

part here, and there is also a degenerated heart muscle and the necessity of keeping up the circulation, not for a few minutes merely, but for hours, and even days. If adrenalin is ever allowable in these cases it should be given subcutaneously, as the increase of pressure is then more gradual. Miller also condemns the use of this preparation in pulmonary oedema as unsafe, except in cases where it can be locally applied. Miller does not advise its use as a hæmostatic. He has seen it confer immediate and complete relief in the attacks of bronchial asthma, and from tests with other substances, he is convinced that this was due to the specific action of the drug. In none of the cases, however, did he see any curative effect as regards the recurrence or intensity of the attacks. As serious cardiac disturbance has been observed in some cases with the use of adrenalin, he advises that it be restricted to patients with good heart and blood vessels. Barr's results in the treatment of pleural and peritoneal effusions are noticed. The dangers of adrenalin are, besides those already mentioned, rupture of an artery from increase of pressure, glycosuria and arterial degeneration. It is a dangerous remedy in elderly persons, both on account of atheroma of the vessels and myocardial degeneration, and it should be used only with great care whenever there is any suspicion of disease of the vessels. The danger of glycosuria is slight, and the fact that atheroma can be produced in rabbits, who are especially prone to such changes, does not prove that man is equally liable. This danger, therefore, can be easily overestimated, and while the continuous intravenous use of the drug should be discouraged, it is not probable that a single injection would do harm in this way.

The real danger attending the use of adrenalin is immediate cardiac disturbance, especially acute dilatation.

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**Prurigo
of the
Vulva.**

A pruriginous eruption is occasionally found upon the vulva, either transient (appearing with the menses) or more or less permanent, as when accompanying pregnancy; in rare instances appearing only at time of confinement; and a few cases have been recorded in which it persisted for years. Examination shows that it is not, usually, confined to the mucous membrane up to the cervix; and the most aggravating cases are those in which the disease affects not only the mucous membrane of the labia, but also extends backward over the perineum to and around the anus—the last-named variety being the most likely to become chronic. The irritation is so great as to interfere with sleep; and the sufferers nearly always say they are “nearly wild from the distress and annoyance.” If it continue long, the parts are apt to become much irritated by the constant scratching; the most seriously affected part of the mucous membrane turns white and thickened, and red fissures may form. The application of a hot solution of borax is very grateful, and if oft repeated may effect a cure. In persistent cases its use may be alternated with a solution of acetate of lead—the official “lead and opium lotion” being serviceable. In the worst cases severe astringents (nitrate of silver, 10 grains to the ounce, alum or tannic acid) must be resorted to.—*Journal of Clinical Medicine*, April, 1907.