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### ***Outwitting the "White Plague"***

Outwitting the "White Plague" is one of the chapter headings in the book *Smallpox, Syphilis and Salvation* by Sheryl Persson in which she documents some of the major medical breakthroughs that changed our world.

The White Plague was the name given to the disease we now know as tuberculosis or simply TB; so called because its sufferers appeared so pale, and this symptom was seen as being associated with artistic sensitivity. The talented and creative were amongst its victims - artists, writers, musicians and scientists. However TB was never a disease of the rich and famous. It was always more likely to be spread amongst the poor and malnourished. About a third of all deaths in London during the first 40 years of the 19th century were due to TB. World wide it still kills around two million people every year.

"Consumption" was another word used to describe TB; because those affected seemed to waste away, apparently consumed from within. The name tuberculosis came in to use in the 1830s and some 50 years later, on 24 March 1882, German physician Robert Koch announced the discovery of the organism which causes tuberculosis.

It was for this discovery that Robert Koch was awarded the Nobel Prize some 20 years later.

Prior to Koch's work little was understood about TB. Theories of the day attributed the disease to contaminated water, air and soil or to "social causes" and immoral practices. The later realisation that TB was contagious led to the strategy of confinement in patients' homes, hospitals or purpose built sanatoriums.

The onset of effective drug therapy signalled the end of the sanatoriums and TB rates continued to decline; however, 15 years ago the World Health Organization (WHO) declared TB once again a global health emergency. Now TB, together with HIV/AIDS and malaria is one of three leading causes of death worldwide from infectious disease.

About 2 billion people, a third of the world's population, are infected with TB. The number of new cases each year is estimated at 8 million. As a percentage of the population, rates of TB are highest in sub-Saharan Africa, however, in absolute terms the highest number of TB cases is in Asia. Bangladesh, China, India, Indonesia, Pakistan and the Philippines account for about half of all cases. Importantly from Australia's perspective, 60% of the global burden of TB occurs in our near neighbours in South-East Asia and the Western Pacific.

TB is curable; however, speedy diagnosis and regular, long term drug therapy is essential. World TB Day, 24 March, is a reminder that TB is not a vanishing disease.

While TB can affect any organ in the body, pulmonary tuberculosis (that is: affecting the lungs) is by far the most common form; and it is this form of the disease which is so easily transmitted from person to person. It is spread when people with active pulmonary tuberculosis cough or sneeze "droplets" containing the so-called mycobacteria. In poorly ventilated, enclosed environments the micro-organisms can remain airborne for several hours.

Pulmonary TB patients, depending on the stage of infection, usually present with the following symptoms: a cough of more than 2 weeks duration, night sweats, fever, weight loss and loss of appetite, fatigue, shortness of breath, chest pain and in later stages, coughing up blood.

These symptoms are non-specific – they can be indicative of a number of conditions; but the possibility of TB should always be considered in people at high risk: those in contact with TB cases (health-care workers, those with reduced immunity – HIV, renal failure, diabetes – those in or returning from countries with a high incidence of TB, and those with high socio-economic risk factors – people born in countries with high TB burden and indigenous Australians). For more information check out the website

[www.stoptb.org](http://www.stoptb.org)