

OUR PRIZE COMPETITION.

WHAT IS ASTHMA? STATE SYMPTOMS AND HOW ALLEVIATED.

We have pleasure in awarding the prize this week to Miss N. Browning Stacey, R.N.S., 431, Oxford Street, London, W.

PRIZE PAPER.

Asthma is a disease characterised by sudden paroxysmal dyspnoea which subsides after a time, but tends to recur at intervals.

Heredity is a most important factor. In children there is usually a history of post-pharyngeal trouble, measles, whooping cough, or imperfect recovery after capillary bronchitis. There may be a family tendency to gout, or phthisis, or to nervous complaints. Probably most cases have a neurotic origin. Men are more frequently affected than women.

Symptoms.—The onset of an attack may be sudden, but quite as often it may be gradual. The characteristic symptom is difficulty or "tightness" of breathing, coming on chiefly at night or in the small hours of the morning, which increases in degree till the sense of suffocation becomes extreme. The patient has to sit up in bed, lean forward, or get out of bed. The face is pale or livid, the expression anxious, and the skin cold and sweating. The chest is fixed in the position of full inspiration; the head drawn back, the shoulders raised, and the upper part of the thorax lifted by the accessory muscles of inspiration, the sternomastoids and scaleni. Respiration is slow, accompanied by wheezing sounds. Inspiration is short, jerky, and ineffectual; expiration greatly prolonged and laboured. There is little or no cough until the attack is beginning to pass off, when tenacious mucus is expectorated. The sputum is peculiar in its composition. The ball-like gelatinous masses can be unfolded, and are then found to represent casts of small bronchioles.

The temperature during an asthmatic attack is generally normal, but occasionally there is a rise of one or two degrees.

Treatment.—Lesions of the upper respiratory passages, bronchi, and lungs must receive attention, polypus, adenoids, enlarged tonsils, enlargement of the bronchial glands, bronchial catarrh, emphysema, chronic pneumonia, pleuritic adhesions, and the consequences of these. There are other causes, such as odorous particles in connection with flowers, fruits, and animals; pollen, dust of many kinds, and certain drugs, such as tobacco and ipecacuanha.

Amongst the causes of asthma, unfavourable meteorological and climatological conditions as

a whole have always to be reckoned with in planning preventive and remedial treatment. The only way to determine whether a climate will benefit the patient is for him to make the experiment by trying it. Having found a suitable place, the patient should remain there as long as possible, until the disposition to attacks is overcome or greatly weakened. Should it disagree with him later, he must change his quarters.

Food, feeding, and indigestion have much to account for in causation of asthma. Indigestible articles of every description, including milk in gouty subjects, must be strictly forbidden. Heavy meals should be avoided—dinner should be taken at the usual hour for luncheon—and only a light farinaceous dish, or a small quantity of fish or chicken or game eaten for supper, at least three hours before bedtime.

An effort must be made to reduce susceptibility to catarrhs by ordering regular exercise without effort, light warm clothing, avoidance of coddling, and a more bracing mode of life generally—the guide for the patient to follow being diminished readiness to sweat. An invaluable adjunct to this end is a soap bath taken regularly every morning.

The asthmatic paroxysm demands anti-spasmodics, as ether, ammonia, the nitrates, and nitro-glycerine, coffee, inhalations of warm medicated vapour, and counter-irritation to the chest. The addition of a small dose of antimonial or ipecacuanha wine sometimes hastens the flux by provoking cough, and expectoration often brings relief. Fuming powders and papers, and cigarettes, the smoke of which is inhaled, are composed of nitre, tobacco, and various combinations of such powerful anti-spasmodic drugs as stramonium, belladonna, hyoscyamus, and opium, are frequently used by patients with instantaneous relief. Unfortunately, many serious drawbacks attend their employment; many asthmatics abuse them greatly, and suffer in consequence.

The digestion is disordered, the bowels are confined, the pulse is soft and hurried, and the nervous system greatly disturbed, the mind anxious and irresolute. The patient becomes a slave to the habit which has grown on him. The difficulty is to persuade persons of neurotic temperament to adhere patiently to the slower and less striking system of prevention, and strict dieting, and hygienic living.

The use of compressed air and oxygen is theoretically indicated in the asthmatical paroxysms, but cannot be said to be at all general.

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