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### Original Communications.

#### ASTHMA.

A CLINICAL LECTURE, DELIVERED AT THE MONTREAL GENERAL HOSPITAL,

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GENTLEMEN,—The patient now before you is suffering from spasmodic asthma. When the attack is not present, auscultation does not reveal anything abnormal. During an attack you will hear on using the stethoscope, whistling and wheezing sounds. Bronchitis and emphysema are often found co-existing with this disease, and when present you will have these characteristic signs. To any student who desires to study fully this disease, I would recommend Hyde Salter's work on Asthma. He says that every case of Asthma has a climate which will cure it. The trouble is we cannot tell just what climate will suit each case,—but it is somewhat singular that the majority of cases seem to do best in the dirty, smoky air of large cities. Hereditary spasmodic asthma is difficult, if not impossible, of cure, though very much can be done to relieve and diminish the frequency of attack. This disease has strange vagaries. Persons may often be all but permanently relieved by changing the house in which they live, but any return to the original place of attack is certain to bring about a recurrence. The chief characteristic is the suddenness of the onset. Occasionally, however, there is some warning, such, for instance, as

an unusually large discharge of pale, limpid urine. Then the patient has an extreme sense of suffocation, with tightness and oppression across the chest. He is forced to loose every particle of clothing, and at times so great is the dyspnoea that he rushes to the window, and places his head in a draught of fresh air. If this is not done, he sits upright, resting his arms or elbows on some support. Every muscle of respiration is called into action. We soon have signs of overloading of the venous system—the face cyanosed, lips blue, extremities cold, and pulse small and quick. The great majority of cases occur during the night, very often at the same hour every night. A hearty meal before retiring is often known to induce an attack, which may end suddenly after lasting a few hours, or it may last a day or more, though the last is seldom. Occasionally a cough sets in towards the close of an attack, but the expectoration is slight, as a rule. The prognosis is favorable, death being a rare occurrence during a fit, as it is termed, of the disease.

The treatment of asthma is divided into treating the paroxysm, and treatment to prevent a recurrence. In treating asthma it is best always to use single remedies. It would take more time than we have at our disposal to mention even all the drugs which have been found beneficial. To relieve an asthmatic paroxysm, tobacco is one of the best. It is of course very likely that a patient using tobacco for this purpose may acquire a fondness for the weed, but if it is going to be useful in future attacks, he must not use it as a social comfort, or it will loose its effect. At times a few whiffs of a cigar will stop