ Result ____________

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																				
Temperature Fahrenheit	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7



Pulse per Minute	T.B.–	88 T.B.– 120 100 92	T.B.–
Respirations per Minute			
Motions per 24 hours			

On admission. Weakness. 12 mths duration
Shortness of breath, 12 mths duration.
Cough in the morning - 3 mths duration.

Signs. nil.

Remarks. Typical pontine reaction
temperature reaching its highest point
within the first 36 hours. One degree
lower the next day; and quite normal
again on the third day.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

44

Corps: A. S. C. A. Coy.

No. 57/015499 — Rank and Name: Pte. Yornston

Military Hospital: Connaught, Aldershot

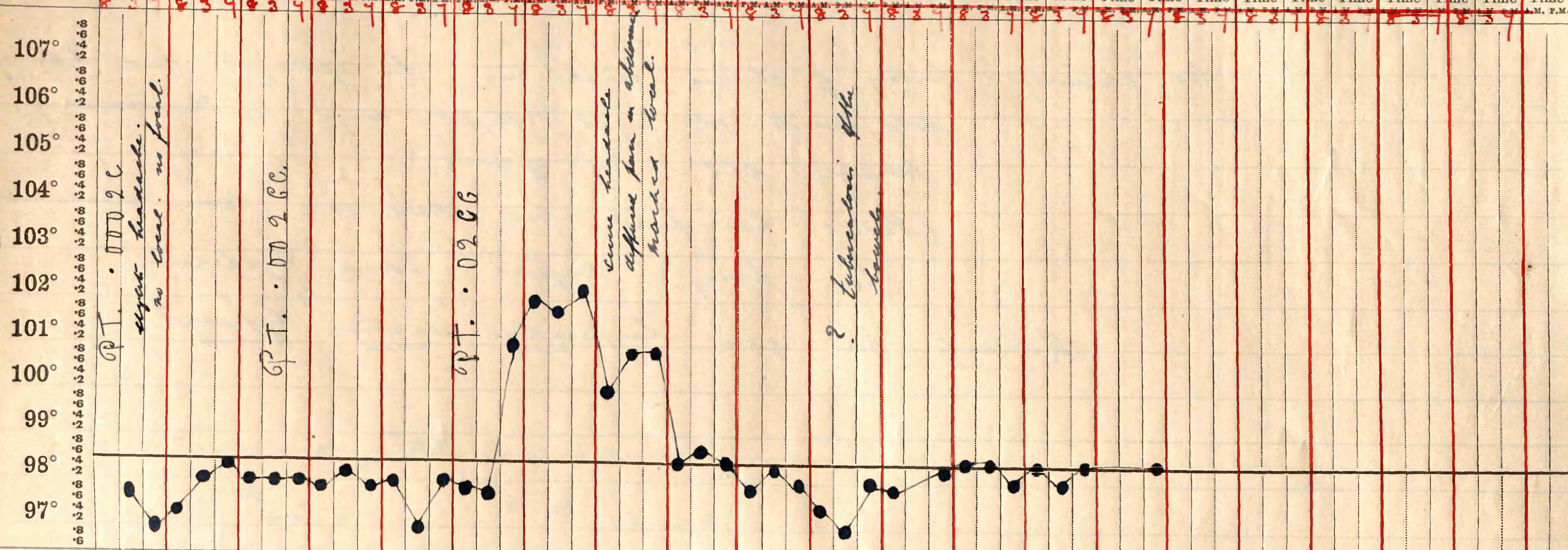
Age: 30 — Service: 11/12

Disease: — Date of admission: 28-8-15 — Date of discharge: — Result:

Dates of Observation: August 29, 30, 31; Sep: 1st, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17

Days of Disease

Temperature Fahrenheit — Time (A.M. / P.M.)



Pulse per Minute

Respirations per Minute

Motions per 24 hours: E. — E1. — E.1. — E.1.

On admission: history of chronic consumption. loss of weight some February
cold sweats at night; slight cough in the morning;
Morning spit: loss of energy.
(Patient transferred from Ward 10. Been discharged
from Army: diagnosis - "Chronic Dyspepsia"
Remark. Here again, temperature reaction typical

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

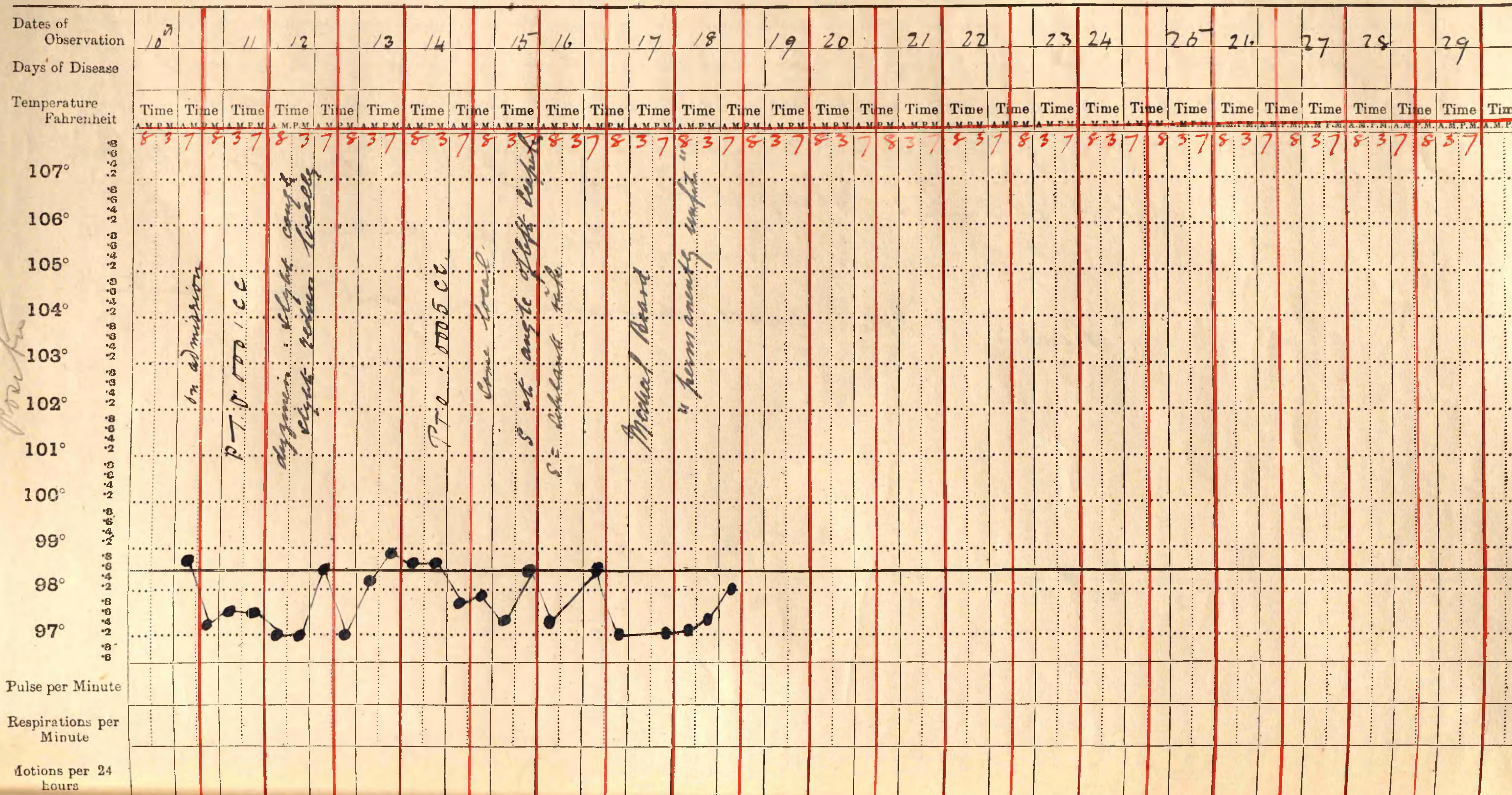
1049

Corps ______ Military Hospital Connaught. Aldershot

No. ______ Rank and Name Pt. P. ______ Age ______ Service ______

Disease ______ Date of admission ______ Date of discharge ______ Result ______

Dates of Observation: 10th, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29



Positive

On admission

P.T.O. ·001 cc

dizziness: slight cough
slight redness locally

P.T.O. ·0005 cc.

Some local

S at angle of left scapula
S = Schlank tube

Medical Board

"permanently unfit"

On admission: Easily tired out: pain in the left shoulder.
Signs: Some dulness: left apex: posteriorly.
Remark. Note small diagnostic dose and focal reaction

Army Form B 181.

CLINICAL CHART.

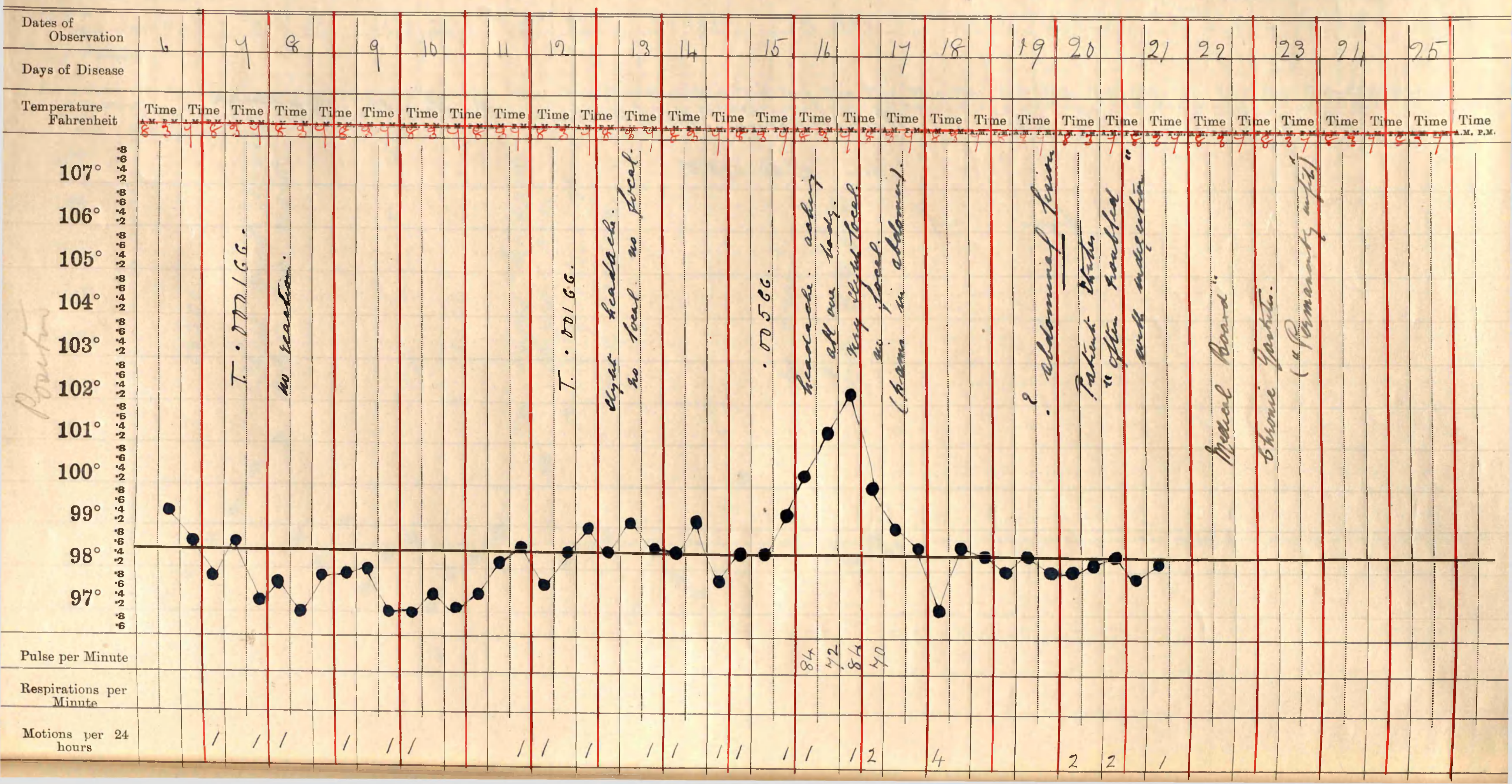
(To be attached to Case Sheet.)

Corps 16th Sherwood Foresters No 1/6

Military Hospital Connaught Aldershot

No. 26146 Rank and Name Pte Y Age ______ Service ______

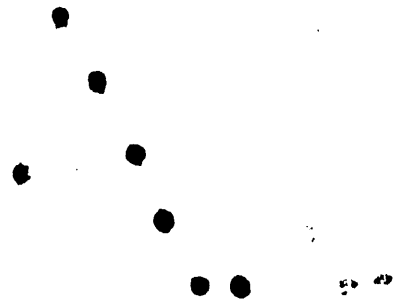
Disease ______ Date of admission 6 - 10 - 15 Date of discharge ______ Result ______



Dates of Observation
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
Days of Disease
Temperature Fahrenheit
Time
A.M. P.M.
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
Position
T. ·000166.
no reaction.
T. ·00166.
slight headache.
no local no focal.
·005cc.
headache. aching all over body.
very slight local.
no focal.
(pain in abdomen).
? abdominal lesion
Patient states "often troubled with indigestion"
Medical Board"
Chronic Gastritis.
("Permanently unfit")
Pulse per Minute
84 72 84 70
Respirations per Minute
Motions per 24 hours
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 4 2 2 1

On admission: Pains across back, across the heart. weakness.
loss of weight.

Lyes: nil.



Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

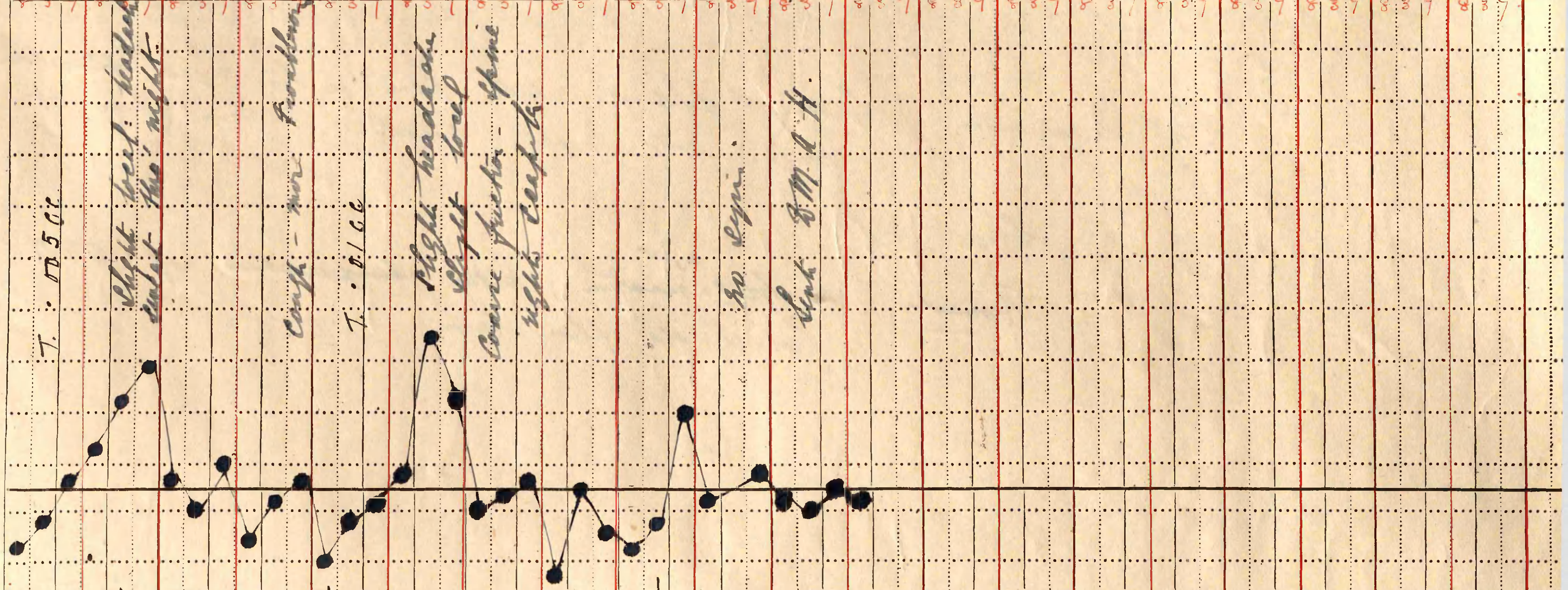
Corps 20th R. Middlesex 1047 Military Hospital Connaught. Aldershot

No. 2216 Rank and Name Pte. L. Age ______ Service ______

Disease ______ Date of admission 19 - 11 - 15 Date of discharge ______ Result ______

Dates of Observation	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute: TB- TB- TB-

Respirations per Minute

Motions per 24 hours: 1 2 2 1 1 1 1 2

On admission: Spitting of blood: dull pain in the right shoulder. dry cough. cold night sweats: ? loss of weight.

Sput. nil.

Remarks. No local & systemic reaction, altho. temperature up to 101°.
Probably old fibrous lesion.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Military Hospital Connaught. Aldershot

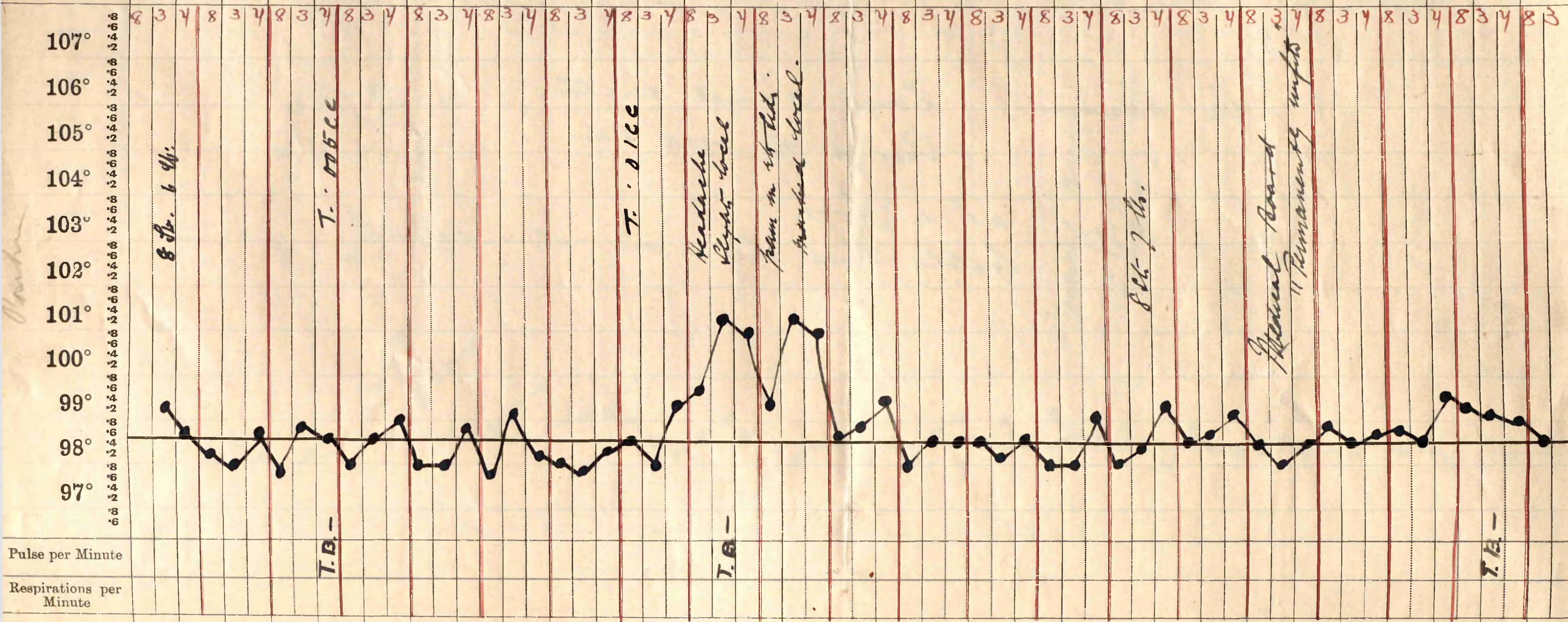
Corps ______ No. ______ Rank and Name Pte L. Age 24 Service 3/52

No. 1048

Disease ______ Date of admission 1. 3. 16 Date of discharge ______ Result ______

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Cough. 1 month duration
Pain in the right side.

Sym: nil in lungs.
Systolic bruits below and above clavicle.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

1049

Corps ______ Military Hospital ______

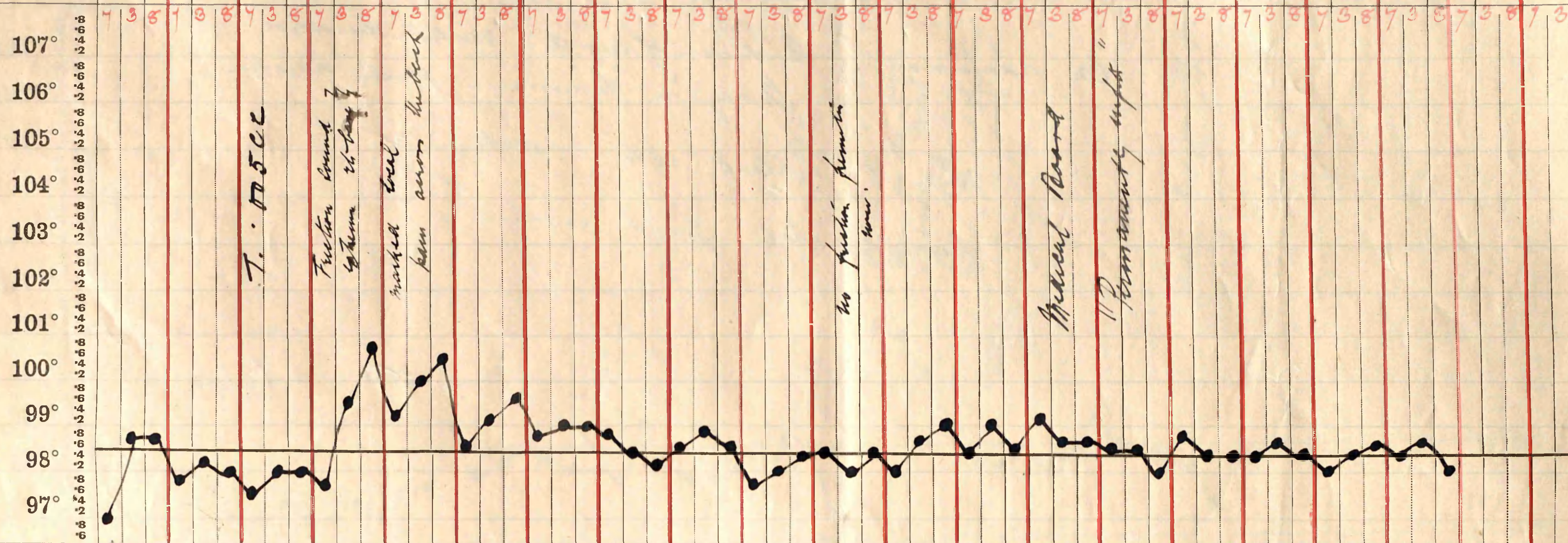
No. ______ Rank and Name Pte W. ______ Age ______ Service ______

Disease ______ Date of admission 24 . 2. 16 Date of discharge ______ Result ______

March

Dates of Observation	1	2	3	.	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																					

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute T.B.—

Respirations per Minute

Motions per 24 hours

On admission. Shortness of breath: 3 mths duration
Spitting in the morning - 3 mths duration

Sym: Sibilant râle rt base.

Remarks. No focal reaction

CLINICAL CHART.

Army Form B 181.

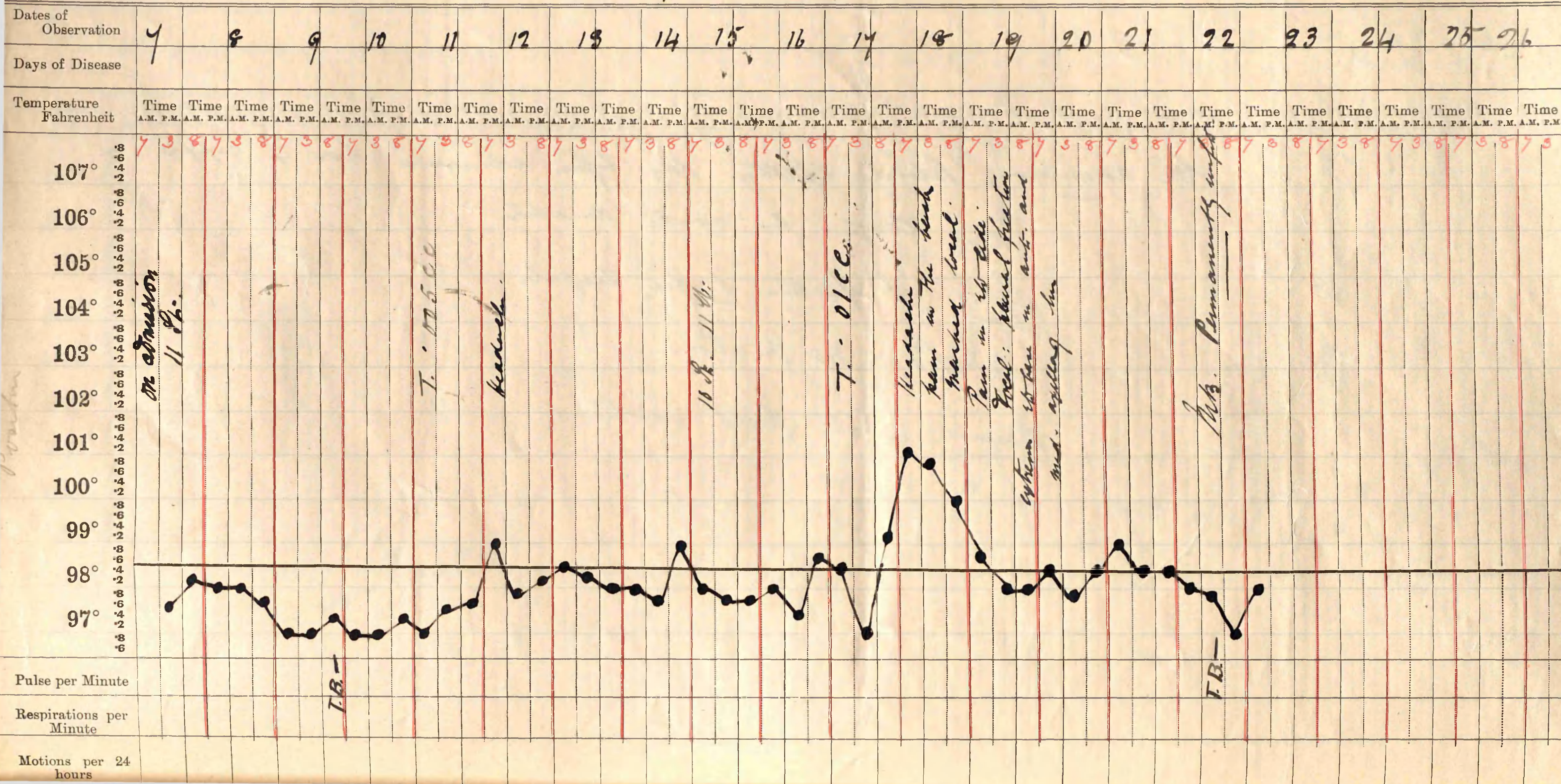
(To be attached to Case Sheet.)

No. 60

Corps ______ Military Hospital ______

No. ______ Rank and Name Cpl. S. ______ Age ______ Service ______

Disease ______ Date of admission 7. 3. 16 Date of discharge ______ Result ______



Dates of Observation
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Days of Disease
Temperature Fahrenheit
Time A.M. P.M.
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
Pulse per Minute
Respirations per Minute
Motions per 24 hours
On admission 11 Pt.
T. ·005 cc
Headache.
10 Pt. 11 Pt.
T. ·01 cc
Headache pain in the back marked local.
Pain in left side.
Local: pleural friction extreme left base in ant. and mid. axillary line
Mb. Permanently unfit
T.B.—
T.B.—

On admission. Blood spitting day before admission. 3 or 4 capfuls
× Cough - six months duration

Sign: ? friction L. apex scapula

16/8/16. No friction.

Remark. Note focal reaction.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

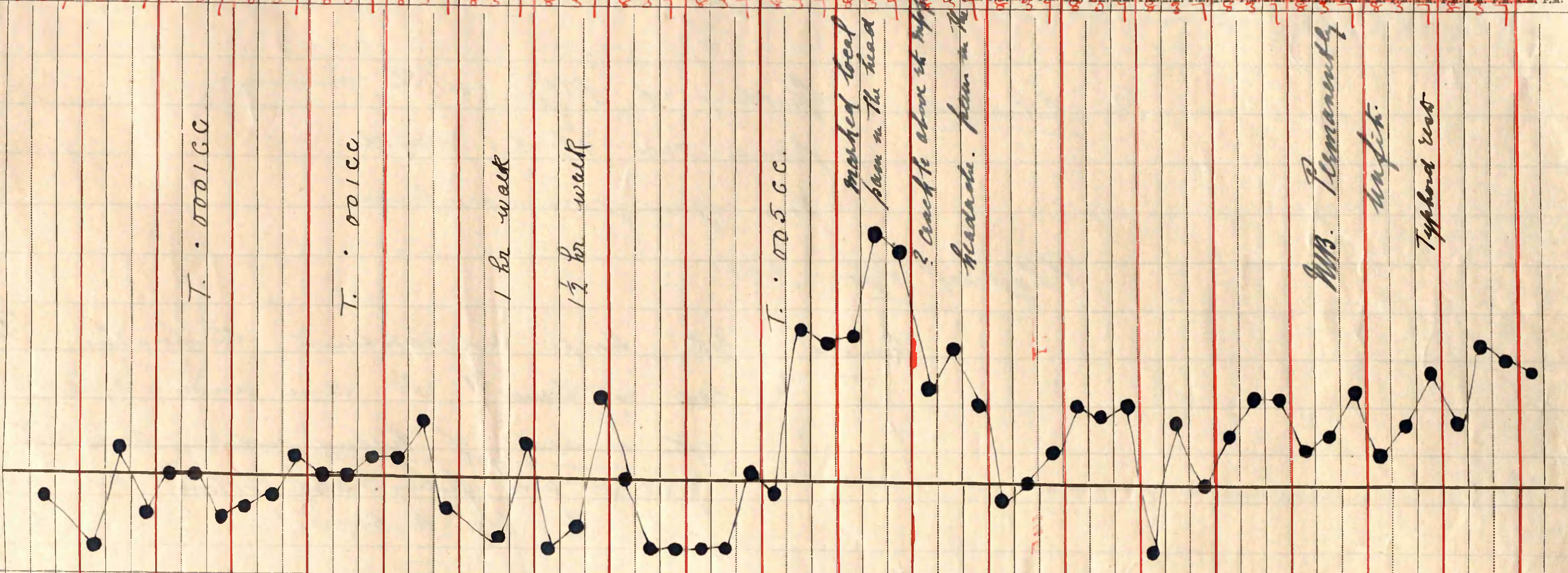
Corps 10th Yorks + Lancs. No. 51

No. 15745 Rank and Name Pte. P. Age ___ Military Hospital Connaught. Aldershot. Service ___

Disease ___ Date of admission 5-9-15 Date of discharge ___ Result ___

Dates of Observation / Days of Disease: 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

Positive

On admission: Spitting up phlegm in the morning:
pains over chest: cough.
loss of weight: weakness.

Physical Signs. nil.

Remark. Note sharp and obstinate temperature. The very case is Series II. It came down to normal after a week of "typhoid sets", and the patient was feeling and looking very well when he left the hospital.

No. 51a

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps 15 Yorks & Lancs

No. 15/745

Rank and Name Pte P.

Military Hospital Connaught Hospital Aldershot

Age

Service

Disease

Date of admission 5 - 9 - 15

Date of discharge

Result

Dates of Observation	25		26		27		28		29		30	
Days of Disease												
Temperature Fahrenheit — Time	A.M. 8	P.M. 3	A.M. 7	P.M. 8	A.M. 3	P.M. 7	A.M. 8	P.M. 3	A.M. 7	P.M. 8	A.M. 3	P.M. 7
Pulse per Minute												
Respirations per Minute												
Motions per 24 hours												

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Army Form B 181.

CLINICAL CHART.

(~~To be~~ attached to Case Sheet.)

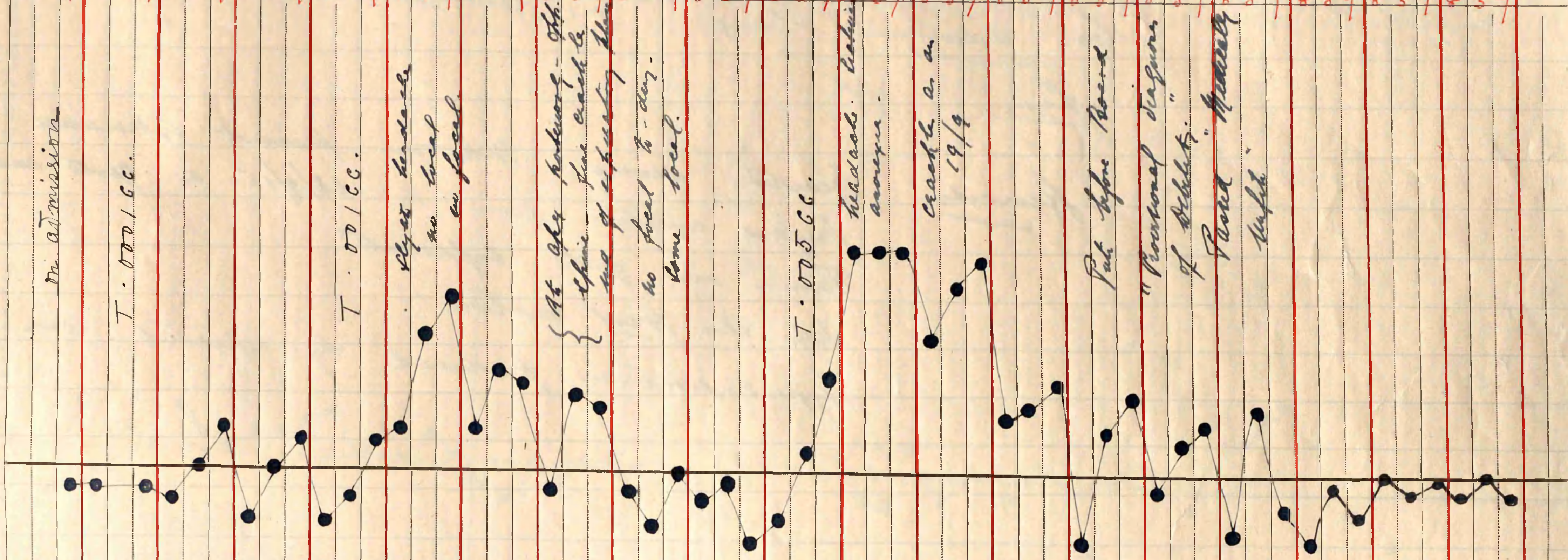
No 52

Corps ______ No. ______ Rank and Name O Dr G. ______ Age ______ Military Hospital Connaught - Aldershot ______ Service ______

Disease ______ Date of admission 11 - 9 - 15 Date of discharge ______ Result ______

Dates of Observation / Days of Disease: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Temperature Fahrenheit (Time A.M. P.M.: 8, 3, 7)



Pulse per Minute: 100 (16th); 88, 108 (22nd)

Respirations per Minute

Motions per 24 hours: / (16th), / (17th), / (18th), / (19th), // (22nd), // (26th)

On <u>admission</u>: Cough: loss of weight. loss of energy.

Eyes: nil.

Remarks. Reaction severe. With my present experience. I regard injection given on 28/9/15 as quite unnecessary. Former one quite sufficient. Note also focal reaction. Hypersensitiveness produced by repeated dose.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No 53

Corps 15th Hants

Military Hospital Connaught Aldershot

No. 20266

Rank and Name Pte J. J. H.

