

PLATE I



FIG. 3.—Left lung with numerous broncho-pneumonic caseous areas showing through the pleural surface, and a moderate-sized "packet" of enlarged caseous tracheo-bronchial glands in section. Even larger groups than these are not uncommon whilst still larger "packets" of retroperitoneal glands are of frequent occurrence.

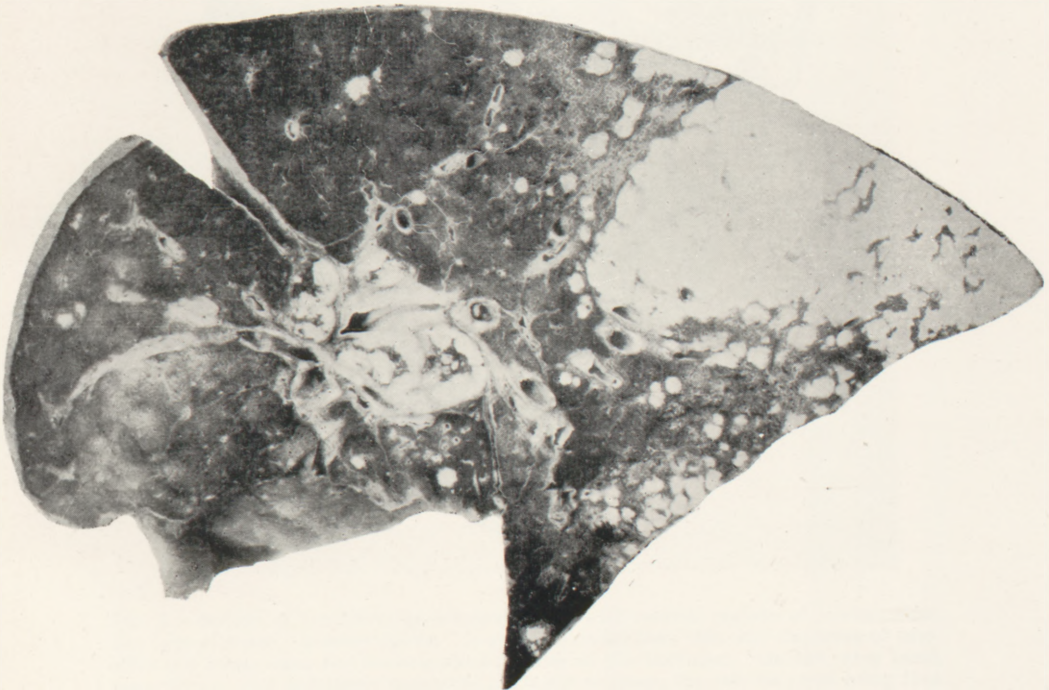


FIG. 4.—Section of lung showing a caseous confluent broncho-pneumonia in the lower lobe, resulting from a caseous broncho-pulmonary gland bursting its bounds and opening into a bronchus.

