

## Medical Matters.

### ASTHMA: ITS CAUSATION AND TREATMENT.

Mr. William Lloyd, F.R.C.S., etc., in an interesting paper on the above subject, read before the Chelsea division of the British Medical Association, and published in the *British Medical Journal*, said, in part:—

#### CAUSATION.

There are numerous theories as to the causation of asthma, but, in my opinion, the only one which can be successfully maintained in the present state of our knowledge is the following: That asthma is essentially a nervous disease, and that it is due to spasm of the bronchial muscles, induced reflexly either by irritation of the nasal mucous membrane or of the alimentary canal.

It would appear, then, that there are three factors in the causation of asthma, namely:—

1. The presence of hypersensitive areas in the nasal mucous membrane, or a special sensitiveness of the gastric mucous membrane.

2. A special irritability of the pulmonary nervous system, which constitutes the asthmatic idiosyncrasy with which the individual was born.

3. The presence of an irritant—for example, odours, dust, smoke, etc. Error in diet when of gastric origin.

The absence of any one of these factors is sufficient to prevent the disease.

#### TREATMENT.

The remedies that have been generally made use of in this disease are of great variety, such as expectorants, antispasmodics, etc.; but, like that of all paroxysmal affections, it naturally divides itself into the treatment of the paroxysm and the treatment in the intervals.

The first thing to be done on being summoned to a patient in an attack of asthma is to find out if there is any exciting cause present, and if so to remedy it. Inquire as to the time and digestibility of the last meal, and if his bowels are free and regular; if there be any source of trouble in the stomach or rectum, secure its immediate removal. If there is anything irritating in the air he is breathing, arrangements must be made for removal. If the patient is in bed, get him out and bolster him up in an arm-chair, place before him a table with a cushion on it, on which he may rest his elbows and throw himself forward.

Should the paroxysm persist in spite of these measures, then one of the following remedies must be administered in the hope of cutting it short. I have occasionally found ipecacuanha powder cut short an attack for

the rest of the night. The use of pipe tobacco-smoking acts admirably in some patients. It must be remembered that remedies of this kind must be given as early as possible, because it is much easier to check the asthmatic paroxysm when it is just established.

One of the commonest and most effectual remedies is coffee. It acts better if given very hot and strong and without sugar and milk.

Stramonium smoking and inhalation of the fumes of burning nitre paper are remedies also extremely beneficial in some cases.

It has been stated by many competent practitioners that careful dieting cures a large proportion of asthma, because its victims are very often dyspeptics. The food should be nutritious and easily digestible, should be plain, well cooked, and containing the proper proportion of animal and vegetable elements. An important point to remember is that an asthmatic should dine early—5 p.m. is the latest if he goes to bed at 10—so as to allow of digestion being completed and the stomach empty before retiring to rest.

In prescribing a lotion for nasal cleansing, I would point out that nothing acts so well as a solution of common salt in water. The various proprietary nasal compounds on the market containing boracic acid, carbolic acid, etc., are particularly irritating to the nasal mucous membrane of an asthmatic.

### THE FRENCH MEDICAL MISSION AND SLEEPING SICKNESS.

The French medical mission which was sent out to the French Congo last year in order to study the extent of the prevalence of sleeping sickness in the case both of human beings and of animals in that colony has now presented a preliminary report. The disease has been studied in its various stages by the chief of the expedition, Dr. Martin, and his assistants, and the beneficial properties of atoxyl, when administered in the earlier stages, have been fully confirmed. Intravenous injections of emetic salts have also been attended with good results. Mosquitoes, as well as the tsetse fly, are made responsible for the transmission of the disease, and the natives will be recommended to use mosquito nets. Deforestation in the neighbourhood of running water is recommended as one of the best means of checking the propagation of the tsetse fly. The material which has been collected by the mission is now being digested and classified. In a letter to the *Times*, however, Sir David Bruce denies that sleeping sickness is ever conveyed by mosquitoes, and says only one species of tsetse fly carries it—the *Glossina palpalis*.

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