

Tuberculosis Of all the lung diseases caused by bacteria, pulmonary tuberculosis is historically by far the most important. Particular features of this dreaded condition include the severe general debilitation and weakness that it may cause; the insidious nature of the onset of its initial symptoms, which may not be pulmonary in nature; the familial tendency; the longdrawn-out course of the disease and the distressing nature of many of its manifestations, particularly severe hemorrhage from the lung and from tuberculous involvement of the brain (meningitis), or involvement of the adrenal gland leading to adrenal insufficiency (Addison disease); and, above all, the general inefficacy of medical treatment before effective antibiotic therapy became available. Antibiotics have greatly reduced the mortality from pulmonary tuberculosis in all developed countries, but the decline in mortality began well before their introduction, and it is clear that improved diet and housing were responsible for this. With antibiotic therapy, however, the bacilli quickly disappear from the sputum and the spread of infection is quickly controlled. In its classic form, tuberculosis first causes pulmonary inflammation at the apices (upper portions) of the lungs, and it may progress slowly to form a chronic cavity in this region. When still active, pulmonary tuberculosis is a constant threat to the patient, because blood-borne spread may occur at any time. Treatment of tuberculosis is based on whether an individual has tuberculosis infection or tuberculosis disease. Treatment of the former is aimed at preventing disease and often involves only one drug,