PLATE II

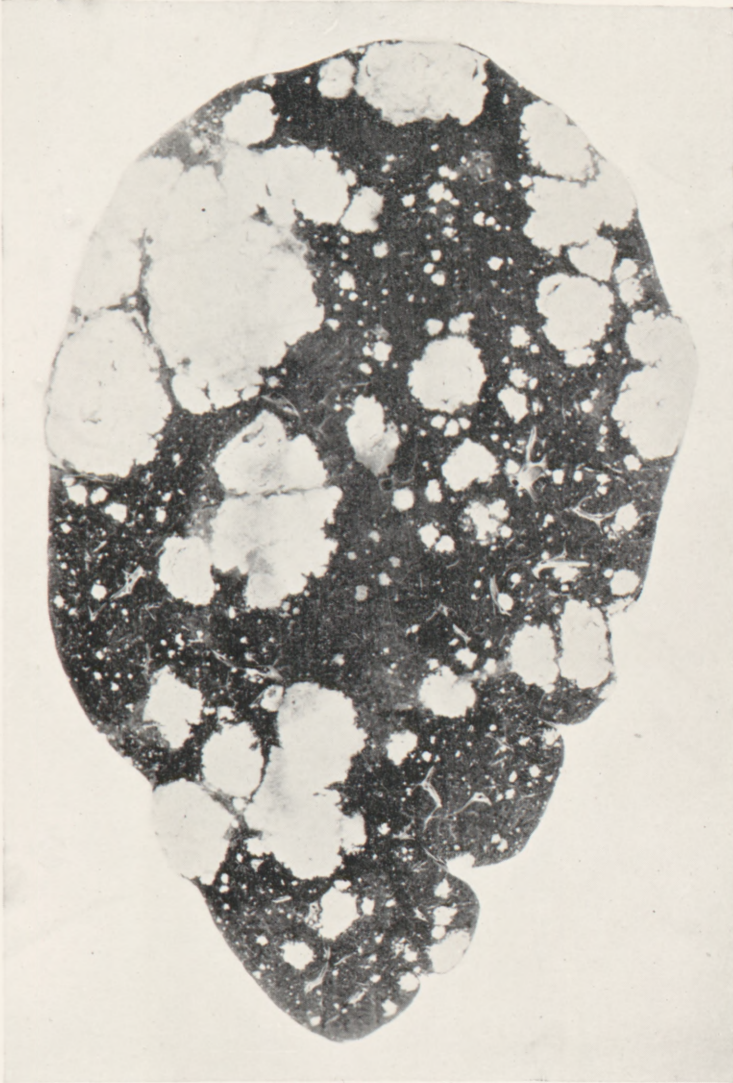


FIG. 5.—Section of a moderately-enlarged spleen with caseous nodules of various sizes. The typical acute "monkey spleen" is usually smaller than this, and the areas of caseation not larger than the medium-sized nodules of this specimen. On the other hand, more chronic and still larger specimens are fairly common, the caseous areas being then mostly of large size also.

PLATE III



FIG. 6.—Section of liver (reproduction of photograph, hand coloured) showing the type of tuberculous lesions usually encountered—numerous miliary, small, and medium-sized areas of caseation.

PLATE IV



FIG. 7.—Section of liver (reproduction of photograph, hand coloured) showing extreme type of tuberculous involvement—numerous medium and large-sized caseous areas. Many of these have opened into bile passages, and the caseous material has, to a greater or lesser extent, escaped, leaving cavities with bile-stained contents—the so-called “bile abscesses.”

