

the paroxysm, but as a rule the smoking must be continued till constitutional effects are manifested by a depressed circulation, cold perspiration and nausea. If the heart is weak this remedy must not be employed; smoking *Datura Tatula* is often very useful. *Stramonium*,—smoking the leaves is also a common remedy. They may be smoked alone in a pipe or in cigarettes, or the leaves may be mixed with tobacco, and made into cigars. In the same way the leaves of *Hyosciamus* and *Belladonna* have been found valuable. The most common remedy is saltpetre paper. A saturated solution of nitrate of potassium is prepared, and in this is soaked blotting paper, which is then dried and cut into strips; when lighted, those strips burn slowly, and the patient inhales the smoke. Some advise a very small proportion of arsenic to be added to the saltpetre solution. Cocoa leaves are also advised to be smoked, mixed with ordinary tobacco. The latest remedy is pyridene. This is used in quantities of a drachm, and vaporized on a hot plate in a closed room. It is said to be very useful. Emetics are sometimes found useful, and perhaps the best is Tartar Emetic. Nitrate of Anyl is often very serviceable in relieving a paroxysm. Nitro-glycerine gtt. 1 of a 1 per ct Sol. is recommended also. Sudden fright has been known to instantly cure a paroxysm. Chloral Hydrate, where the heart is not diseased or weak, in doses of 15 to 20 grs. is very good; $\frac{1}{4}$ gr. of morphia combined with $\frac{1}{200}$ of a gr. of sulphate of atropia will as a rule cut short an attack. If frequently used there is the danger of the Morphia habit, which is much worse than an attack of Asthma, bad as it may be; stimulants are bad, and never should be used. To prevent the return of the disease, there are several useful remedies, and first on the list stands arsenic, which must be continued for several months. Ammonium Bromide is well spoken of. The Bromides are eliminated by the bronchial mucous membrane, and are believed to exert a local anæsthetic effect. Potas. Bromid. is also used. *Cimicifuga*, a plant indigenous to this country, is a remedy not so much used, as I think it deserves to be. Quinine may be used both during a paroxysm and afterwards. If an attack is expected, say about one in the morning, a full dose of Quinine at 9 o'clock the preceding evening will sometimes prevent its coming on, or it may only modify the severity of the attack. It sometimes

fails to have any effect. Another remedy introduced during the last few years is *Grindelia Robusta*. It is highly spoken of, and may be given in doses of $\frac{1}{2}$ a drachm of the Fld. Ext. several times a day. In some patients who are sufferers from Hay, Asthma or Hay fever, there has been recently found hypertrophy of certain portions of the Schneiderian membrane. These hypertrophied points, are believed to be potent parts of irritation, and their destruction, by means of the galvano-cautery, have been followed by excellent results. This is a very recent advance on the pathology of this disease. Still more recently it has been suggested that possibly, in ordinary asthma, these points of hypertrophy may also exist in the trachial and bronchial mucous membrane. These points cannot of course be reached by the cautery, but it is suggested that this condition can be remedied by the persistent inhalation for months of the vapor of Iodine and Carbolic Acid. It is theoretically a good practice. I have seen hypertrophied tonsils greatly improved by this inhalation. Attention to diet is important. Indigestible articles must be avoided, and asthmatics must absolutely avoid eating before going to bed.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, March 2nd, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Muscular Atrophy.—Dr. Stewart exhibited two cases of muscular wasting.

Extirpation of the Uterus.—Dr. Wm. Gardner exhibited two uteri removed by the vaginal method. In the first case, the patient, aged over 50, was sent to him by Dr. A. A. Browne of this city. There was a history of menopause for several years, then hemorrhage and other discharges for eight or ten months, and severe pelvic pain for three or four months. Decided failure of strength and general health. On examination, a friable, ulcerated, easily bleeding condition of the cervix. No enlargement of the uterus or palpable involvement of vagina and broad ligaments. The diagnosis was cancer,