Theor:

As Thu:

H. P. Hamer

Calthorpe I. D.

April 35th 1896
In choosing Asthma as the subject of my Thesis I have been influenced by the fact that throughout my life I have suffered almost constantly from this complaint, in addition having been brought up in the midst of a family in which this disease is greatly manifested there had exceptional opportunities of knowing its causes and the influence of various methods of treatment upon it. The importance of kindness could hardly be better shown than in my own family, in which my great grandfather, father, one aunt, three cousins, my brother and myself - the only two sons - several cousins & a nephew have been affected with this in the same manner.

It may then be understood that I have taken an especial interest in the subject and the following account of the disease & its treatment is founded entirely on my own personal observation.
The term "Asthma" (Gr. άσθμα, part) is an
Athenian term, not regarded by the old
writers Celsus, Hippocrates or others as being
almost synonymous with Dyspnoea.
The Greeks recognized three degrees of
breath difficulty according to Celsus:
1. Simple Dyspnoea or Shortness of breath.
2. Asthma, or Shortness of breath accompanied
by wheezing sounds.

It was not until the present century that
Asthma was regarded as a special pathological
affection; and even at the present day persons
are often termed Asthmatics when they are
really suffering from Chronic Bronchitis, Emphysema,
or Cardiac disease which is probably the
foundation of the belief that Asthma
leads to longevity, the above mentioned
diseases being more common in advanced
years.

Symptoms.
The symptoms of Asthmas must of course
varying greatly in intensity; and nevertheless
of a very constant character.
The first noticeable feature of the disease is its paroxysmal character. It may commence at any hour, with inconceivable suddenness, though in the majority of cases the early morning about two or three a.m. is the time to be dreaded. Why this should be the selected time for the onset is due perhaps to these facts.

1. The recumbent position—the power of recumbent acting at a disadvantage. Acute Asthma in a certain class who have been great sufferers never attempt to sleep except in an almost sitting posture; often will be seen with their feet facing firmly against the bed and a small cravat round the neck, in the position with hands thrusting anything they can find in purchase; in fact in several cases I have seen always in my own the very fact of lying on the back at any time will induce a sort of immedicately to overcome the difficulty of slipping down into the bed, a for which purpose so many applications of more or less complicated character have been introduced.
Pharmacoee of Athins. J.P. Hammar.

In my most comfortable arrangement is I think one, I always use for myself, namely a mattress with a trunk in it, which can be readily made by the introduction of a pillow between the mattress and the pallets.

2. The body is at its lowest point of vitality.

3. The temperature is at its lowest.

In most cases there is no favourite hour for its commencement more commonly when the patient is asleep.

He may have gone to sleep without the slightest prevision of an attack, or may have slept comfortably for two or three hours when the spasm commences, gradually increases in violence. At first his breathing prevails quiet is accompanied by a few whistling sounds of a dry character, which without actually awakening him cause him to feel in rather dream that something is oppressing his breathing. He turns restless in his bed, gradually awakens, assumes the sitting posture. Meanwhile the spasm increases in severity, the breathing becomes more laboured, and assumes the Althahal rhythm, that is, the inspiration lengthen, becomes more noisy, whilst the expiration
Shawmdeh Acculte. 

became one chaste, of a merl Shawmdeh
in character. He sat up with his hands clasping
anything he could reach, his eyes half protruding,
his shoulders raised fixed, his face flushed
with an anxious expression, his chin dropped
in cold.

although the increased length of the Incipient it
is evident in many all words in the subject
that the great difficulty is an attack him
at that part of the Incipient but this, if
they be allowed to do so, I must emphatically
deny. The main difficulty is in the short
firstly Shawmdeh a successful effort at Incipient
the prolonged Incipient. Though I came hither
by the sphere is nevertheless composing
a relief. It is very easy to see that
this is true by watching an Athlete's
cheek during a sphere. He will be seen to
tighten his grasp on whatever support he has
chosen, his feet fixed against the
resisting surface make every preparation to
avert the march of Incipient in removing
the increased and alloted time. While the direct
the Incipient it on his grasp relance.
The profession of religion is almost a sin of relief. Again considering that the power of religion is so much more profound than that of irreligion it would be hard to understand how the act of religion could be so much more difficult than that of irreligion. Religion as a whole is slightly altered; no doubt the fact of religion being so much wantonish tends to make the act of religion appear even larger than it really is. It is true that during an attack of asthma, the religion is from time to time the length of instruction but nevertheless the time it occupies even a severe attack is when compared with the time occupied during expiration in health of much less difference than is generally supposed. Taking the rhythm in health as being expiration 0, expiration 4, pace 1, expiration 1 1/2, pace 1, expiration 6 1/2. This is the rhythm I have personally noticed in my own case. Hence granting the observation to be
Sermotti Action. H.P. Hume.