PLATE V

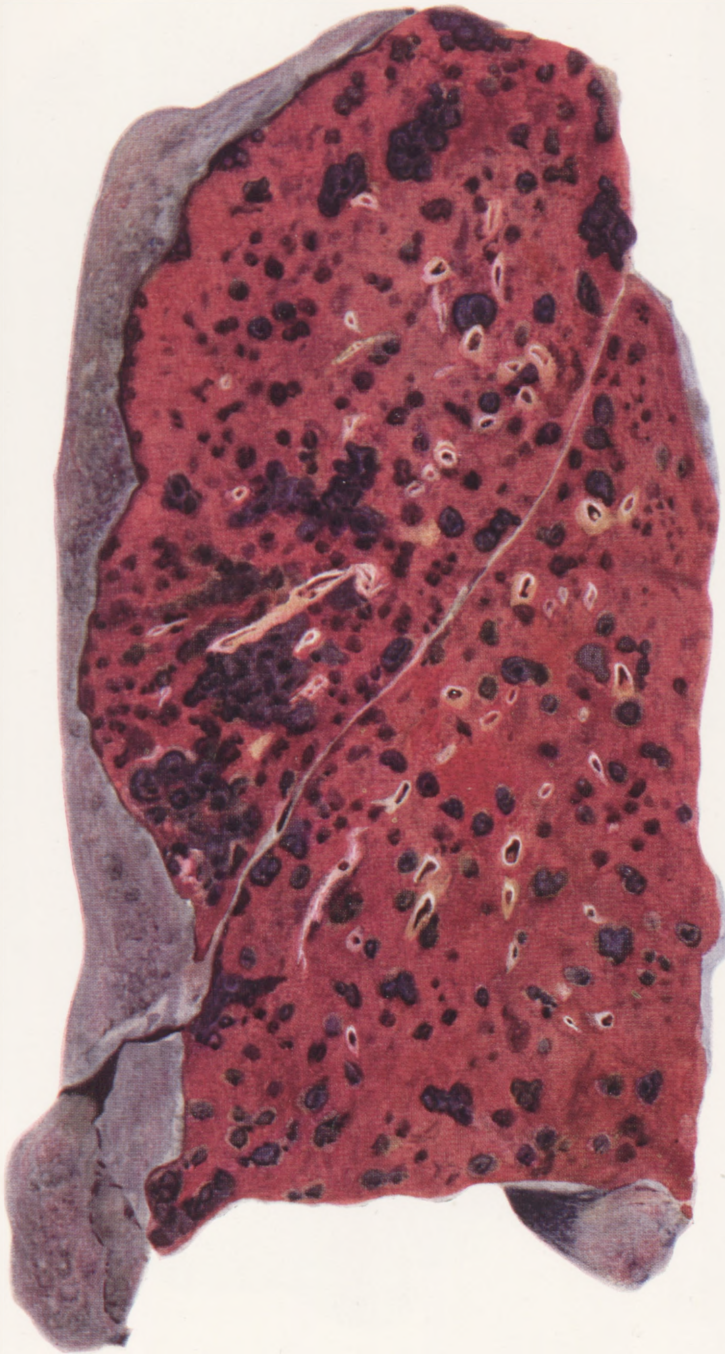


FIG. 8.—Section of lung (reproduction of photograph, hand coloured) showing numerous discrete tuberculo-silicotic nodules of dark steel-grey colour distributed fairly uniformly throughout the lung. There are also larger areas composed of nodules which have met and have, to some extent, coalesced, although the outlines of the originally discrete nodules are still discernible.

