"The terrible chest"

Paul Nunn & Kraig Klaudt

Wilson Kwanyah doesn't remember much about the journey to Naamanga, in northern Tanzania. His father and friends had made a stretcher from thorn-tree branches and half carried and half dragged him into town. Yet he recalls with great clarity the nurse at the clinic explaining that he had *kifua kikuu*: the terrible chest.

Chen Li Ya, from Hunan Province in China, and Tom Smith, from London, have something in common with Wilson. They too have suffered from "the terrible chest", or tuberculosis as the doctors call it. Although from different continents, Chen Li, Tom and Wilson each learned that the terror of TB can be conquered.

**Chen Li, from China**

Chen Li comes from Cili county, a fertile, hilly area in northern Hunan, China. The village is a 15-minute walk from Chen Li's house, on a muddy path down the hill. It is a pleasant walk, as the path runs alongside a river where you can watch kingfishers snapping up the tiny fish that live by the edges of the stream. It takes almost 30 minutes to get back home again, up the hill; or 45 minutes for Chen Li when her chest was really bad.

Chen Li's problems with TB began 10 years earlier, when she started to cough. Since it was winter and almost everybody else over 40 years of age was coughing, she didn't pay much attention. Then her husband told her that she was getting thinner. In the evenings, even when it was cold, she often had a film of sweat on her forehead. When she coughed up a spoonful of bright red blood she finally went to see the village doctor. The blood frightened her, but it made it easy for the doctor to diagnose tuberculosis.

In those days you had to pay for the TB medicines. With what amounted to almost all of his income, Chen Li's husband paid for the drugs. After a couple of months she felt better and was putting on weight again. But then the savings ran out. Rather than get into debt they both agreed that she would stop her treatment. The worst of the disease seemed to be over and, in any case, Chen Li hated all the injections which were given along with the other medicines.

But a few months later, Chen Li didn't feel so well. From time to time she coughed up blood or lay shivering in bed. But she survived, although she rarely went down to the village since it was such a struggle getting back home again. Then when her only grandson, who lived with them, started to cough and stopped gaining weight, Chen Li really began to worry.

About that time she heard on the people's radio that there was a new campaign in the county against TB. The government and provincial leaders had decided that TB was affecting too many people, so they had agreed with the World Bank and WHO to start a new treatment programme. Chen Li could hardly believe her ears when she heard that the treatment was free! She almost ran down the hill to see the village doctor.

When the doctor checked Chen Li's sputum, he confirmed that, sure enough, the TB bugs were still there. She was given one injection every other day (she shut her eyes when the needle went in) and different kinds of tablets that were fixed on a card wrapped in foil and plastic, one card for every other day. At first the village doctor even came up to the house every other day to bring the treatment. But soon she didn't have to. Chen Li could easily get down to his clinic and
back up the hill. Besides, she loved watching the kingfishers.

Best of all, the village doctor said that her grandson should also be tested. He was sent into town for an X-ray, and came back with the same kind of pills as Chen Li’s, only fewer. Now he is almost fat!

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**Tom, from England**

Tom Smith was of uncertain age and of no fixed abode; his address was “the streets of London”. He never really settled anywhere and actually seemed happier in the derries (derelict buildings), where he and his mates would light a bonfire and drink anything they could lay their hands on. He was living this kind of existence when he first started coughing.

At first, Tom didn’t know what to do about it. He had no doctor to go to. It was only when the police arrested him for being drunk and disorderly, and after he had coughed the whole night in the cells, that they called a doctor to see him. “TB”, said the doctor, “come and see me in my surgery tomorrow”. “Like hell”, thought Tom, whose heart, mind and soul were set firmly on a drink as soon as he could get out of the police station. The police found him again though, and dragged him off to the doctor. And so his treatment started, and then stopped when he went off on a drinking binge, and started again when the police or the social worker caught up with him. And so on, for nearly ten years.

