the vomiting and purging, and bring back warmth to the surface. My experience would here lead me to prefer *small* doses of the remedy in cholera in order to excite rather than narcotise the patient.

I have only further to add, that since the substance of the preceding memoir was first published, numerous cases have come to my knowledge in which the *churrus*, or resin prepared by the natives for smoking, has been used with little effect. This was the case in some experiments made by Dr. Pereira with *churrus* which I sent him myself. Age and adulteration have been probably both concerned in rendering this substance inactive. But with the alcoholic extract made from the tops in the way I recommend, the practitioner has only to feel his way, and increase the dose till he produces intoxication as the test of the remedy having taken effect.

Of all powerful narcotics it is the safest to use with boldness and decision.

I have given Mr. Squire, of Oxford-street, a large supply of the gunjah, and that gentleman has kindly promised me to place a sufficient quantity of the extract at the disposal of any hospital physician or surgeon who may desire to employ the remedy. My object is to have it extensively and exactly tested without favor or prejudice, for the experience of four years has established the conviction in my mind, that we possess no remedy at all equal to this in anti-convulsive and anti-neuralgic power.

London, January, 1843.

ON IODINE INJECTIONS IN SCROFULOUS DISEASES OF THE JOINTS.

By. M. BONNET,

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All who have studied the history of abscess know that those purulent collections which are the result of acute inflammation are cured or open more or less quickly, and that scrofulous abscesses are seldom cured until they have become the seat of this acute inflammation. Hence, I was led to employ irritant injections in cases of scrofulous abscess of the joints, for the purpose of exciting that degree of irritation which is indispensable to their cure.

I shall divide the cases in which this mode of treatment was employed into two classes—viz., those relating to children, and those of adults.

In cases of children I avoided meddling with such as were not accompanied by tumefaction of the cellular tissue and signs of thickening of the synovial membrane, for I felt convinced that the treatment was not suited to cases of this kind. It was restricted to scrofulous abscess of the knee-joint, accompanied by swelling of the joint, evident symptoms of suppuration, and the formation of fungoid or lardaceous tissues in the synovial membranes and neighbouring parts. The following cases illustrate the effects of this mode of treatment:—

CASE I.—A. Roux, nine years of age, was admitted into the Hôtel-Dieu on the 15th of March, 1841, with chronic inflammation of the left knee. The child is of feeble constitution and lymphatic temperament, but never had enlarged glands. Two months previous to

her admission the knee began to be the seat of dull pain, and swelled considerably; the disease, however, never prevented her from walking or freely bending the limb.

On the 16th of March the tumor was punctured; some pus mixed with blood escaped; alcohol at 32° was then injected into the joint. The pain became acute for about an hour, and the heat and tumefaction were increased.

April 1. The affected limb was placed on a splint, and frictions were made with the iodine ointment; the puncture made by the trochar has closed; no pus ever issued from it. The knee is large, and the soft parts indurated; a deep-seated fluctuation is felt, and the patella is raised up from the condyles. Compression was now employed by means of a bandage.

May 5. No sense of fluctuation; position of the patella natural; no pain in the joint.

June 7. The patient now walks about a little; the use of a moxa has considerably diminished the size of the knee; some fluid, however, has again been effused, and fluctuation is felt at the inner side of the knee.

The tumor was punctured again, and about four drachms of the tincture of iodine injected. This second injection excited but little reaction. The opening made by the trochar continued to furnish pus up to the 20th of June, and then permanently closed.

The patient left the hospital on the 20th of the same month; the knee was then in a satisfactory state; there was no trace of fluid in the joint, and the motions were free and without pain; it was, however, a little stiff and somewhat larger than the healthy knee from tumefaction of the bones.

CASE II.—Mary Notas, seven years of age, of lymphatic temperament, was admitted into hospital on the 7th of March, 1841. This child never had any scrofulous affection. The leg is flexed on the thigh; the knee painful, and fluctuation is felt on the inner side of the joint. The disease commenced two months previously without any apparent cause.

March 11. The tumor was punctured, and some thin pus discharged; alcohol at 32° was injected; the reaction was very slight.

15. The tumor was again punctured and alcohol injected as before; the operation was not followed by any unpleasant symptom; the skin of the joint was attacked by slight inflammation. Gentle pressure was now exercised by means of a bandage.

