

which are seen in the action of lobelia, grindelia, and tobacco. I think all or nearly all the drugs that have been found serviceable in asthma may be included under one or other of these heads, either narcotics or depressants ; and, further, that to obtain beneficial results it is necessary that they be given in sufficient quantity to produce their physiological effects ; *i.e.*, if a narcotic, as morphia, is given, it must be in sufficient dose to act as a hypnotic ; if a depressant, as lobelia, the dose must be large enough to act as a nauseant, or emetic, to produce the best results. Within the limits of this paper, I cannot consider the various drugs in detail, as it would take up too much of your time, nor do I think it would be of much service, as nearly every case of asthma that we meet with has undergone treatment with many drugs, and in many cases the patients themselves have found out by experience what will give the most ready relief, and each have some *pet nostrum* to which he has recourse when suffering from an attack. I will, therefore, in concluding, merely point out what should be our general line of treatment, leaving the discussion on particular methods for the experience of those present.

(1) As to preventive treatment, our first care should be to seek for and remove all sources of irritation as far as possible. The nose and pharynx should be carefully examined for polypi, adenomatous growths, and evidences of catarrhal trouble. Where dyspeptic trouble is present, it should be treated, and careful enquiry made as to the effect of special articles of diet, the patient being warned to avoid those that are found liable to provoke attacks, and generally to be careful not to overload the stomach. Where the attacks are confined to certain seasons of the year, as in hay asthma, and the means will allow of it, change of air should be recommended, and if there are no special indications a dry elevated atmosphere should be preferred, such as is met with in the Adirondacks, and, as I have said before, I believe that in almost every case a locality can be found in which the patient can live free from attacks, though it is not possible in every case to predict what will be a suitable locality. Of specific prophylactic medicinal treatment, we can hardly be said to possess any.

(2) For relief during the attacks, morphia given hypodermically in a full dose is probably the most efficient remedy we possess, though its unpleasant after effects and the danger of producing a morphia habit may often be great objections to its use. The various patent nostrums, which usually consist of nitrate of potash, mixed with some variety of datura, are often efficacious, the vapor from the burning drug being inhaled. The list of drugs that have been used, however, I do not propose to enumerate, as it would be needless, and extend my paper far beyond the limits I have laid down for myself, which were rather to seek in the causes producing the disease the means of relief than to discuss its therapeutics.