Age 37

Service 6/12

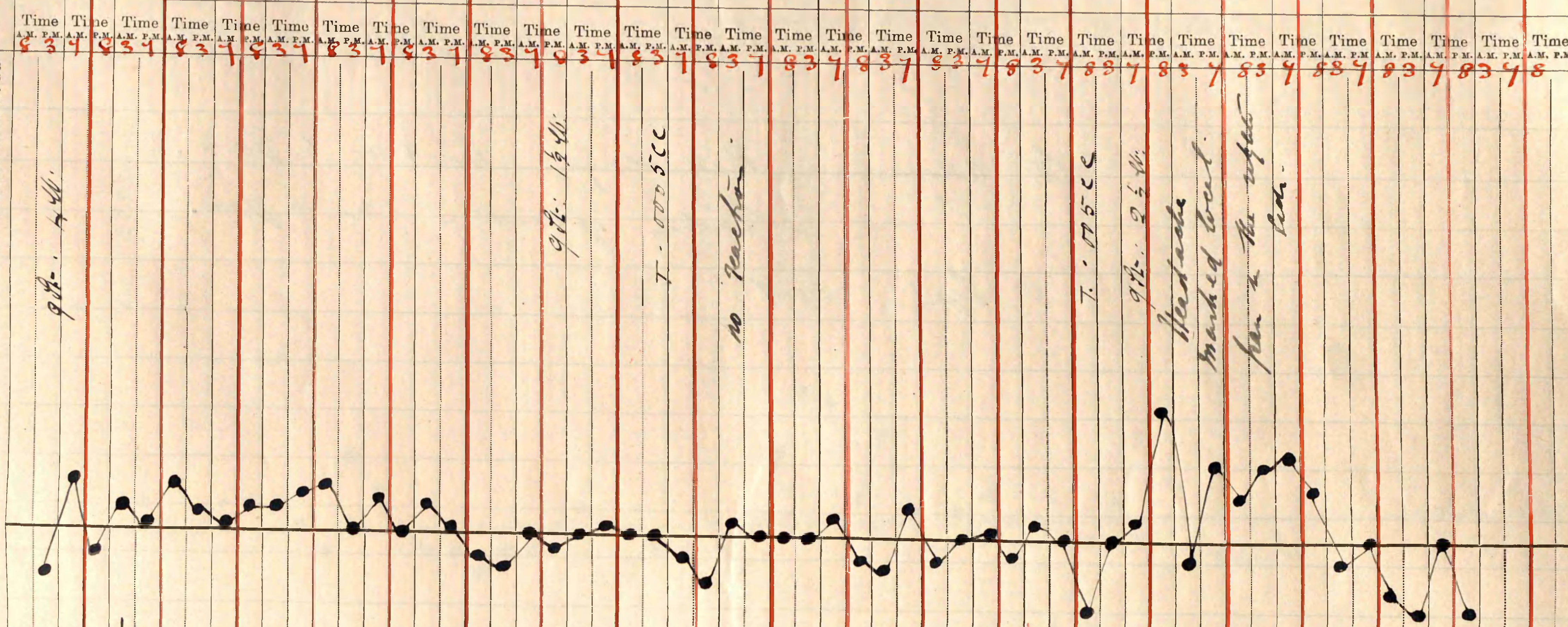
Disease

Date of admission 11 · 3 · 16

Date of discharge

Result

Dates of Observation	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Days of Disease																				



Pulse per Minute	92, 92 (11); T.B.— (12); 92, 84 (19); T.B.— (23); 96, 100, 102, 106 (25–26)
Respirations per Minute	
Motions per 24 hours	

On admission. Bad cough. for 5 or 6 years.
Shortness of breath - 5 or 6 years.

Eyes - nil.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 54

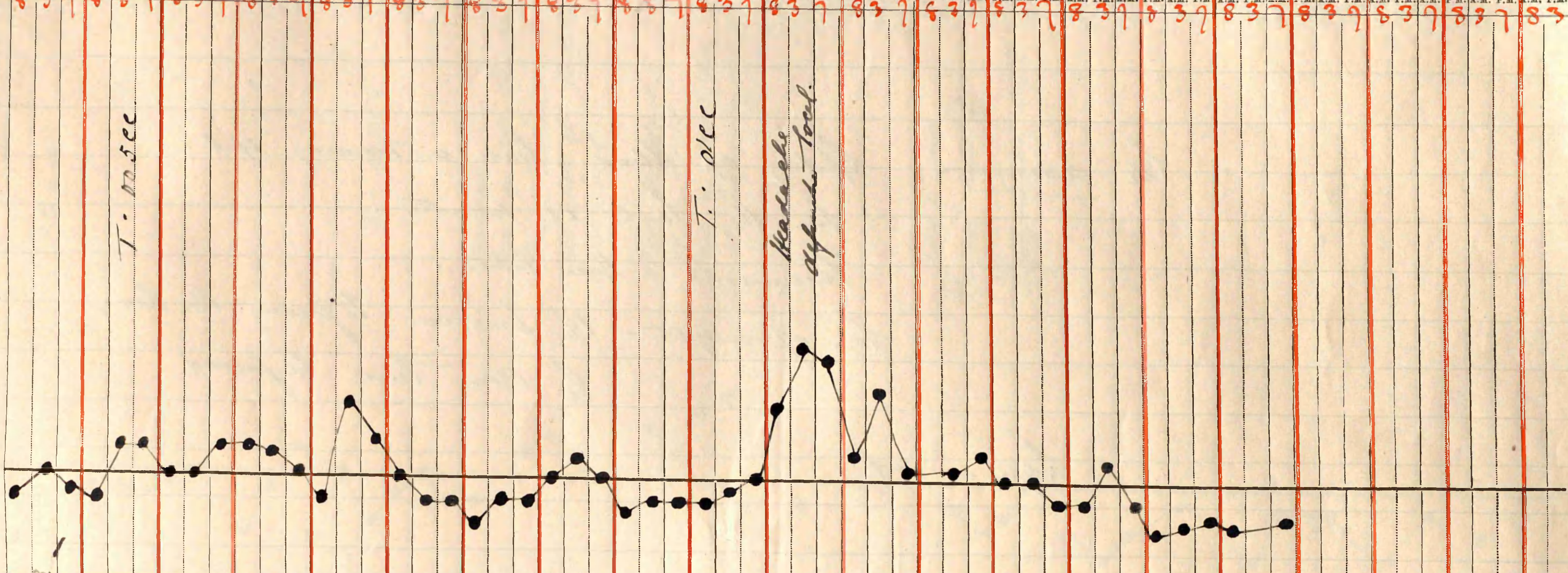
Corps ______ No. 35472 Rank and Name Dvr. H Age 28

Military Hospital Connaught, Aldershot Service 8/12

Disease ______ Date of admission 9. 3. 16 Date of discharge ______ Result ______

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Days of Disease																				
Time (A.M. P.M.)	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3

Temperature Fahrenheit



Pulse per Minute	92 90 84	72 68 92 88	
Respirations per Minute	24 24 24	20 20 20 20	
Motions per 24 hours			

On admission. Spitting up blood - trace in morning sputum -
for the last 12 months.
Pneumonia - three times.
Loss of weight - 1½ previous to joining the Army.
½ stone since he joined.

Eyes - nil.

No 55

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 8th Som. L. I.

Military Hospital Connaught, Aldershot

No. 18871

Rank and Name Pte. V.

Age 27

Service 10/12

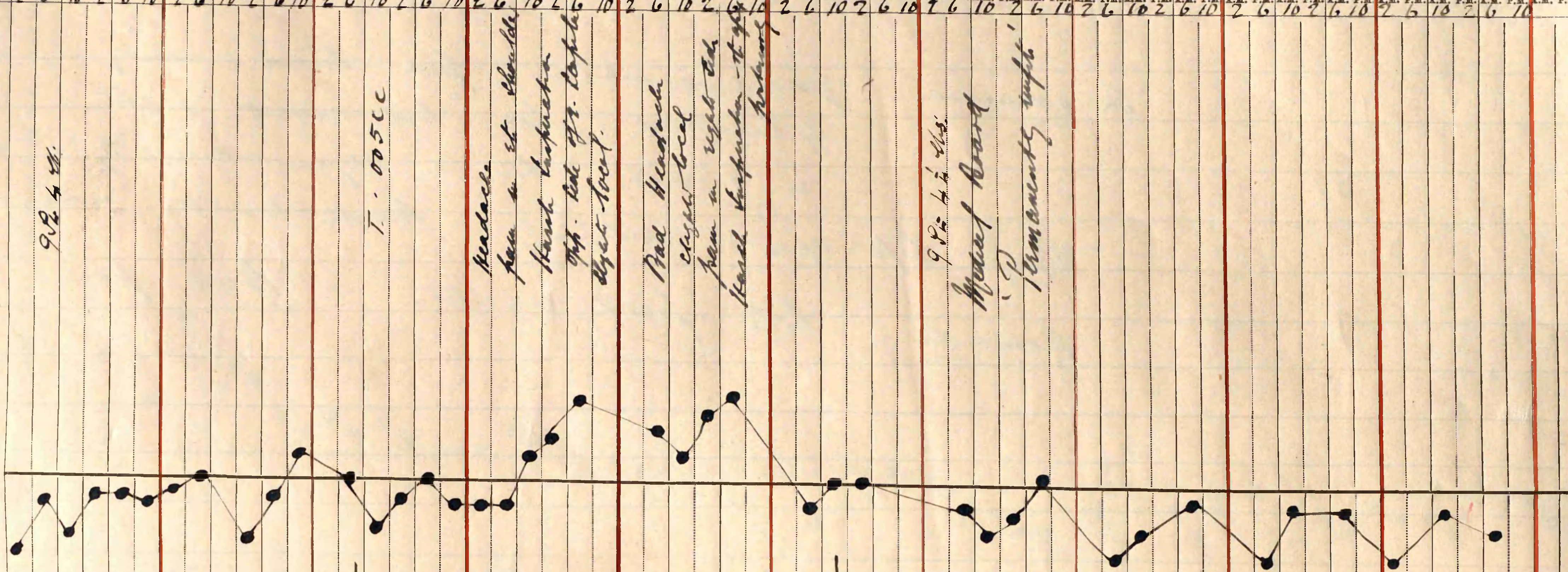
Disease

Date of admission 21 - 2 - 16

Date of discharge

Result

Dates of Observation	24	25	26	27	28	29	1	2	3	4
Days of Disease										



Pulse per Minute	T. B. — (26th)	T. B. — (29th)
Respirations per Minute		
Motions per 24 hours		

On admission. General weakness. Feels tired: easily exhausted: has lost about 1 stone in 5 mths: has a slight cough.

Syn. Left apex: posteriorly: Bronchial sounds rather faint

Remarks: Note focal reaction + focal pain

Army Form B 181.

CLINICAL CHART.

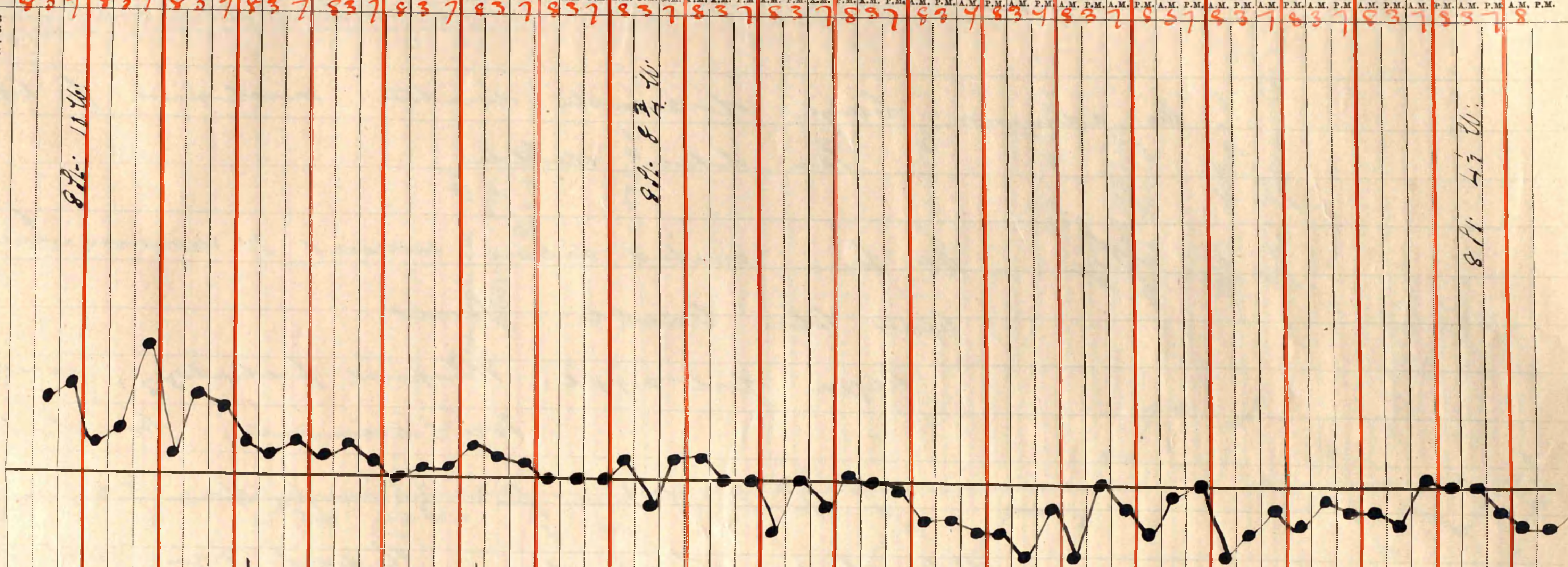
(To be attached to Case Sheet.)

No 56

Corps 19. 0.
No. 19127
Rank and Name Pte. E.
Age
Military Hospital Connaught Aldershot
Service
Disease
Date of admission 7. 2. 16
Date of discharge
Result

Dates of Observation	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Days of Disease																					

Temperature Fahrenheit: Time A.M. P.M. (8 3 7 each day)



Pulse per Minute: 100; T.B.—; T.B.—

Respirations per Minute

Motions per 24 hours

On admission. Cough of 2 months duration: much more for 2 last few days.
Pain between shoulders.

Signs: Rt. base: marked dulness: increased v. resonance: fine crackles.
Upper lobe: Crackles. General.
Region of sh. nipple: Whispered pectoriloquy: increased
Vocal resonance: bronchial breathing.

Sputum - Muco-pus: ℥ iv per diem.

1/3/16. Sputum ℥ iv per diem. Physical signs - much cleared.
- only few fine crackles (on cough) over the base.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps 56 a

Military Hospital Connaught . Aldershot

No.

Rank and Name M. C.

Age

Service

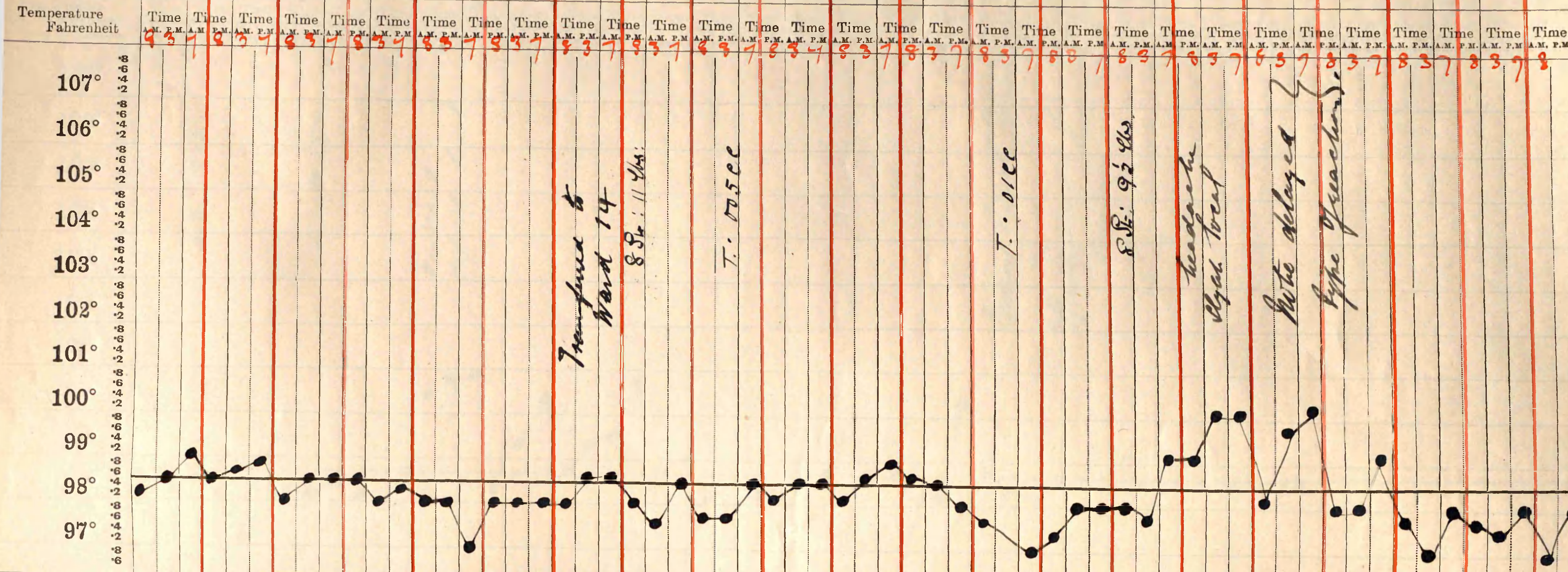
Disease

Date of admission 4. 2. 16

Date of discharge

Result

Dates of Observation	29	29	1	March 2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease																					



Pulse per Minute

Respirations per Minute

Motions per 24 hours

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 12th S. Lanc. No. 57

No. 24568 Rank and Name Pte D.

Military Hospital Connaught. Aldershot

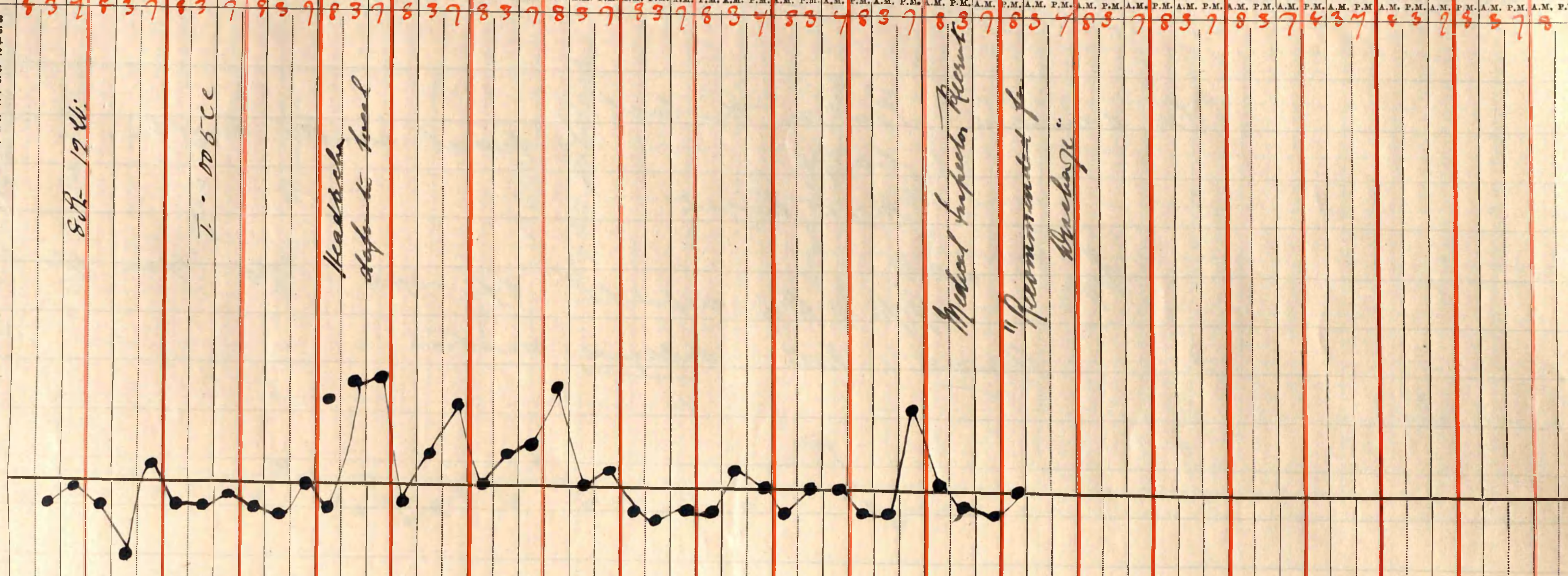
Age 41 Service 7/12

Disease ______ Date of admission 10 . 3 . 16 Date of discharge ______ Result ______

Dates of Observation: 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.)



	12	13	13	14	14	20
Pulse per Minute	T.B.—	88	88	92	104	T.B.—
Respirations per Minute		24	24	20	22	
Motions per 24 hours						

On admission: Pain in the back.
Cough.
Night Sweats.
} Several months duration.

Sp. nil.

17/3/16. Dry crepitation left apex. Opp. Spine of scapula.

Remark. Note delayed reaction!

No. 58

Army Form B. 181.

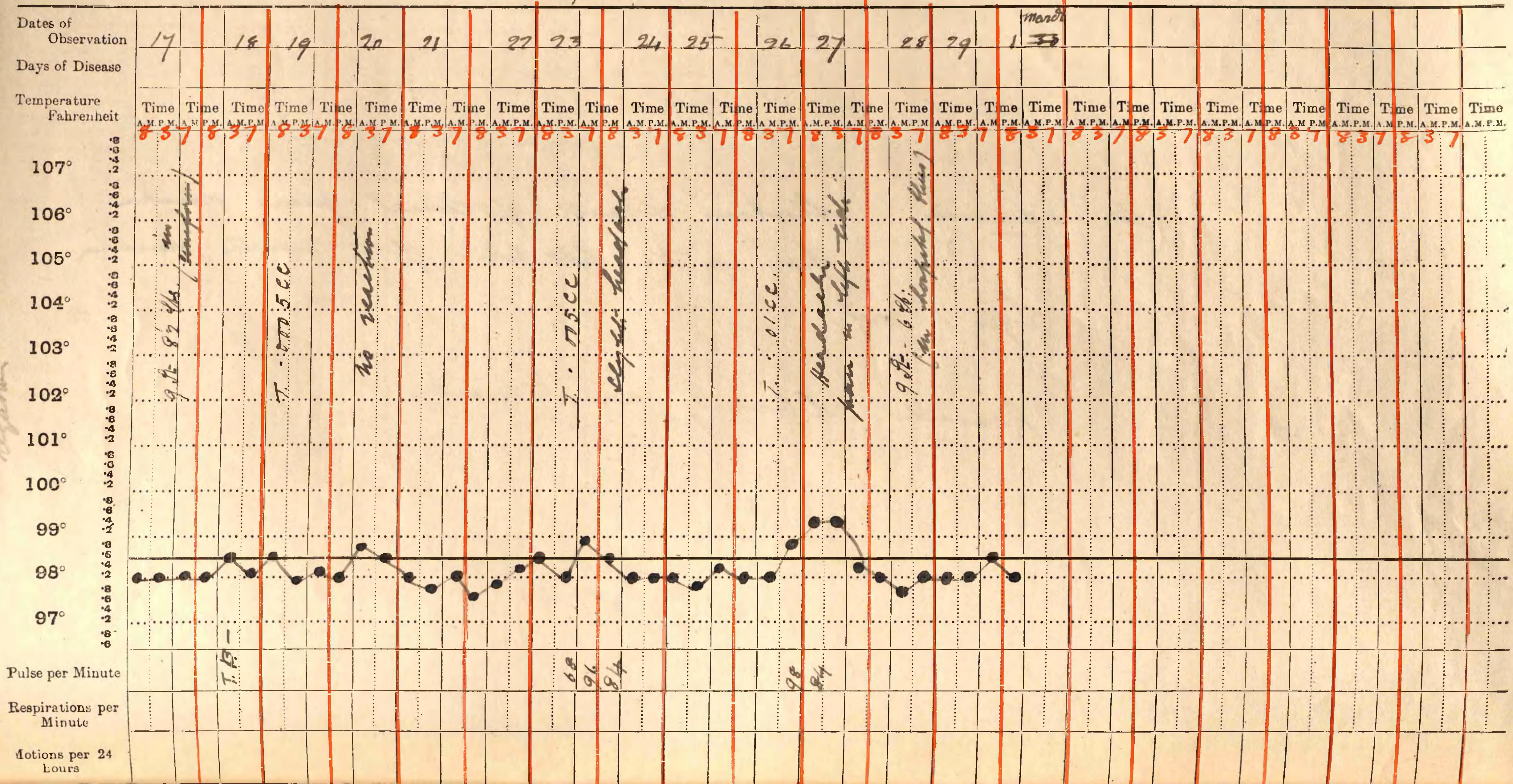
CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ______ Military Hospital Connaught – Aldershot

No. 64 967 Rank and Name Pte McC. Age 23 Service 17 months

Disease ______ Date of admission 17 – 2 – 16 Date of discharge ______ Result ______



Negative

On admission. Shortness of breath of several years duration
span on the left side. of two months duration
Sputum: nil.

Remarks. Obviously non. tuberculous

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

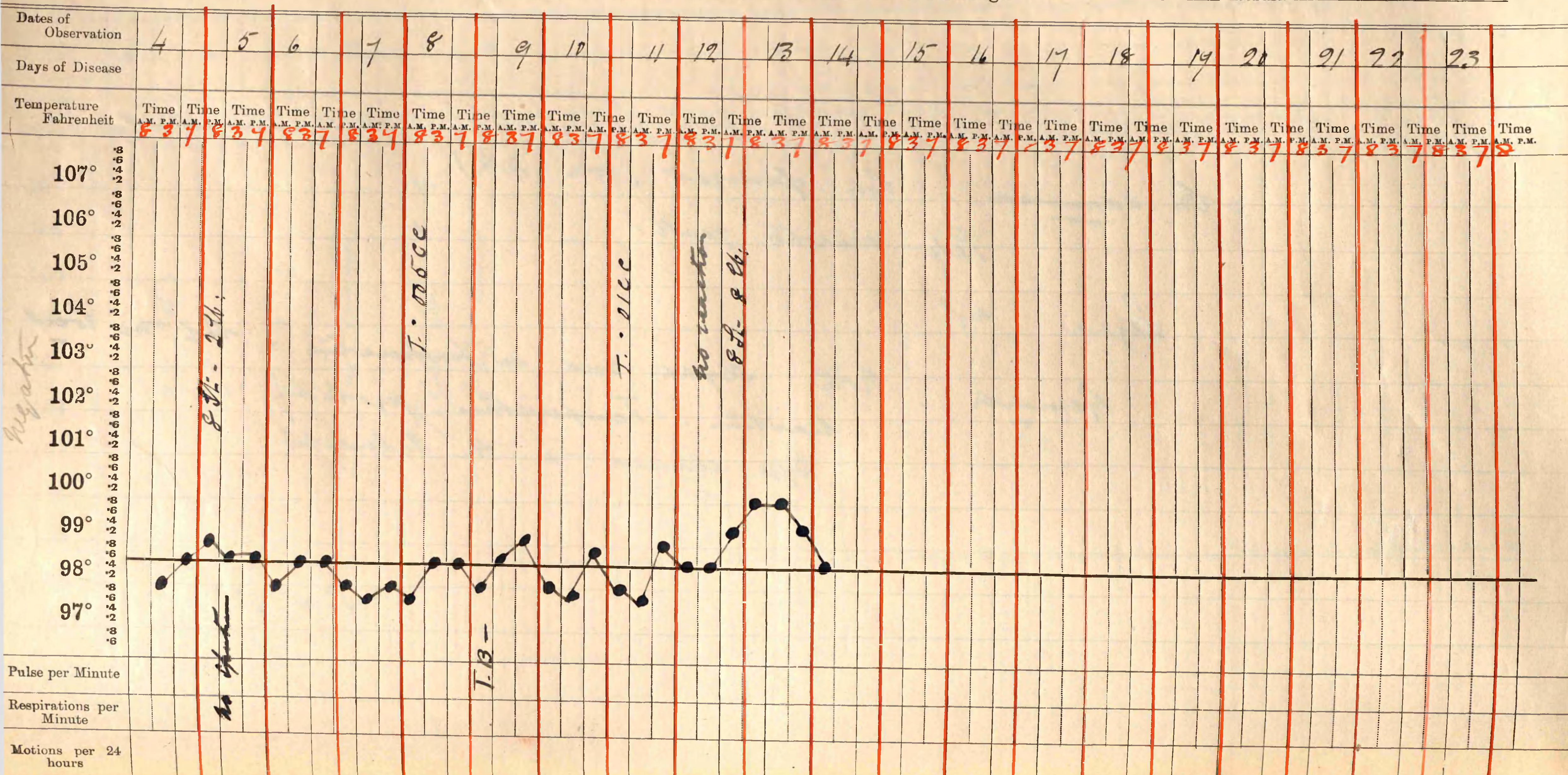
No. 59

Corps S. C. No. 33384 Rank and Name L/c W.

Military Hospital Connaught: Aldershot

Disease Date of admission 4. 9. 16 Age 22 Service

Date of discharge Result



On admission. Loss of weight (over 4 lbs)

Pale. neurotic youth.

Signs: nil

Remarks. Note slight rise in temperature. but no local reaction. Temperature probably due to toxic element in the tuberculin.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No 60

Corps ____________

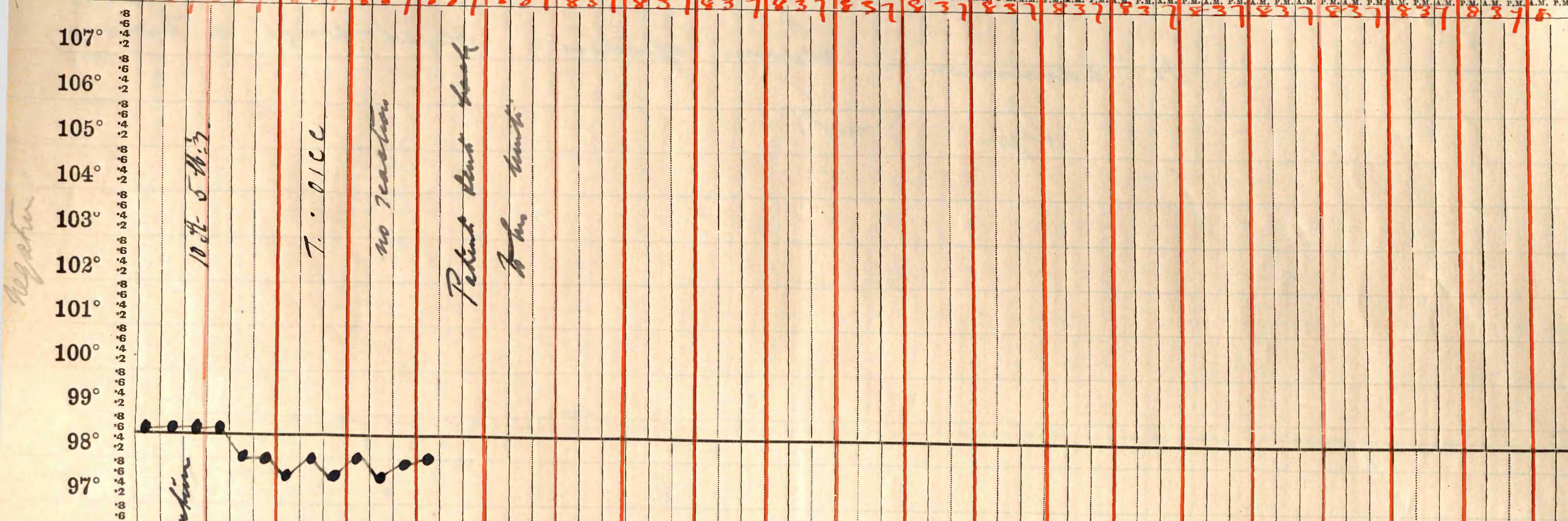
Military Hospital *Connaught Hospital*

No. *51827* Rank and Name *Pte P.* Age *20* Service *18 months*

Disease ____________ Date of admission *5 · 9 · 16* Date of discharge ____________ Result ____________

Dates of Observation	5	6	7	8	9	10
Days of Disease						

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: Soreness of chest: slight cough in morning.

Legs. nil.

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No 61

Corps ______ Military Hospital Connaught - Aldershot

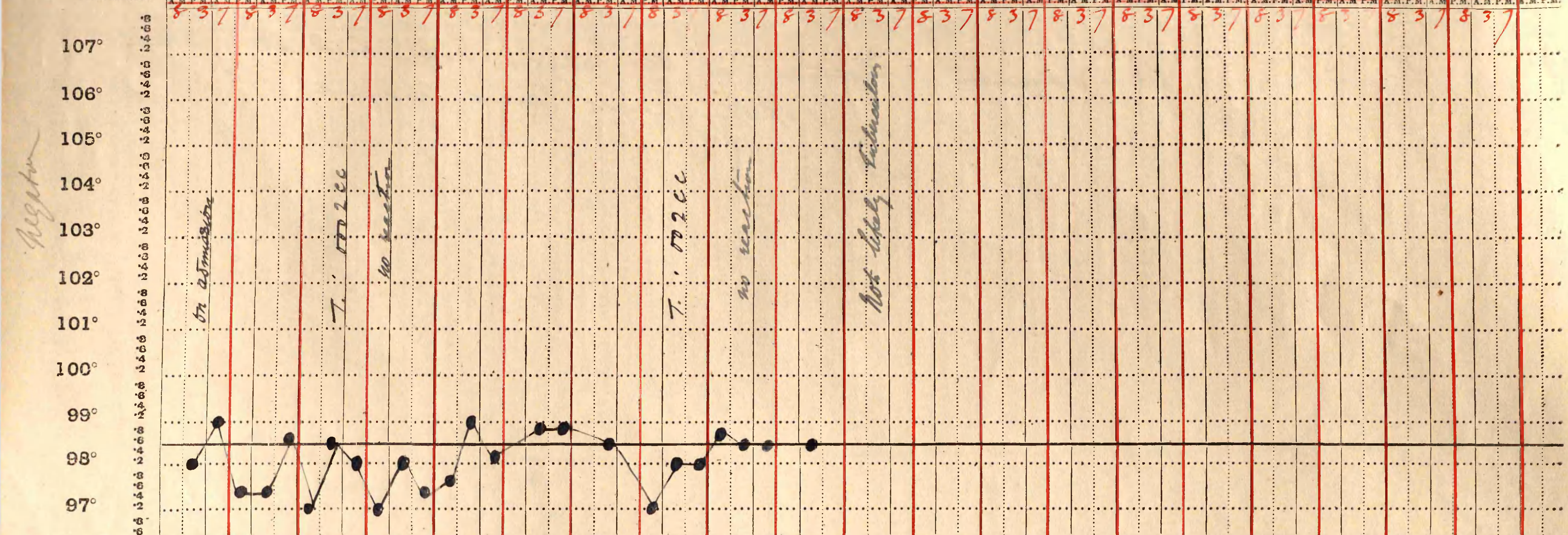
No. ______ Rank and Name Pte C. ______ Age ______ Service ______

Disease ? T. B Date of admission 18 - 9 - 15 Date of discharge ______ Result ______

Dates of Observation: 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 1, 2, 3, 4, 5, 6

Days of Disease

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: Tightness in the chest: sick headache. cough
(spitting. night sweats. indefinite).

Legs. nil.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 62

Army Form B 181.

Corps A. S. C.

No. S4 086661

Rank and Name Pte [illegible]

Military Hospital Connaught. Aldershot

Age 20

Service 4/12

Disease

Date of admission 19 - 8 - 15

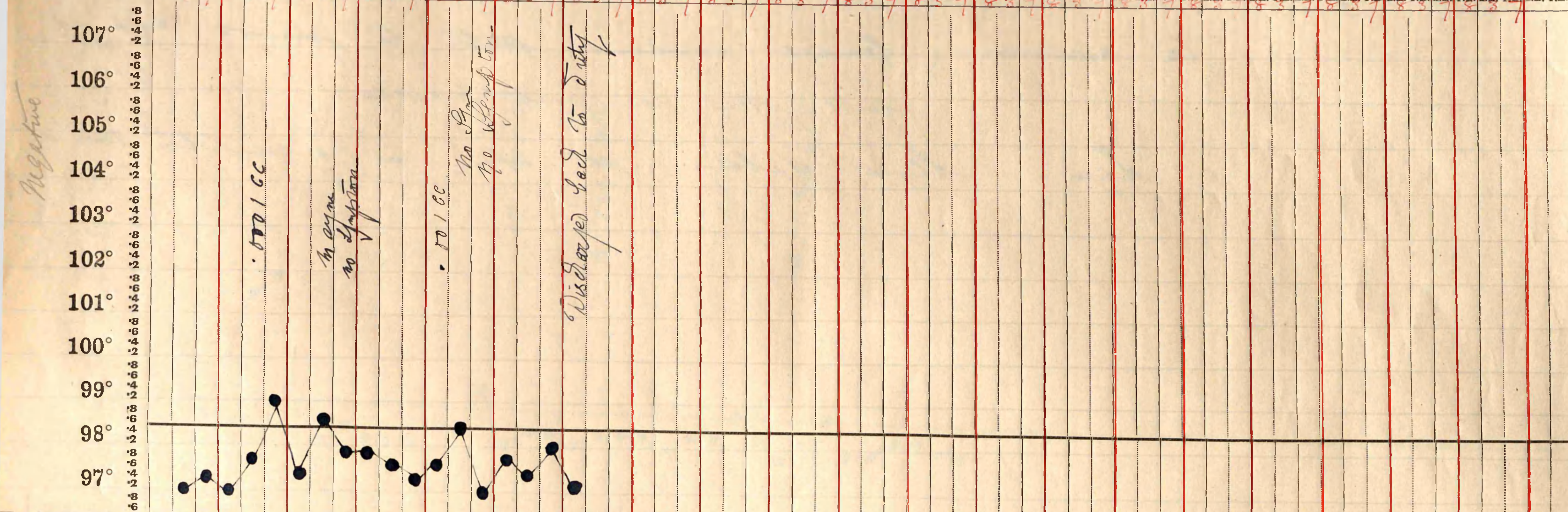
Date of discharge

Result

Dates of Observation: 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Days of Disease

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: General weakness: states he cannot keep up with others on route marches.

Syn: slight dulness: rh apex. no adventitious sounds.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps 18th Service Batt No 63

No. 27962 Rank and Name Pte D.