correct the mania attached it in the Injunction which is shaken by two thirds than in health whereas Injunction is my attached to the extent of a little more than one third. The Fever is invariably lengthened x in many cases much more so than I have here indicated but amount to so much depending on the severity of the Injunction so hard to make a satisfactory comparison. If however I have succeeded to any extent in showing that the Injunction is not so much the distressing feature of an attack as the Injunction I am more than satisfied as it certain it must be unsatisfactory to say the least of it. For me who has suffered as I have done all my life to feel a terrible extent it much more every look to be told by those who have never known the trouble of an attack that I do not even know in what my own difficulty consists.

To return to the symptoms it is generally stated that the mania is increased in amount during a spasm. This I have never found to be the case in true Injunction, but rather the opposite condition to be present. Several patients
Hephaestus Antonii

H. F. Harman.

He has told me that the urine is almost entirely
supposed to have been caused myself when suffering
from an attack will have the whole day without
the slightest desire to urinate. In cases known
of Hysteric or Depressive, the passage of a large
amount of clear urine is not uncommon.

Though I have examined the urine in many cases
at all stages of an attack, yet
I cannot say that I ever found any constant
condition which might have any light on the
pathology of the disease. In many cases, the
appearance of the urine itself leads us to
suspect that the cause of the attack lies
in the kidneys, yet in others, I have
seen a very clear urine, and yet under
my care I found hæmaturia frequent though
at other times the urine was apparently perfectly
healthy. Here acid, albumen, sugar, in fact
very abnormal. I have of course found hæmaturia
at times, but apparently with no
connection with the disease.

The temperature during an attack is not raised but
may be subnormal - a feeling of coldness is generally
present due no doubt to the diminished chemical change consequent on the deficient action of the lungs.

A very constant symptom especially in some cases is a dull uncomfortable feeling深深的 amounting to pain in the region of the Epigastrium so much so that many asthmatics will refer their complaint to that spot as the more convincing by feeling the rigid mass of the spasmodic contracted diaphragm as the bellowing of the Epigastrium at each inspiration caused by the contraction of the lungs a close 

When the epigastric or epigastric symptoms come on the edges or sides points not being the effect not the cause for during an attack the lungs are unable to accomplish the discharge of gas-collected matter. At several occasions I have been consulted by asthmatics about the appearance of a little blood in the expectoration especially in the mornings; almost invariably have concurred that it occurs in the mouth or throat owing to the fact that they sleep with their mouth open which
Ephraemi Causing, W. W. Hamner.

cause a depression of the mucous membrane. The expectoration is generally described as having a purer-like character, but this is not true of the milder forms of the attack. After the attack has lasted any length of time the expectoration becomes of a more copious and fluid nature.

After the attack has lasted for a certain time, it subsides more or less suddenly as it commenced leaving a great weakness and a tendency to lameness at a corresponding hour the following night. At times, however, such a favorable conclusion does not take place, the attack may continue for several days when the effect on the sufferer is very marked. The pulse in these cases becomes weak and irregular, partly rising to the point difficult in inspiration, partly rising to the point that on such occasions very little nourishment is taken.

As a rule the more sudden the onset the more sudden is the resolution, vice versa.

Examination of the patient during a spell with the stethoscope reveals very little that escapes the ordinary hearing. The vesicular respiration is almost
completed incredible to place keep taken of the
soreness where. Vocal resonance is also quite
impaired.
The percussion note is hyper-resonant; vocal
resonance greatly reduced.

Diagnosis.

