SUBSEQUENT HISTORIES OF SEVENTY-NINE
ARRESTED CASES OF PHTHISIS TREATED AT
THE SHARON SANITARIUM, FROM 1891 TO 1902.

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MR. PRESIDENT AND MEMBERS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—Four years ago, at our meeting in New York, I had the pleasure of giving to you the subsequent histories of thirty-four “arrested” cases of pulmonary disease treated at the Sharon Sanitarium from 1891 up to 1899.* I will not apologise for bringing up the subject again, for I feel sure you will agree with me that it is the after histories of such cases which prove the efficacy or otherwise of methods which are now so prominently before the public.

Let me again cite the fact that the results which I place before you have been *obtained in a climate thought to be most unfavourable for consumptives, not far from the sea coast, and at the insignificant altitude of between 200 and 300 feet only above sea level.* In these latter particulars the Sharon Sanitarium was for several years unique. During recent years, Dr. Millett’s Sanatorium at East Bridgewater has been built with similar conditions, although it is intended for patients

* “Subsequent Histories of Arrested Cases of Phthisis treated at the Sharon Sanitarium,” *Boston Medical and Surgical Journal*, June 22, 1899. *Transactions American Climatological Association*, 1899.

who are of a more well to do class than those at Sharon, where only patients of limited means are received. The State Sanatorium at Rutland, opened in 1898, has an elevation of 1,100 feet, and is fifty miles from the sea.

Again, let me remind you, moreover, of my use up to the present time of the term "arrested," which has included all those cases in which abnormal outward symptoms have disappeared, many of them having justified the more favourable terms used by some authorities, "apparently cured," or "cured," at the time of discharge.

Since my last paper, the institution has been enlarged from the capacity of nine to twenty-one beds.

The total number of cases discharged since the opening of the institution in February, 1891, up to April 1, 1902, is 182. Five of these remained but a few days, and were not under treatment, and thirteen were cases of asthma or simple bronchitis, therefore eighteen are not considered in the results.

In tabulating the remaining 164 cases which are considered, I have allowed a year to elapse since the last one of the number was discharged.

Seventy-nine of these 164 cases were recorded as "arrested," a percentage of 48·17 of all the phthysical cases.

Of these seventy-nine cases, which include those mentioned in my report of four years ago, twelve, or 15·2 per cent. have died since leaving the institution, after varying intervals of comparative health.

In my previous report, six out of the thirty-four "arrested" cases had died. In that paper, I gave the probable reasons for the relapse, and explained that in one the cause of death was from shock during some uterine operation, no trace of previous pulmonary disease having been noticed by the attending physician previous to the patient's death. In the other five, a return to unhygienic surroundings had brought

about a relapse in patients who had upon entrance marked symptoms of disease varying in extent and severity, and in whom any arrest of disease was thought at the time to be improbable.

Since that time, two more of those then reported (18 and 27 of the following list) have died, both of them having had well marked disease in one or both lungs before entrance, and in whom the arrest was a remarkable proof of the efficacy of sanatorium treatment. One of these returned to a life of drudgery, with four small children and no servant to assist her. She remained very well for two years at least, but finally broke down and died five years after discharge. The other, all of whose family had died of phthisis, remained in excellent health, without any abnormal symptoms, in spite of hard work in Boston and in Florida for three years. After marriage she broke down again. Her cough returned. She again entered the Sanitarium, where her cough again ceased completely for several months; but in consequence of a severe cold last autumn she had another relapse, failed rapidly, and died this winter in Florida.

The histories of the remaining four of the twelve who have died are significant. Only one (45) was what can be called an "incipient" case, with râles at one apex, complicated with severe mitral disease, which rendered the treatment more difficult. An arrest of the cough and expectoration was accomplished, but upon return to a damp, unhealthy house, the patient relapsed, rapidly failed, and died not long afterwards. Two others (51 and 62) had well marked symptoms in both lungs, but remained two or three months in the Sanitarium without cough or other abnormal symptom, and for months after discharge were in excellent health. For reasons not fully explained, however, both these cases suddenly developed serious symptoms again, and died one and two

years after leaving the Sanitarium. The remaining case (61) had far advanced disease in one lung. After a stay of four and three-quarter months at Sharon, she left without any abnormal outward symptom, looking perfectly well, and remained so for several months; but a return to objectionable methods of life in the city brought on a relapse, and she died in 1902.