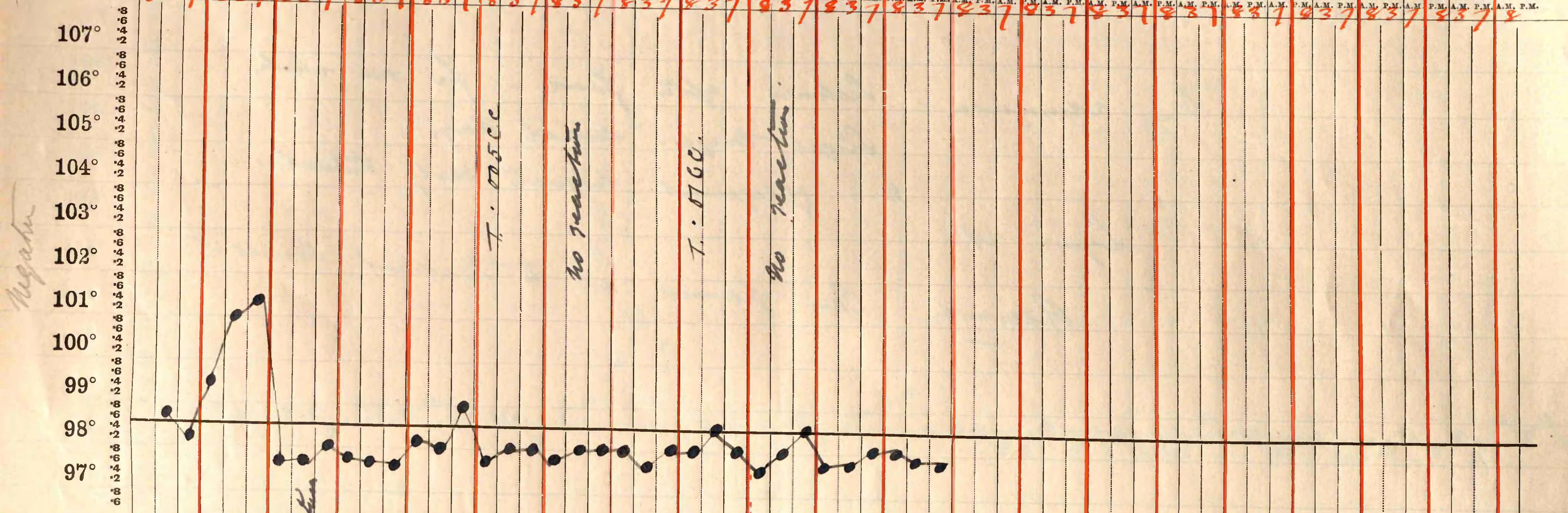
Military Hospital Connaught. Aldershot

Age 33 Service 1/12

Disease ____ Date of admission 9 - 1 - 16 Date of discharge ____ Result ____

Dates of Observation																				
Days of Disease	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

Temperature Fahrenheit — Time A.M. P.M. (8 3 7 each day)



Pulse per Minute 78 84

Respirations per Minute

Motions per 24 hours

On admission. Sickness after food – for one week
Slight cough – several days.
M.O of Regiment suspects early tubercle.
Sym: nil.

Remark. Case passed on to Medical Specialist

CLINICAL CHART.

(*To be attached to Case Sheet.*)

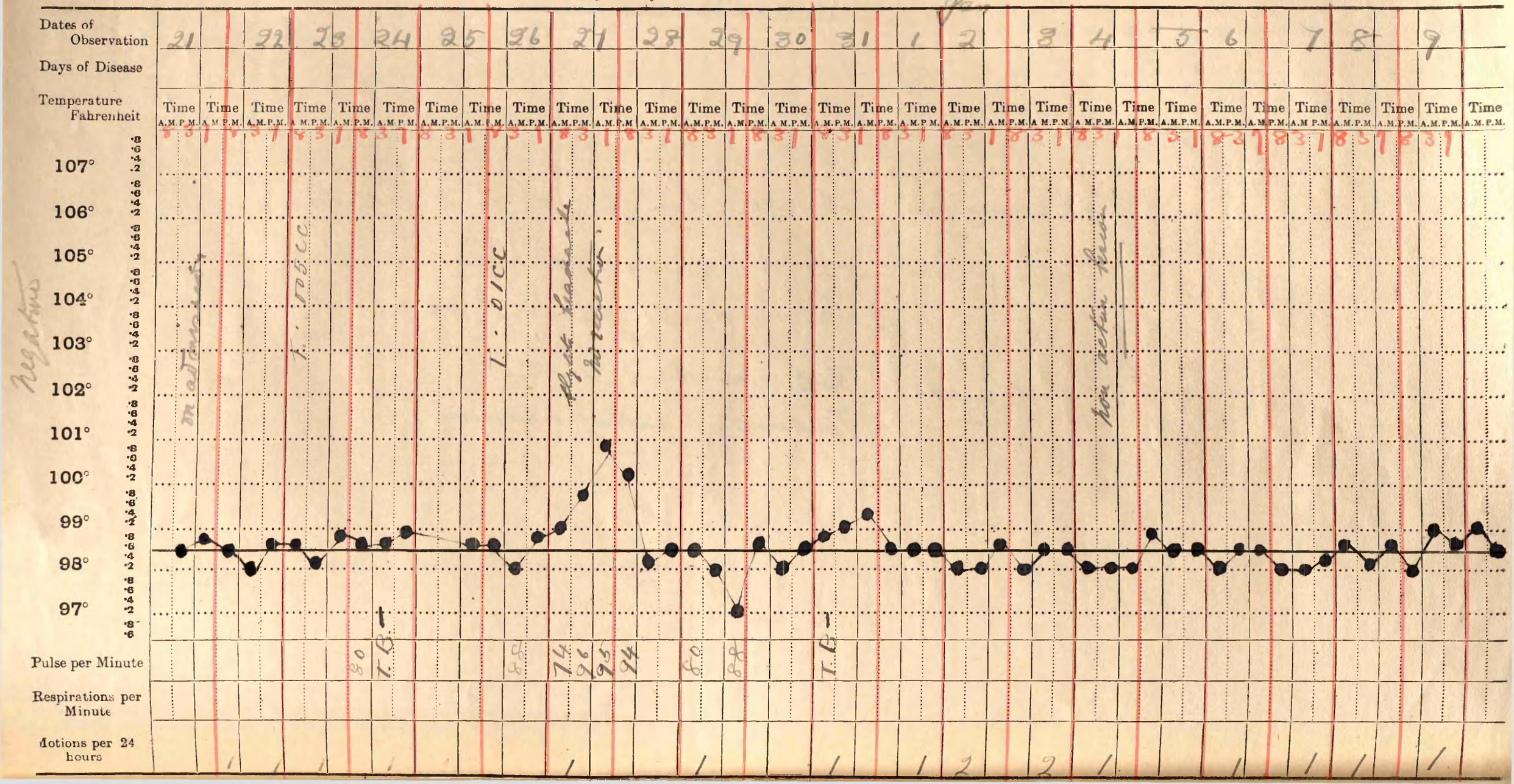
Army Form B. 181.

Corps RFC No. 64

Military Hospital Bonnaughton - Aldershot

No. 4029 Rank and Name Pte C Age 18 Service 9/12

Disease Date of admission 21 - 12 - 15 Date of discharge Result



On admission: Cough: pain in the back of the head.

Signs: Sibilant râle opposite spine of the scapula.

Right base: Harsh vesicular B.S.

Remarks. Note no local reaction.
Temperature rather suspicious.

Army Form B 181.

CLINICAL CHART.

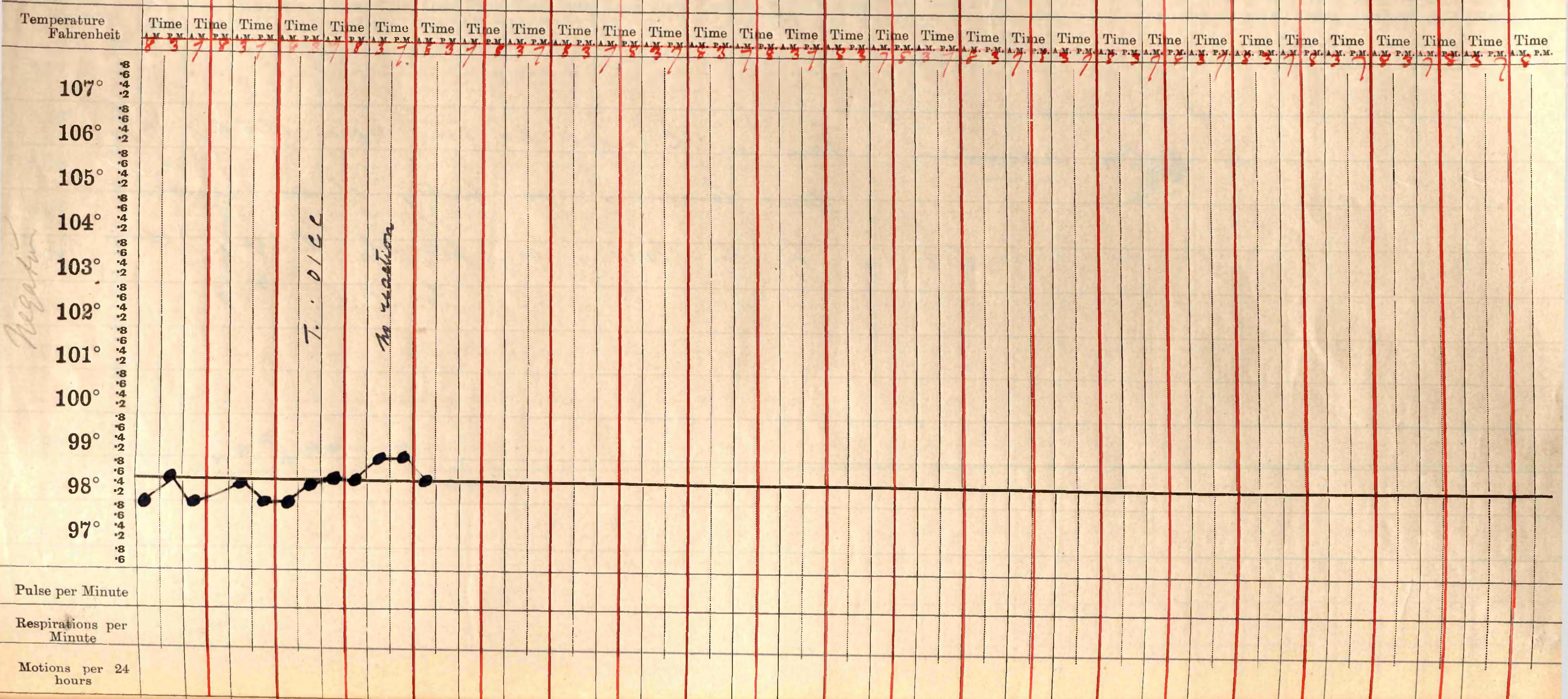
(To be attached to Case Sheet.)

No 65

Corps ______ No. ______ Rank and Name D B Age ______ Military Hospital Connaught. Aldershot. Service ______

Disease ______ Date of admission 17 - 12 - 15 Date of discharge ______ Result ______

Dates of Observation	17	18	19	20	21	22	23	24	25
Days of Disease									



On admission. Pain in the right leg (in region of hip joint).
Some lameness: no history of an accident
Sent in by his M.O as possible tubercle of hip joint.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

No. 66

Corps ______ Military Hospital Connaught. Aldershot

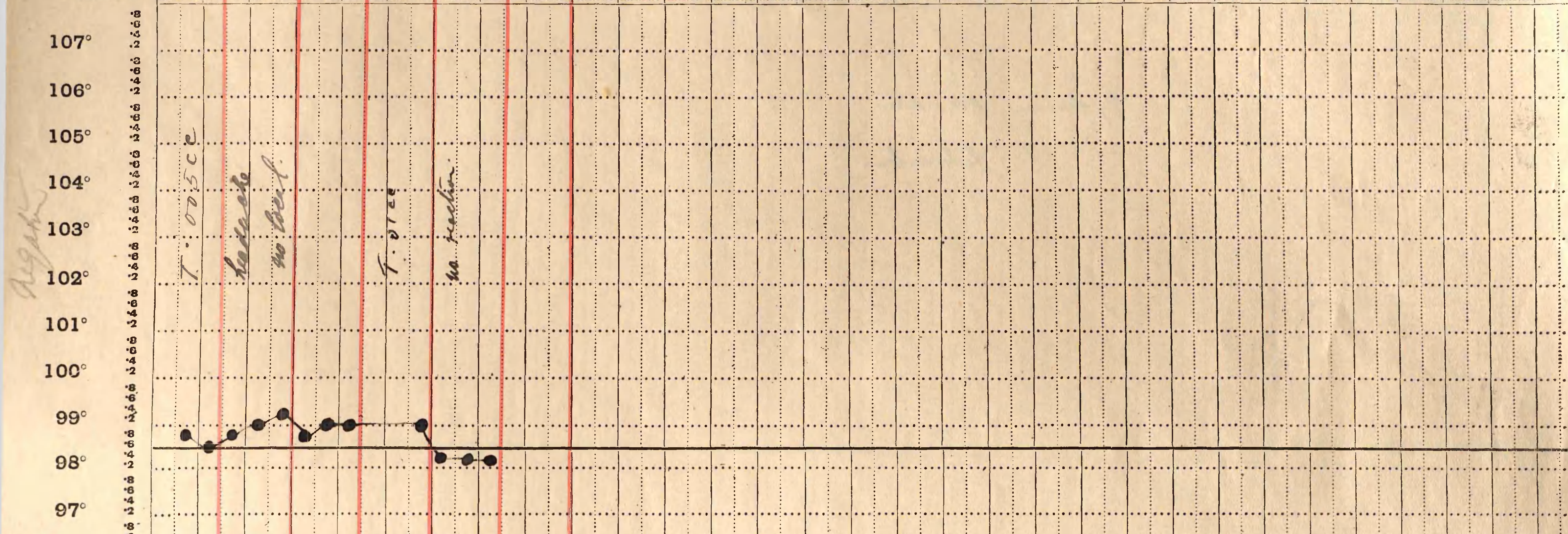
No. 4331 Rank and Name Pte. K. Age 22 Service 2/12

Disease ______ Date of admission 12 – 12 – 15 Date of discharge ______ Result ______

Dates of Observation: 21, 22, 23, 24, 25, 26

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.)



Pulse per Minute: 80, 72, 100, 80, 92, 88, 76, 80, 80, 80, 76, 78

Respirations per Minute

Motions per 24 hours

Extensive Keratitis

? Tuberculosis

Army Form B. 181.

CLINICAL CHART.

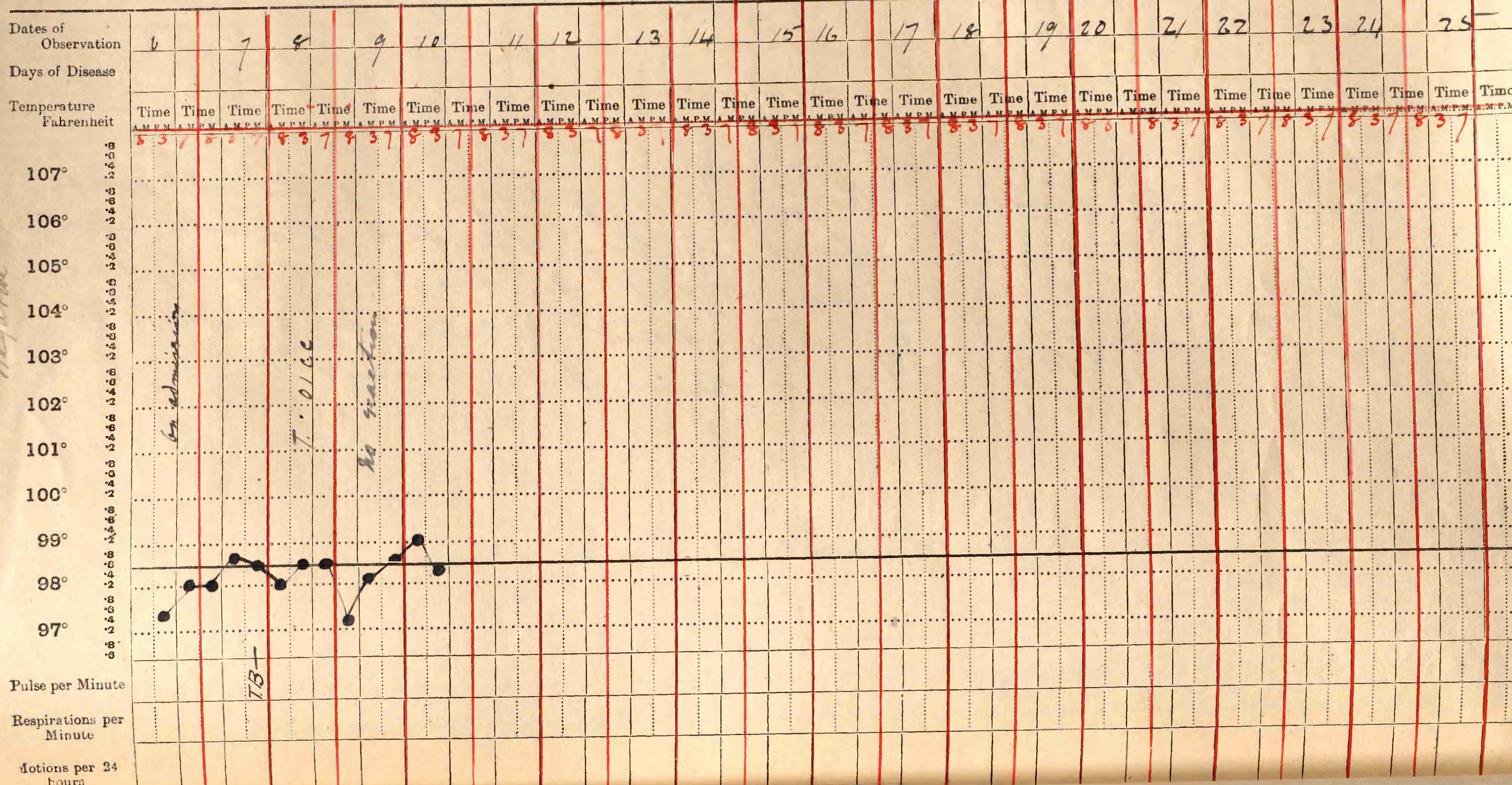
(*To be attached to Case Sheet.*)

Corps R. F. A. No. 67

Military Hospital Connaught — Aldershot

No. ______ Rank and Name S. ______ Age 23 Service ______

Disease ______ Date of admission 6 - 12 - 15 Date of discharge ______ Result ______



On admission: "Spitting up blood yesterday - about two tablespoonfuls."
Cough. Sickness after food of 2 mths duration".
N.B. Patient has been in Army for 2 mths.

Signs: Very slight dulness - rt apex. No adventitious sounds.
Breath sounds perfectly normal.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B 181.

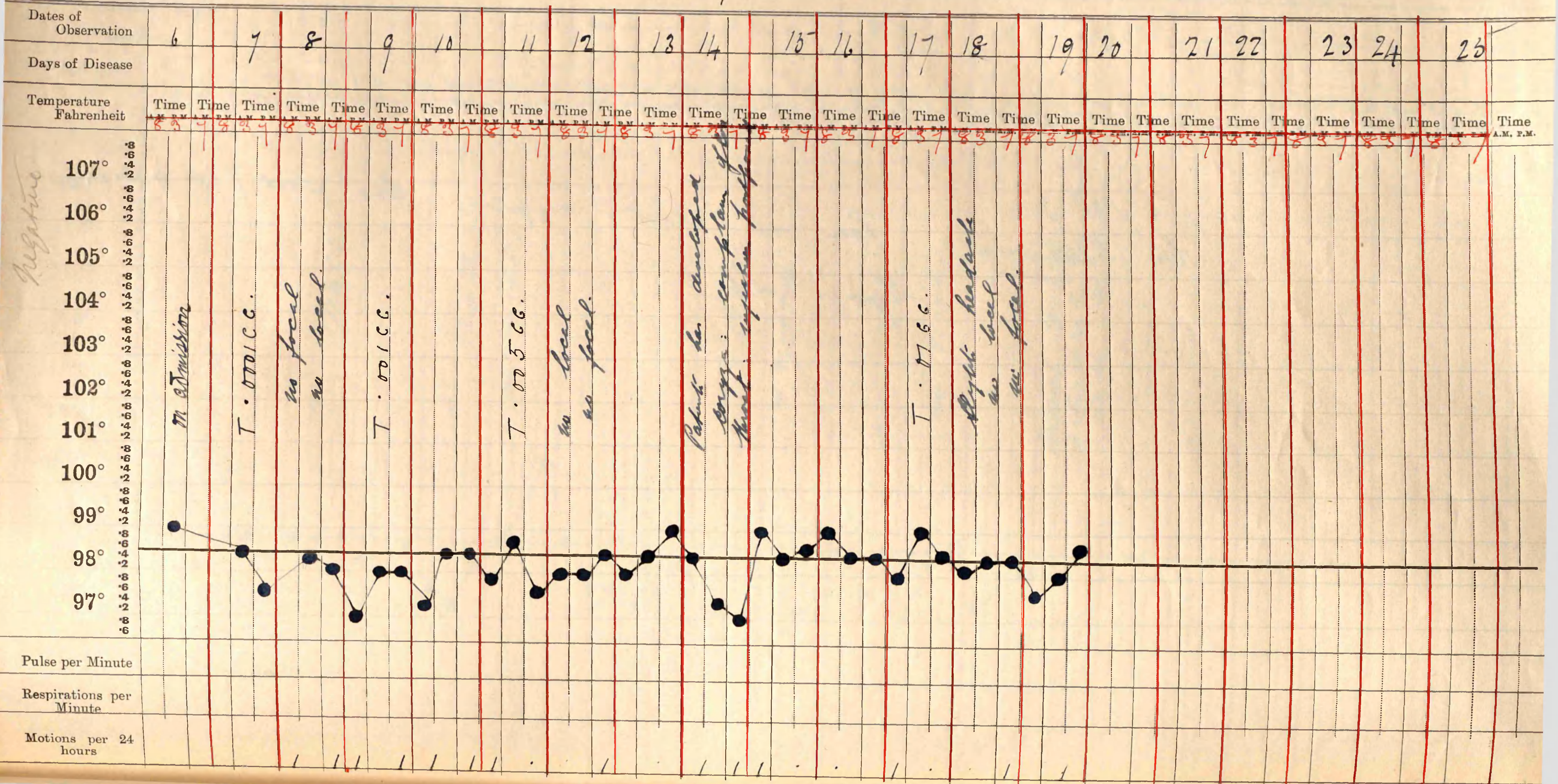
Corps 10th Yorks & Lancs No 68

No. 15103 Rank and Name Pte G.

Military Hospital Connaught Aldershot

Age ____ Service ____

Disease ____ Date of admission 6-9-15 Date of discharge ____ Result ____



On <u>admission</u>. Pain in chest: dizziness. loss of wt (30 4 lbs.)

Sym - nil

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

№ 69

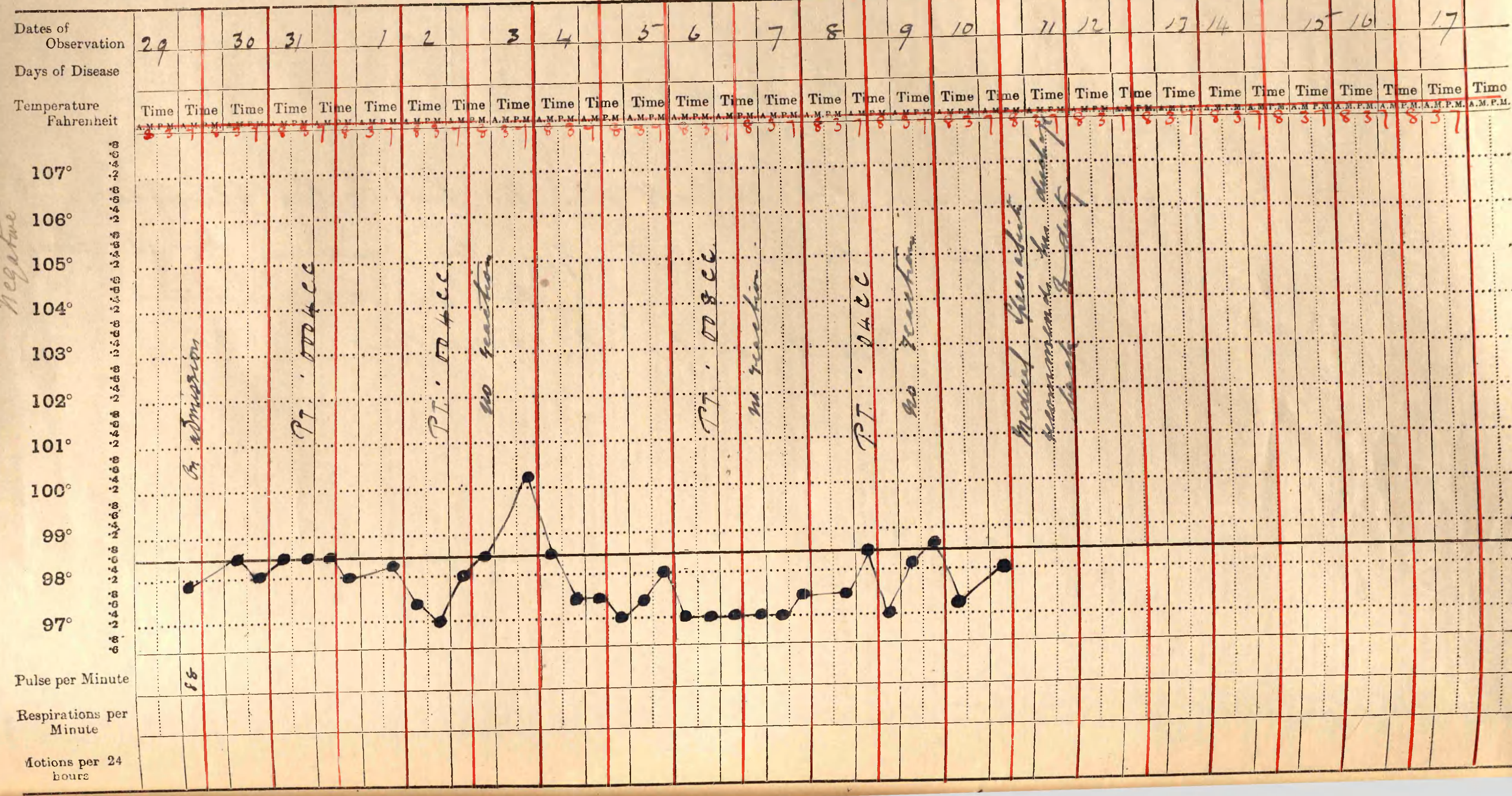
Military Hospital Connaught, Aldershot

Corps A. S. C.

No. 094478 Rank and Name J. G. H. Age ______ Service 2/12

Disease ______ Date of admission 30 - 8 - 15 Date of discharge ______ Result ______

Negative



On admission: Pains all over the body: loss of weight.

Legs: At apex posteriorly: some increase vocal resonance

No adventitious sound.

Patient a typical neurasthenic.

Army Form B. 181.

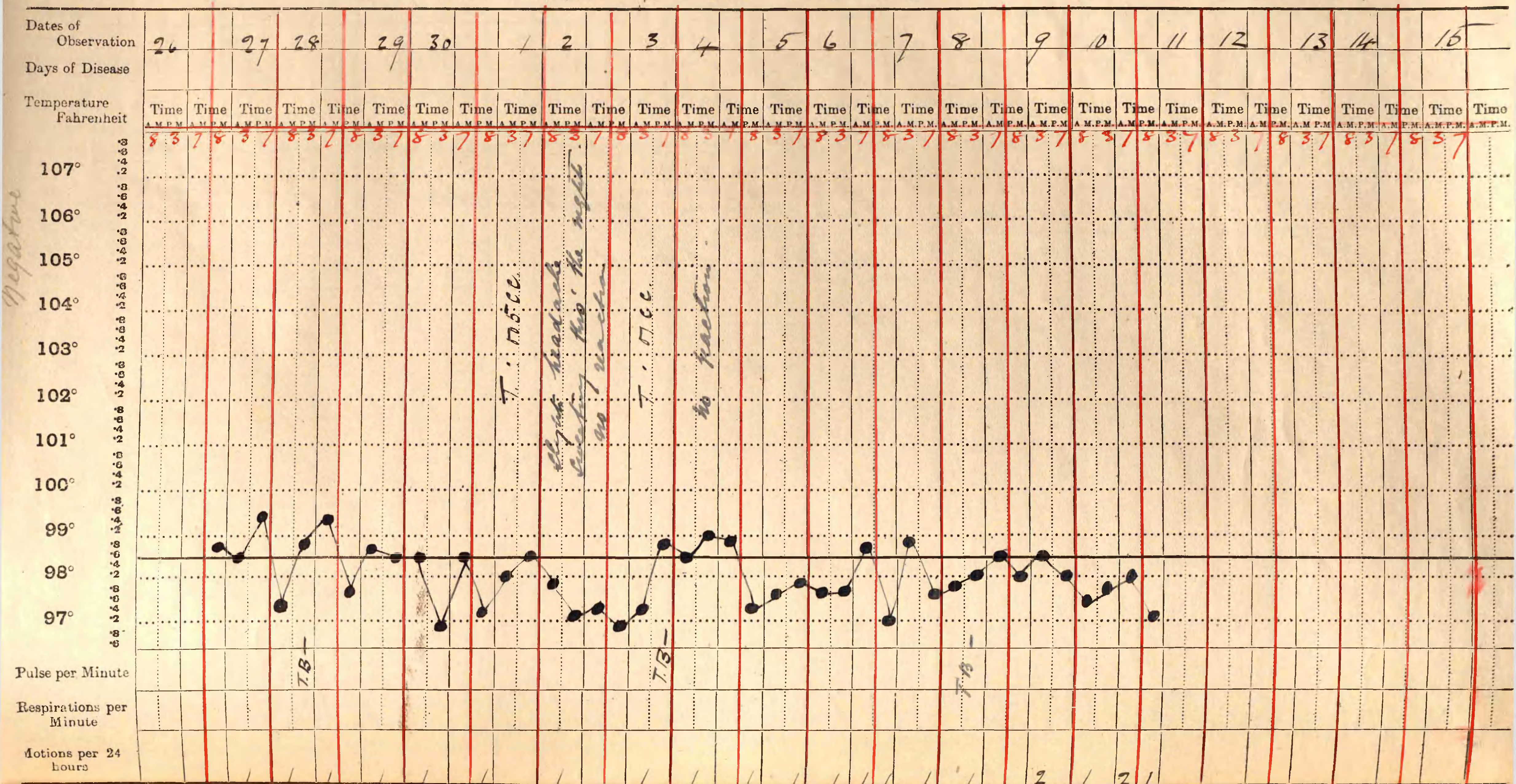
CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps R. E. A C. No 70 Military Hospital Connaught - Aldershot -

No. 126998 Rank and Name Pte H. Age 38 Service

Disease Date of admission 26 - 11 - 15 Date of discharge Result



On admission: Pain between shoulder blades. Bad cough
shortness of breath.

Signs: Nil.

No 71

CLINICAL CHART

(To be pasted into Case Book opposite patients case)

Army Form B. 181.

Corps .... No. .... Rank and Name Pte Dowsell .... Age .... Service .... Hospital Station ....

Disease Jaunmary .... Date of admission .... Date of Discharge .... Result .... Case Book .... folio

T. B. Injection ·01 cc T.

Dates of Observation	22	23		24																											
Days of Disease																															
Temperature Fahrenheit.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107° ·8 ·6 ·4 ·2																															
106° ·8 ·6 ·4 ·2																															
105° ·8 ·6 ·4 ·2																															
104° ·8 ·6 ·4 ·2																															
103° ·8 ·6 ·4 ·2																															
102° ·8 ·6 ·4 ·2																															
101° ·8 ·6 ·4 ·2																															
100° ·8 ·6 ·4 ·2																															
99° ·8 ·6 ·4 ·2																															
98° ·8 ·6 ·4 ·2																															
97° ·8 ·6 ·4 ·2																															
·8 ·6																															
Pulse per Minute		78	80	72																											
Respirations per Minute																															
Motions																															

1798 W 2207.393. 50000. 8. 12.

Army Form B 181.

CLINICAL CHART.

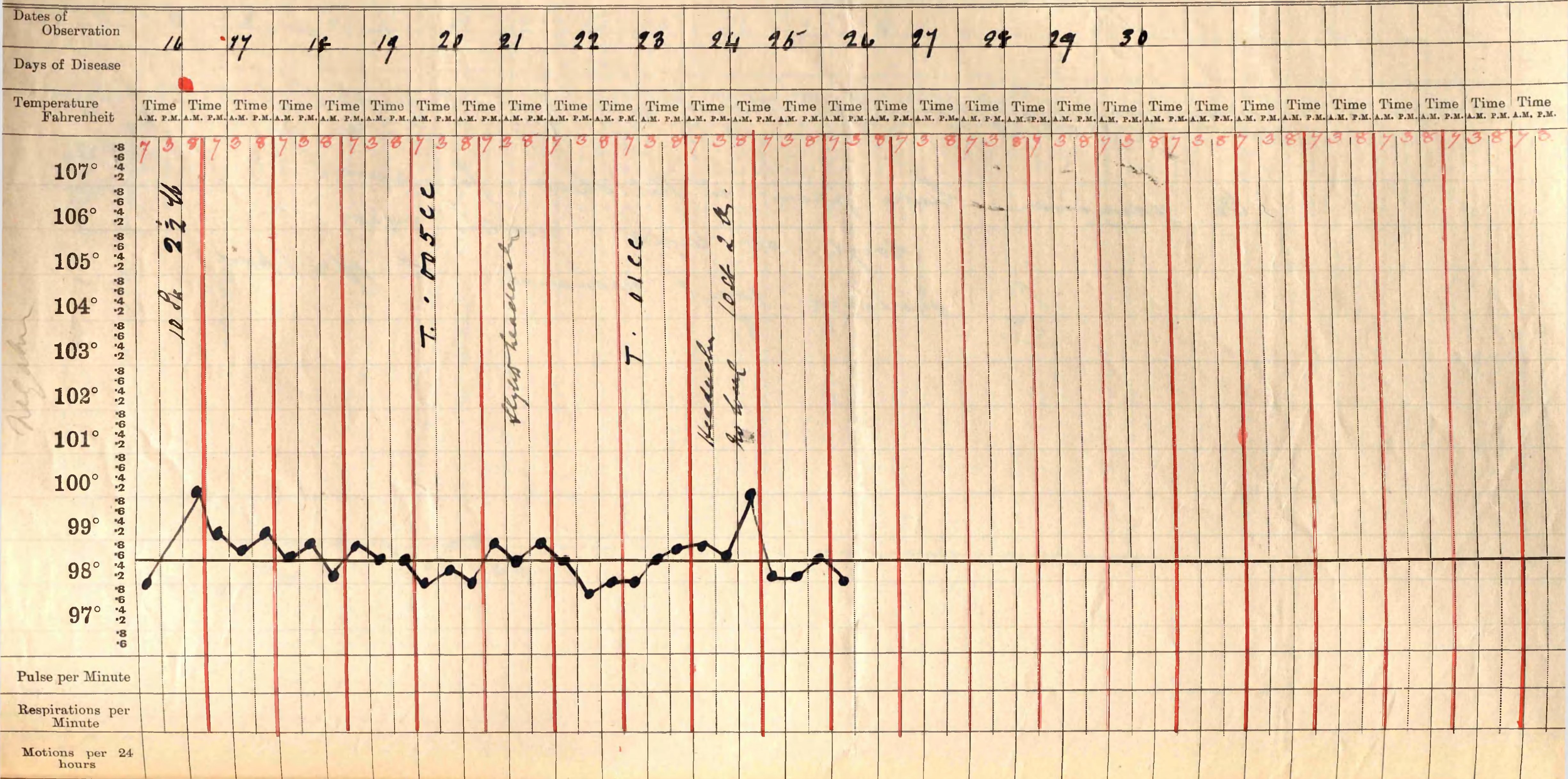
(To be attached to Case Sheet.)

No 42

Corps ______ Military Hospital ______

No. ______ Rank and Name ______ Age ______ Service ______

Disease ______ Date of admission 16. 1. 16 Date of discharge ______ Result ______



On admission. Severe pains in the chest - for a week.
Cough - at nights : restless nights.
Sym: Increased vocal resonance : rt apex (post.)

