

## The art of medicine

### Asthma, illness, and identity

In 1698, the English physician John Floyer (1649–1734) published the first book in English on the symptoms, causes, and treatment of asthma. Floyer's *A Treatise of the Asthma* was certainly not the first extensive discussion of the disease: in addition to the works of several ancient authors, including Aretaeus of Cappadocia (c 50–150 AD), a comprehensive account of the condition had been written in Arabic by the Jewish scholar Moshe ben Maimon (Maimonides, 1138–1204) in the 12th century. However, Floyer's treatise, which was translated into French and German and went through several popular and influential English editions, became a pivotal work in the field, constituting a central point of reference for subsequent authors.

Floyer began his account of asthma with a personal admission: "I have suffered under the Tyranny of the Asthma at least Thirty Years, and therefore think my self to be fully informed in the History of that Disease". Floyer's reference to his own infirmity was not an idle reflection, but a statement that was intended to imbue his clinical approach to asthma with authenticity and credibility. Since he had begun to practise medicine, he continued confidently, he had been in a position to make "many trials

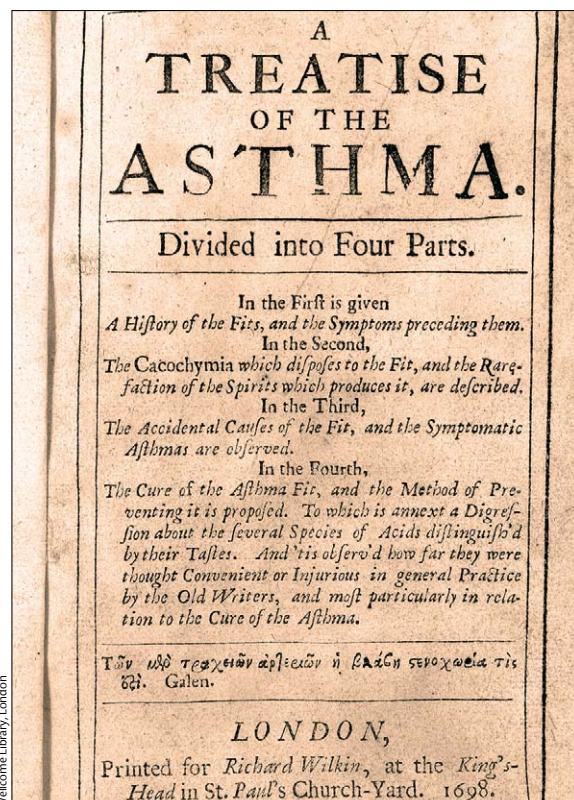
for the Relieving and Preventing of the Fits [of asthma], and out of Compassion to those Miserable Patients, I design to relate what I have found useful both to my self and others."

Floyer returned to his own experiences of asthma at key moments in the text, using personal insight to explain the symptoms, periodicity, and prognosis of the disease. At the same time, he mobilised the results of his own experiments with different treatments to reject what he regarded as the fanciful and ignorant theories of empirics and also to restore faith in the authority of ancient Greek medicine in general and more particularly in the value of vinegar of squills, which had been liberally employed by Galen (c 129–210 AD): "I shall make this my last Observation, that the old Writers found out the most useful Medicine in the Asthma."

Intimate accounts of the author's pain and suffering were not unusual ingredients of early modern medical texts. In the early 18th century, for example, George Cheyne (1673–1743) supplemented his discussion of the rise of minor mental afflictions, or what he termed "the English malady", with a candid account of his own struggles against nervous disorder and obesity. Confessions of this nature did not undermine medical integrity. On the contrary, they constituted critical evidence of expertise and sincerity, revealing a shared identity between doctor and patient and imparting purpose and meaning to the medical narrative. As the anonymous author of *Instant Relief to the Asthmatic* put it in 1774:

"To understand well and to study any one disease, its progression, its operations, its different stages, and the action of various remedies on it, is the most certain means of discovering the cause and the cure: And who can have so practical an opportunity of doing this as the afflicted party himself?...I say, such a person, with a common share of understanding, has a real, others only a general, hypothetical knowledge of the disorder."

Personal knowledge and understanding of disease continued to shape clinical initiatives and medical writing well into the modern period. Many prominent medical writers on asthma were motivated and informed by their own discomfort. Henry Hyde Salter (1823–71), for example, who wrote one of the most influential 19th-century texts on asthma in 1860, based his account of the disease on his own experiences as well as on those of his patients. Equally, in the late 1920s, the foundation of the Asthma Research Council (now Asthma UK) in the UK owed much to the personal illnesses of leading philanthropists such as Lord Limerick, who was the Council's first president and who had "been imprisoned by asthma" for more than 5 years, and doctors such as the gastroenterologist Arthur Hurst (1879–1944). Indeed, in an article on asthma published in *The Lancet* in 1921, Hurst self-consciously echoed Floyer: "Like Sir



John Floyer's *A Treatise of the Asthma* (1698)

John Floyer...I myself suffer from asthma, so I have the advantage, which few writers on the subject possess, of 27 years of observation on my own corpus vile."

