he thought recovery in six weeks was doing well. He was using injections of the nitrate of silver. Patients bore it as well as strong as 1 to 1000.

Dr. E. R. Palmer believed in the gonococcus and in the antiseptic treatment of gonorrhæa. He had had some very favorable experience in the matter of irrigation. This he applied with the Kiefer nozzle rather than with the catheter. He believed that the solution of the problem lay largely in internal medication. There had been an era of internal medication in the past, but that was a blind one compared to this. There were the same objections to internal treatment as to local treatment,—the remedies used were liable to cause disturbance. Salol did not disturb the stomach, and should be given up to 15 grains three times a day. He was surprised to hear the statements as to the strength of nitrate of silver solutions used. He began in acute cases with a little citrate of potash internally and hot applications. As soon as it could be borne he used bichloride of mercury, the strength of the wash being determined by the sensitiveness of the urethra. A four per cent. solution of cocaine would relieve the sensitiveness if it were great. He sometimes also used the boric acid injection for its soothing effect. In the stage of decline he used an injection of nitrate of silver, five to seven and a half grains to the ounce. This injection was carried down fully six inches by means of the long solid silver catheter. If the patient complained of pain, he used cocaine. Such injections were given two or three times a week. Sometimes hot boric acid injections were used after them, and the patient was allowed to use at home any of the old injections.

Dr. Glenn said that during the last five years he had obtained good results from the use of weak non-irritating injections of chloride and iodide of zinc—iodide of zinc, gr. x; chloride of zinc, gr. iii; water, 3vi—injected with a long syringe with a good nozzle. He used it at any stage that the patient would endure it.

Cannabis indica in diseases of the stomach.

At the meeting of the Académie de Médecine, held July 29, 1890, Professor Germain Sée reported an elaborate work as to the value and uses of cannabis indica in the treatment of neuroses and gastric dyspepsia.

After a careful study of the pharmacology of this remedy, in which the characters of the various preparations, such as cannabin, cannabinon, tannate of cannabis, and tannate of cannabinon were described, he gave an elaborate history of the various theories which have obtained as to the causation of dyspepsia and gastric intestinal neuroses, and concluded by formulating a number of propositions as to the causes in which the use of cannabis was indicated (La Médecine Moderne, July 24 and 31, 1890).

Cannabis indica, as is well known, is a complex substance, and contains a dangerous tetanizing poison, analogous to strychnine or to thebaine. About thirty-five years ago, Personne succeeded in disengaging hashish from this product, and discovered in cannabis indica the existence of a glucoside and also an ethereal oil. Three products have since been extracted from Indian hemp, and Professor Sée has particularly studied the therapeutic properties of one of them,—viz., the fatty extract,—which is prepared by dissolving by heat, in butter; that is to say, the alcoholic extract made with pure alcohol at 90°, and washed with water. It has been generally thought that cannabis indica possessed somniferous properties; but Professor Sée states this to be an error. He was struck with the sedative action which this substance possesses on the pneumogastric nerve, and he has established the indications for the fatty extract in diseases of the stomach. To comprehend them, one must be acquainted with the present state of science as far as concerns neuroses and gastric dyspepsias. The neuroses—that is, maladies without lesion of the organ—were numerous at the commencement of the century, but the microscope has gradually reduced the number, sometimes revealing a chronic gastritis and atrophy of the glands, as in cancer, the knowledge of which is only recent. But true progress in the knowledge and treatment of diseases of the stomach has been effected only since physicians have understood the part played by abnormal chemical composition of the liquids contained in the stomach. Two years ago, Professor Sée made a communication to the Academy of Medicine on this subject. He now contents himself by recalling the signification of hyperchlorhydria, organic hyperacidity, and anachlorhydria. He insists on the rôle of hydrochloric acid in digestion, without which pepsin, which always exists in large quantity in the stomach, is inactive. The acid not only digests, but controls abnormal fermentation. It is indispensable
that the quantity of hydrochloric acid be moderate. If from one or 1.5 per cent. it rises to three, four, and five per cent., there is hyperchlorhydria, and accidents supervene.