PLATE VII

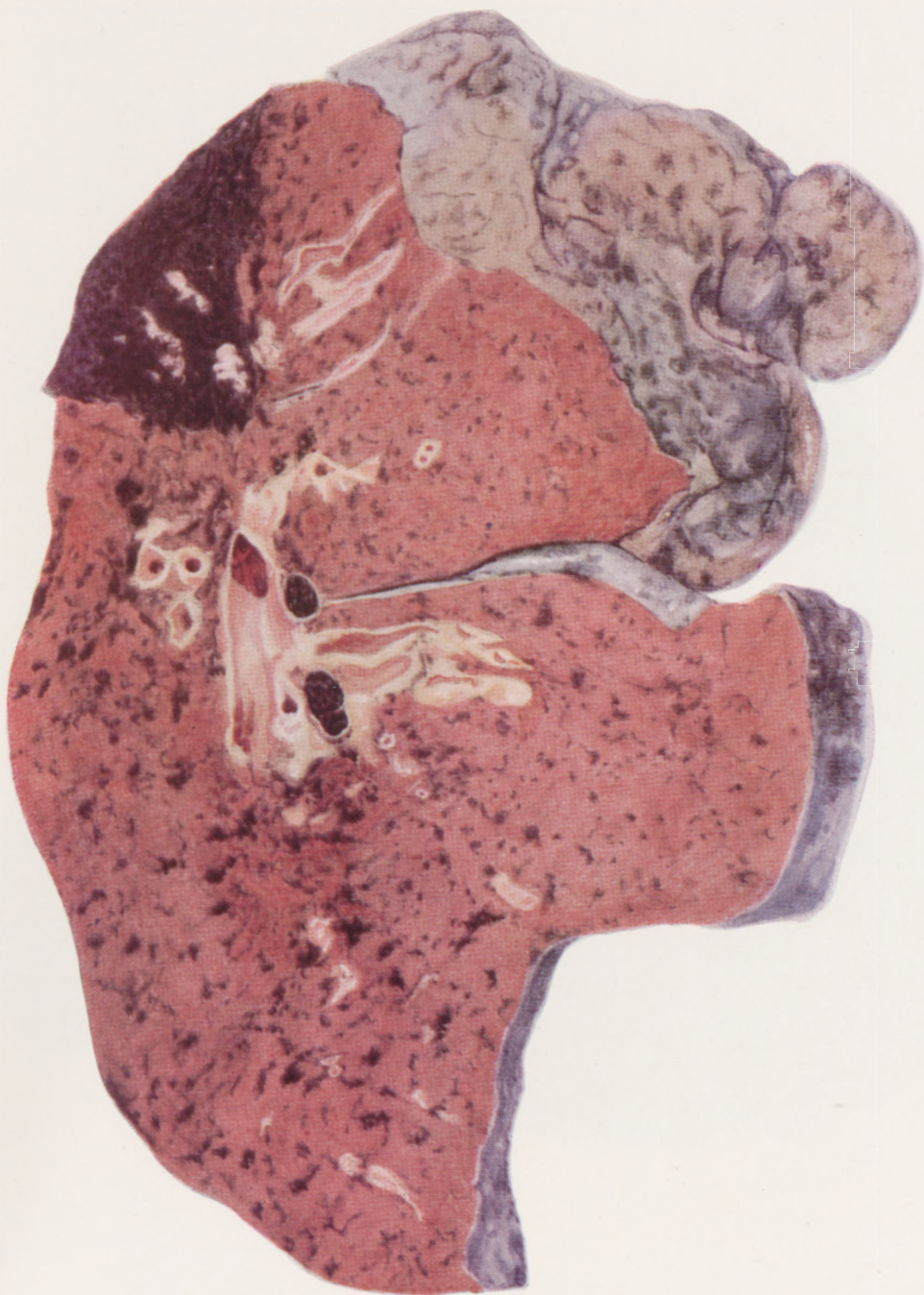


FIG. 10. — Section of lung (reproduction of photograph, hand coloured) showing a single wedge-shaped area of tuberculo-silicotic fibrotic consolidation, the remainder of the lung being remarkably free even of pigment. Several small tuberculo-silicotic glands are seen in section near the root of the lung. (NOTE: The colour of the tuberculo-silicotic area as reproduced is too purple in tint, it should be more of a blue-grey colour.)

PLATE IX



FIG. 12.—“ The tuberculo-silicotic zone ” outside of the lungs and the tracheo-bronchial glands. This specimen, for which we are indebted to Dr. A. Sutherland Strachan, of the Pathological Department, South African Institute for Medical Research, is from a European. The degree of pigmentation of the glands has been somewhat exaggerated in the reproduction, but all the glands shown were either silicotic or tuberculo-silicotic, and they have not been exaggerated in size.

- (1) Three small glands lying on the oesophagus above the diaphragm.
- (2) A posterior mediastinal or “ diaphragmatic ” gland lying just above the diaphragm, part of the muscle of which is seen just below the gland.
- (3) Three of the superior gastric glands which form a collar round the cardiac end of the stomach.
- (4) Three large pancreatico-lienal or “ pancreatic ” glands lying along the upper border of the pancreas.
- (5) A group of six old, completely calcified (not pigmented) glands in the mesentery. Not part of the tuberculo-silicotic zone.
- (6) A portion of the diaphragm, showing its pleural surface with a number of specks and plaques of tuberculo-silicosis sub-pleurally. The surface of the diaphragm was free from adhesions. This condition is not infrequently associated with a spread of tuberculo-silicosis beyond the lungs and tracheo-bronchial glands.
- (7) Two small portal glands in the portal fissure. The piece of tissue above them is a small portion of the liver which has been left to show their position.

PLATE X



FIG. 13.—Thoracic contents as seen from the posterior aspect, with the oesophagus laid open. There is a double fistulous opening into the oesophagus. The subject, a Mchopi, *aet.* fifty, with seven years and ten months' mining service, had only scanty discrete tuberculo-silicotic nodules in the lungs, but the tracheo-bronchial glands were markedly tuberculo-silicotic and calcified. Breaking down of these glands resulted in the fistulous connexion with the oesophagus, and when the thoracic contents were removed from the chest, a mass of necrotic glands about the size of a pigeon's egg dropped out. Death was due to gangrene of the lungs. Fig. 15 is a radiograph of the same specimen.

PLATE XI



FIG. 14.—Radiograph. Case 475, Shangaan, new recruit. Left lung shows three small subpleural calcified foci; the right a ring of calcified foci, which were found to lie in a scarred area within the lung substance. There was nothing in any of the hilus glands.

PLATE XII



FIG. 15.—Radiograph. Case 577 (same as Fig. 13). Plate shows two small subpleural calcified foci in the right upper lobe and marked calcification of the hilus glands on both sides.

