In My Own Time

Asthma

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British Medical Journal, 1979, 2, 118-119

While preparing for my third MB, at the age of 20, I developed hay fever. At first I did not know what I had, and neither did any doctor I encountered in the next two or three years. I gradually recognised that it was not an ordinary cold and that the symptoms were much worse on the golf course or even during a nice day rowing on Loch Lomond. Thus I spent an unusual amount of time that first summer studying a collection of the histological slides provided to each student by the department of pathology at the Western Infirmary in Glasgow, whence Sir Robert Muir had recently retired. I got to know these slides intimately and could probably spot most of them accurately even today.

I do not remember seeing a case of hay fever as a student or being aware of any of my contemporaries suffering similarly. I do remember one or two who had asthma, and the sister of one of my boyhood friends died from asthma. I do not believe any relative of mine for two or three generations in the past suffered from hay fever but two of my own children have been affected by it. My hay fever has now lasted for 40 years, although it is less violent than it once was. I had many days when my upper airways were tightly closed and acutely uncomfortable due to itching and a feeling of tension in my nasal sinuses. How very curious it is that I have never been aware of any lower respiratory obstruction—but I must admit to a failure to carry out systematic spirometric measurements on myself.

Looking back on my undergraduate training I realise that it was excellent in many respects. Anatomy and pathology were well taught. Physiology was limited by available knowledge. Medicine did leave some startling gaps, but the subject is vast and we are all aware that the teaching of today's students is not perfect and cannot be expected to be so. Obstetrics was very carefully taught because at that time most doctors were expected to practise midwifery throughout their lives. The attitude to surgery was old-fashioned. A rather half-hearted attempt was made to turn us out as complete doctors capable of undertaking operations, at least in emergencies. In those days many general practitioners carried out major surgical operations. Both our teachers and we ourselves realised that our surgical teaching could not be a complete success.

Some important subjects received scant attention, particularly if they were not expected to be part of the formidable three-week ordeal of "finals." Materia medica and therapeutics were possibly the least useful subjects. The elegant stomach mixtures, pills, and purgatives we were taught to make have gone long ago, and few of the drugs apart from digitalis are in regular use.

For asthma, ephedrine and adrenaline were mentioned. Virtually none of the drugs had been subjected to clinical trial.

I qualified in 1940, and took my finals during the worst period of the war—I was examined by several distinguished men in full uniform, including at least one admiral. After two periods of six months as a house officer, I spent three years at sea and one working in Bombay. My hay fever was almost forgotten. For my generation the postwar years were filled with the struggle for higher qualifications and for security. This was much assisted by the coming of the National Health Service, which many of us entered with enthusiasm. Today we might have reservations.

In 1950 I joined the British Association of Allergists (now the British Society for Allergy and Clinical Immunology). My proposer was D A Williams, internationally recognised as a pioneer in the study of the clinical aspects of aerobiology; my seconder was Jack Pepys, then an unknown research worker. Having now developed an interest in respiratory disease I felt the need to learn something of the allergic aspects of the subject. The association had fewer than 100 members; of these, only about 20 were really active but they included such outstanding personalities as John Freeman—who looked so incredibly old he seemed hardly to be alive until he took part in a discussion and showed that his mind was acutely active and his interest as fresh as ever. Asthma was then poorly understood even from a simple physiological point of view, and allergy was an unpopular subject. My own teaching had been negligible, but I had been taught that asthma was mainly psychosomatic, although adrenaline given subcutaneously at the rate of one minim a minute was the proper treatment of an acute attack.

Clinic for children

In 1953 I decided to start a special clinic for children with asthma. I was given little encouragement to do this but, looking back now, it has been the most satisfying and rewarding part of my professional work. The principal school medical officer (Dr H M Cohen) did offer accommodation and the help of the excellent nurses then employed by the school health service. Permission from the regional hospital board was grudging but, when I promised that my general work in respiratory disease (with its heavy load of tuberculosis from the central areas of Birmingham) would not suffer, I was able to proceed.

Skin testing and desensitisation were extensively used in addition to symptomatic treatment. Each dose of vaccine was individually prescribed and given with great care in the clinic. As the years passed, new preparations were introduced and most of these were first tried on myself. Gradually, fewer patients received desensitisation as symptomatic treatment improved and the results of desensitisation seemed to me disappointing—although to many of the patients this was not so. The advent of disodium cromoglycate in 1967 and of effective inhaled steroids more recently has tended to reduce interest in specific treatment and even the striking findings on the importance of house-dust mites has not been able to counter this.

