



A Catechism

... ON ...

Tuberculosis

ISSUED BY THE
MONTREAL TUBERCULOSIS
LEAGUE

Montreal - 1908

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AN URGENT APPEAL TO THOSE IN AUTHORITY.

To the Clergy :

To the Mayors of Towns and Municipalities :

To the Professors and Teachers of Colleges and
Schools :

It is universally admitted by medical authorities that, while tuberculosis is contagious, the causes of this contagion can readily and easily be avoided by the use of proper means of protection.

The spread of the disease is due very largely to ignorance of the proper means of protection, and there is very little doubt but that a general knowledge and the use of the simple and effective methods known would practically eliminate the disease in one or two generations.

Those who are entrusted with the care of children, more particularly clergymen and school teachers, are urgently requested to aid in the spreading of the knowledge contained in this catechism by meetings and lectures. By instilling into the young a proper knowledge of the dangers of this disease and of the simple methods by which it can be avoided, those in authority can do very much — in fact, more than even the medical profession — towards its elimination.

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A CATECHISM UPON TUBERCULOSIS FOR SCHOOL CHILDREN.

1. What is Tuberculosis ? (1)

A very common and often fatal disease, met with in all parts of the world, attacking both man and animals.

2. Where is it most frequently met with?

In the crowded parts of cities where the houses are packed together, and the streets narrow; where the air cannot circulate freely, and the sunlight does not enter.

3. What is the cause of this disease?

It is due to the presence of tiny living germs or bacilli (2), visible only by the microscope, which as they grow and multiply, tend to destroy the affected parts of the body.

(1) Pronounced Tew-ber-kew-lo'-sis.

(2) Pronounced Bass-sill'-eye.

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4. How large are these bacilli of Tuberculosis?

They are so minute that 400,000,000 placed side by side would be required to cover one square inch; placed end to end it would take 7,000 to make a line an inch long.

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5. What parts of the body are the most frequent sites of growth of the tubercle bacilli?

First and foremost the lungs; but the bones, the joints, the glands of the neck, the membranes covering the brain, the intestines, and other regions, may be attacked.

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6. What is the most rapid and fatal form of tuberculosis?

That in which the membranes of the brain are attacked, causing meningitis (3).

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7. What is the most common form?

Tuberculosis of the lungs, also known as pulmonary tuberculosis, consumption, and phthisis (4), and sometimes spoken of as the white plague.

(3) Pronounced Men-inge-eye'-tis.

(4) Pronounced Thigh'-sis.

8. What are the ravages of tuberculosis?

Besides untold suffering, and great loss from sickness, about two million die from it every year throughout the world.

9. What is the death rate from tuberculosis in Canada?

About nine thousand Canadians die every year from this disease.

10. And in the Province of Quebec?

From 2,500 to 3,000. In every twelve deaths one is from tuberculosis.

11. At what time of life does consumption most often show itself?

Most commonly between fifteen and forty, though it may develop at all times of life from infancy to old age.

12. Are the well-to-do free from this disease?

No; it may attack all classes of people, rich as well as poor.

13. **Can tuberculosis be passed from one person to another?**

Yes; it is a contagious disease.

14. **What favours the spread of the disease?**

Impure air and deficient sunlight, which favour the development of the bacilli.

15. **Where do the bacilli come from?**

Being of the nature of plants they cannot be parts of our bodies; they must come from outside.

16. **How, then, do they gain entrance?**

They are taken into the air passages and the digestive canal through the mouth.

17. **Why are the lungs most often affected?**

Because in the first place the bacilli are easily inhaled into the air passages, along with particles of dust; and in the second place, these

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to minute plants find the conditions for growth better in the lungs than in any other parts of the body.

- av- 18. Where do the bacilli that are in the air come from?

They come from the dried particles of sputum or spittal of those already suffering from the disease.

- be out- 19. Does this sputum contain any large number of the bacilli?

It has been found that a consumptive may expectorate more than a million bacilli per day.

- the 20. How does this sputum lead to the spread of the disease ?

asily par-hese If not destroyed, it becomes dried up and converted into dust, and this dust, containing the live bacilli, may be inhaled by others; or, again, flies feeding on the sputum may carry the bacilli to articles of food.

21. Can the disease, then, be introduced along with food?

Yes, if that food contains the bacilli. A frequent source of infection is the milk of tuberculous cows.

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22. Is there any danger from a consumptive who does not expectorate, or from those whose sputum is properly destroyed?

None, provided he takes the requisite precautions, and does not sputter into the faces of other people when talking, coughing, or sneezing, for the fine droplets of saliva may also convey infection.

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23. Can tuberculosis be avoided by those exposed to infection?

Yes; but much depends upon the power of resistance of the individual. Some people are much more resistant than others. The lungs of healthy people can resist or destroy small numbers of bacilli.

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24. Are there any causes tending to lower these powers of resistance?

An exhausting illness such as typhoid, insufficient or poor food, intemperance, overwork

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and fatigue, prolonged residence in closed-in and badly lighted rooms, and in workshops where there is poor ventilation and much dust.

