

Mrs. A., æt. 55. First attack when 41, and since then has suffered severely every summer. Residence in marshy neighborhood. Thin and spare in habit. Is worse in wet weather. Attacks usually terminate in diarrhœa, attended with great tenesmus and mucous intestinal discharge, and I have frequently noticed the two conditions alternate, the asthmatic being relieved when the dysenteric symptoms appear, and *vice versa*. Two sons of this patient were asthmatic, one until he was seven or eight years old, since which he has been free from it. A daughter shows at present no tendency.

The above may all three be regarded as "hay asthma," but hay asthma does not differ from ordinary asthma, except in the cause being somewhat more definite. I have selected them to illustrate the unaccountability of their commencement, and also because they show some of the vagaries of the disease in the mode in which attacks may be induced. They show, moreover, that even in those forms of asthma in which the cause apparently acts on the respiratory passages, the influence exerted by the condition of the stomach is equally great, and that bronchial spasm is caused just as much by irritation of the gastric termination of the vagus as by irritation of the nasal or bronchial terminal branches.

It is interesting and instructive to note what trivial things may excite or allay attacks of asthma. Slight changes of locality, such as the removal of a patient from one part of a town to another, and even in a house a difference may often be observed by removing a patient from a small, close room to a large, airy one. A case I saw last year was an instance of this.

A.D., æt. 6, has, since infancy, been subject to asthmatic attacks, especially when living near the river bank, but was free from them whilst living in Fergus. She is now living in North Toronto, and her mother noticed that she had attacks every evening after watering the lawn; when this was discontinued the attacks ceased.

It would be easy to multiply cases of this description; most of us can from our own experience cite similar ones, where an influence so slight as to be overlooked by the careless observer may be the determining cause of an attack. A very large proportion of asthmatics can tell precisely what circumstances will bring about an attack. It is not surprising that a disease having so many and such varied causes of attack should be relieved by varied and often apparently opposite therapeutic measures, or that one lasting, as it does, usually for many years, and often through a lifetime, should, in course of time, resist methods that were effectual in its earlier history. It must, however, I think, be confessed that ample as our experience of it is, and numerous as are the drugs, new and old, made use of, we have not advanced much, either in its alleviation or cure. Of some of