The diagnosis of an uncomplicated case of asthma
is exceedingly easy but when complicated with
emphysema or Bronchitis it is often very difficult
to diagnose. The exact amount of the disease attributable
to the asthmatic tendency is that referable to the
other conditions. This is especially the case with
children, where being diagnosed as attack of Broncho
Pneumonia one is surprised to find a sudden dis-
appearance of the symptoms with perhaps a recurrence
in a day or two, clearly showing that the more
important part of the attack was referable to the
asthmatic symptom.

Chronic Bronchitis is often complicated by
asthma, in fact in these cases the Asthma appears
the secondary to the Bronchitis, and was recognized
of Sultos as an almost separate disease
occurring more frequently in the winter
season of them "Bronchitic Asthma".
After a patient has suffered from Asthma for a considerable time he acquire a peculiar configuration. He becomes thin, rounded, thick, and hulked whilst his chest become firm and more in less. Hand shaped a firm it his arms hang in a loose, disconnected manner. His eyes are watery, his mouth generally open, his lips dry. His cheeks sunken. He presents generally a cold, watery appearance whilst his veins assume a hoarse, sallow tone.

Aetiology.

The aetiology of Asthma very little is really known. There is scarcely the any chart that definitely plays an important part, so 60 per cent occurs as a familial history. The dease affect males more commonly than females in the proportion of three to one, but this may be due to the fact that males are more exposed to exciting causes. At the same time it is frequently found that Asthma is transmitted to the male through the female, the latter themselves.
Pharnaric Acute. H. P. Hanay.

If constitutional may lead to Acute the two of most importance are: The burnout or the emotionally.

In the same may be seen sometimes attacks of Acute alternating with other nervous disorders in epilepsy, hysteria. There are also many cases recorded where attacks are caused by nervousness, such as being without the means of relief and also without by some sudden emotion or disturbing cause. I had an elderly lady under my care whose attack, even unobserved, dropped in the midst of cheerful conversation, returned when she was alone and had nothing to occupy her attention.

As regards the burnout constitution, some physicians attribute much of the cases of Acute to their cause, but it has been observed to alternate with certain cutaneous eruptions, being worse when the skin is better, vice versa. Also the two diseases resemble each other in their hereditary tendency in their dietary causation.

The age at which Acute commences is very variable. Salter found that a fourth of
Hersmeider Asthma. J. R. B,"

his cases had begin before the tenth year.
then myself seen several cases of true Asthma
in children under a year old in men
one was to the where it appeared for the first
time in perfect health individuals.
The exciting cause of the Asthmatic paroxysm
very great in different cases.
The most important perhaps are Diet x Localist
which will be referred to in the treatment.
then bad ventilation, chills, small of various substances,
whether of certain kinds of fruits all lead in
certain cases to induce an attack.
The presence of Polyphæ in the nose, Constipation,
a tache more have all been known to be the
cause of the spasm.

Pathology.
The Pathology of asthma is still in a very crude state.
The fact that nothing has been discovered
in the case of the Asthmatic heart mention to the
summer in the subject is not sufficient to
determine us that no organic lesion exists as
a cause of death from a true Asthmatic seizure is if
the very rare occurrence in fact cleared Cau.
in all atmospheric, then asthma other diseases

especially of a mesostri laceratio. In most am
epilepsy, which have nevertheless proved uniformly
fatal, have often failed to show any evidence
of their previous existence when we expelled after-
death, yet no one will deny that some organi
lesser though unsuspected must have been present.
Pandroylymph. Thiessen's disease in fact probably
may be one of the sphenodii, nevemthough having
existed for many years, have frequently if
not generally failed to show any structural alteration
of the brain. Length forward in explanation
of an attack of epilepsy, the so generally accepted
at the present day is that introduced by Cullen,
though in the last century it held also of some
witness. Though many other nerves of the sphenodii
contraction of the uncontrolled muscles of the
Achilles.