Professor Sée concludes his essay with the following propositions:

1. Cannabis should be employed in the form of a fatty extract, in the dose of $\frac{3}{4}$ of a grain, in three doses daily, in the form of a solution; more than this amount acquires toxic properties, the result being evident by ordinary symptoms of intoxication. The chemical principles which may be extracted from cannabis indica, such as tannate of cannabin and cannabinon, have not succeeded in the author's hands in giving precise or favorable results, without doubt because they are not the true active principles.

2. It is especially in the non-organic affections of the stomach that cannabis is indicated, and these diseases comprise two groups. The first includes the alterations of the gastric juice, among which hyperacidity, due to the excess of hydrochloric acid, is most frequent; while the second group comprises exclusively cases of gastro-intestinal neurones, without showing any modification of the gastric juice.

3. Of the dyspeptic or neurotic symptoms, all dyspepsias may be reduced to five different classes, characterized by loss of appetite, flatulence, alteration in the digestive power, participation of the intestine, and reflex nervous troubles, either of cardiac or cerebral character. The author shows that cannabis possesses great constancy in its power to arrest painful sensations and restore the appetite, no matter what may be the diseases in which these conditions are produced. If, however, they depend upon an excess of hydrochloric acid, the administration of cannabis indica should then be associated with large doses of sodium bicarbonate, administered towards the end of gastric digestion.

The author shows, however, that cannabis has no action on the gastric contractions or dilatations, although it certainly and distinctly reduces distress, which accompanies these conditions, and which are generally designated under the name of pyrosis; further, gastric digestion is facilitated by cannabis indica, when it is retarded or prevented by loss of nerve power or the excessive pain produced by hyperacidity. Cannabis, as proved by Professor Sée, however, seems to be without any power in producing relief in the various dyspeptic troubles attributable to the amount of acid present.

Finally, cannabis seems to relieve the reflex nervous troubles associated with dyspepsia; but has no effect on the nervous dispositions resulting from this cause, such as hypochondriasis, hysteria, or neurasthenia.

In conclusion, Sée maintains that cannabis is a true sedative to the stomach, and without any of the inconveniences of the narcotics.

**THE RECOGNITION AND PROGNOSIS OF ACUTE PAINLESS DRY PLEURISY.**

In the Medical Record for August 2, 1890, Dr. R. Vansantvoord reports three cases of pulmonary trouble, which are especially interesting, as showing how comparatively trivial cases of pleurisy may be confounded with commencing pulmonary phthisis.

The first of these was that of a boy, aged 11, whose previous health had been good, except for nervous symptoms due to ocular defects. His illness dated from a chill, caused apparently by exposure. This was followed by cough, slight, but not constant, elevation of temperature, and general depression out of proportion to any manifest disease. Moist, superficial subcrepitant sounds were heard along the anterior border of the left upper lobe a week after the chill, cough with slight expectoration continuing. The superficial subcrepitant sounds extended finally over almost the whole surface of the left lung. For several days they were always present at every examination, and then gradually disappeared in about two weeks from their first appearance. During this time no pain whatever was felt. No morbid sound whatever was heard over the right lung, except an occasional coarse rhoncus. Towards the latter part of the case a slight feeling of traction was felt by the patient on deep breathing.

The patient made a complete and speedy recovery under rest, moderate counter-irritation, and tonics, mainly.

The second case was that of man, about 45 years of age, with a florid complexion, rather stout, and disinclined to take much exercise. He had a short time previously suffered from an attack of influenza during the late epidemic, went back to business, and had to lay up again, suffering from a severe cough without much expectoration, much prostration, slight elevation of temperature, and neuralgia of one supra-orbital nerve, a complaint to which he had long been subject. Physical examination showed superficial subcrepitation over the lower right lobe. There