A FEW COMMENTS ON PULMONARY TUBERCULOSIS

BY

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There is little doubt that the time is opportune for a review of the nomenclature of tuberculosis as well as for a statement in respect of the modern approach to pulmonary tuberculosis.

The primary phase, consisting of the primary focus plus glandular component comprising the primary complex, begins as soon as infection has occurred and lasts until the immunological changes have taken place and allergy to Mycobacterium tuberculosis has developed. That normally lasts a matter of a few weeks. The post-primary phase includes further advance of the primary focus, dissemination as well as superinfection.

In their approach to pulmonary tuberculosis many do not appreciate that a period of apparent quiescence is a normal part of the natural history of this disease. It is believed that 90 per cent. of the natives of the United Kingdom inevitably become Mantoux positive at some age or another. Furthermore, it is not known what percentage of these cases with radiological evidence of symptomless pulmonary tuberculosis never pass beyond the quiescent phase. Such individuals heal their disease over a matter of months or years.

During this period of quiescence many such cases are now discovered fortuitously by mass radiography. The problem then arises whether all should be given sanatorium treatment, combined with antibacterial drug therapy, as well as the benefit of resection should the site, character and extent of the disease be suitable, or should they only be observed. It is not known what percentage would not break down and would allow a normal life without treatment, nor which ones will break down.

Normally the army is not the place to observe such cases over years. Exceptionally, if a case is to be observed in the army he should be classified as "P.7 PES H.O." and followed up at the army or a civilian chest centre.

Cases may require to be observed for years, and although all efforts to isolate M. tuberculosis may fail, the individual may yet be capable of spreading his disease and be acting as a carrier. Such cases are particularly dangerous to young children. On the other hand, sanatorium régime, together with anti-bacterial drug therapy plus resection in suitably localized disease, has many advantages.

One view about so-called quiescent localized disease is that there is much more risk to the patient in leaving it alone and watching it than there is in removing it in these days of planned modern medical treatment combined with skilled thoracic surgery at the opportune time. Moreover, if resection in such cases fulfills all the hopes and aspirations expected of it, then the difference to the individual is far-reaching.
The Ministry of Health definition of quiescence is in urgent need of review. Absence of *M. tuberculosis* in stained films of sputum (without culture), however often they are repeated, cannot be regarded as indicating that the patient is definitely not infectious. In fact the definition is dangerous because it gives a false sense of security, particularly to those who have, or come into contact with, young children.

Furthermore I submit that any lesions capable of further retrogression are active. All such lesions contain live tubercle bacilli of varying degrees of virulence and at any time such lesions, the result of factors not understood, may act as a focal point from which the disease may spread by local extension, by bronchogenic spread and further aspiration, or by the blood stream.

It is repeated that the term "quiescent" gives a false sense of security to both patient and doctor. How often do medical reports state that "radiologically the lesion appears stable while from clinical and laboratory findings the disease appears quiescent." Such reports are a relic of the pre-streptomycin era when the best that could normally be hoped for was that the disease could be controlled sufficiently to allow the patient to earn his or her livelihood, but with constant reviews and periods of varying number and duration in and out of sanatoria, should his or her economic position permit.

To put the term "quiescence" in its true perspective would be to define it as "quietly active." Should that be so then all cases, however fortuitously they are discovered and however asymptomatic they may be, would all be referred for the opinion of a specialist, who not only fully appreciates the significance of these lesions but also knows the implications of the different medical categories.

These few words have been written in order to help medical officers in their disposal of cases regarded as having quiescent pulmonary tuberculosis, however "minimal" the lesion or lesions may appear.

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**THE EFFECT OF STRENuous EXERTION ON WOMEN**

**BY**

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Modern woman is a far cry from her Neanderthal counterpart whose life depended upon her ability to jump, throw and run. In spite of her rigorous life, she bore her young and the world continued to grow. The huntress Atalanta, of Greek mythology, was so swift of foot she outran all suitors, till Milanion, with the help of Aphrodite, played her into his hands with three golden apples. (This is not the first case of fruit being the downfall of women.) Pausanius says that Greek women had their own Olympic Games, called Heraea after Hera,