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I doubt if many people appreciate the degree of anxiety that may be associated with the first clinical trial of a new drug, particularly one used in a largely non-fatal disease in childhood. I will never forget the little boy with raised transaminase concentrations who was in the Intal trial. At first, I did not realise that his pretreatment levels were high and I was unaware that he had had only a harmless placebo and not cromoglycate. In the event, disodium cromoglycate has proved to be one of the safest drugs ever introduced into medicine.

For many years, an unreasonable fear of using steroids in children with asthma led to much unnecessary suffering and many unnecessary deaths. Of the several hundred children I have known who were treated with long-term steroids, those who died did so because of insufficient dosage and not from side effects of steroid overdose.

Epidemiological implications

I developed an interest in the epidemiological aspects of asthma in childhood. In 1966 I noted a curious rise in the number of deaths that has never been fully explained and I later found evidence which suggested, to me at least, that our increasingly affluent society has experienced an appreciable rise in the prevalence of asthma and atopic disease in childhood. Today, hay fever seems very frequent. Most people easily recognise it. We have seen its occurrence in recent years in

immigrant peoples who never experienced it when they lived in the tropics. Several curious epidemiological findings may provide clues to fundamental understanding and prevention of allergic disease in children with an inherited susceptibility. Asthma and eczema are more common in children of immigrant parents when they have been born in England than when they have been born in the countries from which their parents came. Some environmental factor operates at a very early stage in life, possibly even before birth. As yet we have no explanation for the sex difference in asthma and eczema which is most evident in early childhood (before sexual maturation).

Attitudes to asthma and allergic disease have changed greatly in the past 25 years. Much research is now carried out in departments of medicine and elsewhere. The pharmaceutical industry invests millions in the development of new drugs. I think we should not, however, forget the contribution of those who founded and sustained the Asthma Research Council, nor should we forget that some of the greatest contributions have been made by our colleagues in veterinary medicine. Perhaps the veterinary scientists were less affected by the "smoke-screen" of psychosomatic medicine. It takes very clear sight to see through any prevailing popular medical theory of unexplained disease in any generation. Who would dare to question the role of IgE today? Important it must be, but we need to look beyond it to explain fully most clinical manifestations of this common and distressing group of diseases. Such is the scale on which interest has now developed that progress seems to me to be assured.

Reading for Pleasure

Fairy tales for father and child

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British Medical Journal, 1979, 2, 119-120

I reckon that I read and comprehend over 300 words a minute, so that on an average day I must consume upwards of 50 000 words, or a staggering total of over 18 million words a year. The realisation that so few of them give any profit, let alone pleasure, and that many of them give actual discomfort should they actually penetrate my consciousness, is even more disturbing.

The day starts with the newspaper, which used to be *The Times*, read, with luck, before breakfast. Read for the sake of information—much of it painful by its very nature in both content and style—it was tempered by some fun: Bernard Levin's wit, although prolix, was nearly always worth while (and I miss him) and occasionally a letter to the editor touched a sensitive spot, either with a neat turn of phrase or a spark of enlightenment. The morning post is read over breakfast, which usually consists of hot porridge—my one concession to the current dietary fad. Pleasure is not to be found, that is certain, in reading bills, agendas, minutes, and reports, though sometimes I derive petty amusement from spotting in them the split infinitive

and the clause that begins with a "not only" not followed by one with a "but also" (about the only two solecisms that survive in my memory from schooldays).

At work, the letters from colleagues about patients are strictly matter-of-fact. The journals I read in the library are read for profit, too, but the demands of editors force so many contributors to present their material in a stiff and curt manner that few articles are a good read. So, where in my day is there the reading for pleasure?

Out of work

Well, I look forward to those unaccompanied journeys on the train that take me to meetings so far away from Shrewsbury that there is time to read and muse; London is three hours away, and Birmingham one hour. In the past year I've had to go to Belfast twice, to Norwich, Brighton, York, and London at least a dozen times, and even once to Torquay. All these trips provided precious hours away from colleagues, away from patients, away from the telephone and, sadly also, away from my family. On the train it doesn't take long to read the papers for the meeting, and then out comes my book. My choice over the last six months or so shows my taste or lack of it.

On my way to Belfast I spotted *Dear Me* on the bookstall at Manchester Airport, and Peter Ustinov's anecdotal auto-

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