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THE TREATMENT OF ASTHMA.

The ordinary physician is prone to regard chronic disease as a thing to be endured rather than cured. Especially is this true in the case of asthma. Why the case of the unfortunate asthmatic should be passed over more lightly than that of sufferers from other chronic diseases, finds an explanation in the notoriously unsatisfactory results of treatment, and the patient's almost certain tenure of life, for the time at least, despite his suffering. When, however, we reflect on the number of asthmatics, and the misery they endure, such indifference is both irrational and cruel. We desire, therefore, to call attention to the nature of the disease, the misery it entails, and the ineffectiveness of common routine treatment, in the hope of stimulating a spirit of more exact enquiry, both as regards etiology and treatment.

Research, and the application of remedies, in any certain direction, usually bear some relation to the importance of the disease undergoing investigation. Here is a disease which afflicts, more or less seriously, millions of the human family, causing much bodily and mental suffering, incapacitating for work or business, and shortening life, yet the physician with all his boasted knowledge has to confess that he is almost powerless to cure, and, at best, only hopes to afford his patient transient relief. We all know how true this is, and how disheartening to the sufferer. He who suffers from chronic consumption, chronic bronchitis, inveter-

ate skin disease, or other troubles equally obstinate, receives more encouragement and comfort at the hands of science than the poor asthmatic. This is all the more strange when we consider that idiopathic asthma is not marked by structural change. This of itself, of course, amounts to nothing, as what at first sight appears simple and easy of accomplishment, on closer examination, may turn out complex and difficult to conquer. Nevertheless it is almost certain the asthmatic has received but scant justice at the hands of the profession. His case has not been examined with due care—causes, immediate and remote, have not been closely inquired into, and he has been altogether too hastily consigned to the limbo of incurables.

It is not sufficient to know that our patient is suffering from asthma. Before we ever attempt to cure him, or afford him transient relief, some important enquiries are essential. This will appear all the more necessary when we remember that the disease is seldom truly idiopathic, but is generally associated with, or dependent upon some other trouble. True, the vast majority of cases may be relieved off-hand, for the time, by one or more of the stock prescriptions for asthma, without any close scrutiny of the case. It is just here where the common error in the treatment of asthma begins. If the attack be the first, or the disease have not yet so far advanced as to have ingrained itself, so to speak, into the patient's constitution, the more culpable is such hap-hazard treatment, since a clear apprehension of the case at the outset might have led to a different and more successful course of treatment. *Cure*, and not temporary relief, should be our aim in all recent cases, especially in the young. To say that asthma is incurable is to utter an absurdity. Some cases are cured spontaneously; some by physiological changes in the constitution; others by a change of residence, and, we hope, not a few, by medical treatment. There can be no doubt, however, that the great majority of chronic cases are incurable, and that the best we can do has no lasting beneficial effect. But even here it is proper to discriminate in order to a choice of remedies in individual cases.

Asthma essentially consists in a spasm of the bronchial muscles which surround the smaller air tubes, with simultaneous congestion of the bronchial mucous membrane. The asthmatic will tell