Of the remaining sixty-seven "arrested" cases, excellent accounts are received, with only one or two exceptions, the former having sent no report at all of recent years. She was known to be feeling well at last accounts. The latter, a case of fairly well marked disease, has failed in strength, and doubtless will sooner or later succumb to the disease. The majority write enthusiastically of their good health, some of them having left the Sanitarium ten years ago. All are employed in their homes or in occupations which as a rule allow them to be out of doors more than before.

It would be impossible, of course, to give each case in detail to you here. A tabulation will be made with the published paper whereby one may judge fairly well for himself of the results claimed. For the preparation of these tables I am greatly indebted to Dr. Walter A. Griffin, the resident physician at the Sanitarium.

I am aware that some of the cases could be possibly challenged from the fact that the presence of bacilli could not be proved, and because the tuberculin test had not been tried. In answer I can but say that only those cases have been taken which experience teaches us usually develop later more definite signs of disease under unfavourable conditions. I wish it were in my power to bring before you some of these patients, now apparently well, who were in the Sanitarium formerly. Their presence and aspect would speak more eloquently to you than my mere statements of what can be

done. I must content myself, however, by citing a single case as an example.

One woman (H. Q.), a domestic, was sent to Sharon from the Massachusetts General Hospital out-patient department in 1893, with bacilli in her sputa, and having evidences of trouble in the right lung. She had previously been told by a physician in Ireland that she had consumption, and could not live. After a stay of fourteen months, she left the institution, a magnificent specimen of health, her cough having ceased several months before. She has remained perfectly well since (nine years), having been actively employed as a domestic in Boston and the suburbs, and lately wrote that she was never better in her life. I could cite several other cases which differ only in minor details ; but this will serve as an example of what can be done *not far from home in a changeable, harsh climate, at an altitude not far above sea level.*

In citing these cases I do not wish to be misunderstood. I have never been one of those who believe, because of the success of sanatorium treatment in a large percentage of cases in a climate like that of New England, that it is therefore unnecessary for anyone to seek another climate. I believe, as I have stated elsewhere, that in more salubrious climates better results can be obtained by this method than with us ; but for the hundreds and thousands of sufferers who for various reasons cannot go far from home, institutions like Sharon, Rutland, and that of Dr. Millet at East Bridgewater are of inestimable value. I claim, moreover, after twelve years' observation, that it has been shown that it is not always necessary to send people far away in order to get well.

To keep the subsequent histories of sanatorium patients before us is therefore of ever increasing interest, for by doing

so we learn the true value of what may have been of the nature of an experiment at the outset.

What may we learn by studying these cases?

Not only that more can be done near our homes by these methods than has been thought possible in former years, but that a large percentage of patients in whom the disease is arrested can remain well under ordinary conditions of life, especially if attention is paid to proper methods of hygiene. On the contrary, we learn that a return to unhealthy conditions is in the majority of cases usually, although not always, followed by relapse and fatal results.

It is made more evident, too, which has been often said, but it cannot be said too often, that in order to obtain the best results, patients should be placed under treatment during the earliest possible manifestations of trouble, notwithstanding the fact that in many cases of well marked disease success has been attained.

In this paper I have confined myself solely to the histories of "arrested" cases, and have said nothing of the large percentage of those who have so much improved that they have become wage earners again, and a comfort to their families, even though they may not have wholly recovered their health. Neither have I touched upon the educational influence which such institutions have upon the community—a fact which I believe to be of as great importance as the benefit to the individuals themselves who enter for treatment. These points must be left, however, for other times and places.

As to methods of treatment and details of management at Sharon, they cannot be enlarged upon here. Suffice it to say they are what are employed in all well-regulated sanatoria of this nature. It may be said, however, that within the past three years the fresh air treatment has been pushed to its utmost limit, even in the coldest weather, the results being even more satisfactory than in the earlier years of the

Sanitarium. Elsewhere I have touched upon this special point.*

In conclusion, let me say that it is my belief that these methods will be found to be efficacious in all forms of tuberculosis, whether of medical or surgical nature. Surgeons are already seriously discussing the wisdom of fresh air treatment in tubercular joint disease, and if we reason by analogy, I see no reasonable ground for doubt that such cases will find it at least an adjunct as powerful for recovery as it is in pulmonary disease.

DISCUSSION.

