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COLLAPSE THERAPY IN THE TREATMENT OF PULMONARY TUBERCULOSIS.[1]

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COLLAPSE therapy in pulmonary disease in its broadest sense may be taken to embrace all measures which one adopts to cause the diseased lung or diseased part of the lung to collapse.

The object of this collapse is primarily to to secure rest for the diseased organ. There is scarcely any need to remind you that rest to the inflamed organ, be it the myocardium in rheumatic fever or the ruptured tendon in a lacerated wound in the forearm, is the first therapeutic measure in all medical or surgical conditions. Without going into the physiology of the lung it is a fact that the only method we can use to give a lung rest is to collapse or partially collapse it.

Secondly, by allowing the lung to collapse a circulatory congestion takes place in it which is of great value in bringing about the healing of the lesion, and also at the same time the diseased portion of the lung is placed under the best possible conditions for fibrosis to take place.

Again, because of the passive congestion in the collapsed area, the toxins from the lesion are not so easily carried away by the blood and lymphatic circulation, thus the general toxæmia is reduced. The beneficial effect on the toxæmia is often one of the most striking features in pulmonary tuberculosis treated by this measure.

Further, the collapse allows the wall of a cavity in the lung tissue to be brought into apposition, not so much by the external collapsing force, although this may be the causative agent in some special cases, but by the natural retractability of the lung tissue

[1] Lecture delivered at the Post-Graduate Course held at the Miller General Hospital, July, 1931

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