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R. Fd. No 73 Military Hospital Connaught. Aldershot

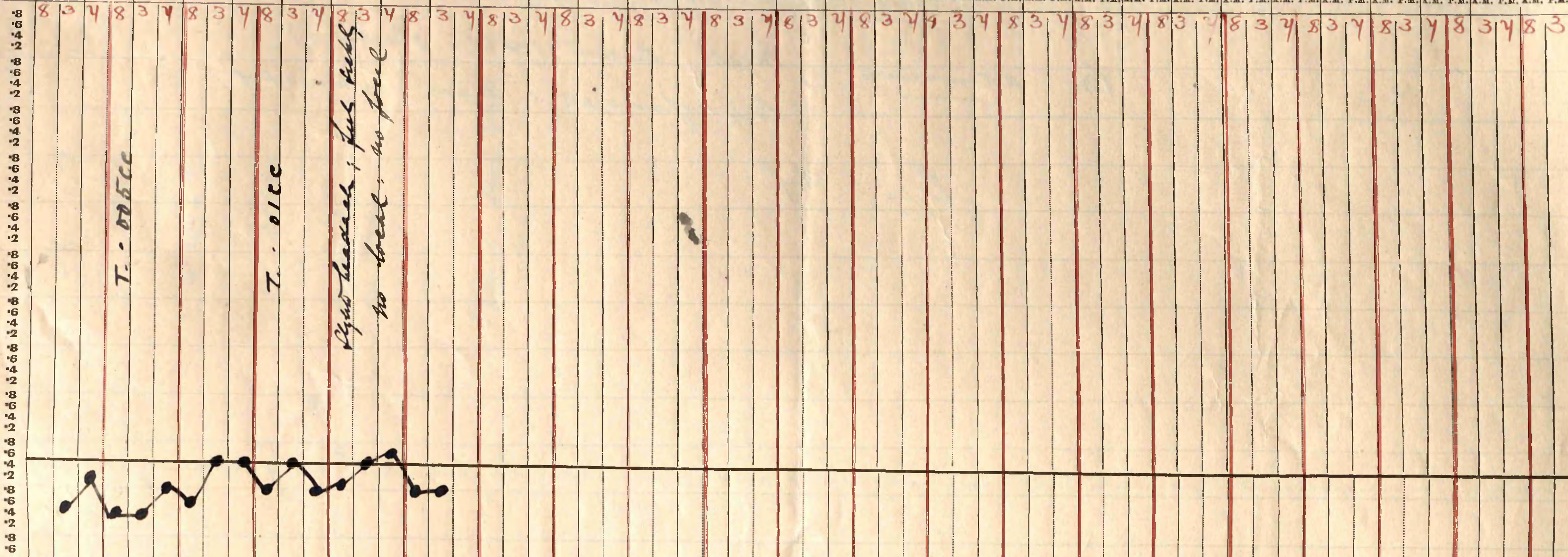
No. 225397 Rank and Name M. E. Age 27 Service 9/12

Disease ______ Date of admission 7. 1. 15 Date of discharge ______ Result ______

Dates of Observation: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18

Days of Disease

Temperature Fahrenheit (107° – 97°), Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Night sweats (cold, clammy)
loss of weight: early exhausted
Eyes. inf.

Army Form B 181.

CLINICAL CHART.

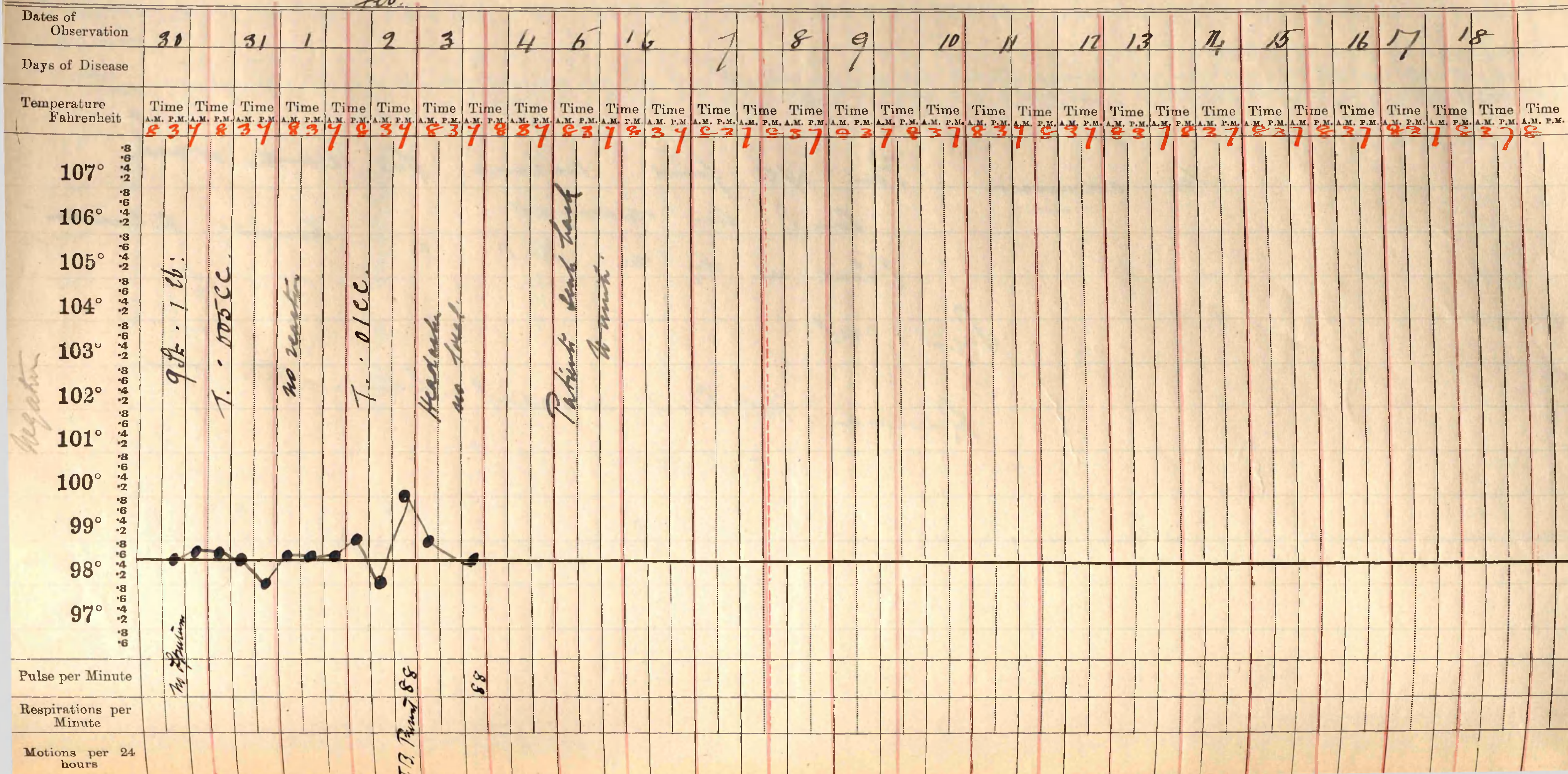
(To be attached to Case Sheet.)

No. 74

Corps ______ Military Hospital Convalescent Hospital

No. 21895 Rank and Name Pte J. Age 47 Service 1½

Disease ______ Date of admission 30 – 1 – 16 Date of discharge ______ Result ______



On admission: Pain after food. Sickness for 12 mths. or more
Some loss of weight
(Sent in by his M.O. as "possibly tuberculous")

Sym: nil.

Remarks: Note short interval between

CLINICAL CHART.

Army Form B. 181.

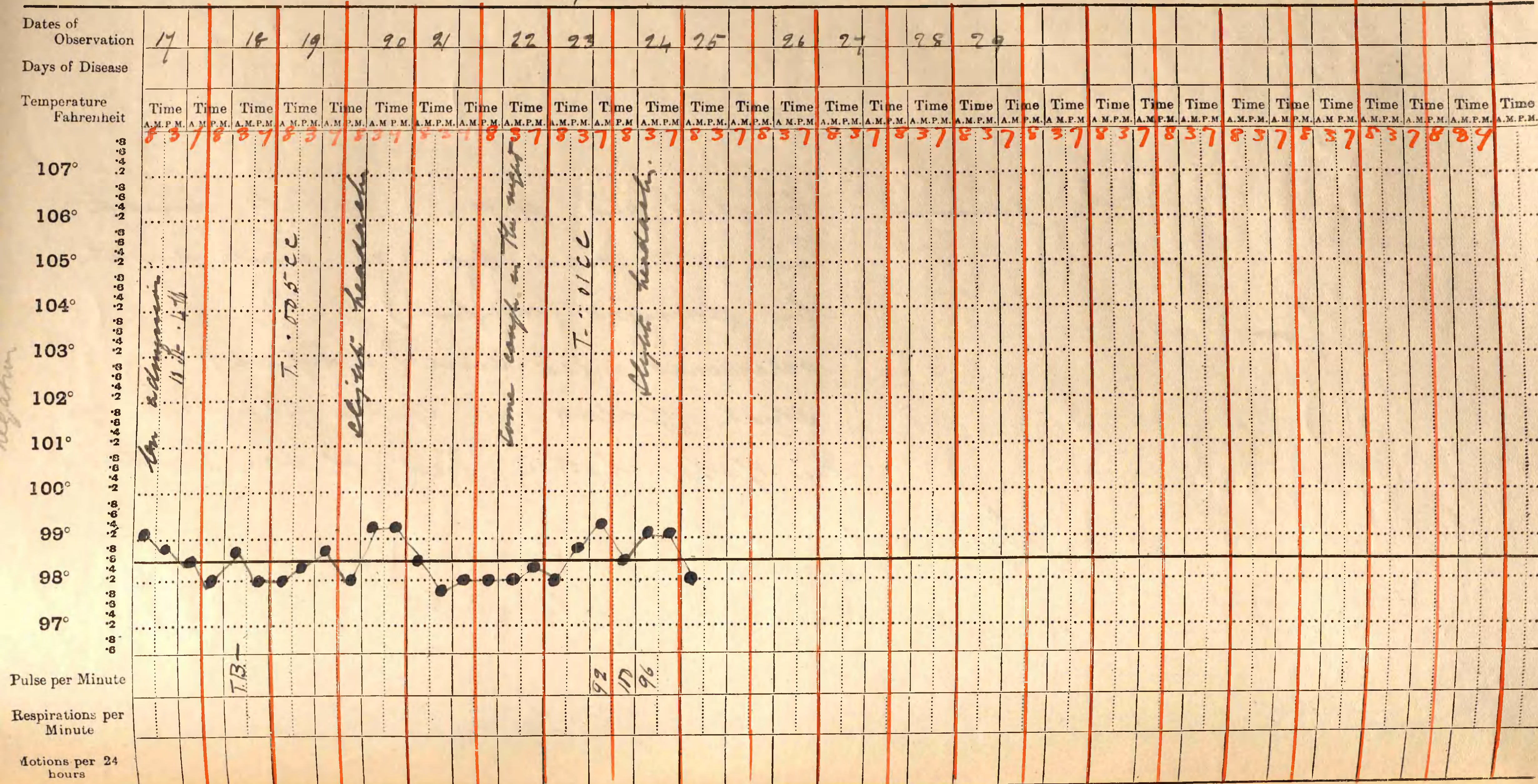
(*To be attached to Case Sheet.*)

No. 75

Corps ______ Military Hospital Connaught - Aldershot

No. 29609 Rank and Name Pte T. Age 25 Service 1/12

Disease ______ Date of admission 17 - 2 - 16 Date of discharge ______ Result ______



On admission. Coughing and Spitting. 2 months duration.
Pain in the right side - one month duration
Loss of weight (indefinite).
occasional night sweats (indefinite).
Streaks of blood in Sputum - 15 days ago.
One of his brothers died of consumption.

Syph. nil.

Remarks. Obviously non-Tubercular.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps _____ No. 76

Military Hospital Connaught - Aldershot

No. 19941. Rank and Name Pte G. Age 19 Service 1/12

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation: 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

T. 104.4 c.c. — no reaction

T. 104 c.c. — no reaction

T. 105 c.c. — no reaction

T. 101 c.c. — no reaction

Pulse per Minute: 96 88 98 88 120 104 112 112 120

Respirations per Minute

Motions per 24 hours

In charge of case.

On admission. Loss of voice of several days duration: voice weak previously.

Sym: Lungs - n.s.

Larynx: Laryngologist's report. "Cords thickened; pallor anteriorly; inflammed posteriorly; ulceration and loss of substance in right cord at extreme posterior end. Cords fail to come in apposition from weakening of arytenoids."

No history of syphilis. Wassermann reaction negative.

Remarks. Signs in larynx very suggestive of tubercle. Laryngologist afraid of severe reaction with Tuberculin, and suggested small initial dose. I examine the larynx and thought his suggestion very wise.

Note absolutely negative reaction.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R. E. 231 Coy: No 47 — Military Hospital Connaught Aldershot

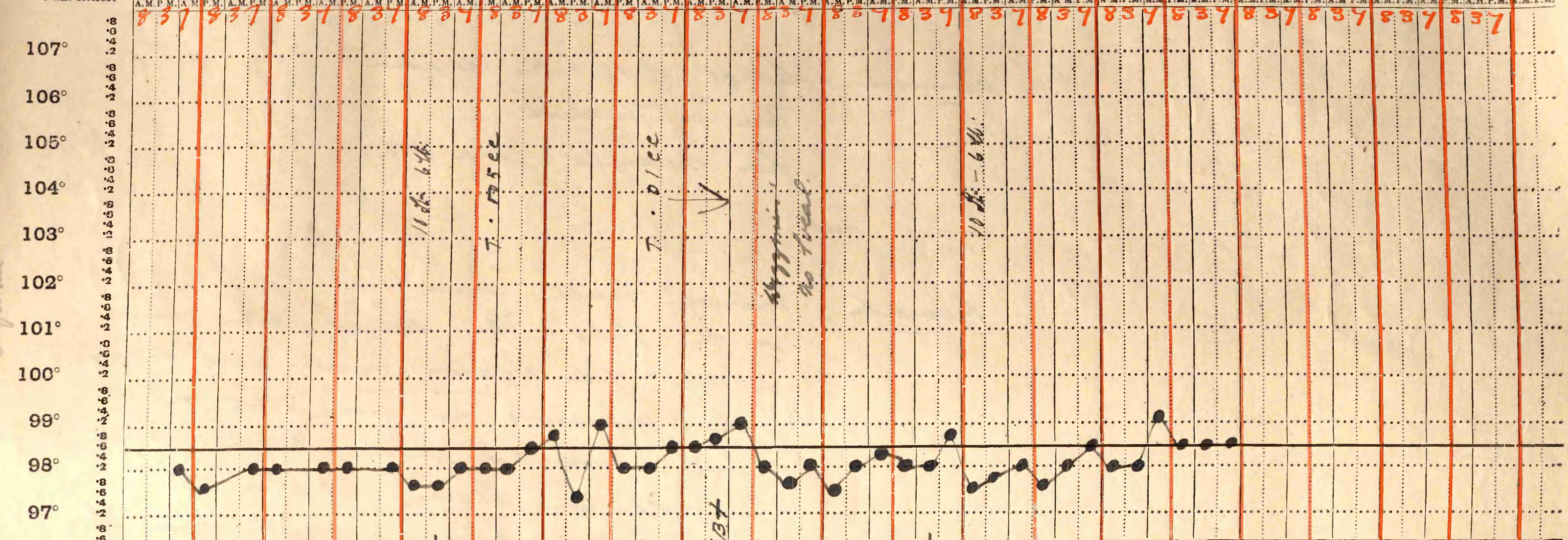
No. ______ Rank and Name Pte. R. — Age 30 — Service 13/52

Disease ______ Date of admission 26 - 1 - 16 — Date of discharge ______ Result ______

Dates of Observation: 26, 27, 28, 29, 30, 31, 1, 2, 3 Feb., 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. — 8 3 7 (repeated each day)



Pulse per Minute: 76, 76, 80, 80, 76, 72, T.B. –, 76, 78, (?) T.B. +, 80, 80, T.B. –

Respirations per Minute: T.B. –, T.B. ·

Motions per 24 hours

On admission. Cough of 12 mths duration
Pain in the chest.
Loss of weight. 4 or 5 lbs.

Signs. nil.

Remarks. Tubercle bacilli found by Pathologist
on the 3/2/16. This seemed rather strange
in view of the negative result with tuberculin.
Patient expressed his wish to get out of the
Army. Repeated further examination
of sputum always negative.
Pathologist suggested that some other
patient in ward - with tubercle bacilli in
sputum - might be able to explain.
Patient managed, and no further bacilli found.

Army Form B 181.

CLINICAL CHART.

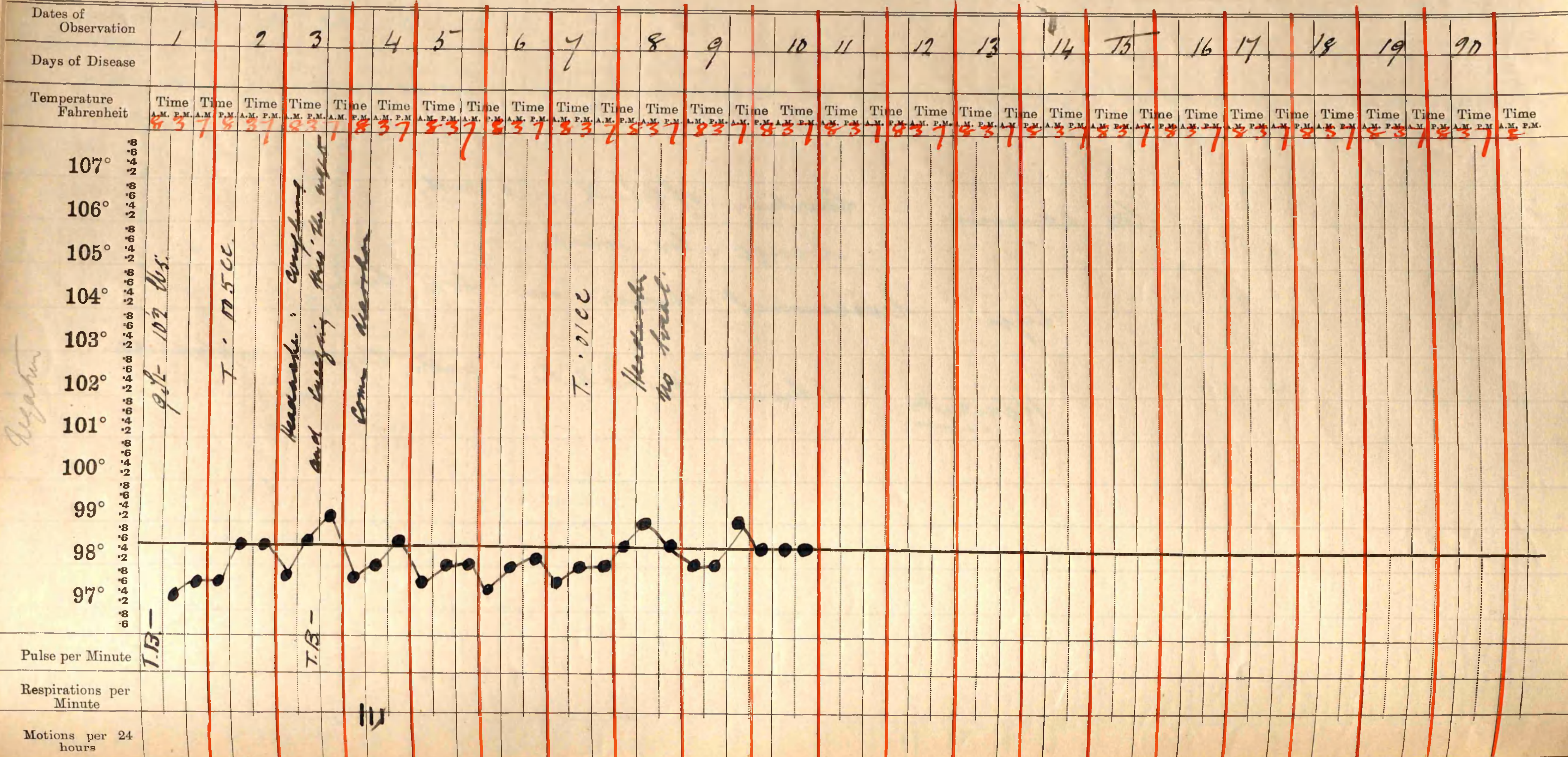
(To be attached to Case Sheet.)

No 78

Corps ________ Military Hospital Connaught Aldershot

No. 597 Rank and Name Pt B. Age 41. Service 9/12

Disease ________ Date of admission 1 - 2 - 16 Date of discharge ________ Result ________



On admission. Shortness of breath - 6 mths.

Cough: 6y weeks or more

Sym: Occasional rhonci on both bases.

Remarks. Chronic bronchitis - with slight emphysema.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 79

Corps ______ Military Hospital Connaught. Aldershot

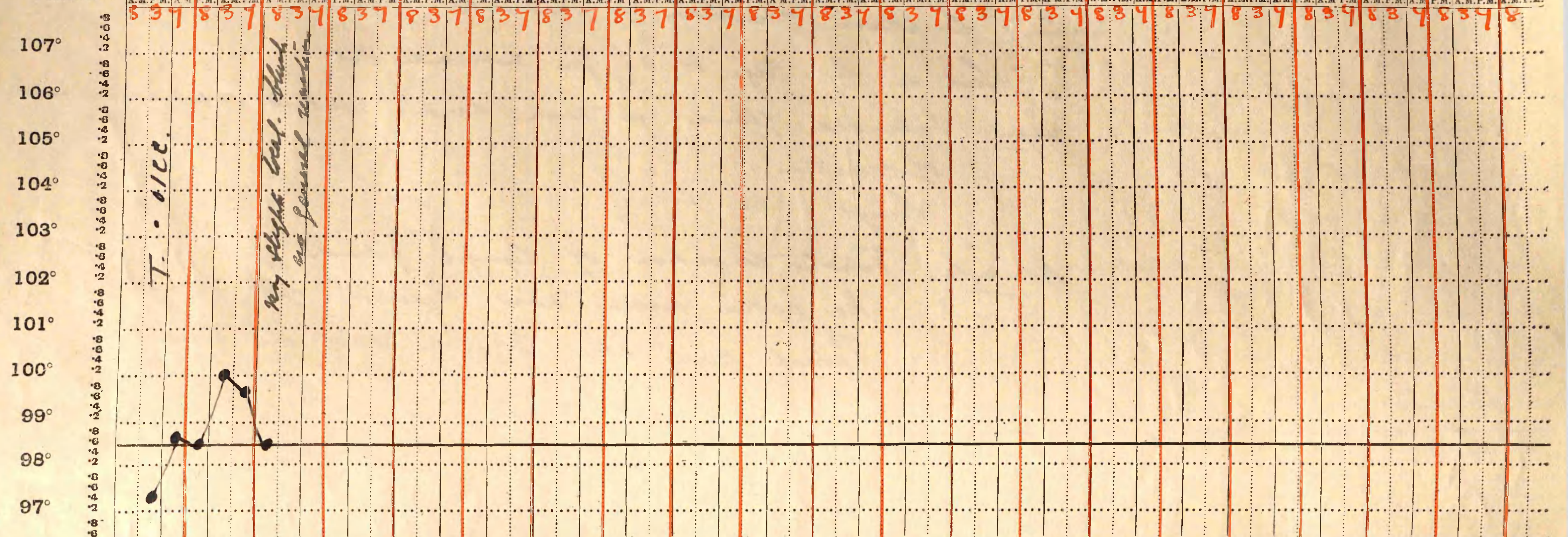
No. 108147 Rank and Name Pte. E. Age 30 Service ______

Disease ______ Date of admission ______ Date of discharge ______ Result ______

Dates of Observation: 24, 25, 26, 27, 28

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8, 3, 7 in each day)



Negative

Pulse per Minute

Respirations per Minute

Motions per 24 hours

History. Complains of swelling in the neck.

Sent in by Reg. M.O. for tuberculin test.

Signs: Enlarged glands in neck, hard: matted: no appearance of ulceration:

Lungs: no signs.

Remarks. Fibrotic condition of lymph glands.

No active disease now. Excision not advisable.

Patient quite able to go on with his training

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps ______ No 80

Military Hospital Connaught · Aldershot

No. 23335 Rank and Name Pte M Age ______ Service 6/10

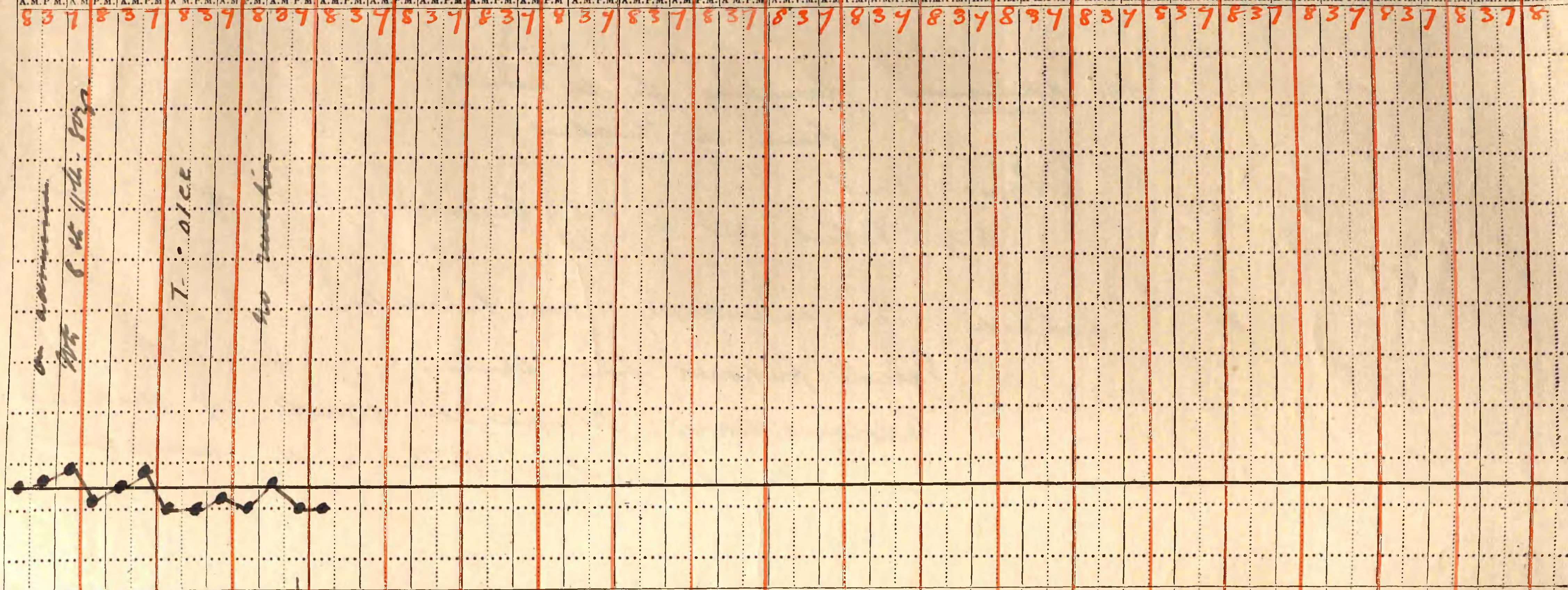
Disease ______ Date of admission 16 · 1 · 16 Date of discharge ______ Result ______

Dates of Observation: 16, 17, 18, 19, 20, 21, 22, 23, 24

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On <u>admission</u>: Coughing for six months.
pains in the chest.

Signs: nil.

N.B. Patient sent in by Regimental M.O. for tuberculin test

Remarks: Case undoubtedly non-tuberculous.
Vaccine prepared from Sputum.
Pathologist's report: "Abundant growth of diphtheroid organism."
Patient now being treated with autogenous vaccine.

Army Form B. 181.

CLINICAL CHART.

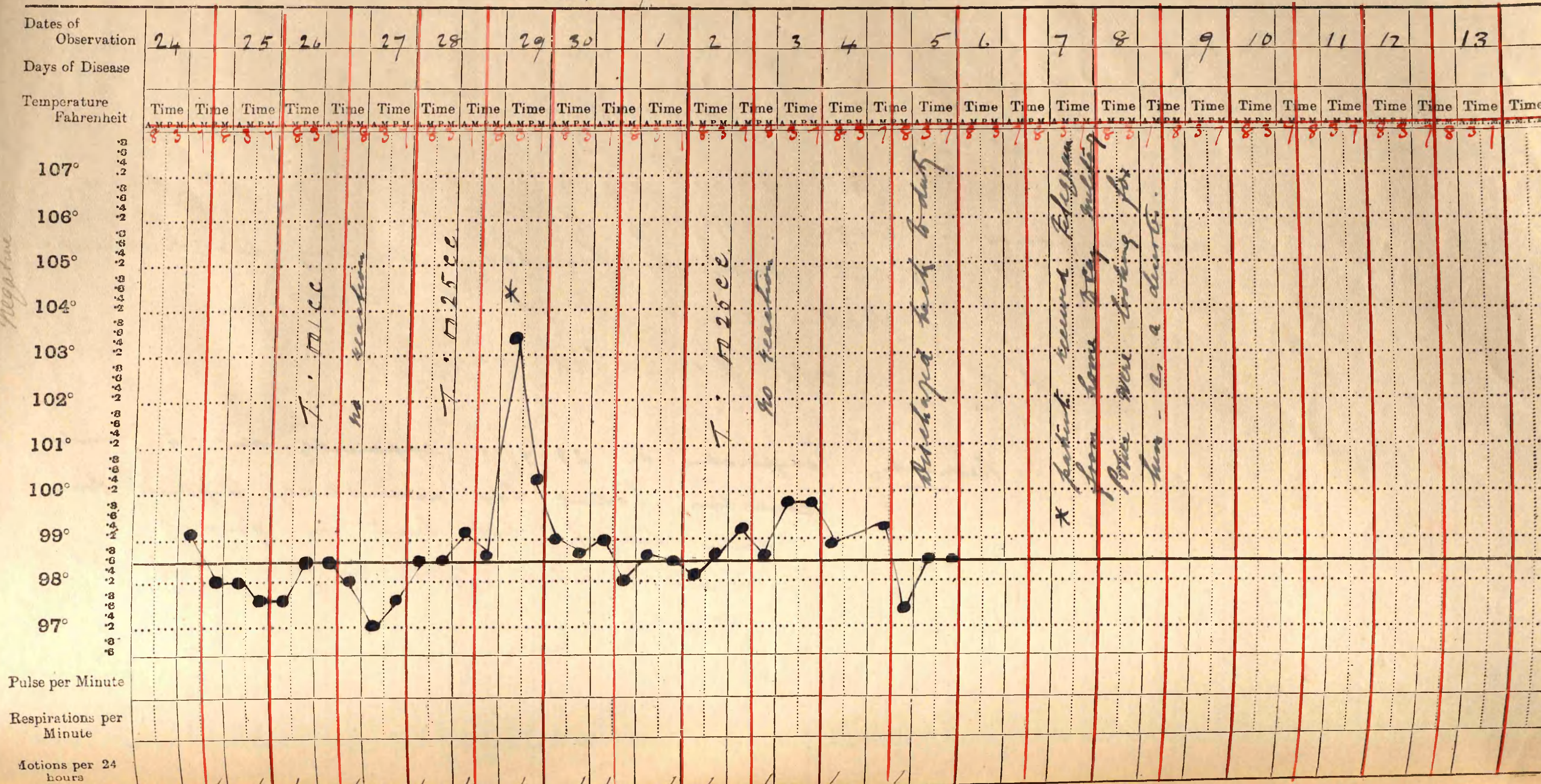
(To be attached to Case Sheet.)

No 81

Corps ______ Military Hospital Connaught - Aldershot -

No. ______ Rank and Name Pte W. ______ Age ______ Service ______

Disease ? T. B. ______ Date of admission 24 - 9 - 15 ______ Date of discharge ______ Result ______


Negative
Dates of Observation
24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12 13
Days of Disease
Temperature Fahrenheit
Time
A.M. P.M.
107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
T. ·001cc
no reaction
T. ·0025cc
*
T. ·0025cc
no reaction
Discharged back to duty
* patient received telegram from home to say military Police were looking for him - as a deserter.
Pulse per Minute
Respirations per Minute
Motions per 24 hours

On admission: Cough: Spitting of blood

Patient states he has had "pleurisy and consumption"

Rather anxious to get his discharge.

Signs: Old fibroid. Rt apex.

Remarks. Temperature on 29/9/15 apparently also the mental condition. Patient had undoubtedly suffered from active tuberculosis, but is now quiescent.

Second injection - showed no local or general reaction

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R. E. A Coy. No 82

Military Hospital Connaught. Aldershot.

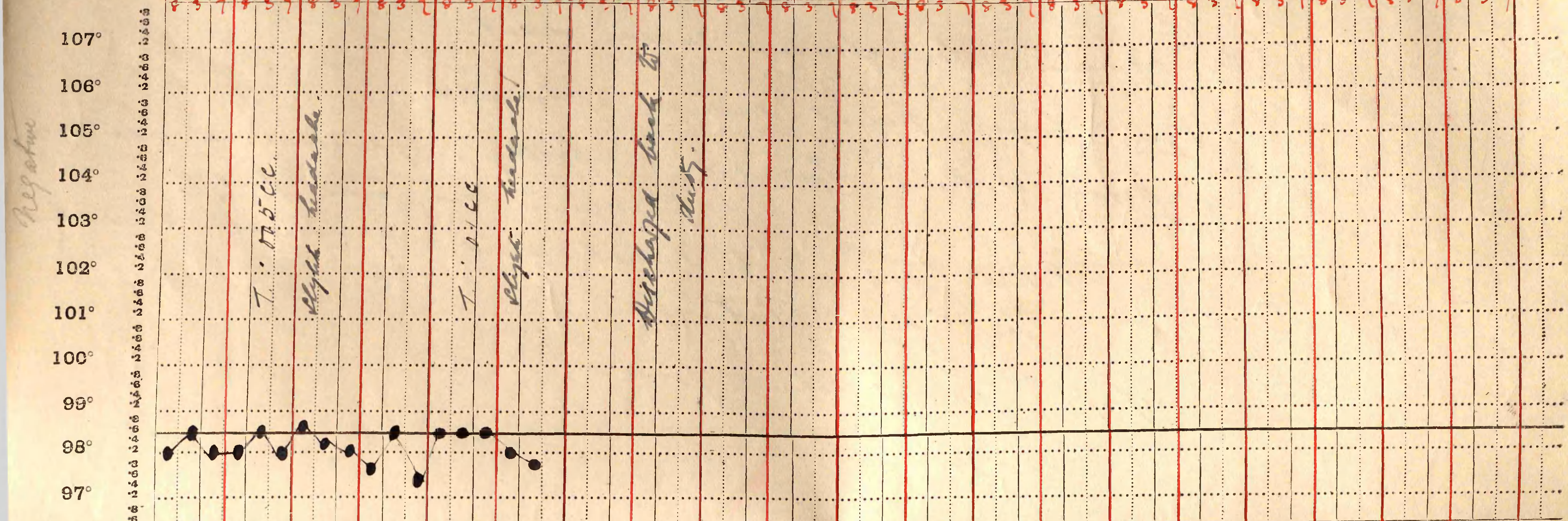
No. 92381 Rank and Name Pte H. Age 37 Service 2/12

Disease ______ Date of admission ______ Date of discharge ______ Result ______

Dates of Observation: 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28

Days of Disease

Temperature Fahrenheit



Pulse per Minute: 60

Respirations per Minute

Motions per 24 hours

On admission: loss of voice - 3 weeks duration.

Signs: lungs: General evidence of bronchitis.

Report of Throat Specialist: "Swelling, hyperaemia in infra-arytenoid region. Cords move freely"

Patient sent in 6 Tubercle ward by Throat Specialist for tuberculin test.

15/12/15. Gradual return of voice.

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

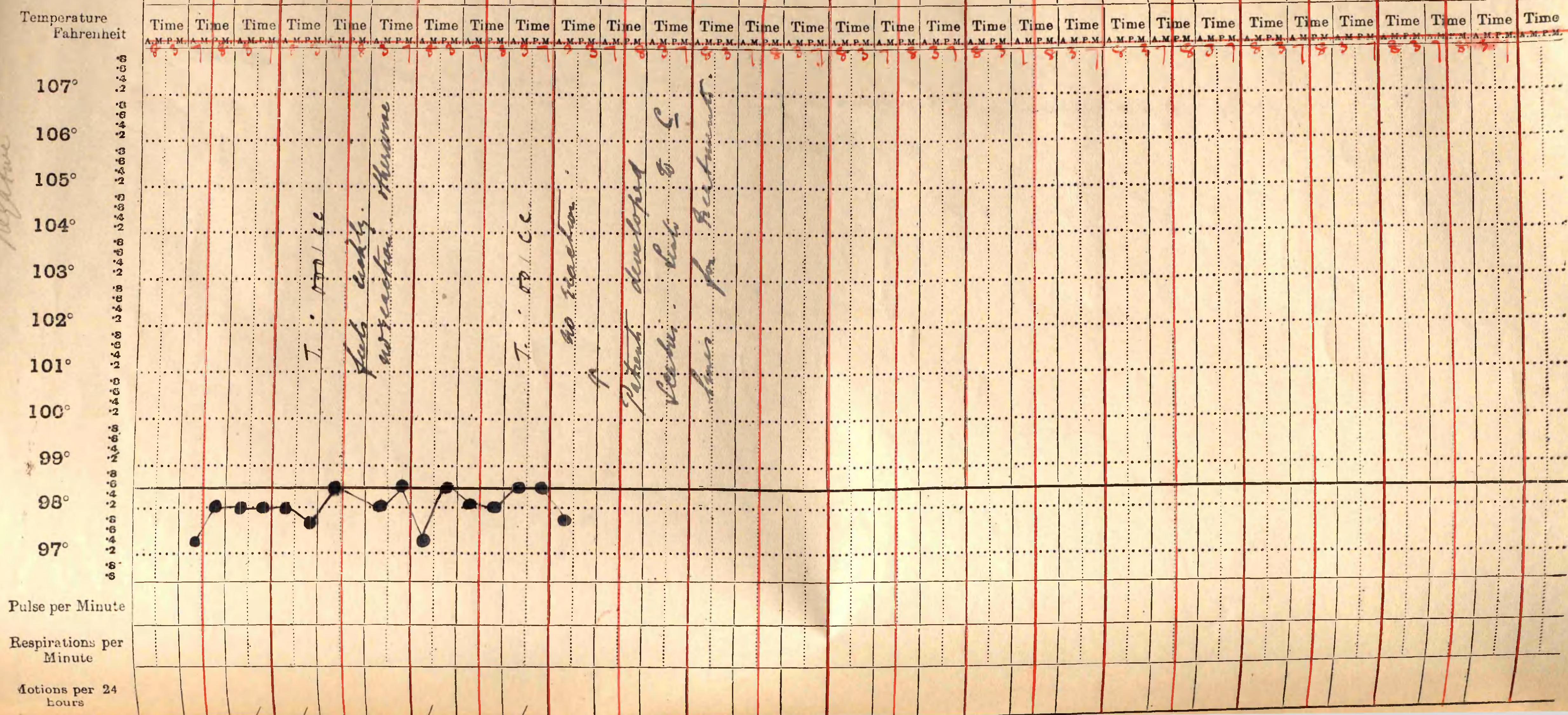
No 83

Corps ______ Military Hospital Connaught Aldershot

No. ______ Rank and Name Pte. B Age 38 Service ______

Disease ? Phthisis Date of admission 14 . 9 . 15 Date of discharge ______ Result ______

Dates of Observation	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	~~31~~	~~32~~
Days of Disease																			



T. ·0001 cc

feels achily.

no reaction otherwise

T. ·001 cc.

no reaction.