PLATE XIII

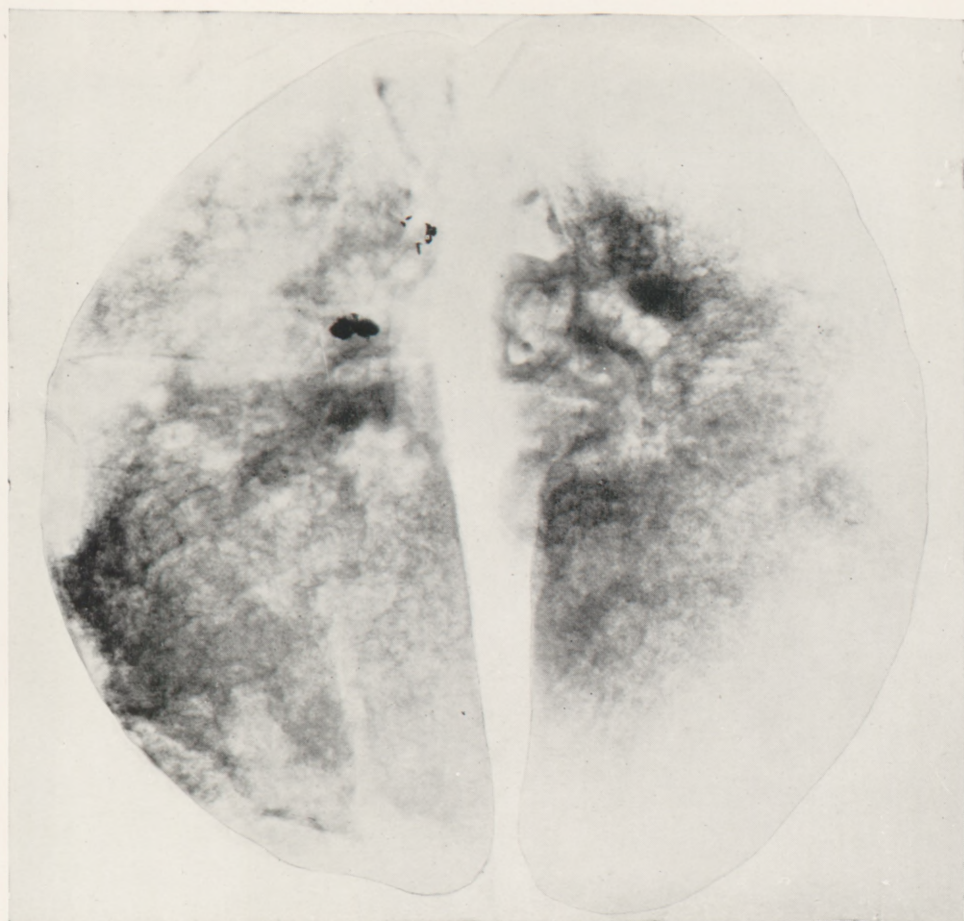


FIG. 16.—Radiograph. Case 522, Zulu, *act.* sixty, with seventeen years' mining service. Recent acute tuberculous peritonitis, but no other active tuberculosis. Lungs heavily pigmented, but not definitely silicotic, and no tuberculosis. Plate shows nothing in lungs but one large and one smaller broncho-pulmonary gland on the right side (reversed in picture) caseous and calcified. These glands were tuberculo-silicotic.