Dr. E. O. OTIS : I would like to emphasise the exceeding value of such statistics and such a paper as has just been presented to us by Dr. Bowditch. It is one of the most difficult things to obtain the subsequent histories of consumptive patients, and here we have the histories of such patients extending over a period of ten years. Sanatorium treatment, with a few exceptions, is so new in this country, that there are very few statistics from such institutions that have as yet been presented to us. Dr. Trudeau, as you know, has published, in conjunction with Dr. Baldwin, similar statistics, and I believe that Drs. Fisk and Solly have also done the same from cases in their private practice, but extending over what length of time I do not now recall. But I think the thanks of this Society are due most emphatically to Dr. Bowditch for the immense amount of labour which the collecting of these subsequent histories has entailed. They are most valuable evidence, as bearing on the sanatorium treatment of pulmonary tuberculosis. I wish physicians practising in health resorts would present more frequently than they do statistics of a similar nature.

The PRESIDENT (Norman Bridge, M.D., Los Angeles) : I am sure that we are all under great obligations to Dr. Bowditch for the paper he has just presented. His work has added facts to our knowledge which, as Dr. Otis says, we have long been seeking for.

* "Origin and Growth of Sanatoria for Tuberculosis in Massachusetts," *Journal of Tuberculosis*, vol. v., No. 2, April, 1903.

