The condition of pulmonary tuberculosis associated with pregnancy constituted, in the past, one of the most serious problems encountered by the pthisiologist. Today, because of the newer concepts in the treatment of pulmonary tuberculosis, the condition has lost its grave and sinister aspect and the ultimate prognosis can now be regarded as favorable.

In France, it was Etienne Bernard a member of the League of Nations, who in 1938, stated in his excellent book, "Tuberculose et Medecine Social," the alarming words, "Je suis au coeur du drame." This statement was made in direct reference to the alarming high mortality from pulmonary tuberculosis occurring in the women of his country between the ages of fifteen and forty. He further called attention to the medical profession that if this condition was not corrected, the birth rate of France would be seriously threatened.

Because of the existing chaotic conditions the world over and the expected increase in the incidence of pulmonary tuberculosis, it becomes increasingly evident that the problem of tuberculosis associated with pregnancy will come to demand greater attention by those engaged in the fields of pthisiology, epidemiology and sociology. The period of planning and rehabilitation which necessarily must follow the present gigantic world struggle will in a large measure be further hastened by the combined co-operation of the above agencies in the prevention and control of tuberculosis.

Without dealing with the moral and religious side of this important problem, I wish only to analyze its clinical and social aspect. The favorable prognosis of the expectant mother of today suffering from pulmonary tuberculosis has been largely due to the following factors:

1. Greater utilization of various forms of collapse therapy;
2. Progress made in the field of obstetrics;
3. Newer knowledge in the field of endocrinology.

The rapid progress made in the field of endocrinology has served to explain the causative factors concerned in the etiology of amenorrhea and dysmenorrhea, conditions commonly observed in women suffering from pulmonary tuberculosis. Further, it has been brought to light that the increased metabolic activity during pregnancy, resulting in a greater increase in follicular hormone
and cholesterol, may retard or suspend the progress of tuberculosis. This is further borne out by clinical observations that, generally, it is only following parturition that one sees the greatest reactivation of the pulmonary disease. From these considerations it becomes evident that tuberculous women of today may be assured the right of motherhood without further danger to the reactivation of their pulmonary disease. Each case however, must have a thorough individual study and if necessary extreme aggressive measures be instituted to control the disease during the period of gestation.

SUMMARY

We may therefore, draw the following conclusions from the present knowledge of pulmonary tuberculosis complicated by pregnancy:

1. Collapse therapy has definitely minimized the reactivation of pulmonary tuberculosis.
2. In well controlled tuberculosis it is safe to assure the mother to undertake the added responsibility of pregnancy.

Under my direction, extensive experimental and clinical research carried out by the members of the staff of the Polyclinic Hospital of Rio de Janeiro has brought to light the following observations:

1. Pregnancy in confirmed tuberculosis has lost the sinister gravity it held for ancient obstetricians.
2. Greater use of the methods of collapse therapy has destroyed the fear of pulmonary reactivation which was formerly held in the management of tuberculosis complicated by pregnancy.
3. Therapeutic abortion is a dangerous and unwise procedure in patients with active disease.

In regard to the expectant mother with advanced tuberculosis which is not amenable to any form of therapy, the main purpose must be to try to safeguard the life of the mother until such time as the fetus becomes viable, so that this new life may substitute for the one which succumbs to disease.

It is evident therefore, that these therapeutic principles form the basis of a powerful factor of social defense and constitutes one of the conquests of modern phtisiology.

RESUMEN

A base de lo que se sabe hasta el presente de la tuberculosis pulmonar complicada por la preñez, podemos sacar las conclusiones siguientes:

1. La colapsoterapia ha reducido al mínimo la reactivación de la tuberculosis pulmonar.
2. En tuberculosis bien dominada no es peligroso asegurar a la
madre que puede asumir la responsabilidad adicional de la preñez.

Extensas investigaciones experimentales y clínicas llevadas a cabo, bajo mi dirección, por los miembros del cuerpo médico del Hospital Policlínico de Río de Janeiro, han revelado las observaciones siguientes:

1. La preñez en tuberculosis comprobada ha perdido ya la idea de gravedad siniestra en que la tenían los antiguos especialistas en obstetricia.

2. El empleo más extenso de la colapsoterapia ha acabado con el temor de reactivación pulmonar que se tenía antes en el tratamiento de tuberculosis complicada por preñez.

3. El aborto terapéutico en pacientes con enfermedad activa es un procedimiento peligroso e imprudente.

En cuanto a la mujer preñada que tiene tuberculosis avanzada no tratable por ninguna terapia, el objeto principal debe ser el de procurar proteger la vida de la madre hasta que el feto sea viable, a fin de que esta nueva vida pueda reemplazar a la que va a sucumbir a la enfermedad.

Es evidente, pues, que estos principios terapéuticos forman la base de un poderoso factor de defensa social y constituyen una de las conquistas de la tisiología moderna.