PLATE XIV

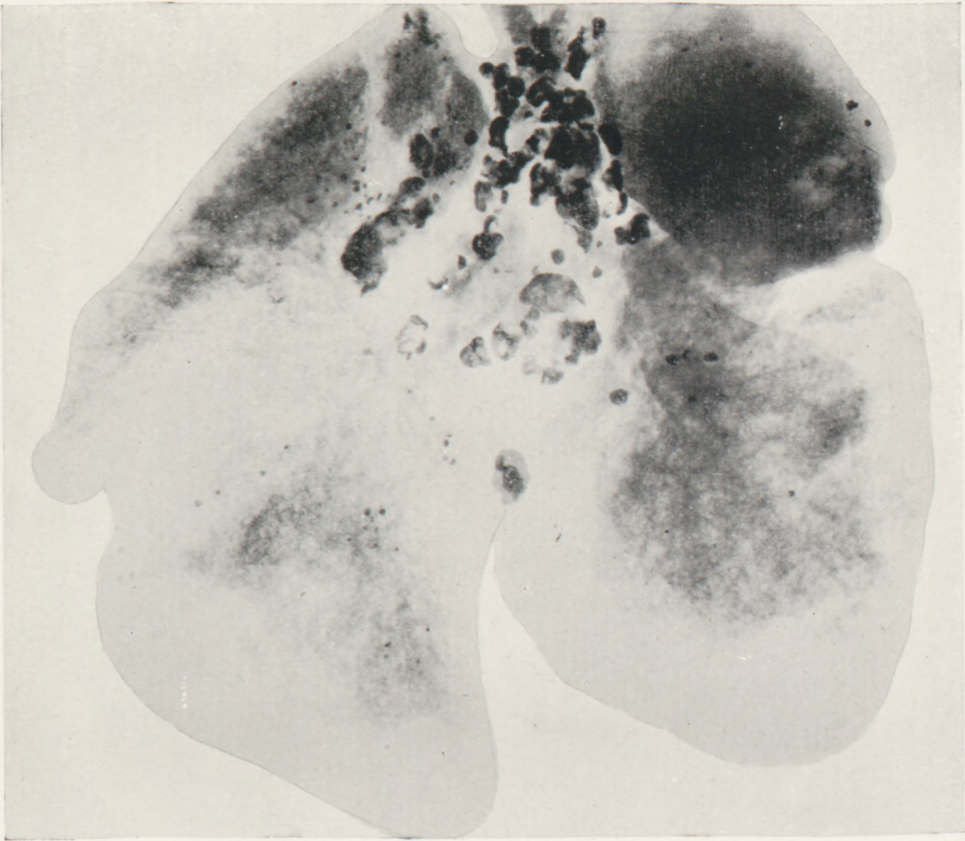


FIG. 17.—Radiograph. Case 542, Shangaan, *aet.* fifty with six and a half years' service. Lungs showed gross areas of tuberculo-silicosis with excavation. Tuberculosis of spleen, liver, peritoneum and intestine. Plate shows intense calcification of the tracheo-bronchial glands and numerous specks scattered over the lungs. These specks appeared to be mainly, if not entirely, in tuberculo-silicotic areas and nodules.