As Hurst's words intimate, however, clinical reliance on personal observations and individual suffering was already beginning to recede. From the mid-18th century, a growing confidence in the value of compilations of case histories had already begun to generate some distance between subjective experience of disease and attempts at a more objective medical narrative. When Thomas Withers (1750–1809), physician to York County Hospital, published a treatise on asthma in 1786, both his support for the nervous theory of asthma propagated by William Cullen (1710–90) and his claims for the therapeutic efficacy of flowers of zinc were substantiated by 50 detailed case histories of patients that he had treated, rather than by any experiences of his own.

During the 19th and 20th centuries, personal narratives of disease and the sense of identity and meaning often previously shared by doctor and patient were increasingly marginalised. At one level, the rise of medical statistics, epidemiology, and the randomised controlled trial promoted quantitative accounts of disease that charted levels of morbidity and mortality in whole populations: the modern significance of asthma was thus increasingly measured by its prevalence and fatality rate rather than by its existential impact on individuals. At another level, the emergence of biomedical sciences, such as bacteriology, immunology, and genetics, focused medical eyes more closely on the intercellular and intracellular pathways that were thought to initiate and moderate the pathology of asthma: individual experiences of the breathlessness and despair induced by an asthma attack were submerged under a figurative deluge of seemingly universal immunological aggressors, such as antibodies, mast cells, and inflammatory mediators.

The modern medical narrative was not without its successes. Careful measurement and analysis of a wave of asthma deaths among young people in the early 1960s in the UK not only generated a better understanding and awareness of the potential severity of asthma, but also initiated public-health measures that improved patients' access to emergency services. Equally, greater knowledge of the molecular processes involved in allergic reactions led directly to the development of new therapies, such as selective bronchodilators, inhaled corticosteroids, and leukotriene antagonists, that substantially reduced the symptomatic discomfort of asthmatic patients.

In some instances, personal factors continued to motivate medical experimentation and discovery. The development of disodium cromoglycate as a bronchial smooth muscle relaxant by Roger Altounyan (1922–87) in the 1960s, for example, was largely driven by Altounyan's own experiences of chronic asthma and eczema since childhood; indeed, Altounyan only successfully identified the new compound's potency by testing its ability to reduce his own bronchial

reactivity to allergens. In general, however, Altounyan's story was unusual: in the late 20th century, published medical accounts of asthma no longer paid attention to, or gained credence from, evidence of individual suffering. Modern medical authority came to rely on demonstrable scientific expertise and statistical evidence rather than on any appreciation of the personal impact of illness.

Although scientific protocol has tended to distance doctors from the type of intimate confession regularly used by Floyer and his contemporaries, the asthmatic narrative cause has not been entirely lost. Following the example set by the French author Marcel Proust, whose letters and novels testify to the perpetual burden of asthma in his own life, modern novelists (some of whom are themselves asthmatic) have attempted to capture the manner in which asthma continues to affect personal lives and to shape identities and environments in singular ways. From William Golding's *Lord of the Flies* (1954), in which the isolated and delicate Piggy struggles for recognition from his fellow castaways, to Ferdinand Mount's *Of Love and Asthma* (1991), Sandra Scofield's *Walking Dunes* (1992), Kimberley Brubaker Bradley's *Weaver's Daughter* (2000), Leif Enger's *Peace Like a River* (2001), and Debbie Spring's *Breathing Soccer* (2008), personalised stories of asthma serve to connect authors empathetically with their readers and to reveal the individual and collective cost and meaning of chronic disease. In *Catching My Breath* (1994), the US radio commentator Tim Brookes outlines his frustration at the failure of medicine to resolve critical uncertainties relating to his condition: "But the more questions I asked, the fewer answers came back." Interestingly, Brookes' recovery from severe asthma was made possible by a combination of prolonged clinical intervention and literary catharsis: "In a broader sense, though, I think I beat asthma (or, more accurately, beat it back) by writing about it. The only way to live successfully with a chronic illness is to become an expert at it, to know so much about it and about yourself that you understand and undertake the best treatments, and know the damp, dark patches in your own behaviour that help the illness flourish."

Brookes seeks an alternative path for modern medicine, one moulded largely by early modern notions of illness and identity. "Medicine", he writes, "needs a pre-specialist goal, a new, unifying sense of purpose to match the emerging understanding of our subtle and complex relationship with illness. Medicine, I think, needs to be seen as a meeting between patient and physician, on equal footing, in the real world, with the aim of promoting self-understanding." From this perspective, Floyer's baroque celebration of his own infirmity perhaps constitutes a constructive model for promoting clinical and public understanding and compassion for those with chronic illnesses such as asthma.

Mark Jackson

Centre for Medical History, University of Exeter, Exeter EX4 4RJ, UK

#### Further reading

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