Medical Matters.

DYSPEPTIC ASTHMA.

The attacks of difficulty of breathing which are so common, especially in elderly people who are subject to winter coughs, and in the condition of the lungs which is termed Emphysema, are well recognised. In the latter condition, the air cells become distended and blown out—just as little soap bubbles are—by the frequent and violent expiratory efforts of coughing; and as this condition extends throughout the lungs, the organs become less contractile, and so cannot expel the air as easily as they do in health. By continuous enlargement of the organs, the chest walls become affected, and so expanded as to produce the typical appearance found in emphysematous patients, to which the term "barrel-shaped chest" is usually given. It is easy, therefore, to understand why such patients experience more or less difficulty in breathing, as they do not easily get rid of the air from their lungs, and so have less power to draw air into the chest. And as the blood does not become so rapidly and perfectly purified by the addition of oxygen to it from the outer air, patients experience the sense of suffocation which is the typical consequence of the presence of too much carbonic acid, and too little oxygen in the blood; therefore, the distress both in the difficulty in breathing, and in the inefficiency of its results, causes the condition to which the name of pulmonary asthma is given. It is a curious fact that there are, however, spurious forms of asthma due to nerve affections. There is a form which is associated with rickets, in which children, whose blood and nervous system are insufficiently organised, suffer from attacks of extreme difficulty in breathing, for which nothing in the chest is found to account, and upon which no treatment, except that directed to remove the constitutional condition, has the slightest effect. Then again, there is a form of asthma associated with neurasthenia or nerve-weakness in which the same loss of nerve influence over the breathing apparatus leads to similar difficulty. Such patients, for instance, sometimes gasp for breath, and apparently almost choke, and as such manifestations are more usual in women, especially when they are excited or depressed, they have frequently been misdescribed as hysterical, whereas they are due to a defective nerve power, and nothing more. Recently, considerable attention has been paid in Germany to another form of the affection to which the name of Dyspeptic Asthma has been given, and which is very well understood. Sometimes the symptoms are extreme, the shortness of breath almost being to the point of suffocation, and there may be signs of fainting and even of collapse. The attack follows some indiscretion in diet, and is evidently dependent entirely upon gastric or intestinal trouble. A dose of castor oil or some equally simple measure, by removing the source of irritation, generally cures the complaint.

DRINKING AT MEALS.

A very interesting article has recently appeared in a German periodical, seriously discussing the wisdom of taking fluids at meal time. As a matter of fact, there is a popular superstition that fluids cause indigestion; but a very brief consideration of the physiology of the process shows that the stomach could not properly perform its work unless the food presented to it were rendered more or less soluble and broken up by means of an admixture of fluid. The well-known fact, that cures for obesity largely depend upon making the patient abstain from liquids, has one very simple explanation, in the fact that it is impossible to eat, that is to say to swallow, much, unless fluids are also taken, so as to lubricate the mouth and gullet, and increase the flow of the saliva. Then again, it is well known that the best stimulant to appetite is to take a certain amount of fluid—a physiological fact which has led to the almost invariable custom of soup being the preliminary course at a large meal. By fluids, of course, we mean water in some form or other, because alcohol is known to have an irritating effect upon the stomach, and to retard digestion if it be taken at all excessively. But, when the question of quantity is raised only one reply is possible—it all depends on the individual. Some can eat and digest their food well with only a small quantity of fluid; others find it impossible to do so. The important rule should be remembered that every adult requires at least three pints of fluid in each twenty-four hours, in order to maintain the proper fluidity of the tissues and excretions. How, and when, the amount is taken is a matter for individual choice.

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