

older practitioners depended upon to accomplish this purpose. But, with a better comprehension of the factors present in these cases, remedies such as ipecac, lobelia, chloroform, and even the bromides, and in a word, remedies which add additional burden to the heart, are losing favor.

To overcome the attacks of dyspnea I have employed only nitroglycerin, strychnine and morphine hypodermic tablets (Sharp & Dohme's). These tablets at once relieve the dyspnea, and do not act as a cardiac depressant as is the case with the anti-spasmodic, sedative or anesthetic drugs usually exhibited in this condition. Conversely, however, the strychnine in these tablets acts as a cardiac stimulant, and shortly after the hypodermic injection we can discern an improvement in the volume of the pulse. The action of these tablets is prompt, and improvement of the symptoms is manifest in a very short time. Often entire breaking up of an attack of dyspnea is seen in twenty minutes after the hypodermic injection. The measures to be instituted to establish a cure of the asthma will, of course, depend to a large extent upon the conditions existing in the case under consideration.

When chronic bronchitis is present we will make little headway if we fail to give constructives and have the patient guard against the vicissitudes of the weather. In treating the disease also we shall have to administer remedies applicable in emphysema when that is present.

In my practice no single remedy has been found equal to the iodide of potassium for extending the time between the attacks of dyspnea and effecting an entire cessation of these attacks. Of course this agent is conjoined in each case with such other drugs as are considered appropriate.

I give below the outline of several cases which have been treated on the lines laid down here, these being only a few of a great many tabulated cases.

Mrs. S. C., age 25, a delicate woman, eight months pregnant. She had had asthmatic attacks for the past week, which had increased in severity and frequency. This attack had persisted for more than an hour, and the patient was almost exhausted from dyspnea. Her pulse was 120. I at once gave her a hypodermic injection of nitroglycerine, strychnine and morphine tablets, and this gave her relief in a short time, and her pulse increased in volume and was lessened in frequency. She was suffering with associated bronchitis, and I gave her cod liver oil made palatable after meals, and iodide of potassium in doses of five grains before meals. On this treatment she made a complete recovery. She would take the iodide potassium for two weeks and then leave it off for a like period. In this way she avoided iodism.

Mr. O. H. R., age 41, had asthma for a year. He had an attack of influenza a year ago, and since that time had had a mild bronchitis. During this time he had begun to have attacks of difficult breathing, and they had grown more frequent and frequently lasted