25. How does intemperance favour tuberculosis?

Not only does it lower the resisting power, but it brings in its train poverty, unhealthy surroundings, and misery.

26. Is consumption hereditary?

Strictly speaking, no; but rarely the mother may convey it to her child. Usually the children of tuberculous parents are less resistant to the disease than are the children of healthy parents.

27. Why do we speak of tuberculosis as a family disease?

Because several members of one family often fall victims, partly from hereditary low resistance, and partly because careless patients make the home a continual danger.

28. Mention the chief symptoms of the disease?

Afternoon fever, continued cough, progressive weakness, loss of flesh, and loss of appetite.

29. Are there other symptoms? 35.

Yes; night sweats, expectoration of blood, loss of voice, and acute pain in the chest.

30. Are all these symptoms constant? 36.

By no means, although generally several of them are present.

31. May a person be consumptive without the fact being recognized by those around? 37.

Yes, particularly in the early stages.

32. What are usually the first symptoms? c

A persistent cough, fatigue upon slight exertion, and loss in weight. 38. l

33. Is there any means of making quite sure that a person has the disease? st

The discovery of tubercle bacilli in the expectoration is positive proof. 39. V

34. Does the disease progress rapidly? foc
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Not as a rule.

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35. Does his health permit a tuberculous patient to continue at work?

Usually it does not; it depends on the stage and severity of the case and the nature of the work.

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36. Can the disease be cured?

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Yes, when not too far advanced. The number of cures is increasing every day, particularly of cases taken in hand at the very start.

37. Can it be cured without treatment?

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No; cure is a matter of weeks and months of constant carefulness.

38. Is any particular remedy known, which is a sure or recognized cure?

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No; though possibly the future may furnish such.

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39. What, then, is the method of treatment which gives the best results?

Life in the open air, sunlight, strengthening food in abundance, and rest under medical supervision.

40. What is a sanatorium?

It is a "place for healing;" an establishment devoted to the open-air treatment of tuberculosis under proper medical supervision; where patients are taught proper care of themselves, and how to avoid communicating the disease to their families and friends.

41. How may consumption be guarded against?

By avoiding all sources of infection by the microbes, and avoiding everything that weakens the body, and lowers the resisting powers.

42. What are the chief measures necessary to stamp out the disease?

Stopping the habit of careless spitting, and carefully destroying the sputum of those known to suffer from the disease.

43. How can the sputum be destroyed?

It should be burnt. The patient must be provided with a "sputum cup," or failing this, he should expectorate into the folds of a news-

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paper, or into an ordinary cup containing water, used for this purpose alone, the contents of which, like the sputum cup and the newspaper, are thrown into the fire after use.

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- 44. Is there any danger in a patient swallowing his sputum?**

Certainly there is; for the contained bacilli may plant themselves in the intestines or elsewhere, and set up new spots of disease.

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- 45. What are the precautions which a patient should take when he coughs?**

He should cover his mouth with a piece of paper, or a clean rag, which should then be burnt.

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- 46. Are there any other ways by which a patient can transmit the disease?**

Everything that comes in contact with his mouth is a possible carrier for the microbe — spoon, fork, cup, glass, etc.

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- 47. What are the necessary precautions to take against infection by those means?**

The patient should, if possible, have his own set of utensils, and everything put to his mouth should regularly be boiled after use.

48. Is it dangerous to kiss a tuberculous patient?

The tuberculous patient should not kiss others, and should never be kissed on the lips.

49. What rules should be observed regarding the patient's bedroom?

The window should be open day and night; no one else should occupy the same room; the window curtains should be of washing material; the floor should have no carpet, at most a small rug; sheets and body linen should be often and well boiled.

50. How should the room be dusted?

With a damp cloth or damp broom in order to prevent dust from rising.

51. What, to sum up, are the most powerful enemies of tuberculosis?

Thorough cleanliness, care of the health, temperance in all things, sunlight, fresh air, and abundance of good food.

52. What are the best districts and surroundings for the tuberculous patient?

The country, especially the mountains, where the air is of great purity. He should not live beside dusty roads, because dust irritates the lungs.

53. What should be done when the disease comes to an end?

The house, or at least those rooms which the patient has occupied, should be disinfected, along with everything which the patient has used; articles that can be destroyed should be burnt.

54. What should children more especially keep in mind so as to protect themselves, and those around, from possible infection?

They should not expectorate either on the floor or on the pavement.

They should not spit on their slates.

They should not lick or suck their fingers.

They should not stick odds and ends in their mouths; pencils, pens, and so on, which may have been lying about.

They should not "swop" chewing gum with their school friends, or eat things which another has already bitten.

They should not use pea-shooters belonging to others.

They should not lick things in order to gum them; there are plenty of taps about.

They should make a habit of guarding their mouth with a handkerchief when they cough or sneeze.

They should get into the habit of never taking food without first washing their hands with soap and water.

They should keep body and hands as clean as they reasonably can.



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