PLATE XV

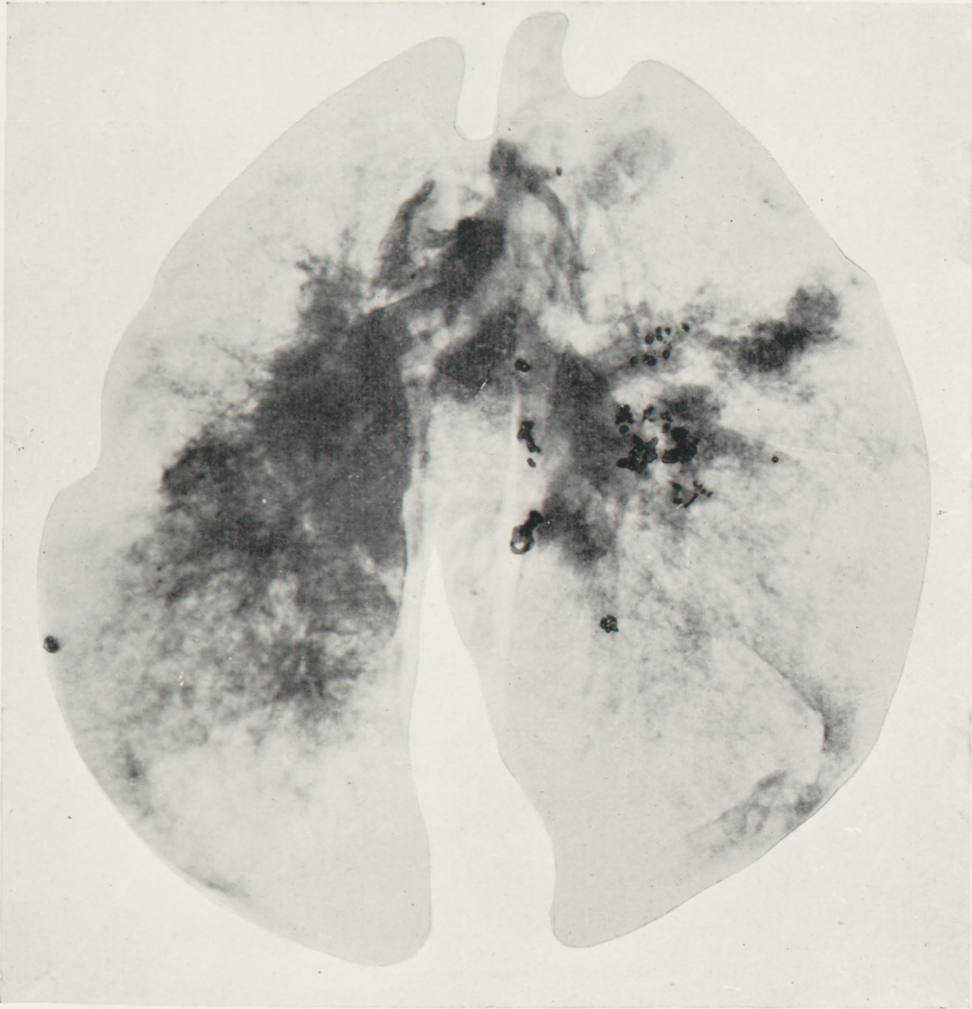


FIG. 18.—Radiograph. Case 564, Msutu, *aet.* forty-five with four years' service. Slight tuberculo-silicotic lesions in lungs and glands. A subpleural calcified scar in the left lower lobe, probably a primary affect, certainly not a tuberculo-silicotic patch. Calcification in several of the tuberculo-silicotic glands.

PLATE XVI

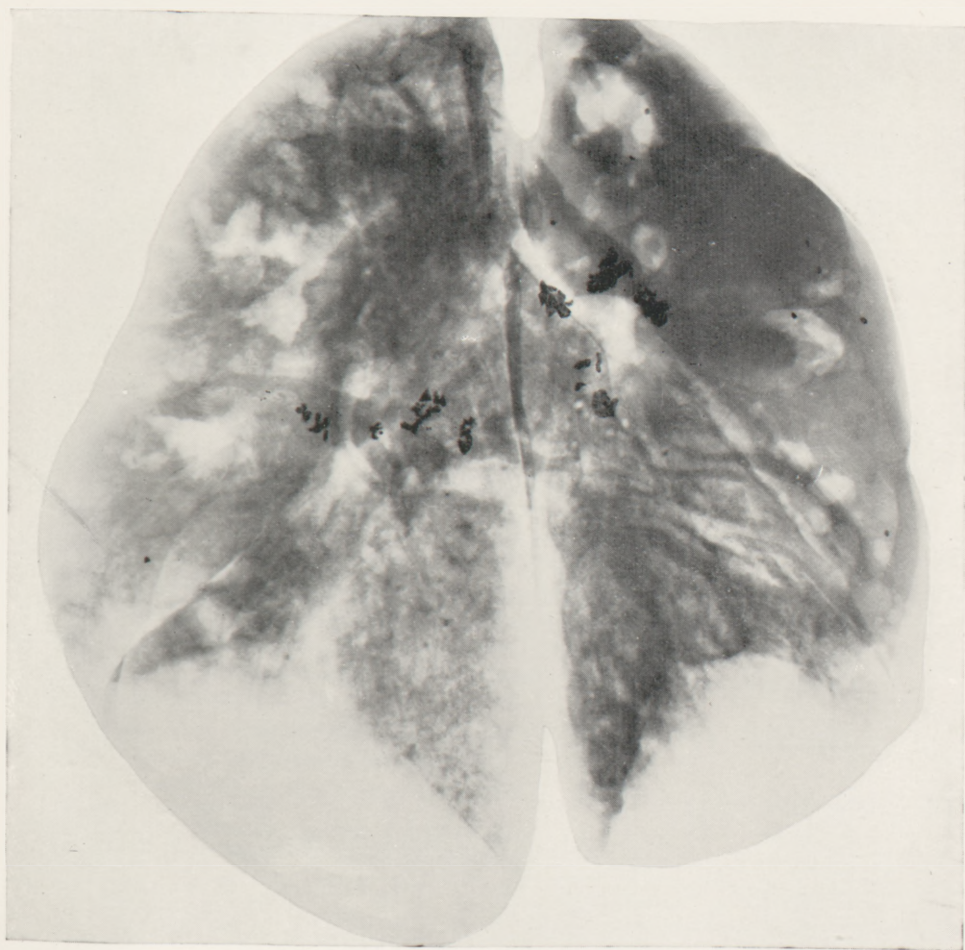


FIG. 19.—Radiograph. Case 501, Msutu, *aet.* thirty-two with only one month's record of service. Caseating phthisis with excavation in both lungs. Numerous slightly calcified areas in broncho-pulmonary glands. The three specks near the outermost part of the right upper lobe corresponded with three subpleural pigmented scars.

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