In support of this theory may be mentioned

1. The sudden onset.

2. The marked effect of anaesthetic drugs,

3. The evidence neurosis of the old attack as
shown by experiment - imitation of the rage
attack causing an immediate spasm.
Spasmus nitidus - H.P. Hæmer

The original theory which has met with very
difficulty of support is that first proposed by Professor
Lee in a lecture delivered at the Royal Institution, and
attributed to the observation of a white membrane of the
bronchial tube. This observation, however, was not carried
out with sufficient care to establish a consistent theory in
general. It is, however, of interest to note that it was first
noticed by Dr. Andrew Clarke as an atypical condition, and
he founded his theory on the fact that he had noticed
frequently the alteration of the membranes of the
bronchial tubes in cases of chronic bronchitis. He
described a certain set of cases of chronic bronchitis in
which the membranes were undisturbed and in which there
was no evidence of disease. In such cases, it was observed
that the disease was not accompanied by any change in the
membranes, but that it was due to the action of the
membranes on the mucous membrane. In the same way, it was
difficult to imagine the possibility of a disease affecting
the bronchial tubes in the same way as the membranes of the
bronchial tubes. It is interesting to note that Dr. Andrew
Clarke, in his lecture delivered at the Royal Institution,
pointed out that the disease was not accompanied by any
change in the bronchial membranes, but that it was due to the
action of the membranes on the mucous membrane.

The theory of chronic bronchitis, however, is not free from
some difficulty. The disease is not always accompanied by any
change in the bronchial membranes, but it is due to the
action of the membranes on the mucous membrane. It is
interesting to note that Dr. Andrew Clarke, in his lecture
delivered at the Royal Institution, pointed out that the
disease was not accompanied by any change in the bronchial
membranes, but that it was due to the action of the
membranes on the mucous membrane.
the disease has met with little support.

Prognosis.

When the disease occurs in childhood it generally subsides about the age of puberty, but if it originates later in life it generally persists.

The prognosis depends entirely on the amount of epilepsy present and the character of the attacks.

Treatment.

1. Pure Spasmodic from unaccompanied of epilepsy.

The first point to be attended to is that of prevention. Much can be done by studying under what conditions the individual is most prone to an attack. These conditions will be found to vary more or less in every case but there are certain exciting causes which will be found to have a particular tendency to induce an attack in the majority of cases. Perhaps the most important of these is faulty action of the organs of digestion, an imprudent diet. As stated previously in some persons a loaded stomach is quite sufficient to bring on an attack in other cases a late supper or an indigestion in certain

inhibited article of diet may be the incitement.
cause of the attack. The diet of an Arthritis
should be light, nutritious and taken at regular
hours. The omission of the meal with consequent
excess or the meal is very likely to cause an
attack especially if the latter is taken just
before retiring to bed. In many cases special
articles of diet as for instance bananas, rice, etc.
are apt to promote the disease. Moreover it
regards diet the patient can do more for himself
than by consulting a physician as the latter
can of solid those articles of diet the
indulgence in which the patient himself
keeps is attended with evil consequences.

The next most important point is the choice
of a locality. As in other matters so in
Locality no definite laws can be laid down
to meet all cases. Proper ventilation is
of great importance, many places being en-
deared by Arthritis when the real cause
of complaint lie in a badly ventilated bedroom.

As regards climate I think it generally will
be found that in young Arthritics who have
not yet developed Emphysema the containing
severity of the Cape Town is most beneficial.
Pneumonia Asthma. H. F. Hannay,

whilst in old cases where pulmonary haemorrhage is present, a hemicranial clonius will be most suitable.

In young it is said to have a prophylactic value. To obtain any benefit from the drug sufficient doses must be taken. The treatment continued for a year or thereabout.

It is best given continued with arsenic, acetate. The iodide of potash is successful probably by means of its action on the blood system as an antiseptic.

Treatment of an attack.

When the paroxysm has really commenced relief may be obtained by the use of one of the many antimonials at the service of the practitioner. Sarsen powder, 'Aminic' urea, Arsenical Glaube, or the quinoline of Saj, Poq Antico, 'Acute Antico' Ceho, acetate of nitre in many of a like description.

