Climate Asthma*

Doctors practising in Central Africa are familiar with the clinical picture of asthma and they are always glad to gain new knowledge which may have a practical application in the management of the disease. Dr. David Ordman has devoted many years of his life to studying the allergic disorders affecting man in South Africa. An aspect of the subject, referred to as "climatic asthma", has attracted his attention. There were people whose chest symptoms were slight or absent in the interior of South Africa, but when they entered the coastal belts of the country they suffered from a much greater degree of bronchospasm.

After careful investigation, Ordman found no variation in pollens or fungi in the atmosphere of the two regions. The only difference that seemed important was the climate. In the coastal areas a narrow range of relative humidity and of diurnal temperature exists, whereas in the inland the range is wide. He was able to establish that people suffered more from chest symptoms at the coast because there they were sensitive to house dust. Therefore house dust was blamed for this allergy. The reason for this was discovered in 1964 by workers in the Netherlands who found that mites, especially Dermatophagoides pteronyssinus, were the causative agents in house dust giving rise to climatic asthma. Next it became known that the mite was likely to be found in dust procured from districts with a relatively high humidity. Ordman, therefore, decided to follow up these findings in South Africa. He studied large numbers of samples of house dust from 67 inland and coastal areas of South Africa. He learnt that Dermatophagoides pteronyssinus was the most common mite, but that in inland towns of higher altitude the mite count was usually low. However, in eight inland towns the average mite count was very high, so this finding appeared contradictory to what was expected. But on closer study it was learnt that these particular towns were in an area with high relative-humidity due to the warm moist air associated with the adjoining Mozambique current on the East Coast.

It would be of great interest to learn what part, if any, this mite plays in climatic asthma in Rhodesia.

Dr. William Mackie Buchanan

Dr. William Mackie Buchanan is returning to Glasgow as a consultant pathologist. He will be sadly missed because of the important part he has played in establishing the Department of Pathology in the University of Rhodesia. A fine morbid histologist, who gained a very wide experience in African diseases, he joined the University as a lecturer in May, 1967, three months after Professor Bruce Cruickshank arrived as Head of the Department. In April, 1968, Professor Cruickshank resigned and Dr. Buchanan became Acting Head until the present time. He steered the affairs of the department with great skill.

During his service he took a special interest in iron metabolism and published several valuable papers on the subject. In 1967 he was the first...
The Enema

by

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I was called to see a very old lady, perhaps 80 years of age, perhaps 90, perhaps 100. Nobody knew her age. She had lost consciousness that afternoon as a result of a stroke. After some hours she recovered consciousness. When I went to see her again next morning there was nobody with her in the house. Many lived there but nobody bothered to stay and look after her. I thought that she would benefit from an enema, so I asked, “How long ago did you have a pass?” “Three days,” she replied.

“All right,” I answered, “I will go and fetch the nurse and she will give you an enema.”

But my optimism was misplaced. The nurse was not pleased to see me when I called at her house, for my previous visits, though few, had been made on similar errands. When she heard the purpose of this visit she was openly hostile. “Where is the woman’s daughter?” she asked.

“She has probably gone to church,” I suggested, for it was a Sunday morning.

“No,” answered the nurse, “she doesn’t usually go to church. Now I wonder how she has managed to keep out of the way.” The last sentence was uttered in a tone of envy — almost of respect. The nurse obviously thought that the daughter, scenting the possibility of unpleasant duties, had slipped quietly out of sight when she saw my car coming along the road.

“I was hoping to have a quiet day today,” explained the nurse, sighing, letting her greying woolly head loll back in her deck chair. “I’ve been suffering from pain in my back and I’ve been lying down.” She went on with an account of her last two pregnancies. At the penultimate she had conceived twins. The doctor who should have attended her had been stranded on Long Island because he was caught in a hurricane. Thus she was left lying in agony with one twin born while she waited for the second, afraid to summon any of the “bush” midwives to her assistance. How exactly the second twin was born and what happened to it I cannot remember. I was thinking about giving my enema. But I vaguely recall that the nurse passed on to a description of her very last pregnancy. The twins had damaged her back, she said; the last delivery had utterly crippled her. She had gone to Nassau for an X-ray and they had told her that she had a “wrenched spine”.

“Well,” I answered at length, thinking that she now looked remarkably healthy, “in that case you can’t come. Is there an enema in the hospital — one that works?”

“Yes,” she answered slowly. It seems that there was one which she thought might work. She told me where to find it.

I found the enema. The only remaining problem was hot water. The “hospital” at Inyanga was a decrepit old building. It contained no in-patients. Out-patients attended clinics there for a few hours on weekdays. Hot water could be obtained by turning on the steriliser, ladling the water out into a jug, and taking it with me in the car to the house. But it seemed an involved process — better than relying on obtaining hot water in less than an hour in a Bahamian house, but still, involved. The happy thought then came to me that there would be plenty of hot water in the radiator of the car. So I went back to the house with the douche can, tube and nozzle, duly tested for leaks, and a large bedpan. I was met by the patient’s grandson, aged about 40.

“I don’t think you should give her an enema, Doc,” he objected. “She’s too old.”

I was going to reply that there was no age limit for enemas, but realised that this expression would be out of his depth, so I merely answered that she had not had a “pass” for three days.

Merely, as a matter of form, but with little hope, I asked for hot water, and the grandson went off to heat some water on a paraffin stove, but after 10 minutes it was still tepid. The stove, like most things Bahamian, was ineffective. The radiator of the car proved disappointing, for I could find no tap underneath. I resolved to possess my soul in patience.

216