Whether from fatigue, or some vague sense of the danger he represented to others, or the simple desire for a warm bed in the middle of winter, Tom finally agreed to stay in the hospital for eight months to complete his treatment. By then, his TB was the dangerous, drug-resistant kind, brought on by all the interruptions in his treatment.

However, complete abstinence from the “demon drink” seemed too much to ask of Tom as part of his hospital admission. “Drink was always my problem”, he would say. So at least once every weekend, one or more of the off-duty medical officers would take him down to the pub and set him up with a glass of stout, or two.

It worked. Within about 3 months his sputum smears became negative, and a month later, the cultures too. He never had TB again, and was discharged into an old people’s home. When last heard of, he was making contact with his family for the first time in 30 years.

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**Wilson, from Tanzania**

Wilson Kwanyah became worried when his fever wouldn’t go away. The local healer said it was because his wife’s uncle had put a curse on him. They had had a disagreement several years earlier about a piece of land, and it was never properly settled. But the uncle had gone off to Dar es Salaam and that seemed to be the end of it until a few months previously when the uncle had returned, very thin, coughing and with diarrhoea. He didn’t live long. They buried him with his ancestors. Then the rumours of this strange new disease, ukimwi or AIDS, started. The stories came first from Dar es Salaam and then from Nairobi.

Young people were dying, they said, with fever, cough and diarrhoea, and the doctors could do nothing.

Wilson’s illness grew worse – with fever and a cough. He refused to go to the doctor, terrified he too had ukimwi. His wife, Teresita, sent for his father, a clinical officer in Bugoma. His father took one look at Wilson and said, “I don’t know if this is TB, or ukimwi and TB. But whether it is ukimwi or not, TB is a danger to everybody in this house”. He took some of Wilson’s sputum into Naamanga to have it checked. It was TB. Wilson agreed to go for treatment. So Wilson, with the help of his father and friends, made the day-long journey to the clinic in Naamanga. The health workers gave him an injection, some capsules and some tablets every day. The fever departed within a week, and the cough soon after. After 2 months the nurse in the clinic checked his sputum again and it was clear. She said he could go home, but he had to come every month for the next 6 months to pick up his tablets, and he had to remember to swallow them every day, bila kukosa – without fail! Once Wilson couldn’t get into town because of the rains. Two days later, the district TB officer came by in the Ministry’s Landrover and dropped off the tablets.
Wilson and Teresita still don’t know for sure whether Wilson has the virus that causes ukimwi. But it seems to them that since he now feels entirely well, it’s not very likely.

Chen Li, Tom and Wilson each showed great personal courage in seeking and finally sticking to a course of treatment. They probably would never have done so if it weren’t for friends, relatives or spouses who supported them. They certainly couldn’t have, if the treatment had not been free.

The drugs used in each of their cases were similar, although Tom needed a few extra ones. The way in which the drugs are provided is important — blister packs are thought to be a major factor in the success of the programme in China. The diagnosis is made in much the same way the world over. While the kinds of supervision of treatment should vary with the needs of society, supervision of some kind is an essential part of good TB management. Every TB case is a potential threat to relatives, friends and acquaintances. But, as in Chen Li’s case, being diagnosed oneself can also lead to the prevention of serious disease in close relatives. The connection between TB and AIDS or HIV is a real problem. But TB, even when associated with AIDS, is curable with proper treatment. Even in those sick with AIDS, TB should be treated to prevent its spread to others.

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TB demands a global effort now

The world cannot afford to wait. TB is on the rise again, in part because the disease has been neglected by national and international health programmes. Although the greatest number of TB cases are concentrated in Africa, Asia and Latin America, TB cannot be contained by political boundaries or more strict border controls.

Today’s world is increasingly interdependent. With fast and accessible travel, migration, and immigration, infectious diseases like TB will not be stopped by borders. Over the long term, only a worldwide, systematic approach can solve this problem. In short, it will be impossible to control tuberculosis in the industrialized nations unless it is sharply reduced as a health threat in Africa, Asia and Latin America.

Strengthless and fearing for his life ... but TB can be cured.