Patient developed Scabies. Sent to C Lines for treatment.

Negative

On admission: Soreness of chest: some coughing: spitting.
Weakness (?)

Signs: nil.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 84

Corps A. S. C. Military Hospital Connaught · Aldershot

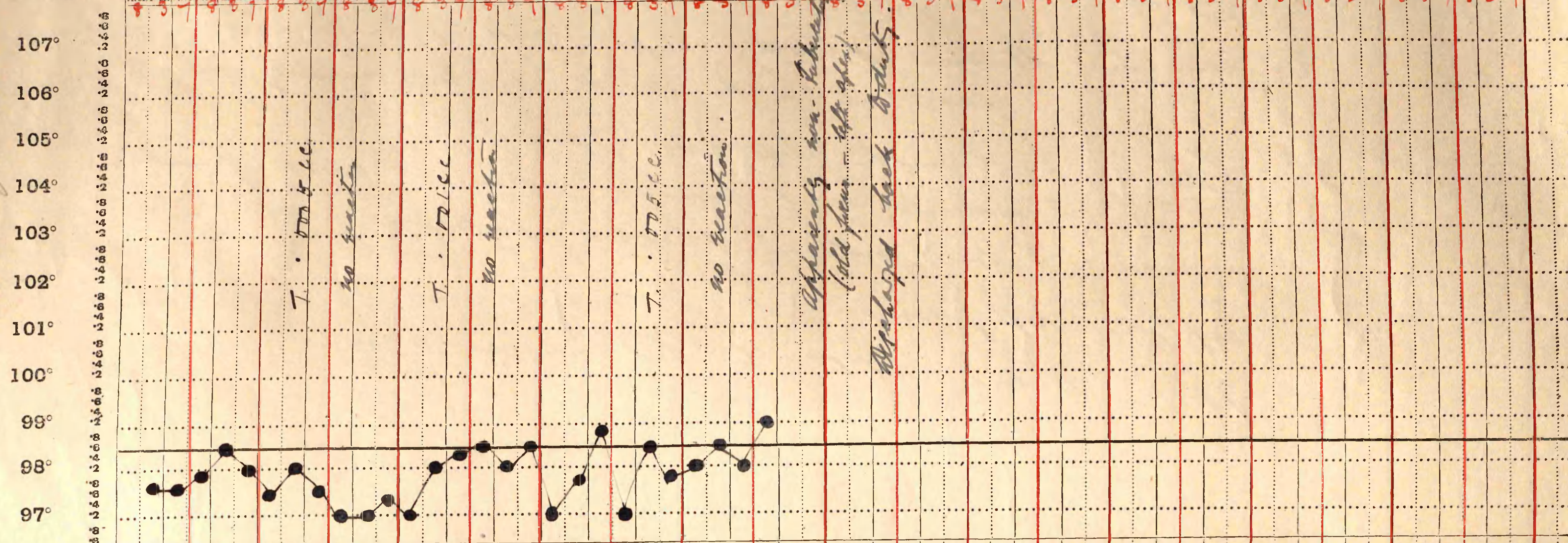
No. T/1 6490 Rank and Name L/c J. Age 26 Service 1 2/12

Disease ? Phthisis Date of admission 22 - 10 - 15 Date of discharge Result

negative

Dates of Observation	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11
Days of Disease																				

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

In charge of case.

On admission: Shortness of breath. Slight cough in the morning:
bad taste in the mouth in the morning.

Signs: { ? crumples left apex. (posterior).
increased vocal resonance. increased vocal fremitus.
Some dulness. Whispered pectoriloquy. }

26/10/15. Nothing new.
1/11/15. Patient states he feels alright again.

Army Form B. 181.

CLINICAL CHART.

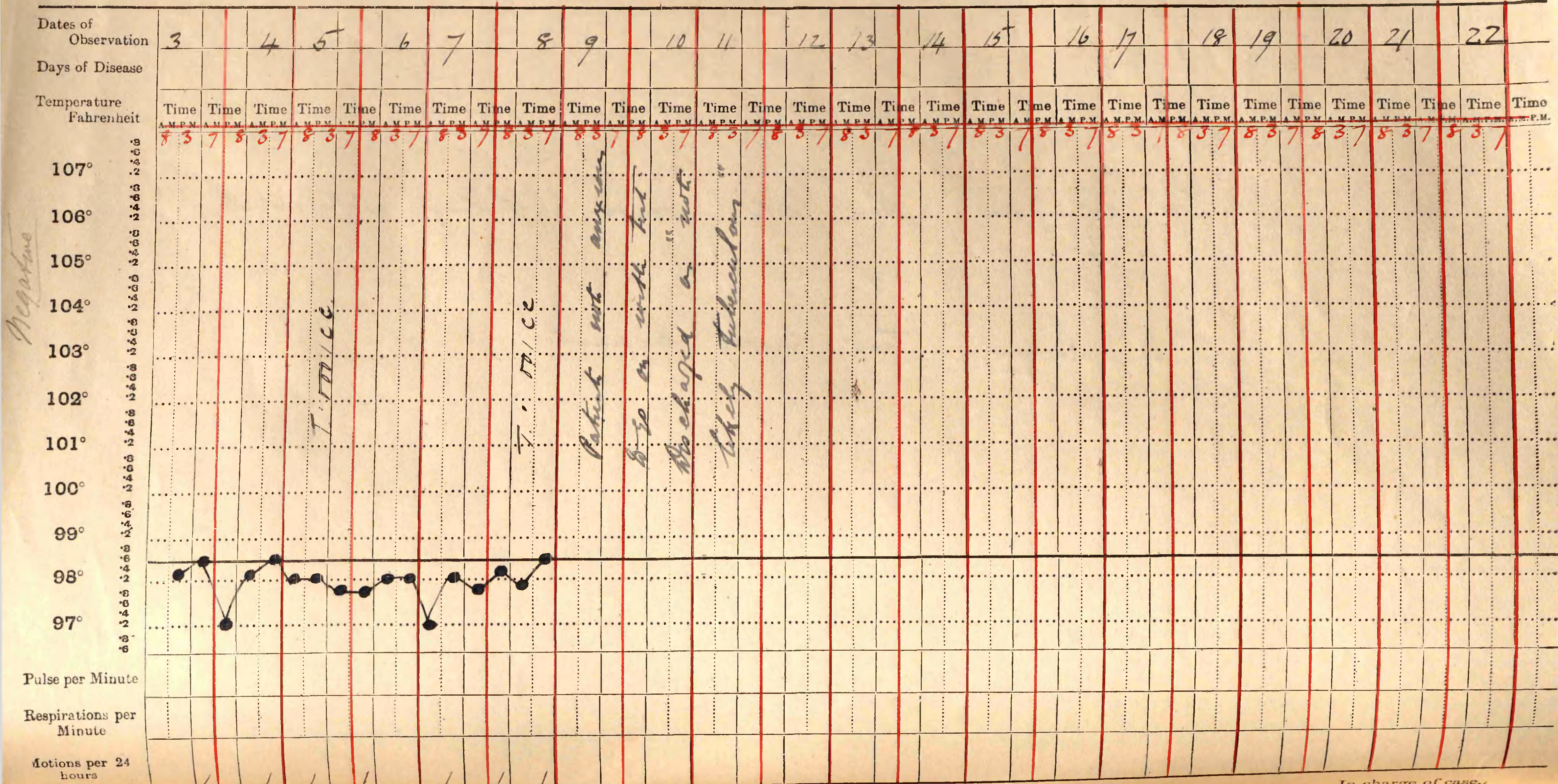
(*To be attached to Case Sheet.*)

Corps 7th Batt R. I. Rifles No 85

Military Hospital Connaught - Aldershot

No. 4364 Rank and Name L/c M. Age ______ Service ______

Disease ______ Date of admission 3 - 11 - 15 Date of discharge ______ Result ______



Signature ______ In charge of case.

On admission: Bad cold: cough: feeling of lassitude.

Signs: nil.

Remark. Test hardly sufficient.

Army Form B. 181.

No. 86

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ______ Military Hospital *Connaught – Aldershot*

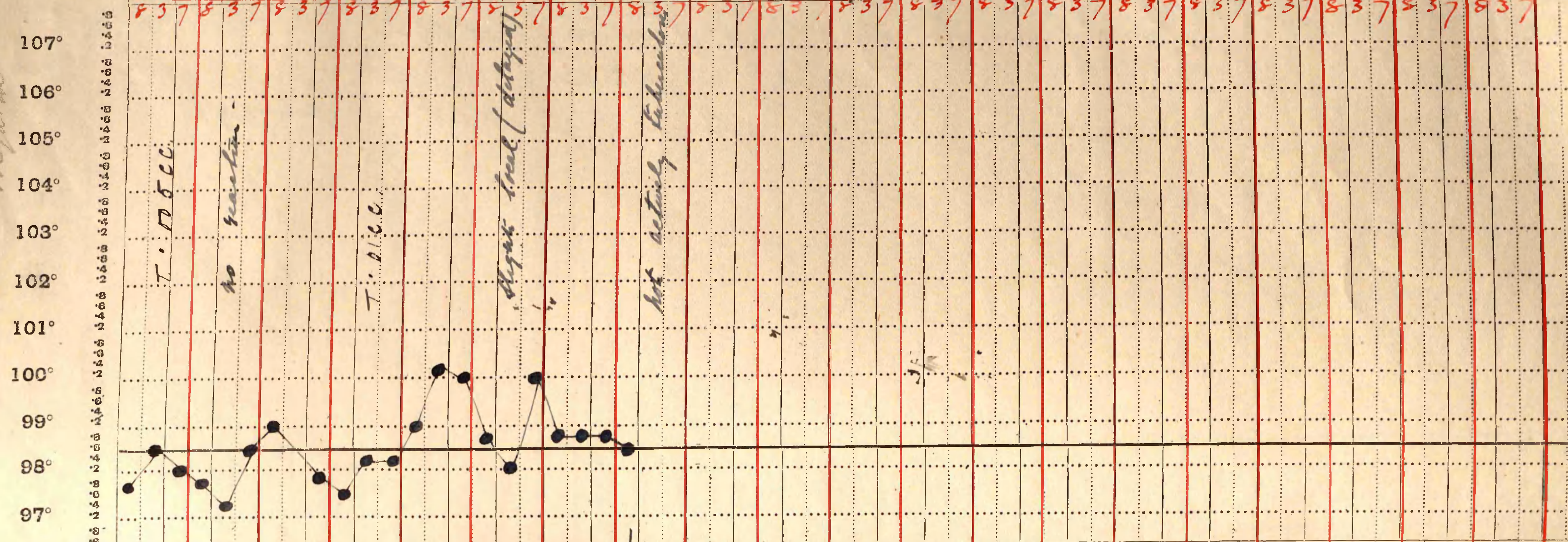
No. ______ Rank and Name *Pte. M.* Age ______ Service ______

Disease ______ Date of admission *24 – 11 – 15* Date of discharge ______ Result ______

Dates of Observation	25	26	27	28	29	30	1 Dec	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M. — *8 3 7* (each day)

Negative



Pulse per Minute — *T.B. –* *T.B. –*

Respirations per Minute

Motions per 24 hours — *2*

In charge of case.

On admission: Complains of spitting of blood:
streaks in phlegm.
(no loss of weight. of appetite. of energy).

Legs: nil

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

No 87

Corps 12th R. S. B. Coy

Military Hospital Connaught - Aldershot

No. 1324

Rank and Name Pte F.

Age

Service

Disease

Date of admission 10 - 11 - 15

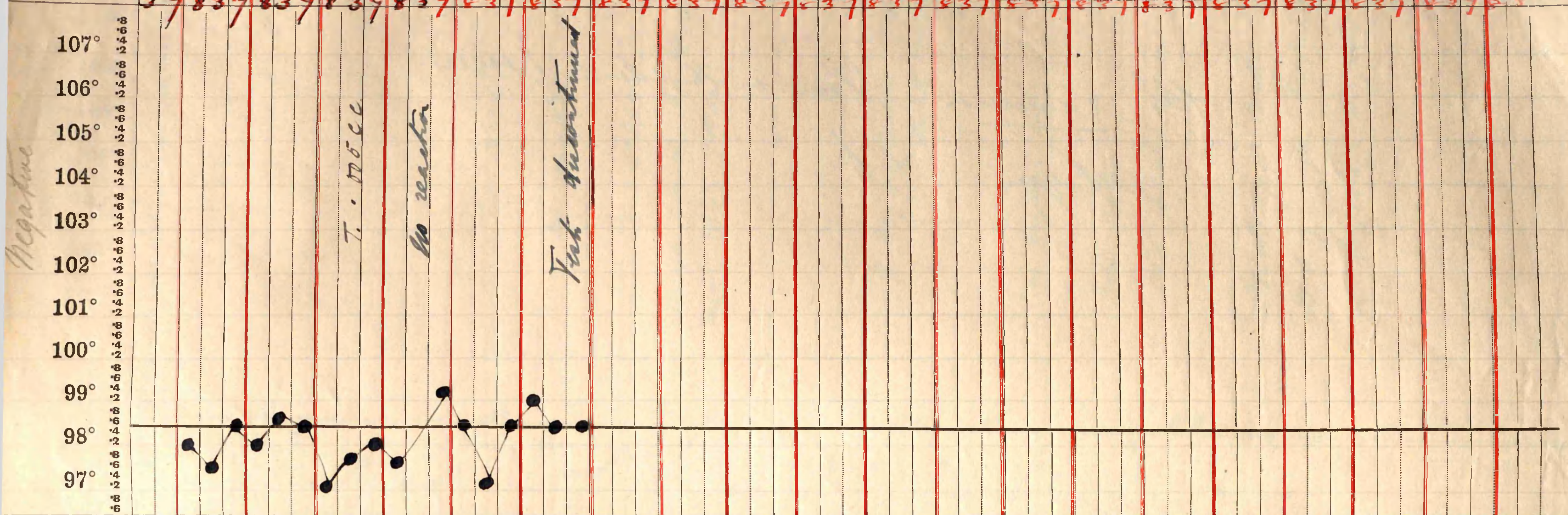
Date of discharge

Result

Dates of Observation: 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

Days of Disease

Temperature Fahrenheit — Time (A.M. / P.M.)



Pulse per Minute

Respirations per Minute

Motions per 24 hours: 1, 1, 1, 1, 1, 1, 1, 1

In Charge of Case.

On admission: Pains in the chest (vague).

Rigors: nil.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 88

Corps R.F.A. 183 B.C. — Military Hospital Connaught Aldershot

No. 36945 — Rank and Name Gm L. — Age ______ — Service 12/52

Disease ______ — Date of admission 5 - 11 - 15 — Date of discharge ______ — Result ______

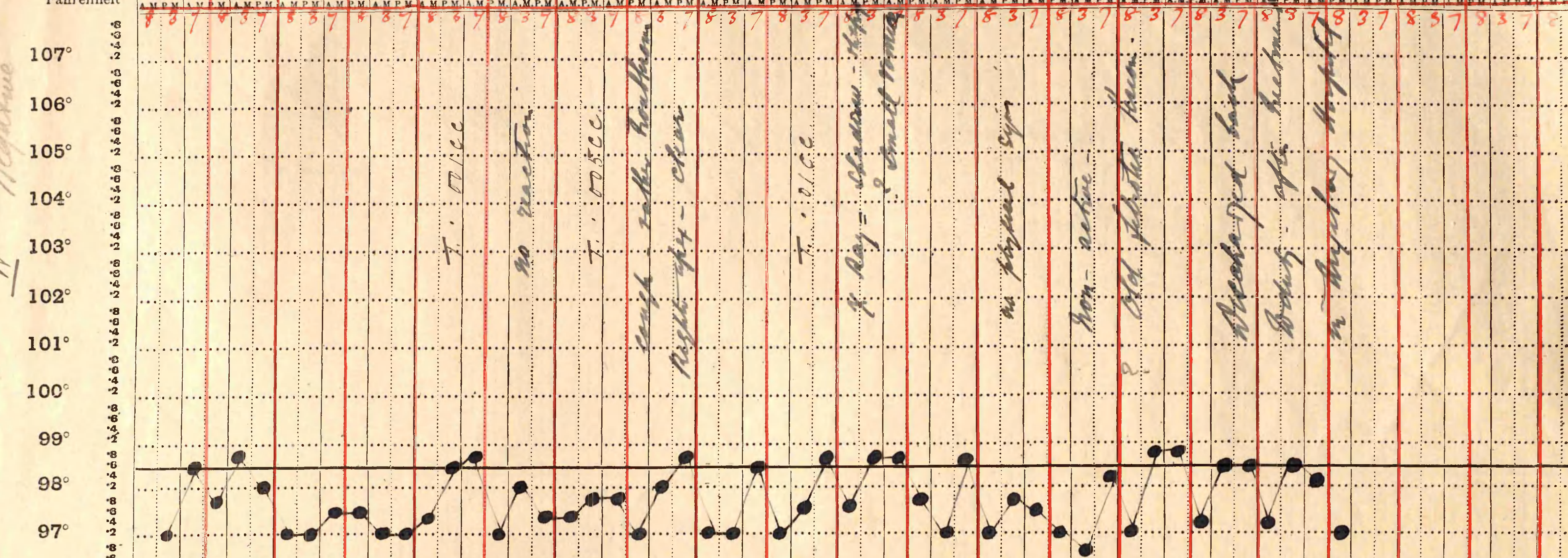
Negative

N

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Days of Disease

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Loss of weight. Shortness of breath.

Signs. Sibilant rale above the clavicle.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

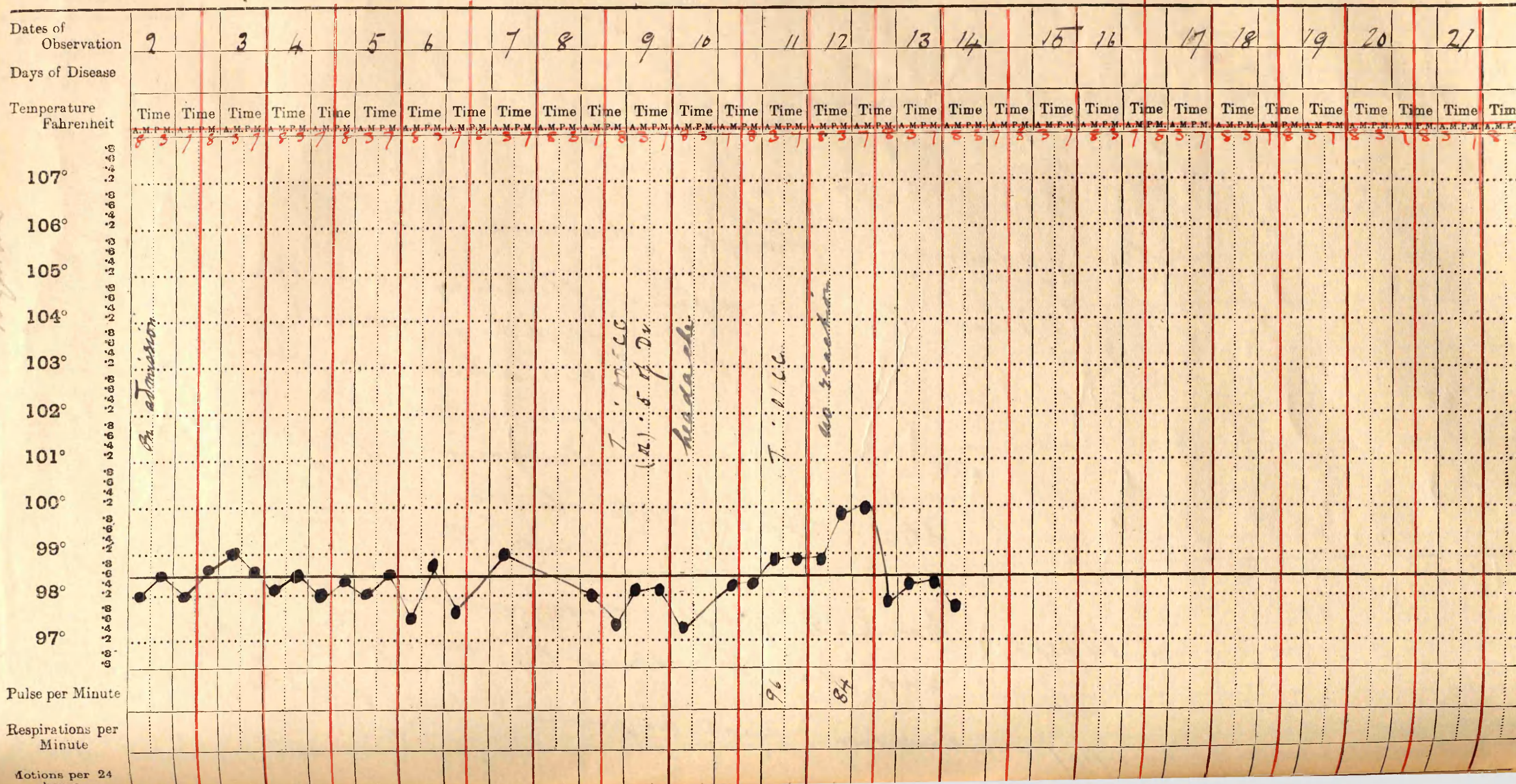
No 89

Corps ______ Military Hospital Connaught Aldershot

No. ______ Rank and Name W. Age 27 Service 2 months

Disease ______ Date of admission 2 - 12 - 15 Date of discharge ______ Result ______

negative



On admission: Cough. hoarseness.

Throat Specialist's report: "Thickening and tumefaction of epiglottis: hyperaemia and swelling of Ventricular bands, and m. m. in inter-arytenoid region. Limitation of movements of left cord"

NB. Patient states he was in Sanatorium in 1911 – with "throat trouble"

14/12/15. "Movements of left cord normal – evidently limitation was due to inflammatory swelling: condition improved.

10/12/15. Condition much improved – Voice practically normal again

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps _____ No. 90 Military Hospital Connaught Aldershot

No. _____ Rank and Name Pte D. Age _____ Service _____

Disease _____ Date of admission 22-1-16 Date of discharge _____ Result _____

Dates of Observation: 22 | 23 | 24 | 25

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

T. 103 Injection

T. 101 C.C.

No reaction

Pulse per Minute: 48 | 80 | 72

Respirations per Minute

On admission. General debility. weakness
Some cough.

Sym - nil.

Army Form B 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Military Hospital

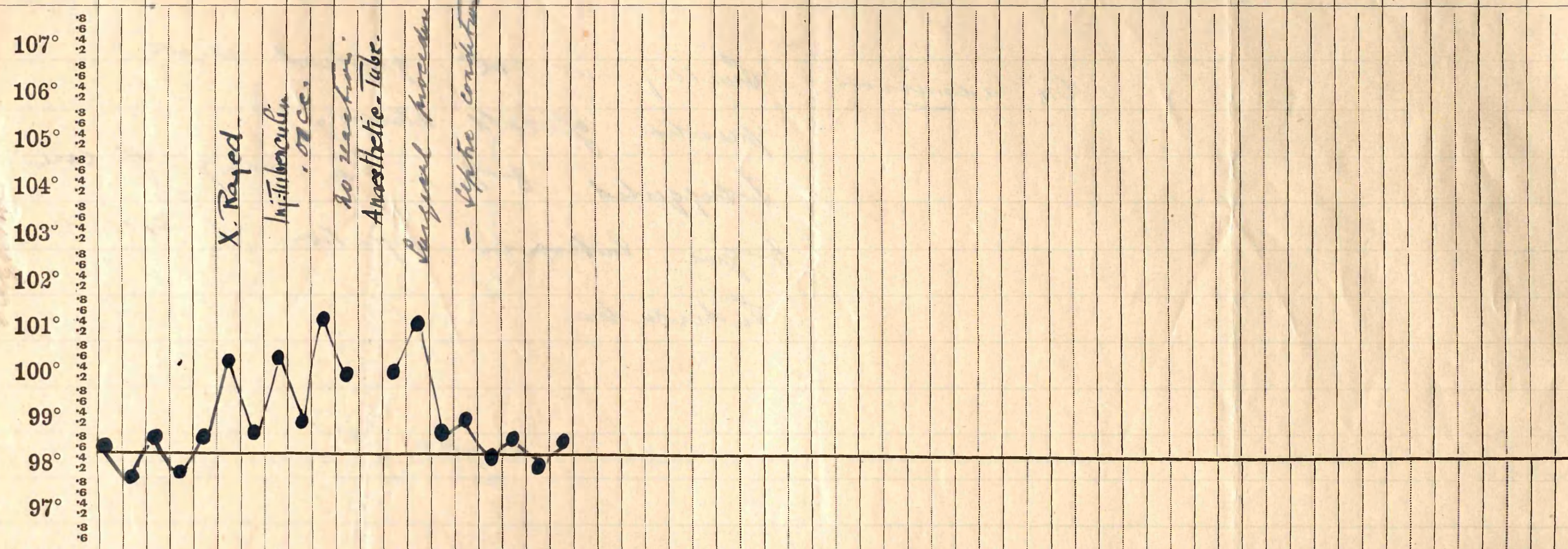
Corps Royal Engineers. No 91

No. 92181. Rank and Name Dr Evans. Age Service

Disease December. Date of admission 7. XII. 15. Date of discharge Result

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Days of Disease																

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute: 72 74 80 72 96 84 96 80 105 98 100 92 96 84 80 74

Respirations per Minute

Motions per 24 hours: 1 · 1 1 E.1.

On admission. Swelling in the gluteal region.
Question of cold abscess.
I suggested to M. O. in charge of case
to give tuberculin injection to exclude
tuberculosis.

No 92

Army Form B 181.

CLINICAL CHART.

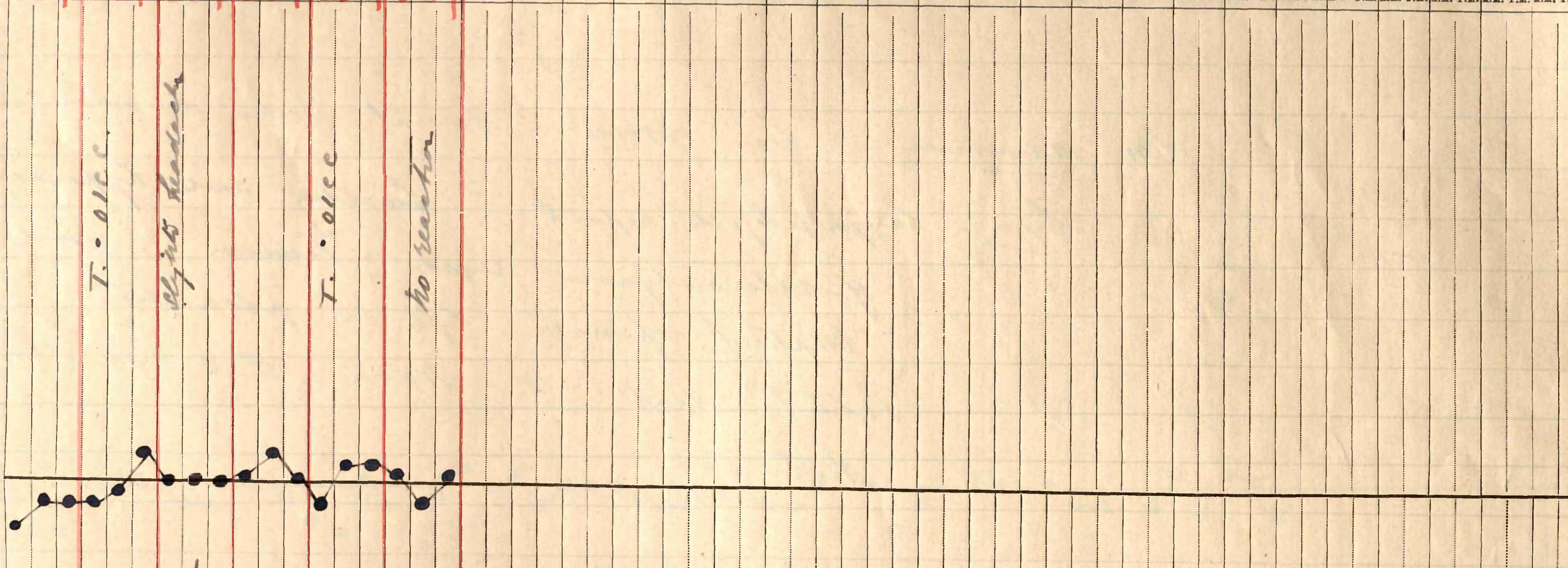
(To be attached to Case Sheet.)

Corps ______ Military Hospital Connaught [illegible]

No. 92381 Rank and Name Pte [illegible] Age 37 Service 3/12

Disease ______ Date of admission 7 - 1 - 16 Date of discharge ______ Result ______

Dates of Observation	8	9	10	11	12	13
Days of Disease						
Temperature Fahrenheit (Time A.M. P.M.)	8 5 7	8 5 7	8 5 7	8 5 7	8 5 7	8 5 7



Pulse per Minute: 64, T.B.

Respirations per Minute

Motions per 24 hours: / / / / / / /

On <u>admission</u>: loss of voice: several weeks duration.

<u>Sym:</u> Laryngologist's report " Swelling and hyperaemia of interarytenoid region. Tension of cord - not good Elliptical opening. left on phonation."

Patient sent to Ward E 8 for Tuberculosis test

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B 181.

Corps C. S. C. No. 93

Military Hospital Connaught · Aldershot

No. 6464 40 Rank and Name Dr C Age 58 Service 8/12

Disease _____ Date of admission 6 - 12 · 15 Date of discharge _____ Result _____

Dates of Observation	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Days of Disease																										
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	60	60	62	64	70	64	64	60	76	68	64	52	80	64	72	96	84	104	96	118	100	100	104	84	76	76	84	80
Respirations per Minute																										
Motions per 24 hours																										

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

T. 104.6

No reaction

Negative

On admission: Loss of voice, of 2 mths duration

Sym: Throat Specialist reports "Swelling on the [illegible] of left [illegible] "probably Tuberculous"

Remarks. Patient came back from Military Auxiliary Hospital with normal voice.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 94

Corps 15th H

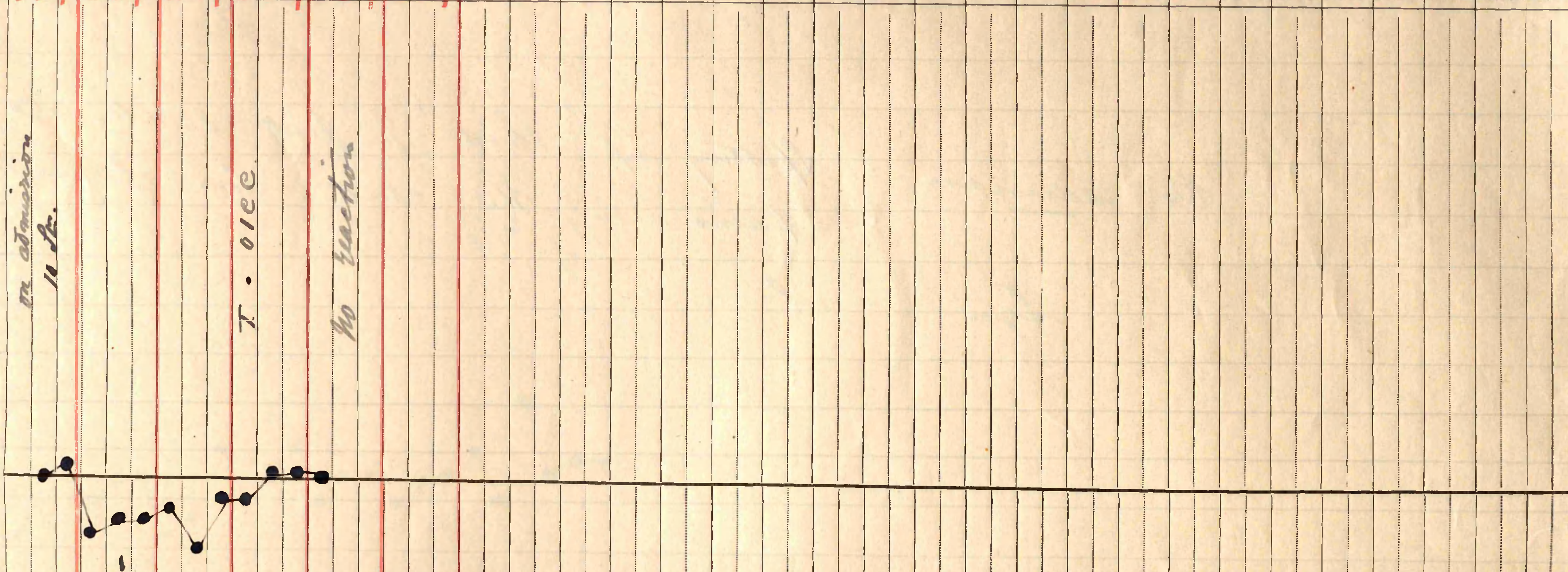
Military Hospital Connaught - Aldershot

No. 18733 Rank and Name Pte Age 22 Service 6/12

Disease Date of admission 28 - 12 - 15 Date of discharge Result

Dates of Observation	28	29	30	31	Jan 1916 1	2
Days of Disease						

Temperature Fahrenheit (Time A.M. P.M.; 107° – 97°)



Pulse per Minute: T.B. — 80

Respirations per Minute

Motions per 24 hours

On admission : Spitting up blood ½ pints 2 mths ago
pains in the chest, loss of weight

Sym : nil

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 95

Corps R. E. A. Coy.

No. 136924

Rank and Name Dr. J.

Age 26

Military Hospital [illegible]

Service 6/52

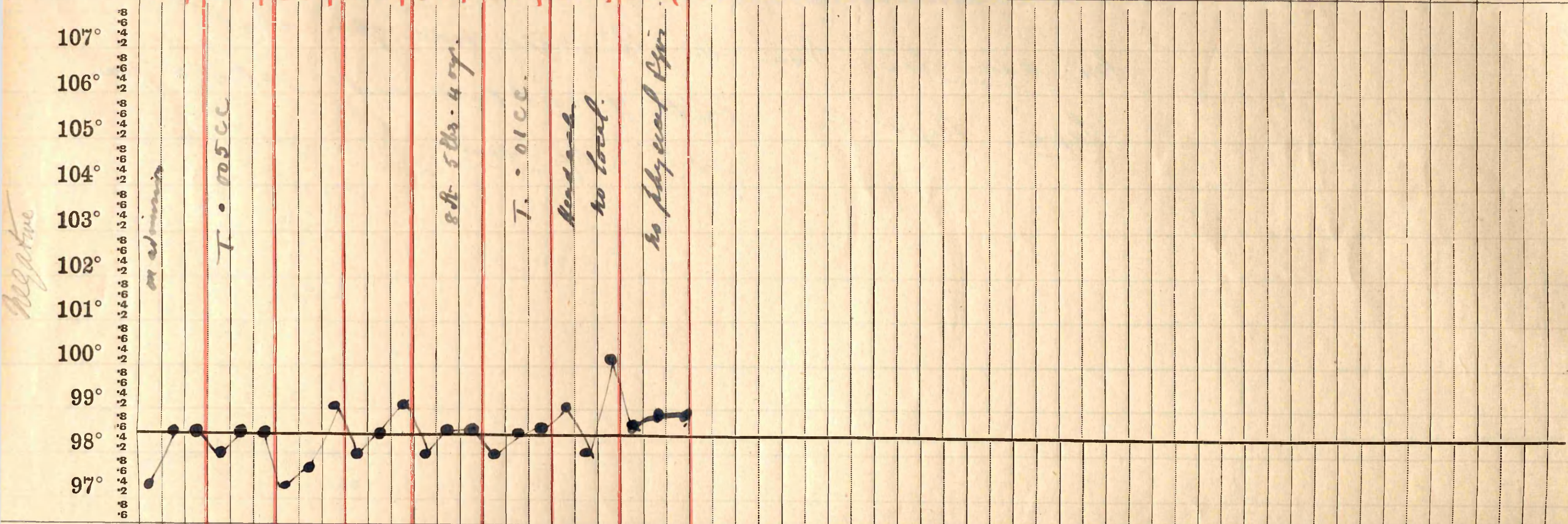
Disease

Date of admission 12 - 1 - 16

Date of discharge

Result

Dates of Observation	12	13	14	15	16	17	18	19
Days of Disease								
Temperature Fahrenheit (Time A.M. P.M.)	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7 8



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: "Pain in the right side of the chest"
Sign: Right base - scattered sibilant rāl: also a few over left base.