Case	Occupation	Entered	Stay in San.	Diagnosis	History	Hæmo- tysis	Physical Signs	T.B.	Years since Discharge	Date of Death	Present Condition	Present Occupation	Remarks
1 (1 M. S.)	Typewriter	Feb. 16, 1891	4 mos.	Adv. Ph.	Run down 5 yrs. Cough. Sweats. Ph. family history	..	Dul. r. apex. Clicks both apices	+	..	1897, 6 years after discharge	Dead	..	Had two tape-worms later. Swallowed ammonia by mistake. Attack of grippé. Relapse.
2 (3 A. P. E.)	Teacher	Mar. 31, 1891	5 mos.	Ph.	Ph. history on father's side. Cough 8 mos. Sweats and dyspnoea	+	Rt. front dull to 4 rib and all over rt. back. Sl. crackles after cough	+	..	Dec. 31, 1892, 15 mos. after discharge	Dead	..	Died of acute illness—sick only 2-3 days. Resumed teaching against advice in badly-ventilated building.
3 (4 A. McD.)	O	May 27, 1891	2½ mos.	Incip. Ph.	"Throat irritation" 4-5 yrs.	?	Sl. jerky at rt. apex	O	12 —	..	Good, Feb. 20, 1903.	Hat factory	
4 (9 J. W.)	Housework	June 24, 1891	3 mos.	Pulm. and laryngeal tbc.	Cough and hoarseness for a year	?	Dul. rt. top with tubular resp. Clicks rt. lower front	O	12 —	..	Good	Housework	
5 (10 I. W. S.)	O	July 7, 1891	12 mos.	Incip. Ph.	Mother d. Ph. Cough 9 mos. Dyspnoea	+	Sl. dul. rt. apex with faint râle. Also râle on l. esp. in back	O	11 —	..	Good, Feb. 20, 1903	Housework	Married 6 yrs., 3 children.
6 (20 N. M. B.)	O	Oct. 6, 1891	6 mos.	Incip. Ph.	Cough 1½ yrs. Pain on r.	O	Sl. dul. rt. apex with b. v. resp. and ? râle	O	11	..	Good, Feb. 20, 1903	Housework.	
7 (24 G. E. M.)	Box factory	Nov. 28, 1891	4 mos.	Incip. Ph.	Mother had ? Ph. Cough 2 yrs. off and on	+	Nothing abnormal	O	11	..	Good, Jan., 1903	..	Married and has 1 child. Proved later to be tubercular but now well.
8 (27 J. A. McD.)	Tailoress	Apr. 13, 1892	5½ mos.	Incip. Ph.	Ph. on mother's side. Hæmoptysis 3 wks. before. Dyspnoea 1½ yrs.	?	Sl. dul. l. apex with rare râle to 3 rib. Rare râle on rt.	O	10½	..	Good, Feb. 20, 1903	Housework	Married, has 2 children.
9 (28 M. L. L.)	Housework	Apr. 13, 1892	5½ mos.	Incip. Ph.	Pain between shoulders 1 yr. Cough 3 mos.	+	Sl. dul. r. apex with faint râle front and back. V. R. +	O	10½	..	Good, Feb. 20, 1903	Housework	Married.
10 (31 A. R. L.)	O	May 31, 1892	12½ mos.	Incip. Ph.	Ph. marked in family history. Cough 1 mo.	+	Sl. dul. l. apex with râle above l. clavicle and low. r. back	O	9 —	..	Good, Feb. 20, 1903		
11 (33 L. A.)	Box factory	July 23, 1892	23 mos.	Incip. Ph.	Cough 1 yr. Dyspnoea. Sweats	+	Sl. dul. r. apex with sl. B. V.	+	9 —	..	Good, 1903	Nurse.	
12 (36 L. H.)	Book-keeper	Oct. 4, 1892	32 mos.	Incip. Ph.	Mother d. Ph. Four of mother's family of Ph. Hæmoptysis 8 wks. before	+	O dul. Coarse clicks both apices	+	8	..	Good, Feb. 20, 1903.	Housekeeper	
13 (37 L. McL.)	Dressmaker	Oct. 8, 1892	4 mos.	Incip. Ph.	Bronchitis 9 yrs. before, poorly since. Cough 1 yr.	O	O dul. Faint râle r. apex and lower r. axilla	O	..	1895, 2 yrs. after discharge	Dead	..	Resumed unhygienic occupation.
14 (41 F. A. B.)	O	Jan. 14, 1893	11 mos.	Ph.	Ph. on mother's side. Cough 6 mos. Dyspnoea	+	Sl. dul. low. r. bk. with faint br. and occ. râle. ? râle at top	+	..	July 4, 1895, 1½ yrs. after discharge	Dead	..	Returned to very damp house. Remained well while away.
