

of the lung. Abdominal crises occur after emotional stress. The cerebral group show attacks of sudden unconsciousness without convulsions. Pallor is followed by vasodilation and sweating. These attacks recurred every three or four weeks in the patient described. They gradually became more intense with slight residuals in speech and twisting of the head. They first developed at 50. In other cases these vascular crises were accompanied with transient monoparesis or hemiparesis, amnesia and aphasia. Treatment should aim to ward off excitement and stimulants for the circulation, while reducing autointoxication to render the nervous system less irritable and reduce the blood pressure. Tobacco and coffee seem most injurious of all stimulants in these cases. With acute pulmonary edema, Duran always found venesection useful, supplemented by tonics for the heart hampered by the pressure. In the cerebral type stimulation of the peripheral circulation is the main thing. Carbonated baths are useful in the incipient cases of arteriosclerosis. Although Duran calls attention to the emotional etiology as of paramount importance he neglects it or assumes a purely simplistic attitude towards it in therapy. These are cases preëminently to be studied psychoanalytically.

**Binet, A.** ACTION OF ADRENALIN ON THE GASTROINTESTINAL TUBE.  
[Presse médicale, August 5, 1918.]

The experimental basis for the observations of this author include: Removal of the adrenals which produces certain alterations in the gastroenteric tract; adrenalin is known to modify the blood supply, secretion, and motility of this tract. Extirpation of the adrenalins cause gastric ulcer to develop, especially after bilateral extirpation. Ten hours after operation, marked hypotension having appeared, ulcers form with great rapidity. These lesions appear at the more usually observed localities—pylorus, prepylorus, and duodenum. They are round or oval, and measure about 2 cm. in diameter. They stand in a certain relationship to gastric acidity, because sodium carbonate may prevent their development. Authors have attempted, of late years, to isolate a type of adrenal dyspepsia and a gastroenteric form of adrenal insufficiency. Such conditions must stand in some relationship with the functions controlled by adrenalin—vascularity, secretion, and motility. Adrenalin, when injected hypodermically, causes vasoconstriction in the alimentary canal, and may be made of value in intestinal hemorrhage. Despite its vasoconstrictor action the drug is known to stimulate the action of the gastric juice, or rather to increase the secretion of free hydrochloric acid. In regard to motility, the drug appears to activate some portions of the gut and to exert the opposite action on other portions. Thus it appears to cause contraction of the esophagus and to relax the intestine, or portions of it. All of the contradictory finds can be explained by the size of the dose, which produces a given effect.

Naturally, this peculiarity renders the subject of dosage, especially by the mouth, a difficult one. If the drug is thrown into the rectum it maintains its toxicity unchanged, but when swallowed it ceases to be toxic. The reason is far from clear, for none of the digestive enzymes interferes in any way with its action. When taken by the mouth it seems to be detoxicated and rectal absorption seems unavoidable.

## 2. ENDOCRINOPATHIES.

**Kosmak, G. W.** PITUITARY EXTRACT. [J. A. M. A., Oct. 5, 1918.]

Dr. Kosmak says that the hypophysis extract has now been the subject of clinical observation long enough to warrant a determination of its value. Its possible variability as sent out by the different manufacturers, the exaggerated claim of some of its users and the cautions expressed by some make such a determination desirable. More recent observers have abandoned the claim of its absolute harmlessness and restricted its field of application. A "physiologically standardized preparation," labeled as such by manufacturers, is a distinction of little account as its potency may vary with the animal from which it is derived. The thyroid of animals is known to be subject to variations, and this probably applies to other endocrine glands. The blood pressure method and observations on the isolated guinea-pig uterus have been largely employed, and the official standard for the United States Pharmacopeia is by comparison with the effects of histamin, a substance isolated from ergot and due to the bacterial decomposition of histidin. Impartial investigators, Kosmak says, do not regard these methods as entirely reliable. The indications for use of pituitary extract may be regarded as fairly established, and its conservative use should be limited to conditions of simple uterine inertia, without any mechanical obstruction, and with the patient not exhausted. Its employment to stimulate labor pains with or without other means is being lessened, and its use in such malpositions as occiput posterior and face presentation is likewise regarded in a doubtful light. The bad effects vary from cervical and perineal laceration to complete rupture of the uterus. Postpartum hemorrhage must also be guarded against, and the possible asphyxiating effect on the child must be considered. Several years of use and observation of the drug have led the author to believe that it is his duty to caution practitioners to avoid using it for shortening of labor. He reports a case of asphyxia of an infant when it was given in a case of cesarean section before the incision of the uterus, and he has seen it used unsatisfactorily in other cases. We can safely dismiss, Kosmak says, the contention that pituitary extract renders the forceps unnecessary. He is less pessimistic as to the value of the drug than he is as to the possibility of getting practitioners to use it properly. He does not find it of value in other than obstetric cases, but he has had good results in cases of hemorrhage when it has given excellent temporary aid