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ASTHMA AND BRONCHITIS WITH EMPHYSEMA

By

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Since it has been shown by Prof. *Gough* that asthma on the one hand and chronic bronchitis and emphysema on the other have quite a distinct and separate pathology, I have for some years attempted to assess wheezy patients separately, into these two groups: 1. asthma or 2. bronchitis and emphysema as either pure or dominant conditions.

Since Prof. *Gough* has obtained most of his asthma material from patients who attended my clinic, I thought I should present my criteria for the clinical diagnosis of asthma. Asthma is a disease characterised clinically by recurrent, spontaneous attacks of dyspnoea and wheeziness commonly occurring at night. In chronic cases the response to steroid therapy as measured by the F.E.V₁, and the F.V.C. and also that found symptomatically is always excellent. Prof. *Gough* has emphasized his important finding of the absense of destructive emphysema in the large majority of cases of asthma. Clinically I would support this finding. I have a number of asthmatic women attending my clinic for over 20 years who are clinically the same now as when they first attended my clinic in spite of considerable chronic asthma for all these years. In males however, to me, the clinical picture has not been so clear. Relatively fewer males have died from status asthmaticus and some of these have had some emphysema. Some male patients who undoubtedly had asthma in young adult life ultimately died not from asthma but from bronchitis and emphysema with terminal cor pulmonale. In the differential diagnosis therefore

likely that his destructive bronchitis and emphysema was largely caused by his smoking.

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