15 (42 S. C.)	Domestic	Jan. 25, 1893	21 mos.	Incip. Ph.	Sister d. Ph. Cough 6 mos. Pain r.	..	Sl. dul. r. apex with ? râle	+	..	Dec., 1895, 1 yr. after discharge	Dead	..	Died from operation. No trace of pulmonary disease found just before death.
16 (49 H. Q.)	Domestic	July 27, 1893	14 mos.	Incip. Ph.	2 bro. and 2 sisters d. Ph. Told 5 yrs. before she would not get well of Ph.	+	Sl. dul. mid. r. bk. with faint râle	+	8½	..	Excellent	Maid.	
17 (50 M. M. S.)	Saleswoman	Oct. 25, 1893	5 mos. +	Incip. Ph.	Slight cough over 1 yr. Hæmoptysis	+	Sl. dul. in rt. apex and in lower r. back. Obscure resp. ? crep. anter. axillary	T. B.	8	..	Excellent, 1902.		
18 (51 M. W.)	Housework	Jan. 31, 1894	14 mos.	Ph.	Mother d. Ph. Pneumonia 4 yrs. before with pain since. Cough 18 mos.	+	Dul. r. apex with fine râle V. R. and also râle on l.	+	..	Mar. 23, 1900, 5 yrs. after discharge	Dead	..	Well for 2 yrs. after discharge. Overwork brought on relapse.
19 (53 R. B.)	Housework	May 14, 1894	13 mos.	Incip. Ph.	1 bro. d. Ph. 11 bro. of father d. Ph. Cough and pain 9 yrs.	O	Sl. dul. r. apex without râle	O	8	..	..	Housework	Health good at last report 3 yrs. ago.
20 (59 E. V. M.)	O	July 30, 1894	21 mos.	Incip. Ph.	Mother d. Ph. and 1 sister. Cough 2 yrs.	+	Sl. dul. r. apex with faint râle. V. R. + both sides	+	7	..	Good, Dec., 1901	Housework.	
21 (63 M. J. T.)	Housework	Nov. 8, 1894	2½ mos.	Incip. Ph.	1 aunt d. Ph. Cough 2½ mos. Sweats	O	Sl. dul. both apices. ? râle by sp. l. scap	O	..	Dec. ?, 1895, 1 yr. after discharge	Dead	..	Readmitted June 13, 1895. Tub. Bacilli found at that time. Unhealthy surroundings. Hard work.
22 (64 L. E. W.)	Dressmaker	Jan. 2, 1895	4 mos.	Anæmia. Incip. Ph.	2 uncles and 1 aunt d. Ph. "Typhoid" 6 yrs. before with sl. cough since	O	Sl. harsh both tops bk. ? râle sp. both scap	O	8	..	Good, 1902	Dressmaker.	
23 (65 H. K.)	O	Jan. 8, 1895	4 mos.	Incip. Ph.	Run down 1½ yrs. Occas. cough	O	B. V. and V. R. + both tops. Râle l. apex	O	8	..	Good account last report	..	No report received of late.
24 (68 D. S.)	Housewife	May 5, 1895	17 mos.	Ph.	Cough off and on 3 yrs.	O	Dry râle l. top. Faint râle r. top	+	7 —	..	Good, Jan. 14, 1903	Housewife.	
25 (79 J. C.)	O	Apr. 30, 1896	3 mos.	Incip. Ph.	3 of father's family d. Ph. Bronchitis 1½ yrs. before with occ. cough since	O	B. V. resp. in apices	+	7 —	..	Good, 1902	Housework	Discharged improved—arrested later.
26 (80 M. B.)	Attendant	May 8, 1896	13 mos.	Incip. Ph.	Cough 4 mos.	+	Faint moist râle above r. clav. and spine scap. with b.v. resp	+	6	..	Good, Jan. 14, 1903	Keeps boarding-house.	
27 (81 B. M.)	Cashier	May 25, 1896	15½ mos.	Incip. Ph.	Father, mother and 2 bro. d. Ph. Cough off and on 10 mos.—esp. 3 mos.	O	Sl. dul. r. apex. Faint râle l. apex	+	..	1903, 5½ yrs. after discharge	Reported dying, Jan., 1903	..	Readmitted. Remained well for 3 or 4 years after discharge. Remarkable case.
28 (82 A. G. C.)	Housework	June 2, 1896	1½ mos.	Anæmia. Ph. ?	1 sister d. Ph. Run down 6 mos. O cough	O	Resp. prolonged r. apex behind	O	7	..	Good, Jan. 14, 1903	Housework.	
29 (84 N. A. C.)	Book-keeper	July 4, 1896	13 mos.	Incip. Ph.	Cough 6 mos.	O ?	Resp. + r. apex. V. R. and râle l. apex	O ?	6 —	..	Good, Jan. 14, 1903	Book-keeper.	