In the majority of cases the simple milk paper or suffusion to check the spasm, the ammoniacal carbonic acid acting as an antidote and stimulating the mucus secretion. Most of the patient
proprietor's share. Lobelia - a stimulant of the heart when used is often followed by great depresion & weakness of the heart's action. Steam either alone or with some stimulant in suspension, as in instance Tincture of Compound Tincture of Benzoic is often given - can have no bad effects. Chloroform in many cases useful but never to be recommended as a habit may be formed - it is dangerous for any person to use it when alone. For nearly a year I tried this remedy on myself - a certain stramineous gave relief from the spasm but at the expense of my general health. The amount that I required for relief was rapidly increasing - during one night & day I used as much as 16 ounces. The discomfort also caused by the continual inhalation was extreme consisting of a most intolerable itching, headache & cardiac weakness. On several occasions also I suffered from attacks of Haematuria while the Pyuria was frequently present. The frequency of the attacks of Asthmas in no way diminished though the relief obtained during
the effect was great. The smaller inorganic
phenomena led me to derive from this treatment
of the effects of a hypodermic injection
of morphine. The latter has given me even
more relief than the chloroform I have
used constantly in the attacks without
any detrimental effect for a year. But how
I found it necessary to increase the amount
of the injection, these minute generally being
sufficient to check the intensity of the
spasm. The treatment however is only a
mitigant that has no influence on the very
cause of the attacks.
Though I have systematically tried
every method of treatment which
from time to time has been devised
it is of little use during the last six months
that I have really found a drug to
act at the same time as a prophylactic
and mitigant. The drug is Ethat of
Caffee. The method of taking it is to
begin immediately there is warning of an attack
and 10 grains repeated every two hours as long
as required. Since using this drug I have
Semicomitted - H.T. Haines

If suffered from three attacks which is a remarkable decrease. Of the three attacks in my case I mean a spasm lasting from five days, I cause the attack continued with paroxysms which are of short duration generally but of frequent occurrence. Yet even these show a considerable diminution in severity and frequency.

The great value of caffeine in character affection of the respiratory system has been especially insisted upon by Blackham Sheen (Proceedings April 1875). He asserts that it acts in two ways, directly of relaxing the spasm and indirectly of aiding the heart. It seems also to be of more service in adults than in children.

Relief is most marked in patients whose paroxysms commence usually in the early morning. A dose of 3 or 4 grains or more is here indicated at bedtime, it seems better to avoid the spasm or to make it foreshadow a character that beyond a sensation of stiffness in the chest ceasing the patient is scarcely aware of the attack.
The Bache's tubes are completely cleared by a single dose or two in the morning. The drug is also a cardiac tonic acting on the medulla of the heart centre. The administration of Caffein is attended so the acute attacks of no ill effects except occasionally a slight degree of vertigo, but as regard my own case this I have always found strictly true, but in one or two cases in which I have ordered it has caused stiffness - a feeling of stiffness very like the effect produced by an overdose of cocaine. This unpleasantness is of short duration and disappears after one or two doses.

In a few articles on an administration I have seldom seen any relief obtained or of a most transient character. Whether it is attended by very disagreeable sensations. The headache, stiffness, coupled with the increased cardiac action blood pressure leading may to presin the decrease to the effect of the treatment.

Even internally it is action is further as
effective it is not so likely to produce the alarming reaction.

Intravenous, intra-arterial, or subcutaneous injection of 10 per cent ethyl alcohol hydrate are I think equally as effective as the following of

improving effects.

Accurate in many cases is a valuable remedy. In such cases, it can either be used as an inhalation in

smoke after a few sprays externally. It is

was founded on the fact that unless

accused persons suffered from the disease.

In a few cases, especially amongst those who do not smoke habitually, tobacco seems to give relief, the beneficial action

said to be derived from a substance Nymela

present in the tobacco, but in the majority

of cases the habitual smoker keeps his

wife aside at the request of the patient.

Apart from drugs a great deal can be done in the comfort of the patient. At
the onset of an attack he should as soon as possible be placed in a warm room at an even

temperature maintained. Complete rest

must be enforced as every movement is
Chromdale Cottage

M. F. Barnes

calculated to increase the epigas.

Counts in air are sometimes of great service the patient often complaining of a sensation of coldness.

The diet must be light, the bowel must be attended to, in fact a pill of three or four grains followed by a sedative powder is always indicated at the commencement of an attack.

2. When the patient has not abated but is complicated with a certain amount of expectoration the treatment must be varied. In addition to excepting steam Turpentine or the stimulant will be most indicated. Nothing is so likely to prolong the case as weaken the patient as continual dribblings of strumous, lobelie etc. An expectorant medicine is here indicated a stimulant in moderation.

In fact the case is best treated as one of bronchitis.