No 96

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps Pioneer Rgs

Military Hospital Connaught – Aldershot

No. 22455

Rank and Name Pte [illegible]

Age 27

Service 4/12

Disease

Date of admission 11-1-15

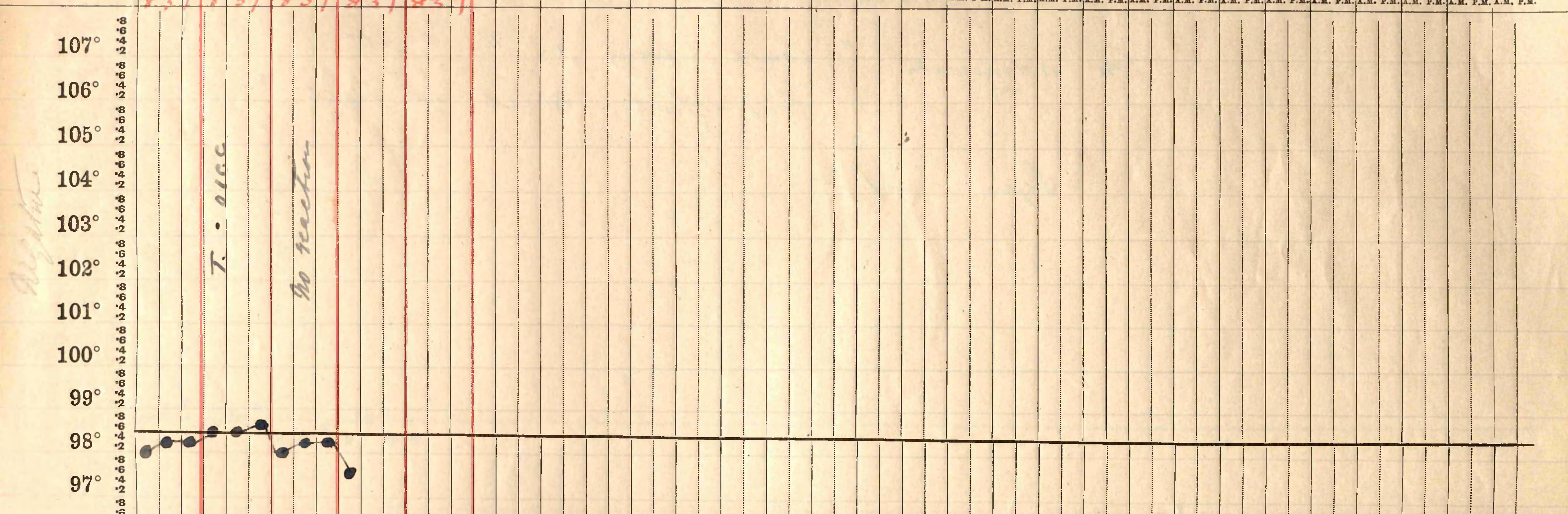
Date of discharge

Result

Dates of Observation	11	12	13	14	15	16

Days of Disease

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute: TB —

Motions per 24 hours

On admission. "Cough. Pain in the chest. Loss of wt. Sweats at night"

Sputum nil

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

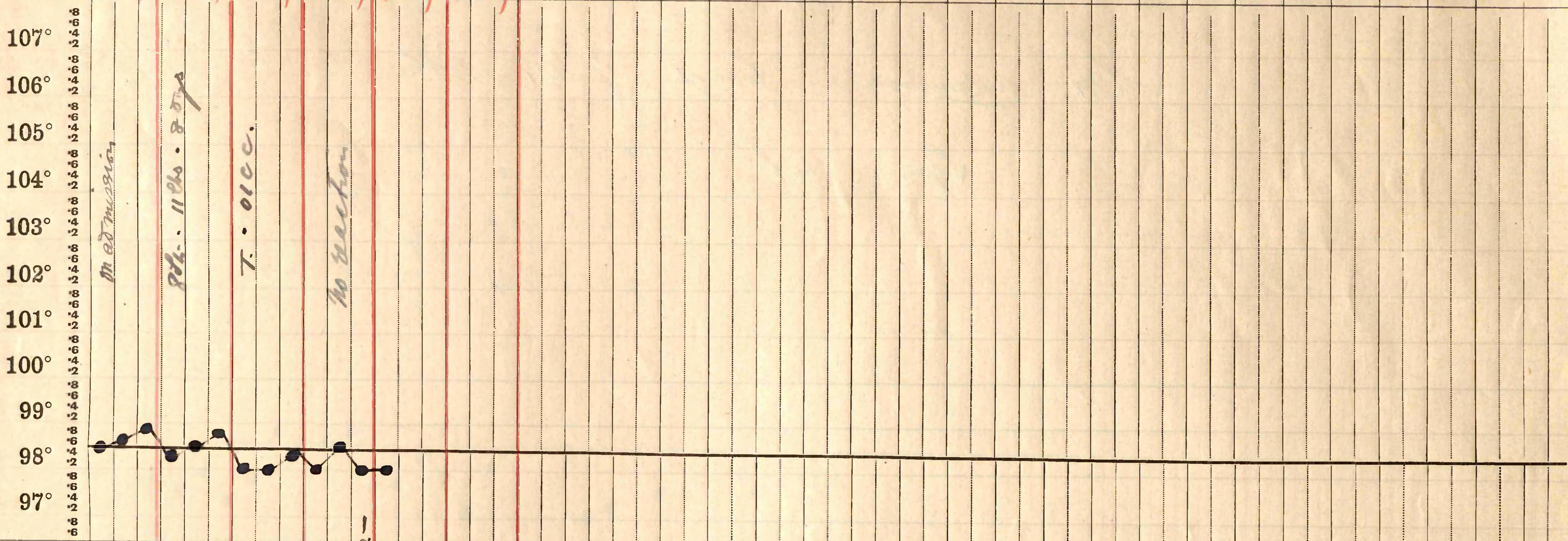
No 97

Corps ______ Military Hospital Connaught Aldershot

No. 23335 Rank and Name Pte M. Age ______ Service 6/12

Disease ______ Date of admission 16 - 1 - 16 Date of discharge ______ Result ______

Dates of Observation	16	17	18	19	20	21
Days of Disease						
Temperature Fahrenheit	Time A.M. 8 P.M. 3 / Time A.M. 7 P.M. 8	Time A.M. 3 P.M. 7	Time A.M. 8 P.M. 3 / Time A.M. 7 P.M. 8	Time A.M. 3 P.M. 7	Time A.M. 8 P.M. 3 / Time A.M. 7 P.M. 8	Time A.M. 3 P.M. 7



Pulse per Minute	88	T.B.—
Respirations per Minute		
Motions per 24 hours	/ / / / / /	

On admission "Cough of six mths duration"

Sym: nil

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps 12th R. Sussex No 98 — Military Hospital Connaught · Aldershot

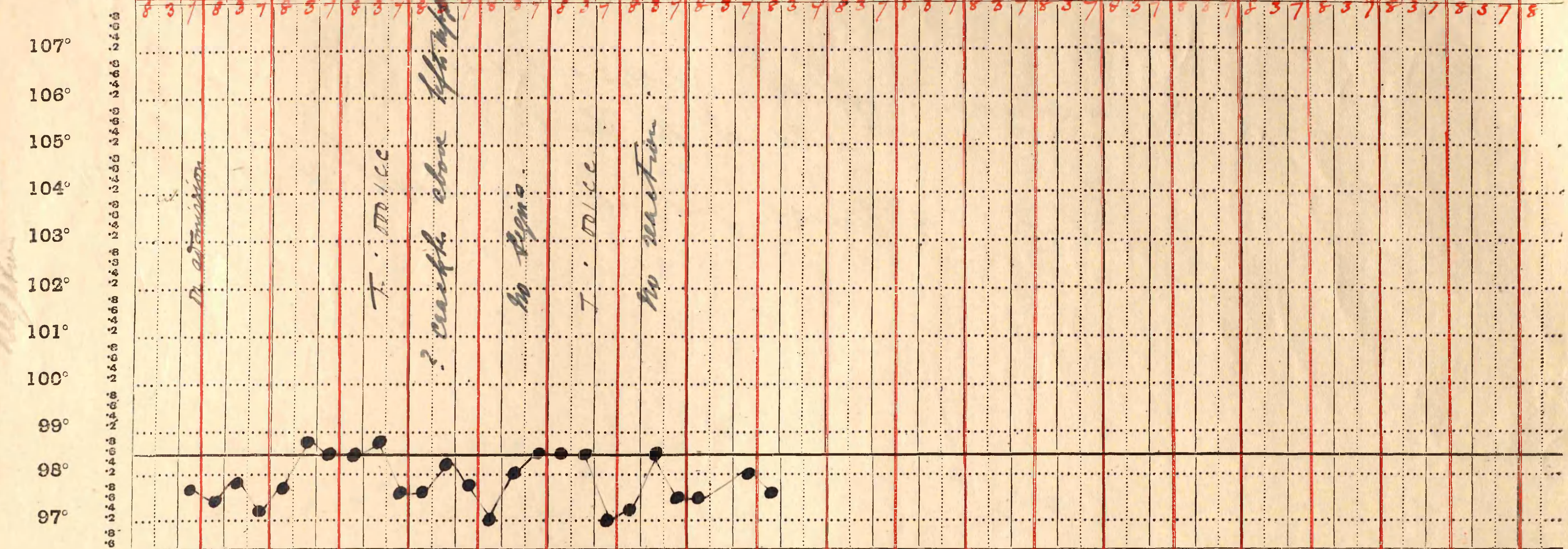
No. 1276 — Rank and Name Pte B. — Age ____ — Service ____

Disease ____ — Date of admission 30 - 10 - 15 — Date of discharge ____ — Result ____

Dates of Observation: 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On <u>admission</u>: Spitting of blood (streaks).
"cold in the head"

<u>Signs</u> ? Crackles just above lt. nipple (disappear on cough).

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 99

Corps ______ No. 14523 Rank and Name L ______ Age ______

Military Hospital Connaught - Aldershot

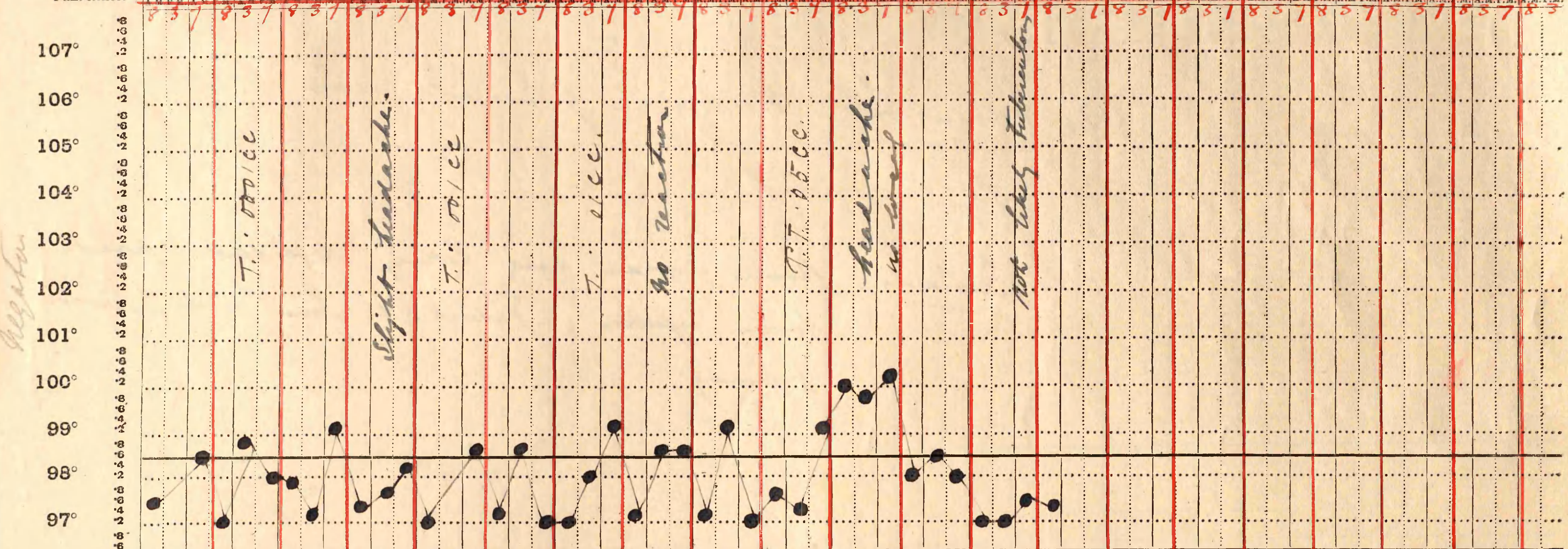
Service ______

Disease ______ Date of admission 18 - 8 - 15 Date of discharge ______ Result ______

Dates of Observation: 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 1, 2, 3, 4, 5, 6

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute: 84, 80, 80, 120

Respirations per Minute

Motions per 24 hours

On admission: Weakness; generally run down

Eyes: n.f.

Remarks. Bovine strain was latterly diagnosed from the 'bovine' infection. Patient a farm worker previously

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

100

Corps R. E. 156 Coy

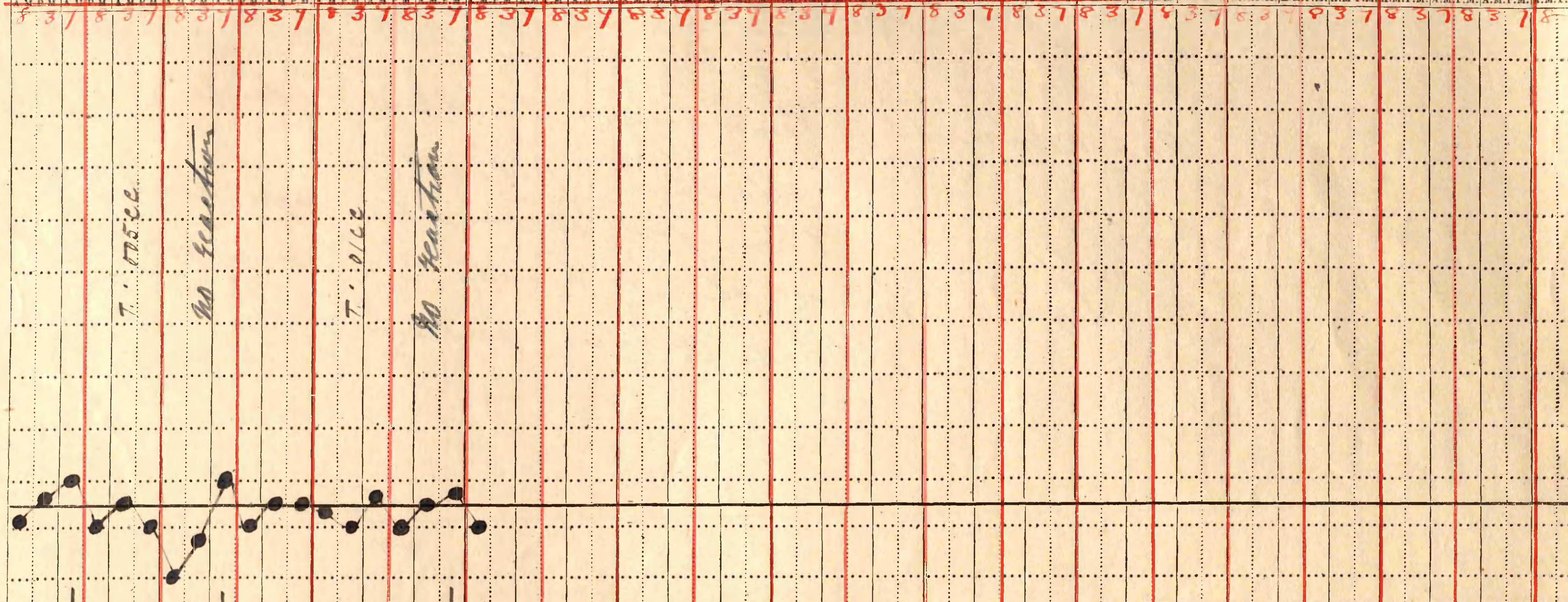
No. 80262 Rank and Name Pte. A. Age 33 Service 10/12

Military Hospital Connaught Aldershot

Disease ______ Date of admission 9 - 12 - 16 Date of discharge ______ Result ______

Dates of Observation	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Days of Disease																				

Temperature Fahrenheit



Pulse per Minute: T.B. — 84 — T.B. — 68 — T.B. —

Respirations per Minute

Motions per 24 hours

On admission: Pain across the chest: cough at nights:
Shortness of breath:
(loss of wt. about a stone. night sweats. loss of energy)
Signs: Harsh thoracic fremitus - in lower rt axillary region
and rt base posteriorly.

Army Form B 181.

CLINICAL CHART.

No 101

(*To be attached to Case Sheet.*)

Corps: Q. S. C.

No.: 666 A.

Rank and Name: D. S.

Age:

Military Hospital: Connaught. Aldershot

Service:

Disease:

Date of admission: - 12 - 15

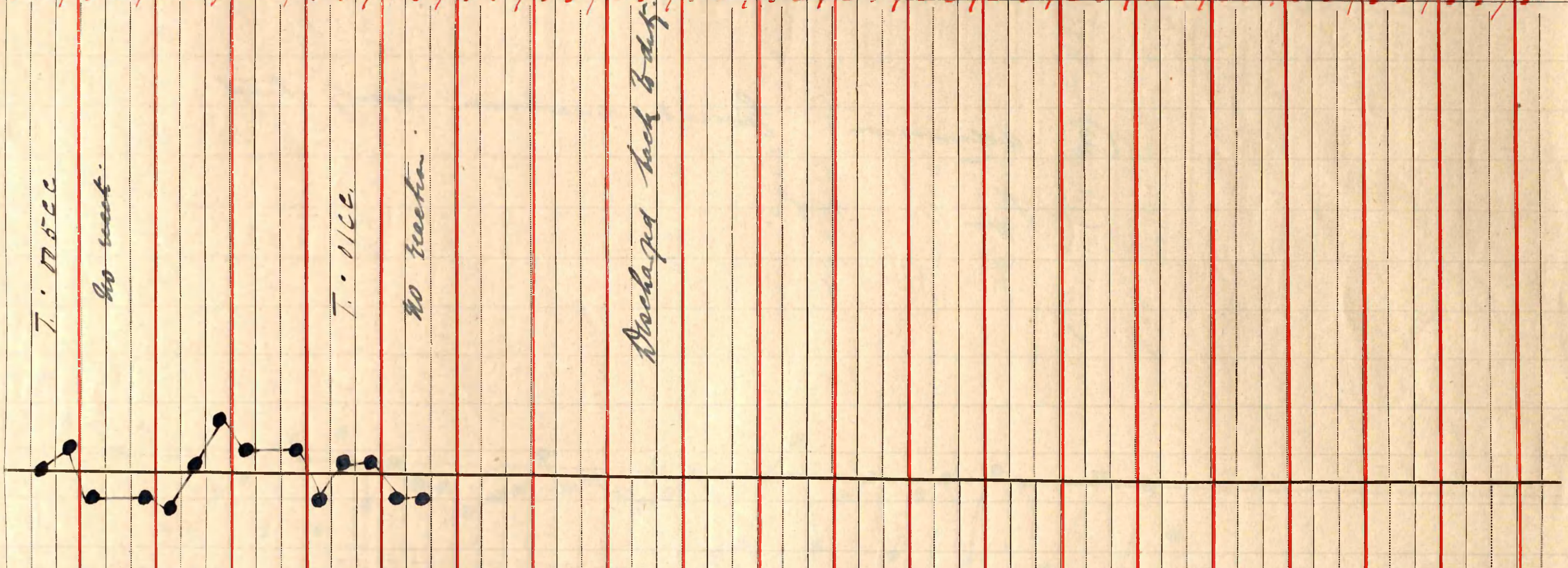
Date of discharge:

Result:

Dates of Observation: Dec: 24, 25, 26, 27, 28, 29, 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Days of Disease:

Temperature Fahrenheit (107° – 97°)



Pulse per Minute: 92, 88, 90, 96, 92, 100, 92, 96, 92, 94, 96, 84, 90, 86

Respirations per Minute: 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20

Motions per 24 hours:

On admission. General weakness: easily tired.

Eyes. nil.

No 102

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps: A. S. C. — No. 141304 — Rank and Name: Pte S. — Age: 52

Military Hospital: Connaught. Aldershot — Service:

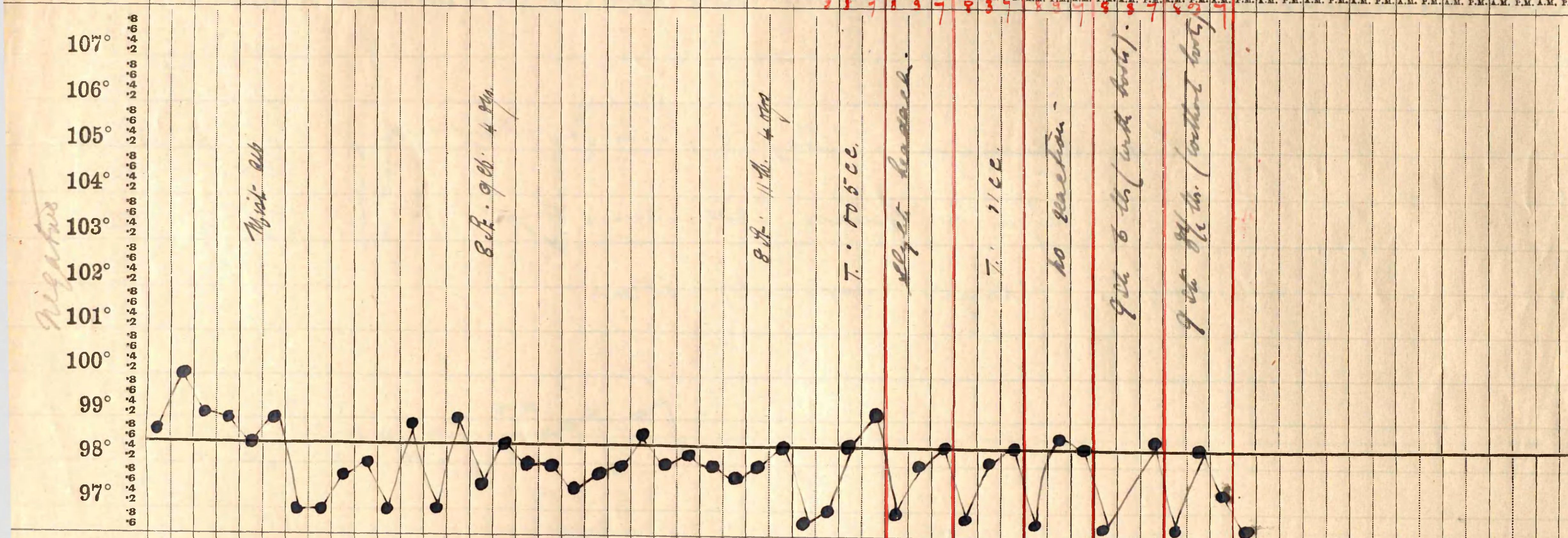
Disease: — Date of admission: — Date of discharge: — Result:

Nov. 1915

Dates of Observation: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29

Days of Disease:

Temperature Fahrenheit (Time A.M. P.M.)



Pulse per Minute: 80, 92, 96, 74, 76, 80, 60, 76, 68, 60, 76, 84, 62, 88, 62, 80, 60, 80, 52, 60, 56, 60, 64, 64, 88, 60, 60, 64, 88, 72

Respirations per Minute: 24, 20, 24, 36, 26, 28, 28, 28, 28, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24, 20, 20, 20, 20, 20, 26, 24, 26

Motions per 24 hours:

On admission: Cough: pains in the Chest.

Sym: Rhonchi all over lungs.

28/10/15. Lungs apparently clear.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps: R. F. C.

No.: 17457

Rank and Name: W. T. C.

Age:

Military Hospital: Connaught. Aldershot

Service: 3/12

Disease:

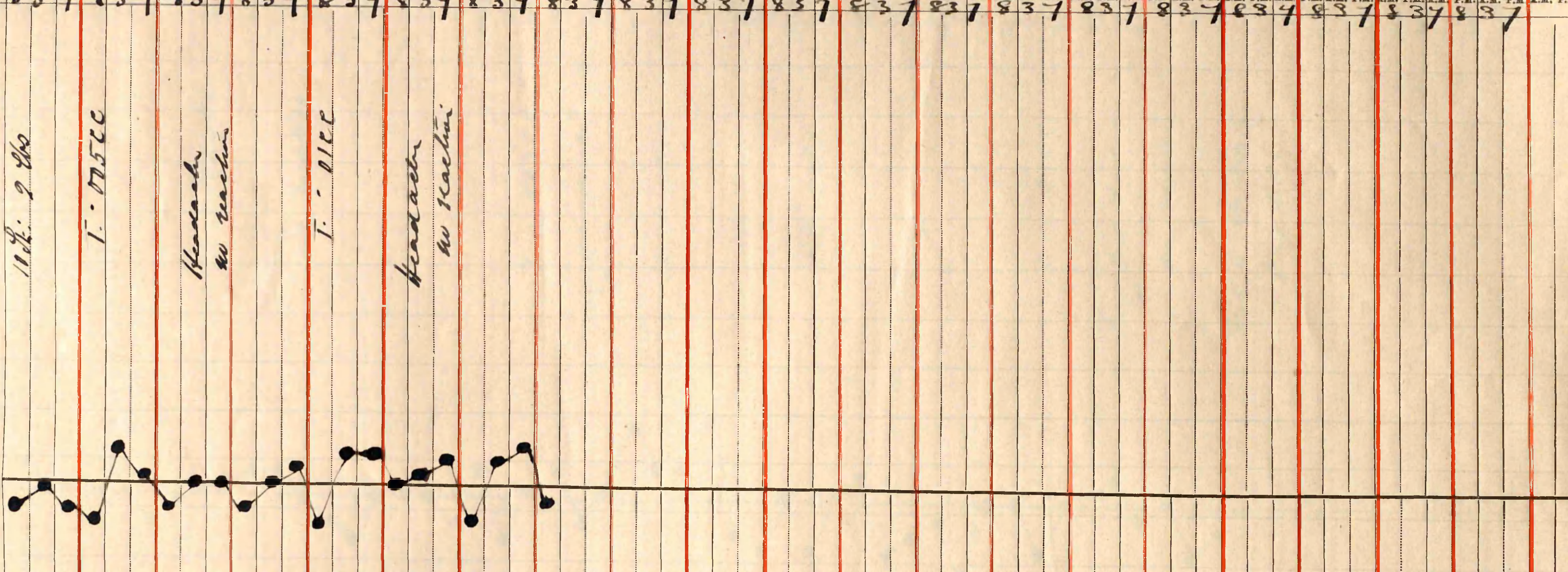
Date of admission: 12 - 3 - 16

Date of discharge:

Result:

No 103

Dates of Observation	April 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Days of Disease																				
Temperature Fahrenheit (Time A.M. P.M.)	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7	8 3 7
Pulse per Minute		88 88 76			96 84															
Respirations per Minute																				
Motions per 24 hours		T.B.–					T.B.–													



No 104

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps R. A. M. C.

No. 104484

Rank and Name Pte. H.

Age 19

Military Hospital Connaught Aldershot

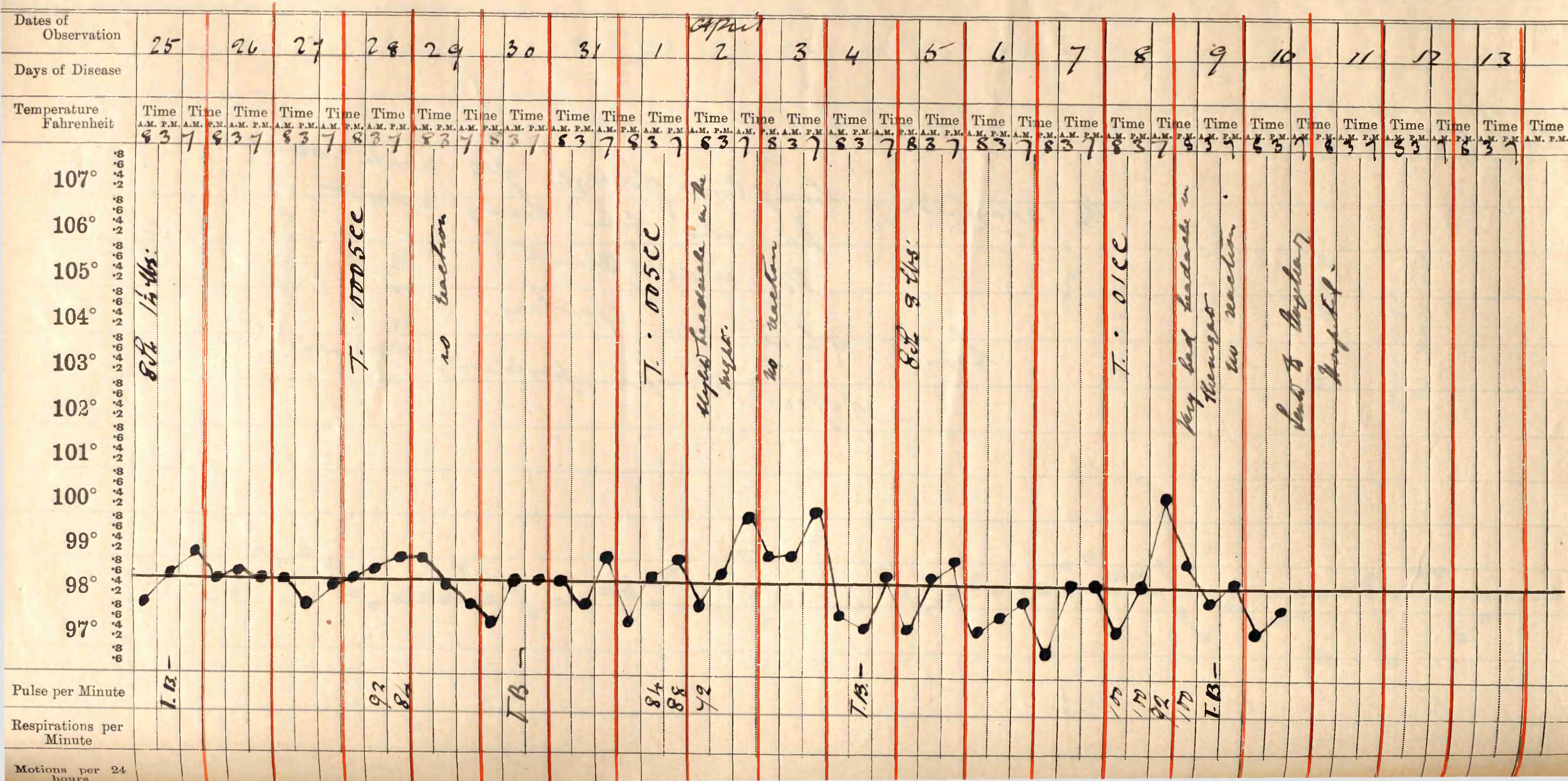
Service 3/12

Disease

Date of admission 20 - 3 - 16

Date of discharge

Result



Dates of Observation
Days of Disease
Temperature Fahrenheit
Pulse per Minute
Respirations per Minute
Motions per 24 hours
25
26
27
28
29
30
31
1
April 2
3
4
5
6
7
8
9
10
11
12
13
107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
8 Pt 1½ lbs:
T. ·0005cc
no reaction
T. ·005cc
no reaction
8 Pt 3 lbs:
T. ·01cc
very bad headache in the night
no reaction.
Sent to Auxiliary Hospital.
T.B.–
92
84
T.B.–
84
88
92
T.B.–
100
110
92
100
T.B.–

On admission. Complains of cough of 3 months duration.
Has also been losing weight.
Has night sweats.

Signs: Rhonchi over left base.

23/8/16. Rt. apex - posteriorly - rhonchi.

B 181

CLINICAL CHART.

No 105

(*To be attached to Case Sheet.*)

Army Form B 181.

Corps 15th Hants

No. 18295

Rank and Name Pte. L.

Age

Military Hospital Connaught: Aldershot

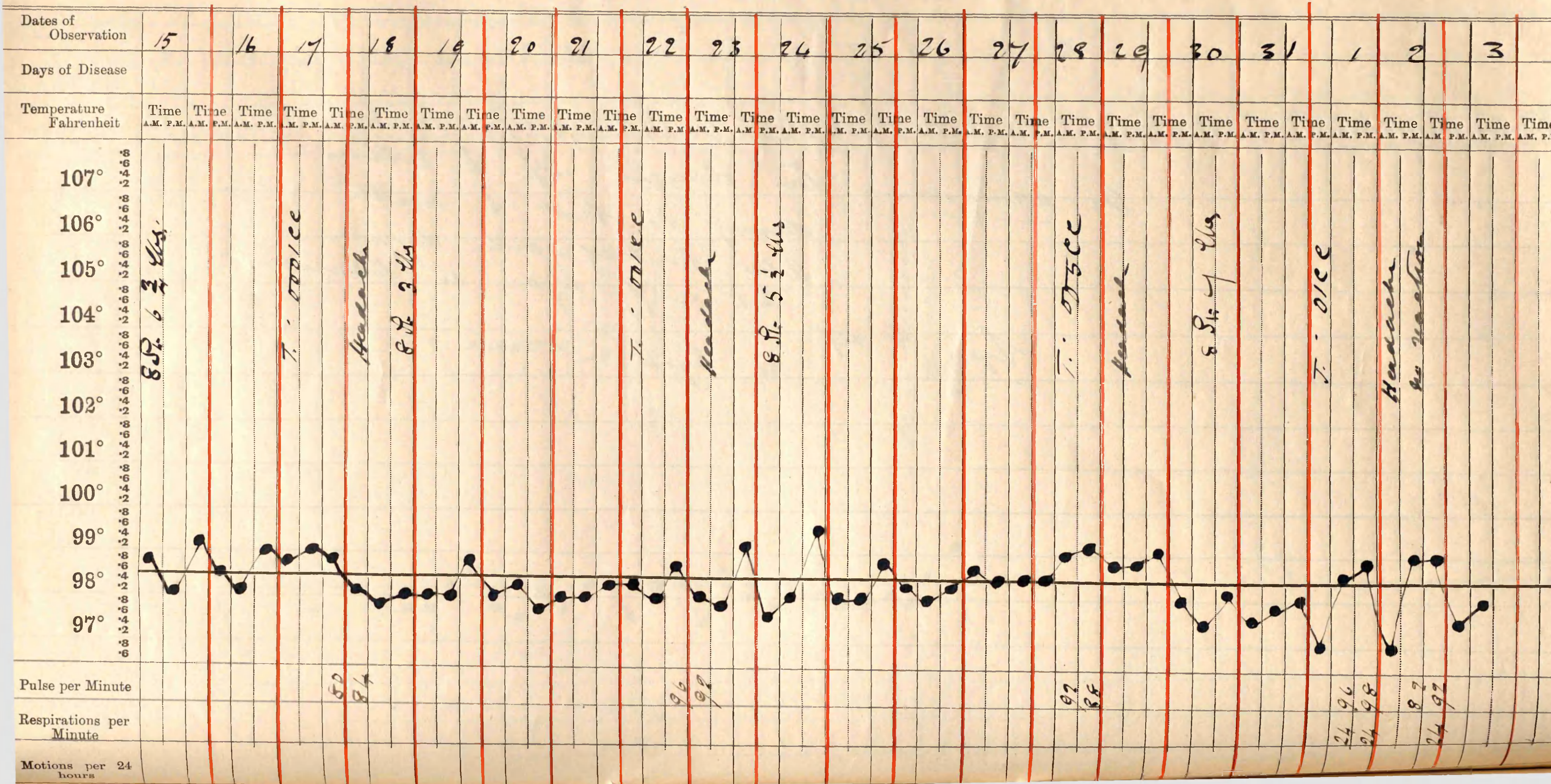
Service 1 1/2

Disease

Date of admission 11 · 3 · 16

Date of discharge

Result



Dates of Observation
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
1
2
3
Days of Disease
Temperature Fahrenheit
Time A.M. P.M.
107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°
8 St. 6 3/4 lbs.
T. · 0001 cc
Headache
8 St. 3 lbs
T. · 001 cc
Headache
8 St. 5 1/2 lbs
T. · 0015 cc
Headache
8 St. 7 lbs
T. · 01 cc
Headache
no reaction
Pulse per Minute
80
84
96
92
92
88
96
98
82
92
Respirations per Minute
24
24
24
Motions per 24 hours

On admission. Loss of weight - 6½ lb 2 stone during the last 5 months.
Also troubled with dizziness.
Sent in by M.O as tuberculous.

Sputum - nil.
No sugar in urine.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B 181.