30 (85 .. K.)	Stenographer	Aug. 6, 1896	9 mos.	Incip. Ph.	Cough 5 mos.	O	Sl. dul. apices. Fine râle in bk. and at l. scap	+	6	..	Good, Jan. 14, 1903	Nursing.	
31 (88 M. E. ..)	Librarian	Dec. 12, 1896	9 mos.	Ph. (fibroid ?)	Mother and mother's mother d. Ph. Freq. cough 10 yrs.	O	Dul. with b. v. r. apex. Fine râle l. front and low. l. bk.	O	6 —	..	Good, Jan. 1903	Housework	Readmitted for 7 mos. Married later.
32 (93 S. K. C.)	Waitress	Mar. 15, 1897	8 mos.	Incip. Ph.	1 sister d. Ph. Hæmoptysis 21 yrs. before. Cough 1 yr.	O	Dul. apices and low. r. bk. Crep. in low. r. bk.	O	5 +	..	Good, Jan. 14, 1903	Waitress.	
33 (94 J. E. P.)	Seamstress	May 21, 1897	3½ mos.	Incip. Ph.	2 sisters d. Ph. Cough 2 yrs.	O	Clicks above each clav. B. V. in r. apex bk.	O	6 —	..	Good, Jan. 14, 1903	Dressmaker	
34 (95 M. M. N.)	Cook	July 2, 1897	2 mos.	Pleurisy with eff.	Pain chest 2 yrs. before. O cough	O	Dul. with rub, lower ⅔ r. chest	O	6 —	..	Good, Jan. 14, 1903	Housework	Married, 1 child.
35 (99 J. A. M.)	Housewife	Oct. 6, 1897	11½ mos.	Incip. Ph.	2 aunts d. ph. Cough 4 mos.	O	Dul. with râle + ? rub. low. l. ? râle on r.	+	4½	..	Good, Feb. 20, 1903	Clerk.	
36 (101 C. B. M.)	Teacher	Oct. 30, 1897	6½ mos.	Incip. Ph.	1 uncle d. Ph. Cough 6 mos.	+	Dul. rt. apex with V. R. and faint clicks above each clavicle	O	5	..	Good, Feb. 20, 1903	O	
37 (102 A. N.)	Maid	Dec. 1, 1897	3½ mos.	Incip. Ph.	Cough 2 mos. Profound anæmia	O	Sl. + pitch r. apex	O	5	..	Good, Feb. 20, 1903	Cook.	
38 (104 F. C.)	Dressmaker	Jan. 27, 1898	21½ mos.	Incip. Ph.	Sl. cough 5 mos.	+	Dul. upp. ½ r. back without râle	O	3½	..	Good, Jan. 14, 1903	O	Says grows stronger each year.
39 (108 N. L. C.)	Clerk	June 9, 1898	3 mos.	Incip. Ph.	Father d. Ph. and all his family. Cough several years	+	Note + over r. bk. ? Crep. below l. scap	O	4½	..	Good, Jan. 14, 1903	Housework	Married, 2 children.
40 (110 I. W.)	Housework	June 20, 1898	1 yr.	Incip. Ph.	1 sister d. Ph. Cough 1 yr. Pain across chest front	+	O dul. ? râle low. r. and l. back	O	4	..	Good, Jan. 14, 1903	O	
41 (111 A. K.)	Teacher	July 7, 1898	3 y. 2 mos.	Incip. Ph. T. B. of Bladder	Cough 15 mos.	+	Dul. r. apex. Sl. b. v. and V. R. sl. +	+	1½	..	Fair, Jan. 14, 1903	Teacher	Had urinary tuberculosis also.
42 (112 A. N.)	Mission	July 11, 1898	1 yr.	Incip. Ph.	Cough 21 mos. Sweats. Pain on l.	O	Percussion dull both apices. Resp. and V. R. + on r.	O	4	..	Good, Feb. 20, 1903	Mission	Married, 1 child.
43 (114 A. B.)	Stenographer	Oct. 25, 1898	8½ mos.	Incip. Ph.	1 bro. d. Ph. Cough 9 mos. Dyspnoea	+	Dul. r. apex and sl. on l. Râle r. bk. and on l. at top	O	4 —	..	Good, Jan. 14, 1903	Housework	Married.
44 (115 M. G. T.)	Teacher	Oct. 31, 1898	7½ mos.	Incip. Ph.	1 sister d. Ph. Pain r. 9 mos. before with cough	O	Dul. + r. bk. and axilla with dim resp. and ? râle. ? râle r. top front	O	4 —	..	Good, Jan. 14, 1903	Teacher.	
45 (116 L. G.)	Maid	Nov. 22, 1898	11 mos.	Incip. Ph.	Cough 6 weeks	O	Dul. r. apex with râle in front	O	..	1900	Dead	..	Complicated with mitral disease. Lived in damp house. Relapse.
46 (120 S. B. F.)	O	July 19, 1898	14½ mos.	Incip. Ph.	Mother and 1 sister d. Ph. Cough 1 yr. Sweats	O	Sl. dul. l. apex without râle. Râle r. apex	O	2½	..	Good, Jan. 14, 1903	O	
