

THE QUESTION BOX

Q.—Is it possible to infect others with whom I associate when my sputum is negative?

A.—If your sputum has been negative for a long time, and particularly if proved negative by culture, there is not likely to be much danger. But, otherwise, if your association is intimate, if you court, kiss and marry, the danger is that much increased.

Q.—Does the tuberculin test determine whether the body has resistance against tuberculosis?

A.—The tuberculin test should not be so interpreted. The purpose of the tuberculin test is to clear people of suspicion of tuberculosis, or if they cannot be cleared of suspicion, then they should have further investigation.

If you have a reaction to tuberculin, not recently but several years ago, and in the meantime you have had several x-ray films of your chest, presumably it is not unreasonable for you to think that you are able to control your tuberculous infection at least in regard to disease in the lungs. And if you are able to control the tuberculous infection which you have in your body, then presumably you must have some resistance against that infection. But, when you first are known to be tuberculin positive, you have no background of time enabling you to feel that you may be relatively safe.

Q.—If a person comes in contact with another person who has tuberculosis, does the first person naturally become immuned?

A.—No. If the tuberculous person has germs in the sputum, and if the contact is prolonged and intimate, the first person is almost certain to contract a tuberculous infection. She will then react to tuberculin and she needs an x-ray film to see that nothing is going wrong with her lungs, and she needs follow-up by x-raying periodically for the next two or three years.

Q.—Can a person have a temporary paralysis of the phrenic nerve more than once?

A.—Yes, he may have it done several times.

Q.—Is tuberculosis harder to bring under control when one has a second siege?

A.—Not necessarily so, but often so—and only because the disease is likely to be more extensive the second time.

Q.—Is a patient a spreader if his sputum is negative on concentration examination? I am an expatient of over three years, but now live in a two-roomed house by myself, taking all precautions, but I want to know for the sake of my friends and neighbors.

A.—You are not a menace to your friends and neighbors if your sputum has been negative on con-

centration for as long as six months and continues to be negative on three to six-month examinations. But regular follow-up reviews including sputum examinations and x-ray films are very important for at least two years after discharge, and even when sputum has disappeared, you should be x-rayed yearly, or possibly more often, for the first five years after leaving the sanatorium.

Q.—Is a gain in weight always a sign of improvement in the amount of tuberculosis disease?

A.—No. While loss of weight quite frequently accompanies progressive tuberculosis, and gain of weight quite often accompanies improving disease, there are many exceptions to the rule. It is not at all unusual for one to gain weight while tuberculosis in the lung is getting worse, and occasionally a patient loses weight while his pulmonary disease is healing.

Q.—Does it make any difference on which side a tuberculosis patient sleeps?

A.—Usually not. In some cases there may be some slight advantage in sleeping on the side of greatest disease.

Q.—Is there any harm in using a hot water bottle on the chest?

A.—Ordinarily not. It would not be wise to use heat on the chest in the presence of hemorrhage or acute pulmonary tuberculosis.

Q.—What determines whether tuberculosis is acute or chronic?

A.—Acute tuberculosis is usually taken to mean disease which becomes very rapidly worse, whereas, chronic tuberculosis implies disease which remains stationary or only very slowly progressive over long periods even though the disease is active throughout the whole time. There are many factors involved, including the age and race of the patient, adequacy of diet, overwork and fatigue, and probably in some cases the dosage of tuberculosis germs with which the patient is originally infected.

Q.—How does a lung that has been collapsed and then re-expanded compare with a healthy lung?

A.—The re-expanded lung never fully regains the normal function it possessed before the onset of disease and the period of pneumothorax treatment. This is due to the development of fibrosis or scar tissue during the process of healing brought about by the relaxation and rest of the diseased area by this collapse measure. The reduction in function is in proportion to the amount of scar tissue formed and is therefore mainly a product of the healing process rather than that of the pneumothorax itself. It is to be remembered that any scarring process, even without collapse treatment, impairs the lungs' function to a degree.