Corps R. E. 40th Div S. S. — No 106

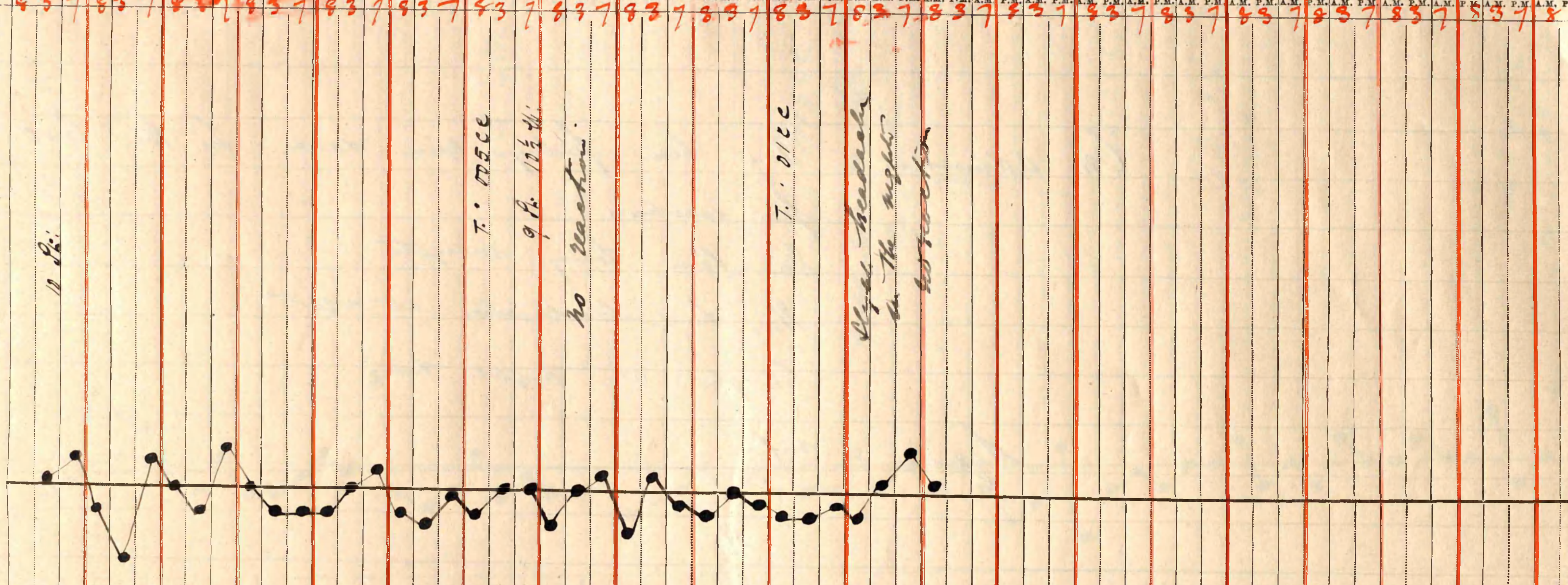
No. 106691 — Rank and Name Dr. J. — Military Hospital Connaught Aldershot

Age 20 — Service 8/12

Disease ______ Date of admission 18 - 3 - 16 — Date of discharge ______ Result ______

Dates of Observation	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Days of Disease														

Temperature Fahrenheit — Time A.M. P.M. 8 3 7



Pulse per Minute	88	84	84	72	72 72
Respirations per Minute	24	24	22	24	

Motions per 24 hours

On admission. Has been feeling run down for the last few weeks.
Has been losing weight.
Has had headaches at night.
Cough at night time.

Exam: nil.

Army Form B 181.

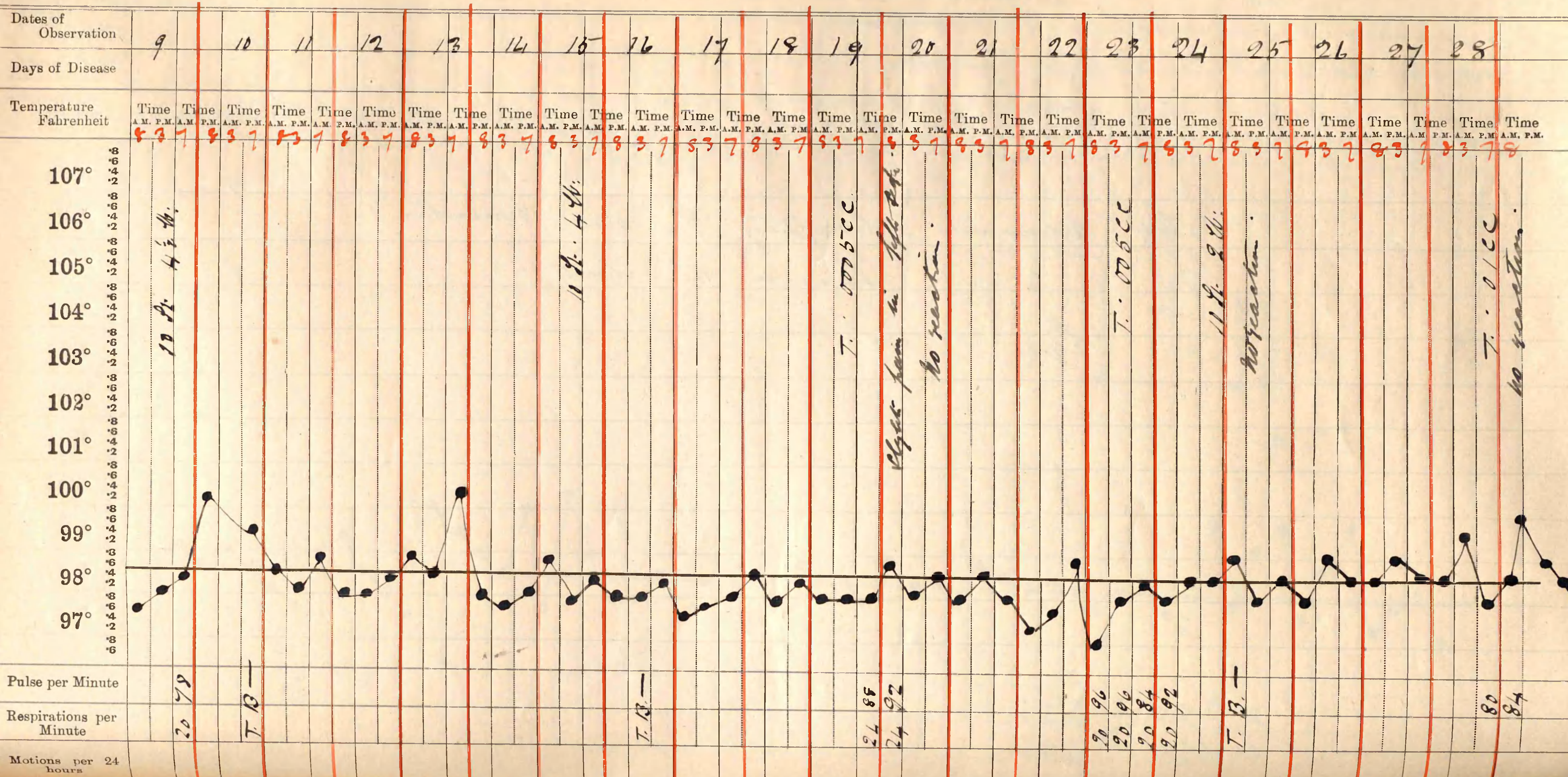
CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 12th E Surreys   No. 107   Military Hospital Connaught. Aldershot

No. 12655   Rank and Name Pte. 4.   Age ____   Service ____

Disease ____   Date of admission 8. 3. 16   Date of discharge ____   Result ____



On admission. Coughing for one 3 months.
Pains in the chest.

Sputum - nil.

Army Form B 181.

CLINICAL CHART.

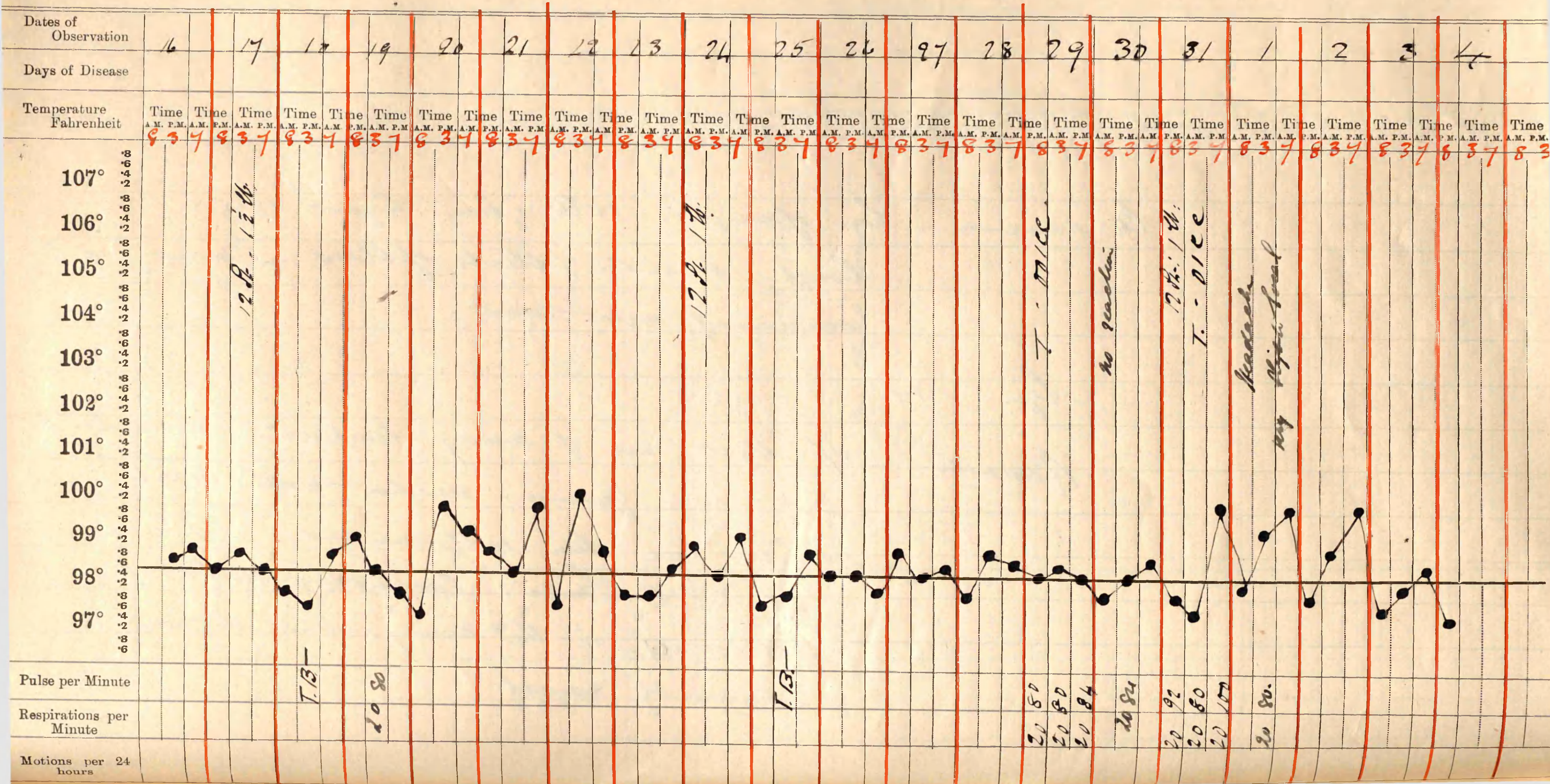
(To be attached to Case Sheet.)

No 108

Corps ______ Military Hospital Connaught Aldershot

No. 6956 Rank and Name R. F. E. H. Age 37 Service 7/12

Disease ______ Date of admission 16 - 3 - 16 Date of discharge ______ Result ______



On admission. Loss of weight - 15 lbs since August 1915.
Cough - 8 months; streaks of blood in morning sputum
occasional night sweats.

Sym. nil.

Remarks. If slight rise of evening temperature as on 21st 22nd
23rd was genuine. reaction with ·01 cc T
would have been well marked.
I took this man's temperature on several
occasions - in the evening - and it was
invariably normal.

Army Form B 181.

CLINICAL CHART.

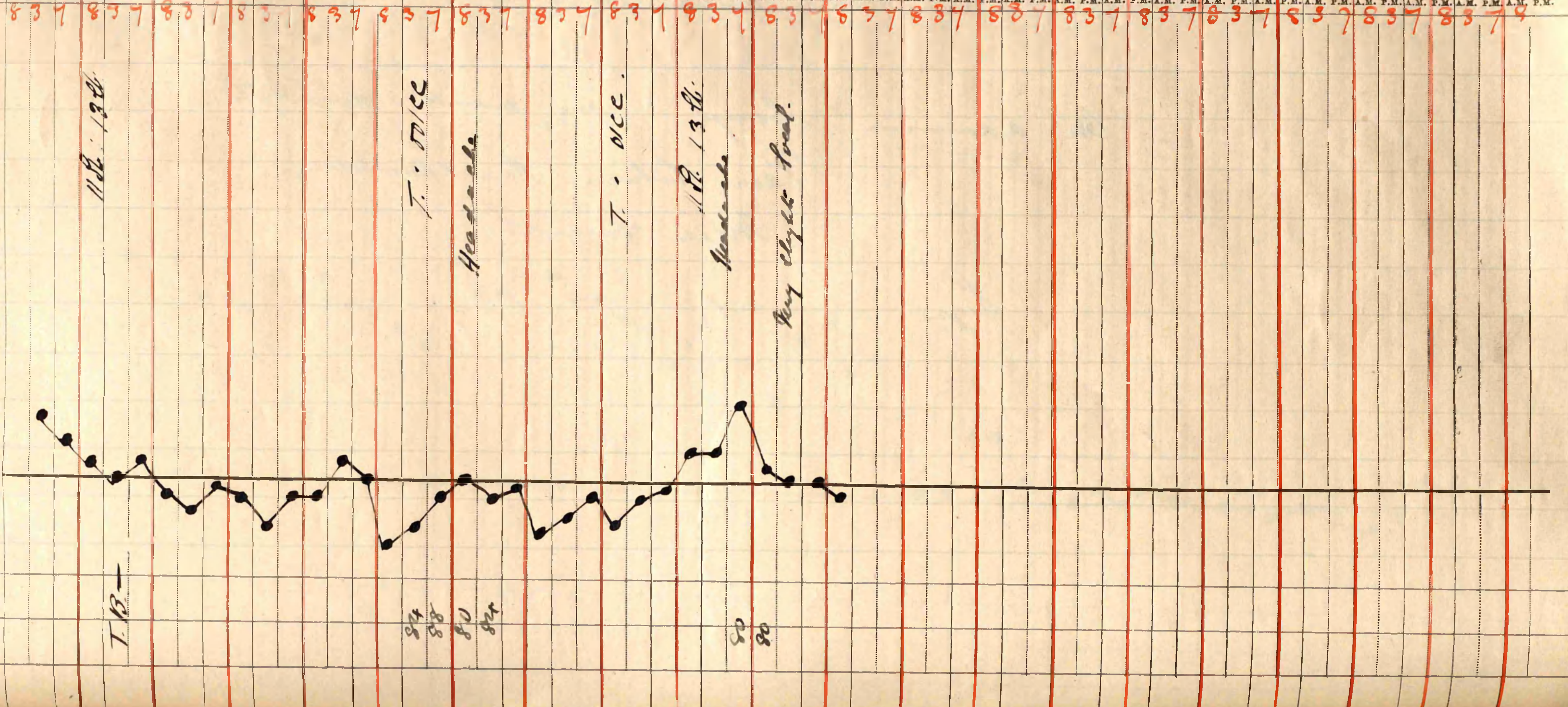
(To be attached to Case Sheet.)

No 109

Corps ______ No. 105349 Rank and Name Pte. M. ______ Age 34 Military Hospital Connaught. Aldershot Service ______

Disease ______ Date of admission 24 - 3 - 16 Date of discharge ______ Result ______

Dates of Observation	24	25	26	27	28	29	30	31	1	2 (April)	3	4	5	6	7	8	9	10	11	12
Days of Disease																				



Temperature Fahrenheit; Pulse per Minute; Respirations per Minute; Motions per 24 hours

On admission. Cough. one month duration

Pain between the shoulders.

Night sweats.

Sign - nil.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 52. C. E. 7. No 110

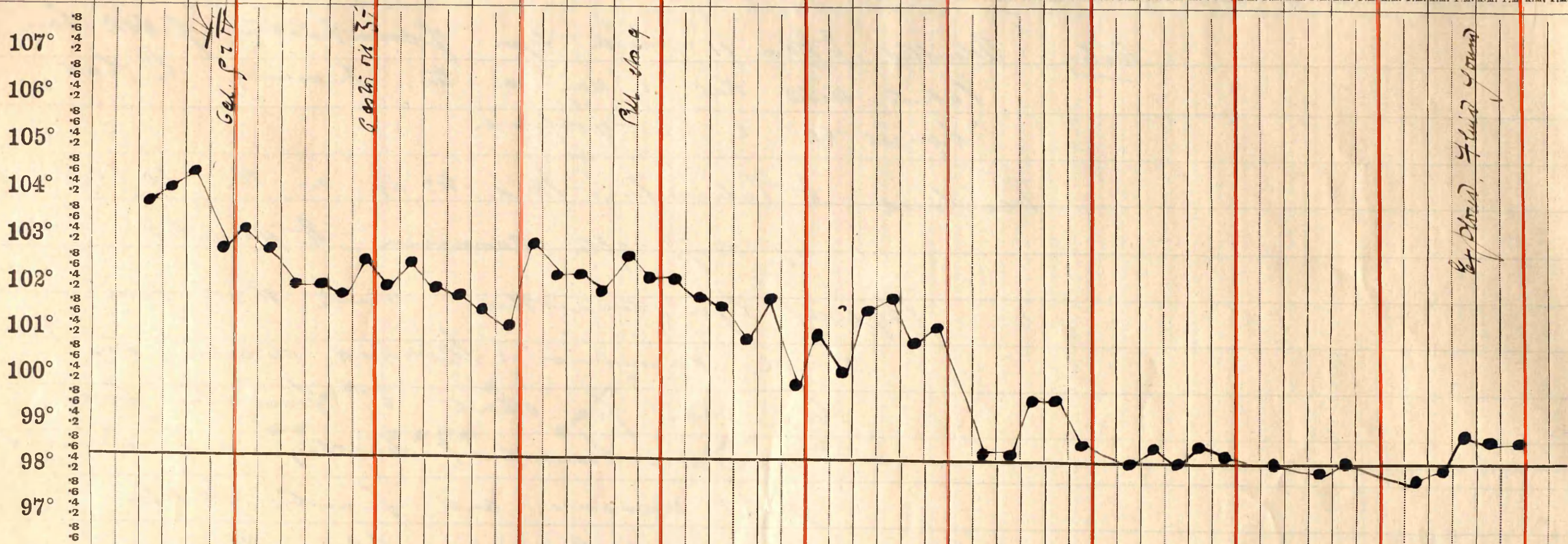
No. ____ Rank and Name Pte H. ____ Age ____

Military Hospital Connaught. Aldershot.

Service ____

Disease ____ Date of admission 5. 2. 16 Date of discharge ____ Result ____

Dates of Observation	5	6	7	8	9	10	11	12	13	14
Days of Disease										
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 hours

History. Admitted 8 Ward 11 with signs of consolidation of both bases.
Patient states that a day or two previous he had
'brought up' a lot of blood.

Transferred 8 Tuberculosis Ward No 64 on the 20/2/16.
i.e 17 days after admission 8 Hospital.

Physical signs were then much the same
as on admission: Marked dulness over
both bases for about 3" from the lower
margin: bronchial breathing: and increased
vocal resonance and fremitus. No rales.
Medical Specialist believed the
case to be one of tuberculous pneumonia
26/2/16. Appearance of tubercle(?) like one left base.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 52 C. E. T. No 110 a

Military Hospital

No.

Rank and Name Pte. H.

Age 27

Service

Disease

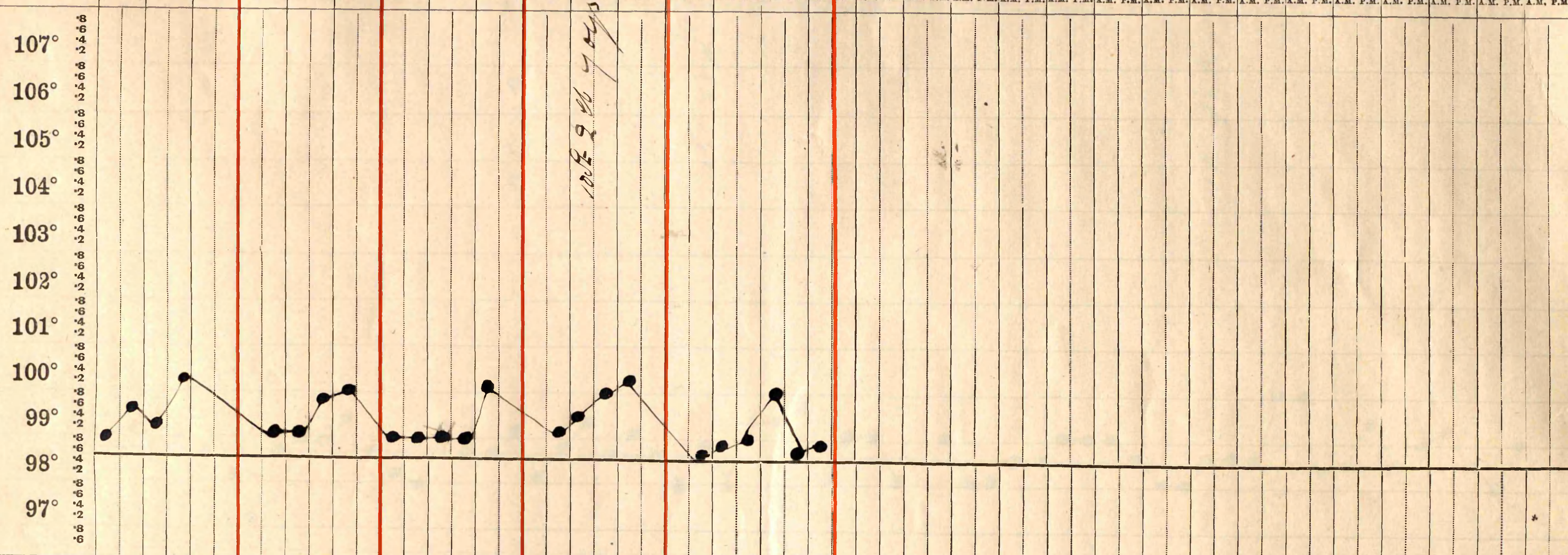
Date of admission

Date of discharge

Result

Dates of Observation	15	16	17	18
Days of Disease				

Temperature Fahrenheit



Pulse per Minute

Respirations per Minute

Motions per 24 hours

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

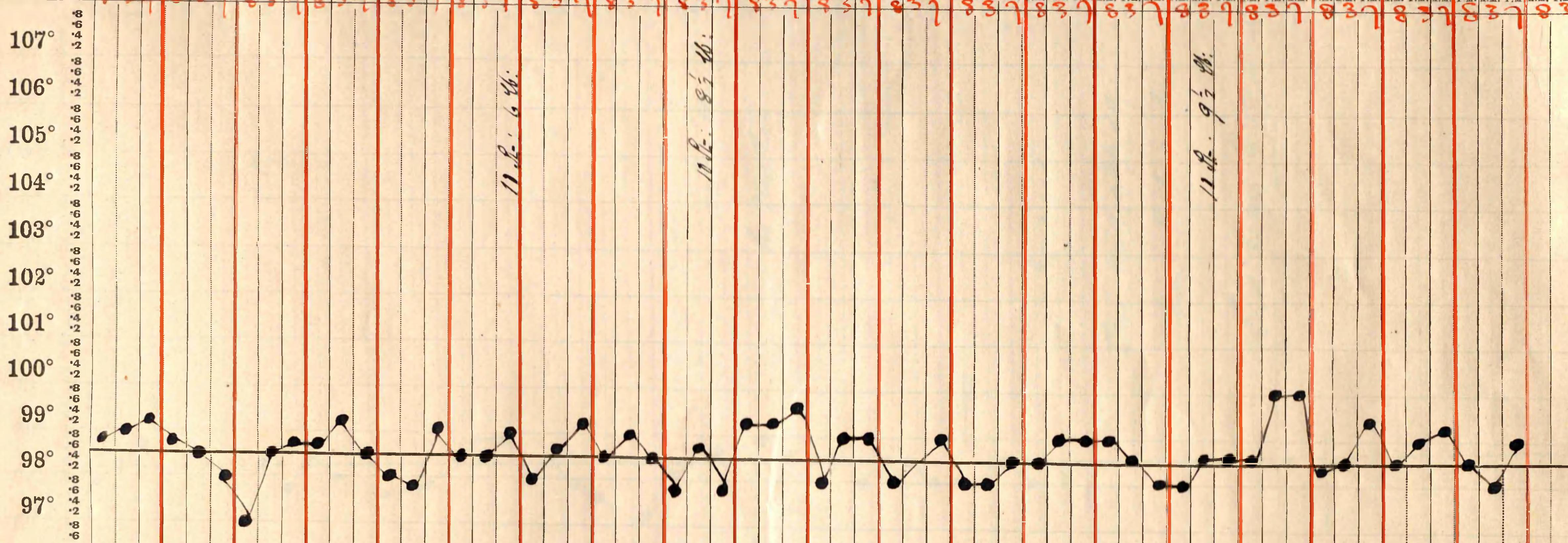
Corps 52. C. E. F. No. No 1106 Rank and Name Pte H. Military Hospital Connaught, Aldershot. Age 27 Service 8/12

Disease ______ Date of admission 5 - 2 - 16 Date of discharge ______ Result ______

Dates of Observation: 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, March 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8 3 7 each day)



Pulse per Minute

Respirations per Minute

Motions per 24 hours

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 52 C.E.F. No 110 c

Military Hospital Connaught: Aldershot.

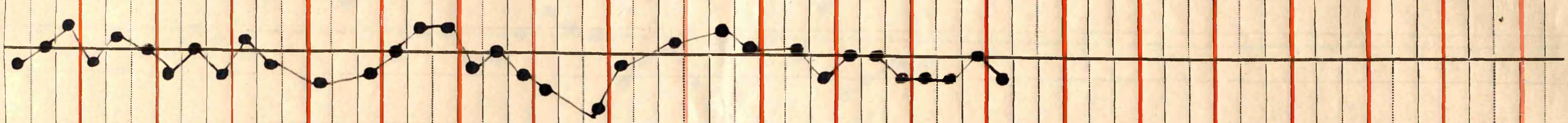
No. ______ Rank and Name Pte Hilliard Age 27 Service 8/12

Disease ______ Date of admission 5 . 2 . 16 Date of discharge ______ Result ______

Mar:

Dates of Observation	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M. (8, 3, 7 daily); scale 97° – 107°



Remarks:

11 P.L.:

T. ·005cc

Ust 3 lb.

No reaction

T. ·01cc.

No reaction

Case undoubtedly Non-Tubercular.

Sent back to Regiment

	19	20	20	23	23	23
Pulse per Minute	80	86	88	84	96	88
Respirations per Minute	20	20	20	20	20	20
Motions per 24 hours						

Army Form B-181.

CLINICAL CHART.

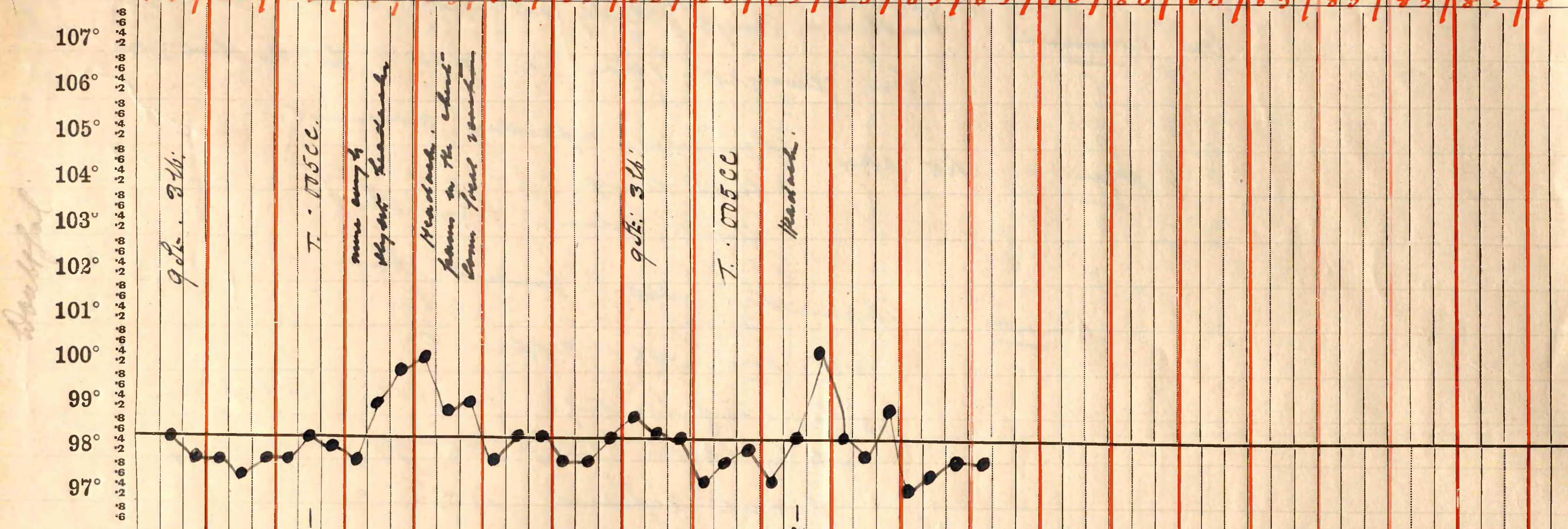
(*To be attached to Case Sheet.*)

Corps ______ Military Hospital Connaught. Aldershot.

No. T3 - 026903 Rank and Name ~~No 111~~ Dr. G. Age 27 Service ______

Disease ______ Date of admission 6 - 9 - 16 Date of discharge ______ Result ______

Dates of Observation	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Days of Disease																				
Temperature Fahrenheit	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7	Time A.M. P.M. 8 3 7 8



Pulse per Minute — T.B.— (8th); [illegible] (14th); T.B.— (15th)

Respirations per Minute

Motions per 24 hours

On admission. Troublesome cough (chiefly at night) several years durat.—
loss of weight – 1 stone or more, for the last year.

Sym: Rt apex. Diminished respiratory movement.
Slight droop = ½"
Slight dulness. below clav.

Remarks. Apparently sem - quiescent lesion.
But dose not sufficient.
I have unfortunately no notes to explain
Why test was left off: possibly
patient refused to go on with it.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No 112

Corps R. F. A. No. 39327 Rank and Name Bom^o R. Age ____ Service ____

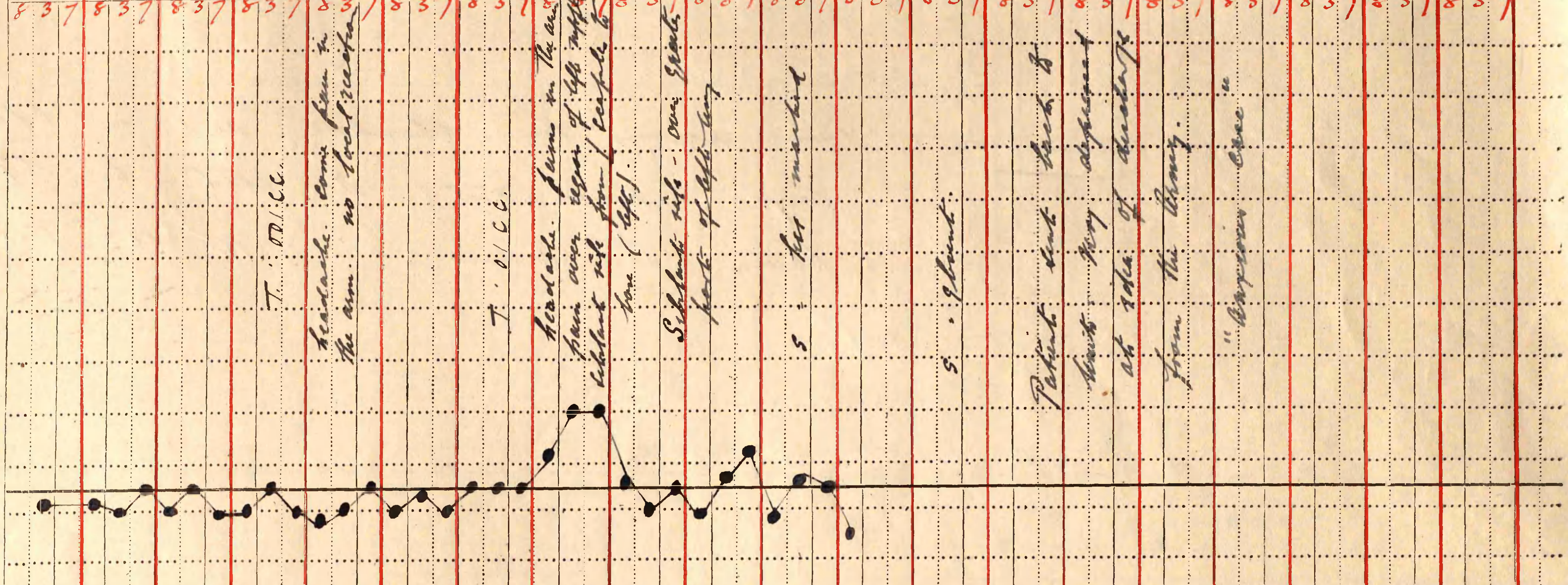
Military Hospital Connaught. Aldershot

Disease ____ Date of admission 3 - X - 15 Date of discharge ____ Result ____

Dates of Observation: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22

Days of Disease

Temperature Fahrenheit — Time A.M. P.M. (8 3 7)



T. 0.1 c.c.

headache come from in the arm. no local reaction

T. 0.1 c.c.

headache. pains in the arm pain over region of left nipple sibilant rale from / scapula to bone (left).

Sibilant rales - over greater part of left lung

S - less marked

S. absent.

Patient sent back to Ward - very depressed at idea of discharge from the Army.

"Anxious Case"

Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission. Pain across the shoulder, and in left side.
Cough. expectoration. He states he left
Down Sanatorium - on the 26th inst.
Signs - nil.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 113

Corps 8th S. L.

Military Hospital Connaught: Aldershot

No. 17136

Rank and Name M.

Age

Service

Disease

Date of admission 24 - 9 - 15

Date of discharge

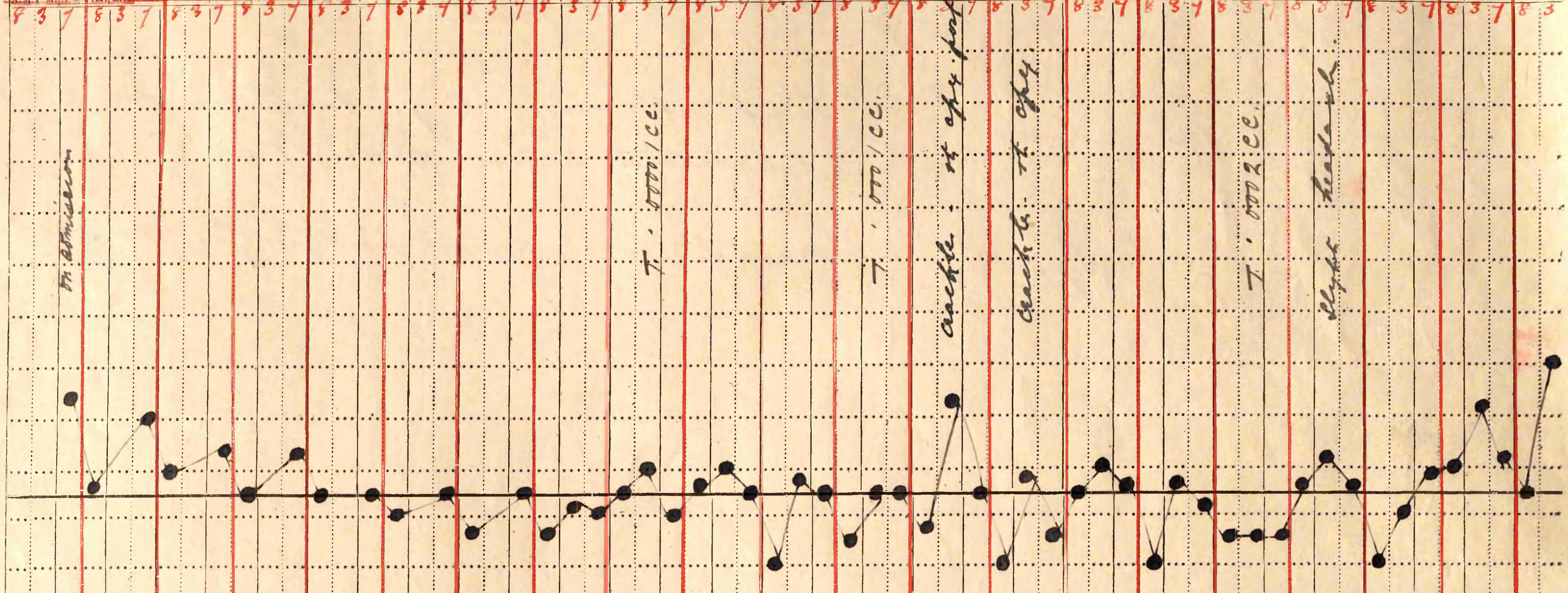
Result

Doubtful

Dates of Observation	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M.