47 (122 A. D.)	Nursegirl	Nov. 23, 1899	11 mos.	Incip. Ph.	1 bro. and 1 sister d. Ph. Cough 4 wks. Sweats	+	O dul. Sonorous râles all over l.	+	2½	..	Good, Jan. 14, 1903	Stitcher.	
48 (123 M. M.)	Maid	Dec. 14, 1899	3½ mos.	Incip. Ph.	1 bro. and 1 sister d. Ph. Pain l. 3 yrs. before. Cough 2 mos.	O	Sl. dul. l. top with faint râle and b. v. —less degree on r.	+	3	..	Good, Nov., 1901	Maid.	
49 (124 M. L.)	O	Jan. 9, 1900	4 mos.	Pleurisy; Incip. Ph.	Pain on r. 3 wks. with cough	O	Sl. dul. r. top and base front and back. Faint râle at base	O	3	..	Good, Dec. 26, 1901	Housework.	
50 (125 M. N.)	O	Jan. 30, 1900	5 mos.	Incip. Ph.	Pneumonia ? 2 yrs. before. Glands removed 3 yrs. before. Occ. cough	+	Jerky low. l.	+	3 —	..	Good, Jan. 14, 1903	Student.	
51 (126 M. G. D.)	O	May 29, 1900	11 mos.	Well-marked Ph.	1 sister d. Ph. Cough 10 mos. before	O	Dul. both tops behind. Râles all over l. ? r. top	+	..	Jan. 4, 1903, 2 yrs. after discharge	Dead	..	Arrest of disease unexpected. Remained well several months. Sudden decline.
52 (127 E. A. McG.)	Nursemaid	June 12, 1900	7 mos.	Well-marked Ph.	Pneumonia 6 yrs. before. Cough 3 mos.	+	Dul. both tops with râles +	O	..	Jan. 21, 1902, 1 yr. after discharge	Dead	..	Died of phthisis. Had been in sanitarium for some time without cough and for some time after discharge. Died suddenly.
53 (129 L. B. W.)	Housewife	Sep. 14, 1900	7 mos.	Ph.	Father d. Ph. Cough 3 mos.	+	Dul. r. top with clicks esp. in bk.	+	2	..	Good, Jan. 14, 1903	Factory.	
54 (130 M. E. S.)	Cotton-mill	Oct. 13, 1900	6 mos.	Ph.	Father, 2 bro. and 2 sisters d. Ph. Cough 2 mos.	O	Sl. dul. l. top with râles—also in l. axilla râle	+	2	..	Good, Jan. 14, 1903	Clerk.	
55 (136 F. A. L.)	Housework	Oct. 22, 1900	8 mos.	Ph.	1 sister, 1 aunt and 1 uncle d. Ph. Cough 3 mos. Sweats	+	Sl. dul. r. top with râle. Faint râle on l. top	+	2 —	..	Poor, Jan. 14, 1903	O	
56 (139 M. T.)	Dressmaker	Oct. 24, 1900	5 wks.	Incip. Ph.	Cough 1½ years with occ. hæmoptysis	+	Sl. dul. both tops with faint râle l. front and ? l. bk.	O	2½	..	Fair, Jan. 14, 1903	Dressmaker	Went away much too soon, against advice.
57 (140 M. V.)	Housewife	Oct. 24, 1900	5 wks.	Incip. Ph.	1 uncle d. Ph. Cough 8 mos.	O	Sl. dul. r. top with faint râle above clav	O	2½	..	Fair, Jan. 14, 1903	Housewife	Went away much too soon, against advice.
58 (144 M. A.)	Book-keeper	Nov. 5, 1900	5½ mos.	Incip. Ph.	Cough 3 yrs. before—O at entrance	O	Sl. dul. apices esp. l. Rare wheeze r. top and low. r. bk.	+	2	..	Good, Jan. 14, 1903	Book-keeper.	
59 (144 E. A. D.)	Housewife	Dec. 5, 1900	3½ mos.	Incip. Ph.	Cough 4 yrs. with occ. bloody sputa	+	Jerky l. apex. Fine râle 3rd l. interspace and opp. mid. l. scap	+	2	..	Good, Jan. 16, 1903	Housework.	
60 (149 E. C. C.)	Student	Dec. 26, 1900	5½ mos.	Adv. Ph.	Cough 8 mos. Sweats	O	+ dul. both apices esp. r. Bronchial r. apex front. Coarse râles over r.	+	2 —	..	Good, Jan. 16, 1903	O	
61 (150 A. R.)	Stitcher	Jan. 7, 1901	4½ mos.	Adv. Ph.	Hæmoptysis 10 mos. before. Cough 11 mos.	+	+ dul. all over r. with bronchial at top and râles except low. ½ bk. ? râle l. apex	+	..	1902, 1 year after discharge	Dead	..	Returned to old unhygienic conditions.
