Through the rest of the winter of 1948 and also through the spring months his symptoms continued, and there were further bouts of renal colic. Roentgenograms taken in June showed a questionable calculus in the lower left ureter. He passed two small stones and some gravel. However, he was unable to save any for examination.

In July and August 1948 he had an eight week vacation, but his symptoms continued to increase, and in September 1948 he had several bouts of pain in the upper right quadrant of the abdomen. Since that time he has continued to have these attacks at irregular intervals.

Through the fall and early winter of 1948 he felt considerably better for a while and worked four hours daily. He noticed, however, that talking seemed to increase his cough and dyspnea.

In February 1949 an acute respiratory infection developed. This was of gradual onset and accompanied by a low grade fever, aching in the arms and legs, and more severe cough. The patient was hospitalized. His electrocardiogram and blood findings were normal at this time, and his roentgenograms showed only moderate changes. His vital capacity, however, was only 1.3 to 1.5 He was discharged improved on February 19 but continued to have symptoms of tender skin, aching through the regions mentioned above, and his dry, nonproductive cough.

On March 8 acute pleurisy developed in the right side of the chest, which subsided with symptomatic treatment. Early in April, however, another acute respiratory infection developed, and he was again hospitalized. Examinations of his sputum, blood cultures, etc., did not reveal any causative organisms. In spite of the antibiotics administered, his temperature and leukocytosis subsided very gradually. His electrocardiogram at this time showed evidence that the right side of the heart was under strain. He was finally discharged from the hospital considerably improved on June 4.

There continued to be slight low grade elevations of temperature, however, through the following month whenever he became overtired. His weight on June 21 was down to 146 lb. (66 Kg.).

In July he decided, against advice, to go to his camp in New Hampshire, as he felt that he always improved when there. After the first week in July, however, he commenced to feel gradually worse. His dyspnea and cough increased a great deal during the second week, and on July 15 sudden severe pain developed in the right side of his chest. He had almost no relief from this over July 16, and on July 17 his wife drove him to Beverly, where he was at once readmitted to the Beverly Hospital.

Following his admission, it was obvious that he had suffered a spontaneous pneumothorax on the left side with a question of an early acute infection of the respiratory tract.

After this bout he improved gradually but continued to have increased dyspnea and cough and required oxygen therapy a good part of the time. Various treatments were used, without avail. He still had his former complaints of tenderness of the skin and aching through the muscles of the extremities.

In mid-September another spontaneous pneumothorax suddenly developed, this time on the right side, and after recovering from this, between September 27 and October 31, the patient repeatedly had spontaneous pneumothorax involving both the right and the left lung.

The months of November and December were extremely trying for the patient, as he had, in all, some 18 occurrences of spontaneous pneumothorax. In spite of this, his general condition, with the help of supportive therapy, continued to be good. During the latter part of December he seemed to show considerable improvement, but through January he was bedeviled by repeated slight infections of the respiratory tract in spite of the greatest care and precaution, and even when free from these he had extremely severe bouts of dyspnea and coughing.

By the end of January his roentgenograms showed markedly increased involvement. On January 31, in an effort to relieve the patient further, administration of desoxycorticosterone acetate was started, 5 mg. a day, intramuscularly, accompanied by 1,000 mg. of ascorbic acid intravenously. The patient seemed to show some improvement in well-being and in lessening of symptoms. In the middle of February his cough became quite loose and he was able to raise considerable thick mucus. Specimens of this were examined for beryllium but were reported to have contained none.

However, his course in the next few weeks was stormy, and it was obvious that he was not getting any further relief from the desoxycorticosterone and ascorbic acid treatment, and this was omitted.