Temperature scale: 107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°



Pulse per Minute 72 80

Respirations per Minute

Motions per 24 hours

On admission : "Pains all over, very troublesome cough : morning expectoration : loss of weight.

Lgs. : ? crackle : rt. apex posteriorly : no dulness.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 9th F. L.

No. 17136

Rank and Name M.

Age

Military Hospital Connaught. Aldershot.

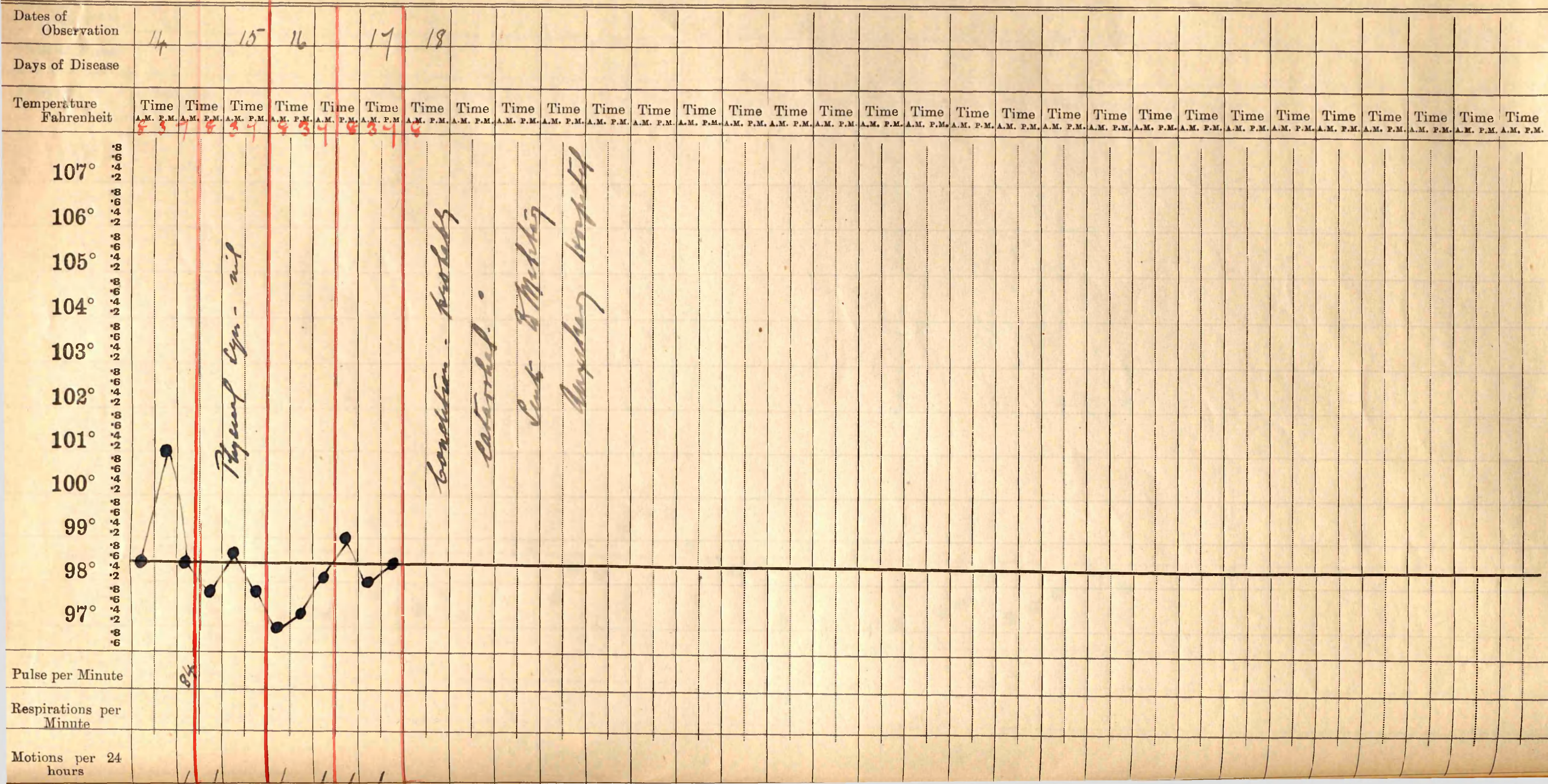
Service

Disease

Date of admission

Date of discharge

Result



Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

No. 114

Corps R. E

No. 66348

Rank and Name B.

Military Hospital Connaught Aldershot

Age 20

Service 8/12

Disease

Date of admission 31 – 8 – 15

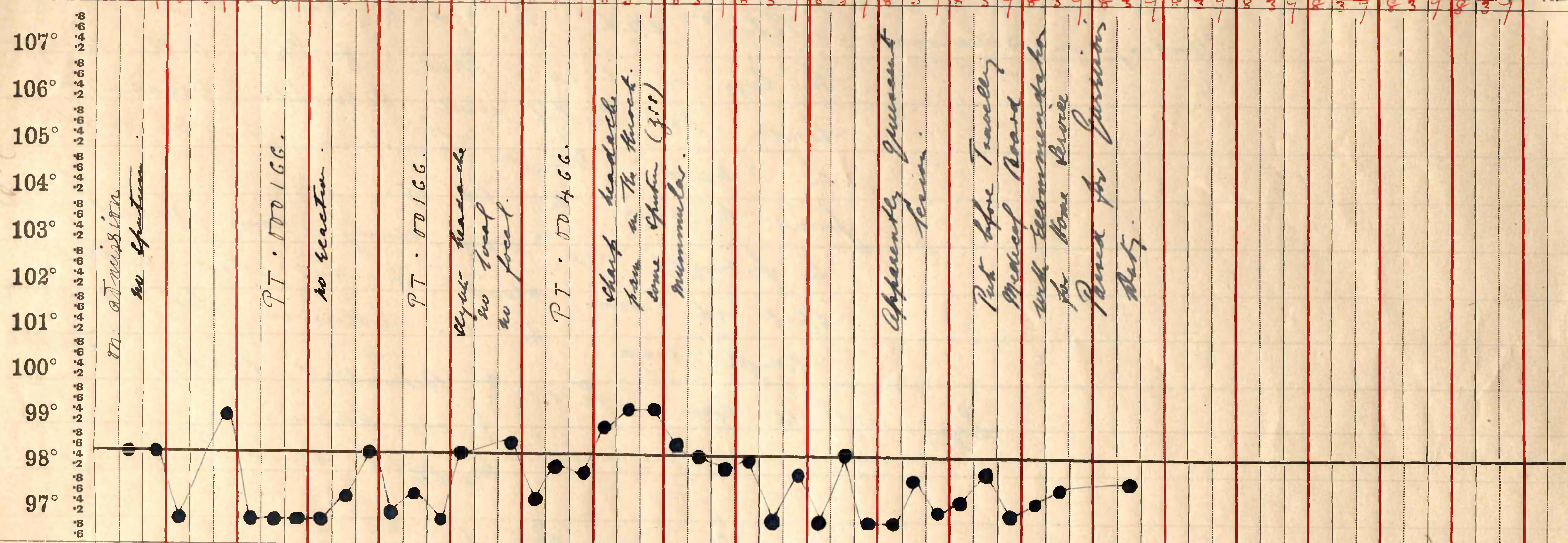
Date of discharge

Result /

Dates of Observation: 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19

Days of Disease

Temperature Fahrenheit



Pulse per Minute: 80

Respirations per Minute

Motions per 24 hours

History on admission: Patient states he had a haemorrhage from the lungs in 1914. Went to Clare Hall Sanatorium London. Was treated with tuberculin. Discharged as "cured" Was in Sanatorium for six months. Joined the Army in Feb. '15.

A fortnight ago while doing some trenching he spat up some blood. He has had a slight cough since. He has otherwise been very well.

Signs. Right apex. V_2 +.+ . Bronchial breathing. Flattening.
? old fibrosis.
No moist sounds.

Remarks. See under date 11th.

No 115

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps: A.S.C.

No.: 6975

Rank and Name: Pte Begrie

Age:

Military Hospital: Connaught

Service:

Disease: [blank]

Date of admission: 21 - 9 - 15

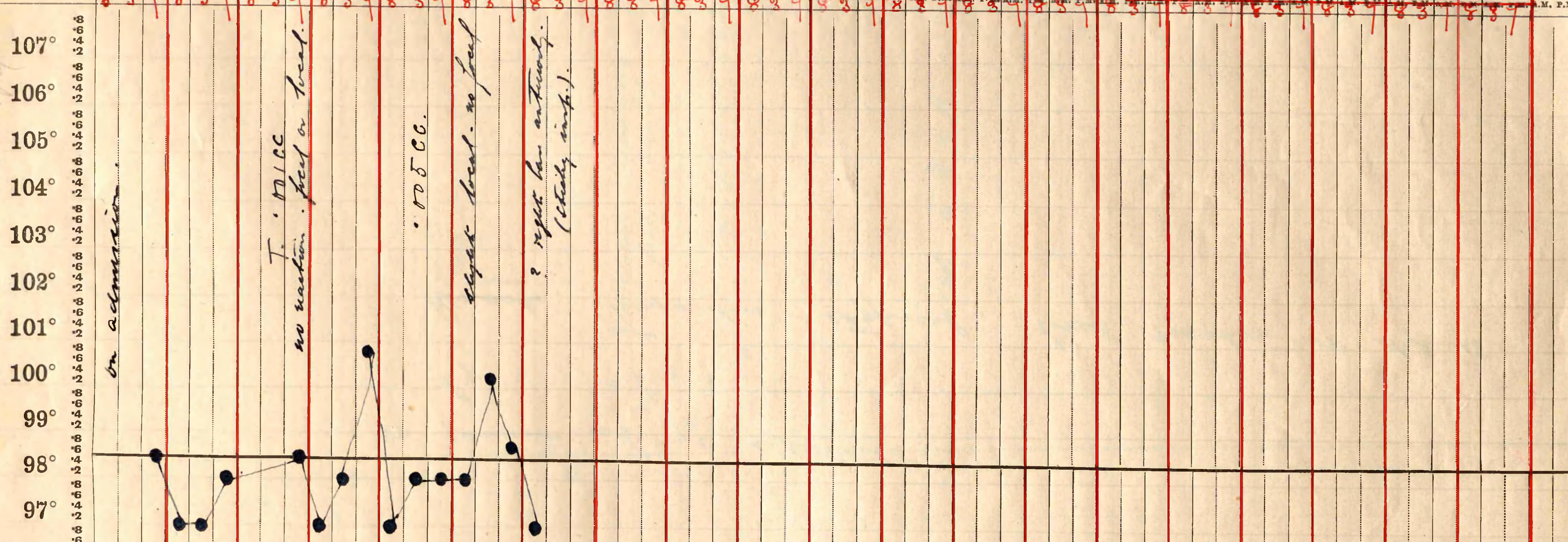
Date of discharge:

Result:

Dates of Observation	September 21	22	23	24	25	26	27	28	29	30	Oct. 1	2	3	4	5	6	7	8	9	10
Days of Disease																				
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time

Series C

Doubtful



Pulse per Minute					84		
Respirations per Minute							
Motions per 24 hours	1	.	..	. 1	1 .	1 .	

On admission: Cough. expectoration.

Eyes. nil

Remarks. Temperature atypical. local reaction not defined

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

No. 116

Military Hospital Connaught Aldershot

Corps A. S. C.

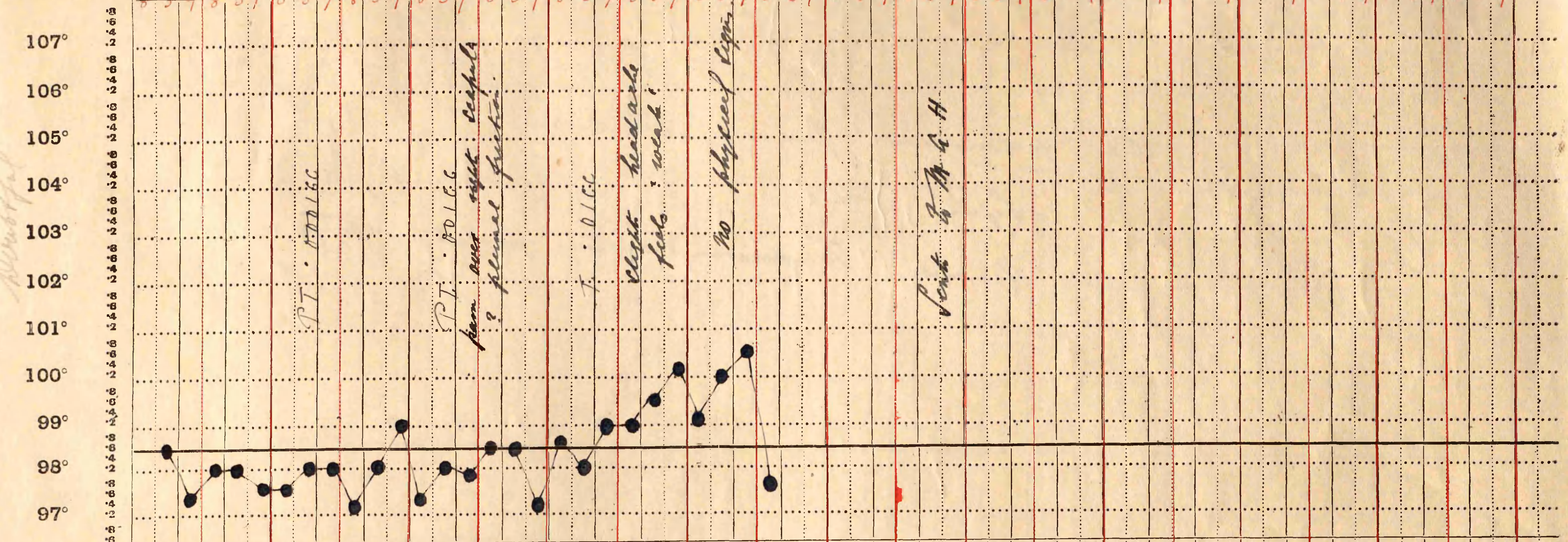
No. S4 125771 Rank and Name Pte A. P. Age 26 Service 3/365

Disease ______ Date of admission 19 - 8 - 15 Date of discharge ______ Result ______

Dates of Observation	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Days of Disease

Temperature Fahrenheit



Pulse per Minute	112	104	100

Respirations per Minute

Motions per 24 hours

On admission: General weakness.

Signs nil.

Remarks. Temperature reaction probably typic.

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

No 117

Corps R. I. Rifles

No. 14997

Rank and Name Pte T.

Age ______ Service ______

Military Hospital Connaught. Aldershot.

Disease ______

Date of admission 27 . 9 . 16

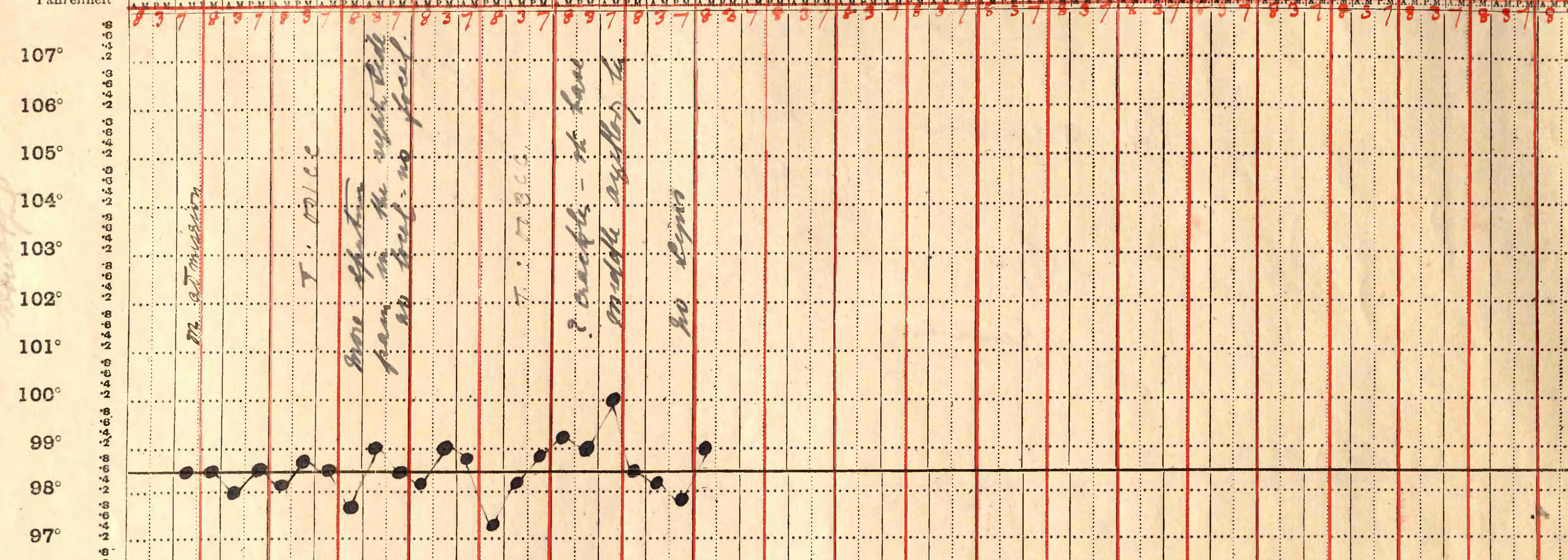
Date of discharge ______

Result ______

Dates of Observation: 27, 28, 29, 30, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16

Days of Disease

Temperature Fahrenheit (Time A.M. P.M.: 8 3 7)



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission : cough : spitting of blood : pain in the right side on breathing.

Eyes : nil.

Remarks.

Army Form B 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps: 9 L. N. Lancs ~~No 118 A Coy.~~

Military Hospital: Connaught - Aldershot

No.: 15711

Rank and Name: B.

Age: 26

Service: 1 1/12

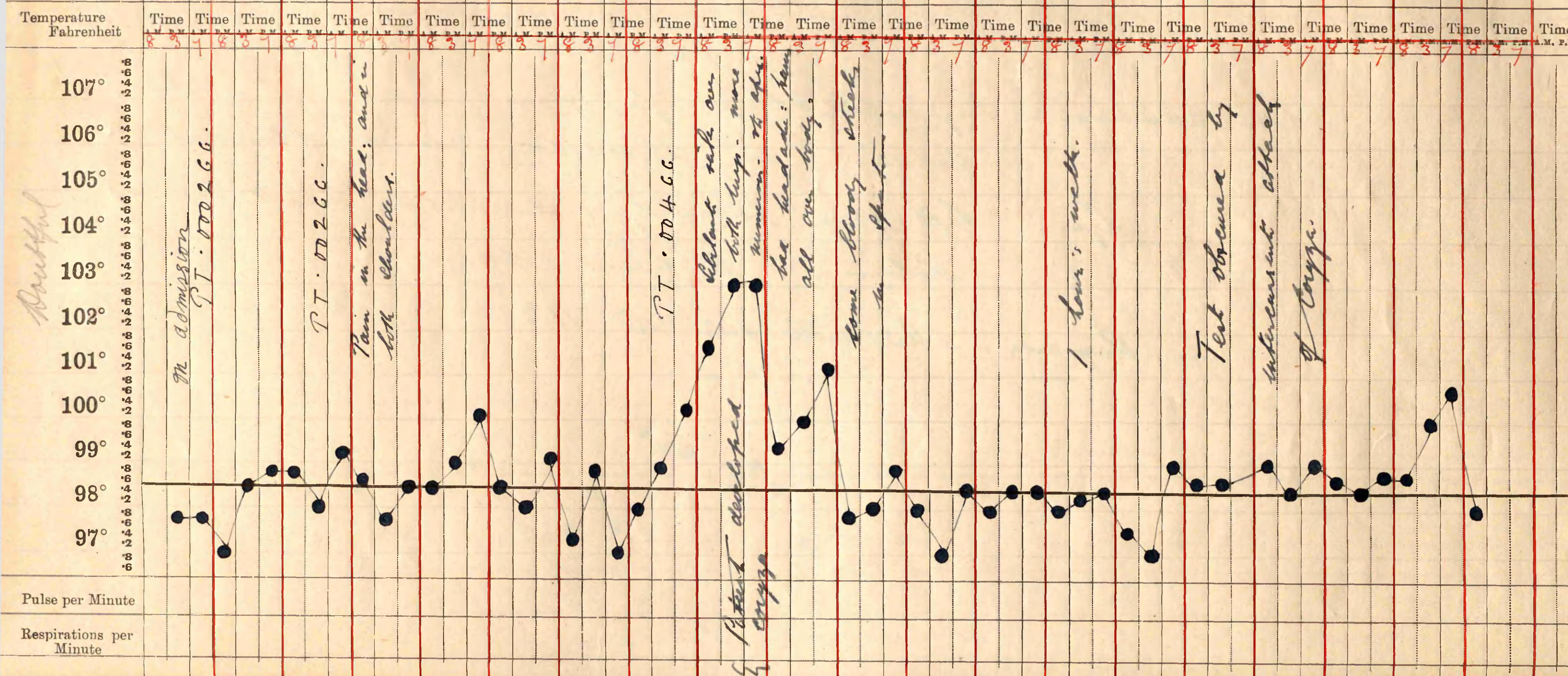
Disease:

Date of admission: 30 - 8 - 15

Date of discharge:

Result:

Dates of Observation	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Days of Disease																				



Pulse per Minute

Respirations per Minute

Motions per 24 hours

On admission: very bad cough for years. mostly in winter.
Gradual loss of weight. "weak stomach."

Signs: left base posteriorly, diminished breath sounds. some dulness. ? thickened pleura.

Remarks: See under date 15th 16th

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

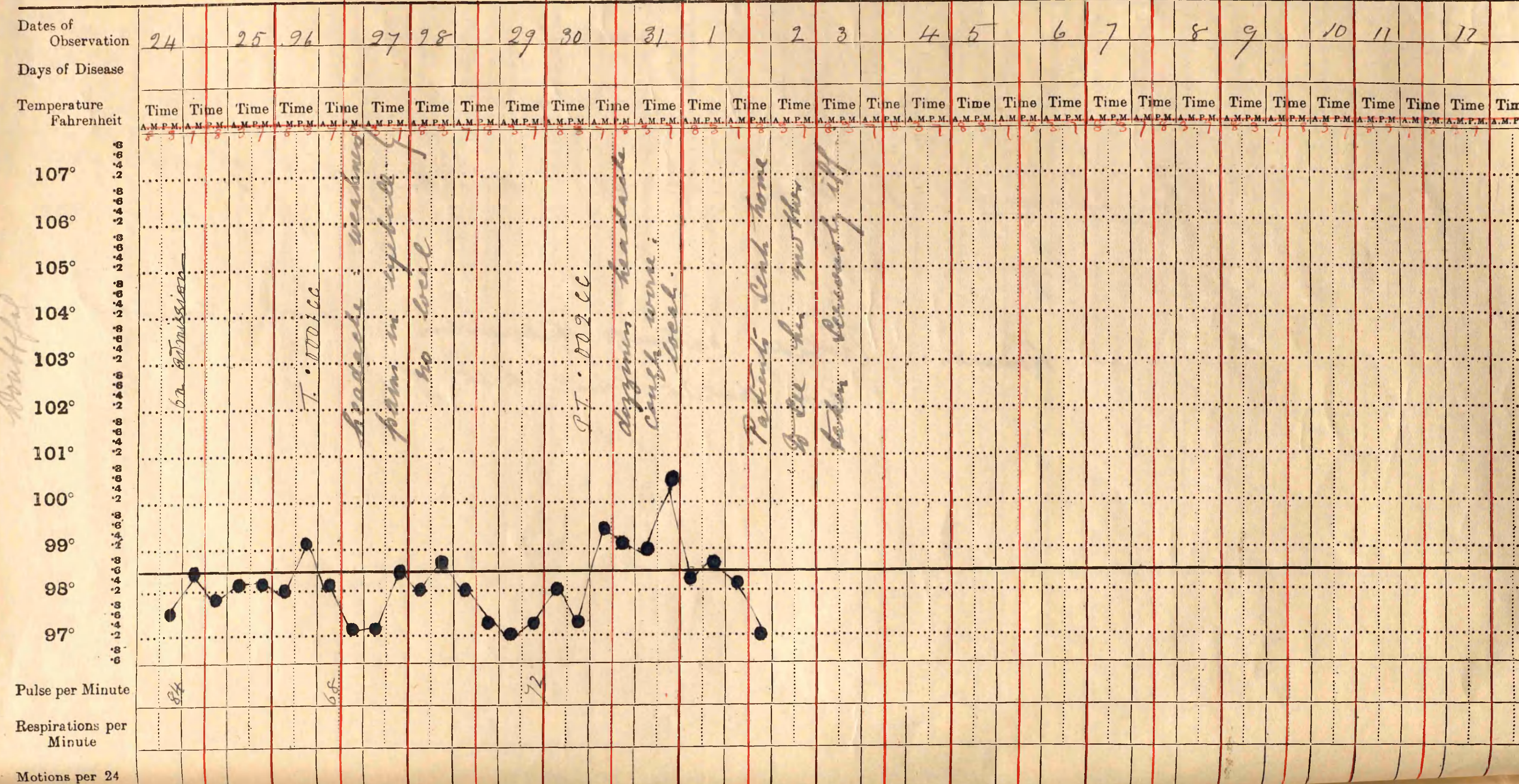
Corps 9th Batt. R.O.Y.L.I. No 119

Military Hospital Connaught · Aldershot

No. 16917 Rank and Name Pte G. Age ____ Service 11/12

Disease ____ Date of admission 24 – 8 – 15 Date of discharge ____ Result ____

Doubtful



Dates of Observation
24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12
Days of Disease
Temperature Fahrenheit
107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°
On admission
T. ·0001 cc
headache : weakness
pain in eyeballs
no local
P.T. ·002 cc
dizziness headache
cough worse :
local
Patient sent home
to see his mother
taken seriously ill
Pulse per Minute
84
68
72
Respirations per Minute
Motions per 24 hours

On admission. Troublesome cough: sweats: loss of wt 2/1.

Legs - nil

Remarks. Probably actively tuberculous, but interrupted
and patient lost sight of.

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

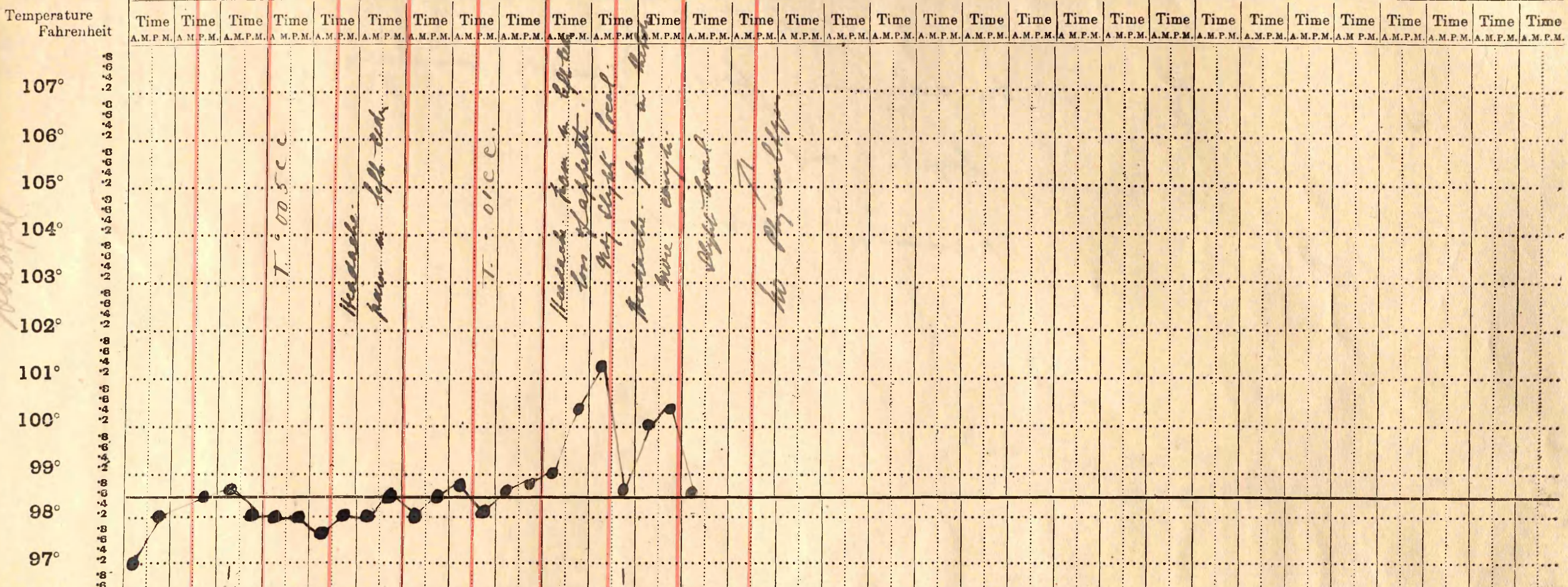
Corps R.E. No 120 Military Hospital Connaught. Aldershot

No. 82442 Rank and Name Pte T. Age 29 Service

Disease Date of admission 18-1-16 Date of discharge Result

Doubtful

Dates of Observation	18	19	20	21	22	23	24	25	26
Pulse per Minute	70	T.B. –					96 / 104	T.B. –	



Respirations per Minute

Motions per 24 hours

On admission. Cough. General weakness.

Sign - nil.

Remarks: Old dormant lesion somewhere.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

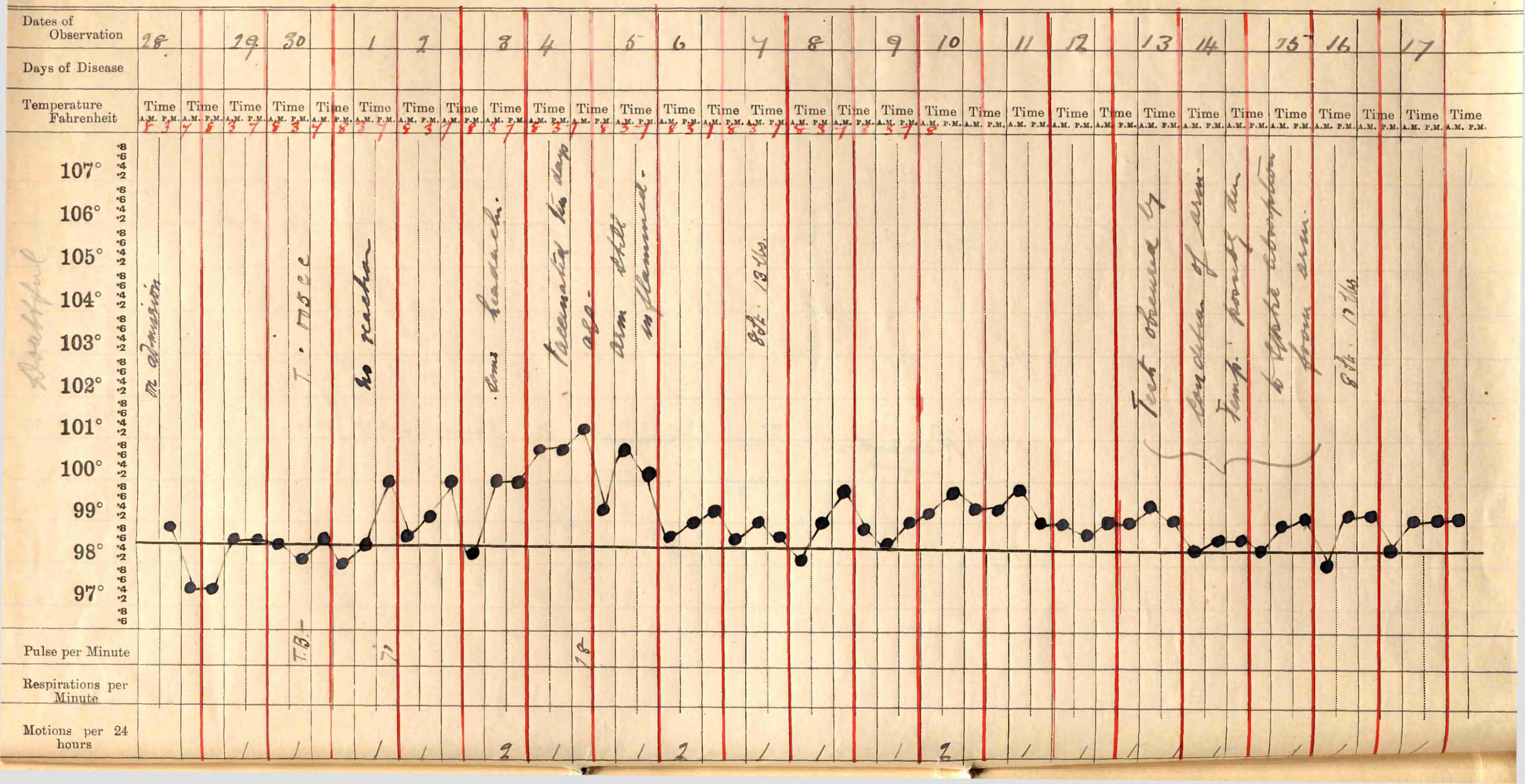
Army Form B 181.

Corps R. E. 2 Coy. 121

No. 92888 Rank and Name Pte Ko Age 38 Service

Military Hospital Connaught Aldershot

Disease Date of admission 28-11-15 Date of discharge Result



On <u>admission</u>: "Shortness of breath. Pain across the chest.
Spitting up blood"

Sym: nil. Breath sounds. Generally faint.

<u>Remarks</u>. Test obscured by vaccinated arm which became
rather septic.

No 122

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B 181.

Corps R. O. R. L. Military Hospital Connaught Aldershot

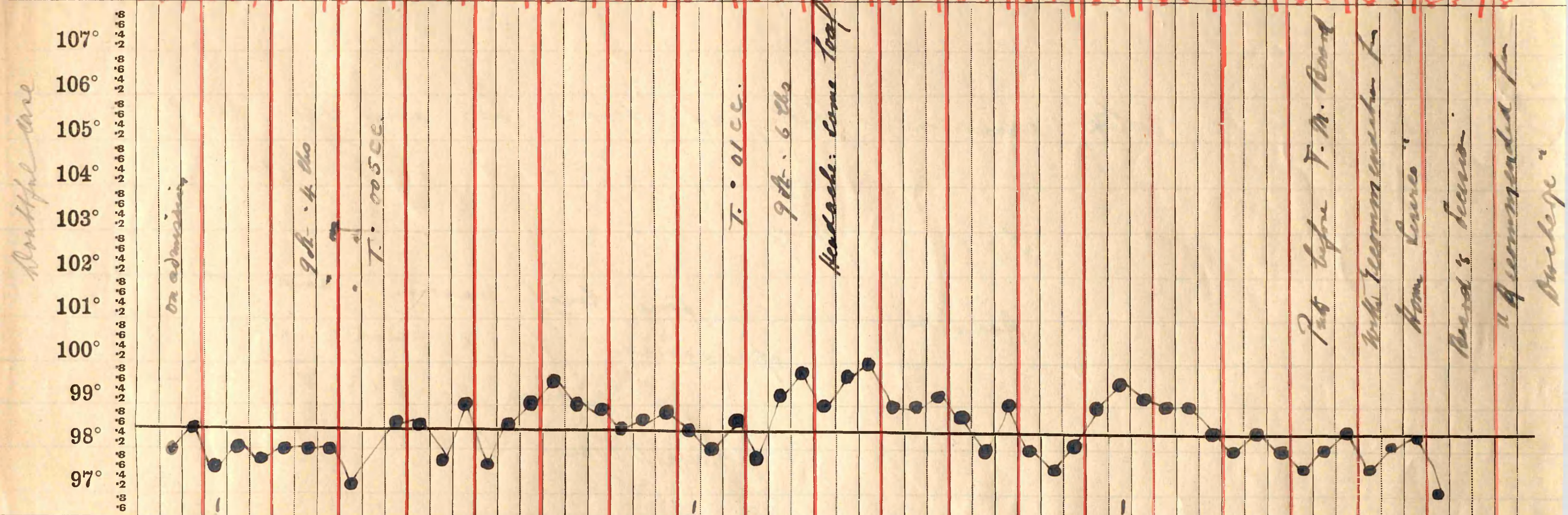
No. 19043 Rank and Name Pte C. Age 39 Service 24/5/7

Disease ______ Date of admission 26 – 12 – 15 Date of discharge ______ Result ______

Jan 1916

Dates of Observation	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease																				

Temperature Fahrenheit — Time A.M. P.M.



Pulse per Minute: T.B.– 76 80 T.B.– 88 88 88 88 T.B.–

Respirations per Minute

Motions per 24 hours: 1 1 1 1 1 1 1 1 3 1 1 1 1 1 1 1 1 1 3 1

On admission: Spitting up blood. four days ago (about 8 ʒs).

[illegible]

[illegible]

Remarks. [illegible] : some local reaction, and slight rise of temperature for a week; this would seem to disprove the patient's statement of haemoptysis. Reaction toxic?