62 (152 S. G. P.)	Milliner	Jan. 26, 1901	4 mos.	Incip. Ph.	Subject to cough always, esp. last 2 wks. Sweats	O	+ dul. r. apex. V. R. +. O râle	+	2	..	Good, Dec. 20, 1901	O	
63 (153 A. J. F.)	Housewife	Feb. 11, 1901	3½ mos.	Incip. Ph.	Hæmoptysis 8 mos. before, with cough	+	Dul. r. apex with fine râle in front. V. R. +	+	2 —	..	Good, Jan. 16, 1903	Housework.	
64 (154 S. A. S.)	Housewife	Mar. 9, 1901	6 wks.	Incip. Ph.	Cough 3 mos. with bloody sputa. Sweats	+	Dul. r. apex with ? râle in bk. V. R. +	O	2	..	Good, Jan. 16, 1903	Housework.	
65 (156 M. A. C.)	Machine opera- tor	Apr. 4, 1901	6½ mos.	Incip. Ph.	Pleurisy 1 yr. and before, with cough since	O	Dul. r. apex with b. v. and ? râle. Râle low. r. axilla	O	1½	..	Good, Jan. 16, 1903	Stenographer	Had pleurisy with effus.
66 (158 E. G.)	Typewriter	May 3, 1901	4½ mos.	Incip. Ph.	O cough. Sl. pain up l. front	O	Dul. r. apex with + T. F. Fine râle 3 l. interspace	O	1½	..	Good, Feb. 20, 1903	Singer.	
67 (160 A. M. M.)	Teacher	May 9, 1901	5 mos.	Incip. Ph.	Cough 1 mo. Sl. dyspnoea	O	Dul. l. apex back with b. v. and V. R. +	+	1½	..	Good, Jan. 16, 1903	Teacher.	
68 (161 K. G.)	Nurse	May 15, 1901	4 mos.	Incip. Ph.	Pneumonia 3 wks. before. Sweats	O	Dul. l. apex with moist râles over up. ½. ? Fine râle r. apex	+	1½	..	Good, Jan. 16, 1903	O	
69 (163 B. B. O.)	Stenographer	May 17, 1901	8 mos.	Well-marked Ph.	Pneumonia 7 mos. before. Sweats	O	Dul. both apices esp. l. and ++ at l. base. Râles over l. and few on r.	+	1 +	..	Good, Oct., 1902	O	
70 (164 J. M. M.)	Hairdresser	May 23, 1901	3½ mos.	Incip. Ph.	Running down 2 yrs. No cough	O	Dul. r. apex and sl. l. Fugitive râle r. and l. front	O	1½	..	Good, Jan. 16, 1903	O	
71 (171 A. T. M.)	Housewife	June 15, 1901	5½ wks.	Incip. Ph.		O	Dul. r. apex sl. Râle rt. top back	O	2 —	..	..	..	Left because of sickness in family.
72 (172 R. J. F.)	Maid	June 17, 1901	3 mos.	Incip. Ph.	Cough 2 yrs. Sweats 1 yr. before	O	Sl. dul. r. top with râle in bk.	O	1½	..	Good, Jan., 1903	O	
73 (174 L. E. W.)	Housewife	June 22, 1901	1½ mos.	Incip. Ph.	Occ. sl. hæmoptysis. O cough.	+	Dul. r. top with b. v. and ? râle in bk. Fine râles 3 l. interspace	O	2 —	..	Fair, Jan. 16, 1903	O	Left against advice.
74 (176 A. N. G.)	Nurse	July 30, 1901	7 mos.	Incip. Ph.	Run down for 4 yrs. Sweats 2 yrs. before	O	Dul. both tops with sl. + resp. and voice	O	1	..	..	..	Tuberculin pos.
75 (179 L. E. K.)	Book-keeper	Sept. 19, 1901	2½ mos.	Incip. Ph.	Cough 12 yrs.	O	Sl. dul. both tops with faint râle on rt.	O	1½	..	Good, Jan. 16, 1903	O	Tuberculin pos.
76 (181 M. A. McK.)	Housework	Sept. 21, 1901	5½ mos.	Well-marked Ph.	Pneumonia about 3 yrs. before. Cough 3 mos. Sweats	+	Dul. l. esp. in lower front with râle. ? râle on rt.	+	1	..	Good.		
77 (182 M. G. M.)	Housework	Sept. 23, 1901	2½ mos.	Incip. Ph.	Cough 2 mos. Sweats	O	Sl. dul. both tops. Fine râle on r. ? on l.	O	1 +	..	Good, Feb. 13, 1903	Housework.	
78 (183 G. A. O.)	O	Sept. 27, 1901	2½ mos.	Tub. adenitis	Bunches in neck 2 yrs. O cough	O	Sl. dul. l. apex and r. top in bk. ? râle r. top. Glands l. neck.	O	1 +	..	Good, Jan. 16, 1903	O	
79 (188 F. R. G.)	Housework	Oct. 23, 1901	4 mos.	Incip. Ph.	Cough 1 mo.	+	Less res. over r. O râle	O	1	..	..	..	Tuberculin pos.