On the 6th of May the patient was discharged in the following state:—The knee is restored to its normal condition; the patella, which previously adhered to the condyles, is now perfectly movable; no sense of fluctuation; flexion and extension unattended by pain and freely executed; the patient walks well, but the knee is a little stiff; a slight discharge of serous fluid still takes place from the last puncture.

CASE III.—Mary Godet, seven years of age, of scrofulous temperament, was admitted into hospital on the 19th of April, 1841. For several years a very large tumor has existed on the inner side of the right knee, with fluctuation; the skin is neither hotter nor redder than natural; the cellular tissue and neighbouring soft parts have a doughy feel; the ligaments seem to be intact, but the joint is twisted laterally, the tibia being turned outwards; no treatment had been employed. During a period of three months

the tumor was punctured six times, and irritating injections as often thrown into the cavity of the joint, which contained sero-purulent fluid. The injections never produced any unfavorable symptoms; indeed, it was difficult to obtain any degree of inflammation in the affected parts. At the two first operations a considerable quantity of tincture of iodine was injected, but not the slightest irritation was produced, and the tumor remained as large as ever. On the third injection, when a quantity of brandy saturated with camphor was thrown in, the pus became yellow and some reaction occurred. A few days afterwards a considerable quantity of pus was discharged from the wound. The walls of the abscess underneath the triceps contracted; the joint, however, still contained matter, and two fistulous orifices furnished a good deal of pus; the skin retains its healthy color and is not adherent to the subjacent parts.

June 1. The tincture of iodine was injected and excited slight reaction; the knee diminished in size.

July 9. The balsam of Fioraventi, which is more irritating than the tincture of iodine, was injected, and produced slight inflammation, indicated by heat and redness of the skin of the knee; there was, however, no fever. The discharge of pus considerably diminished; one of the fistulous orifices closed.

20. Tincture of iodine injected for the last time; no signs of inflammatory action produced, but for four days a considerable quantity of pus was discharged. Towards the beginning of August all the fistulous openings had closed; there was no sense of fluctuation in the knee-joint, and the vast abscess under the triceps had collapsed. The knee was now easily flexed and extended, and the child was discharged, having nothing but a little stiffness and infiltration of the integuments about the knee.

The above three cases were the only ones in which I employed the irritating injections. In none did the injection of pure alcohol or of a saturated tincture of iodine produce severe inflammation. This is easily explained. The surface of abscess is always lined by false membrane of some thickness; and, on the other hand, irritants act with little force on persons of scrofulous constitution.

As to the effects of the treatment, the cases show that even after the injection of stimulating fluids the abscesses had a tendency to remain stationary, and it was necessary to repeat them more than once. This treatment extended over a period of two or three months, and even then a perfect cure was not obtained; but the disease was considerably mitigated, and it seems probable that in country air and with the aid of the usual means for improving the general health, a cure might be obtained within twelve months.—*Bull. de Therap.*, December 30, 1842.

RUPTURE OF TRACHEA.

In a child, fifteen months of age, laboring under an attack of bronchitis, after a few efforts to cough, an emphysematous tumor suddenly appeared in front of the neck and upper part of the chest. A small incision was made and gave exit to air. The child died on the second day; and on examining the body it was found that the trachea was lacerated to the extent of half an inch, just above the first ring.—*Caspar's Wochenschrift*.

REMARKS

ON THE

JAFNA OR CEYLON MOSS.

By M. GUIBOUT, Paris.

The moss of Jafna was brought to me for the first time two or three years since, by a person who had received a rather large quantity of it, and who was desirous of learning its name and uses. I told him that from its odor I suspected it to be an alga, which I believed to be unknown in France, and that it would be difficult to make any use of it. My visitor, who was a perfect stranger to me, stated that he would get rid of it. Some time afterwards Dr. Pereira, lecturer on materia medica and physician to the London Hospital, sent me a small parcel of it, labelled Jafna moss, and I had since endeavoured in vain to procure more, when M. Saillant, a pharmacien at Nantes, informed me that he had a marine moss in his possession which I believed to be the same, and of which he was kind enough to send me a certain quantity. Thus provided, with the aid of M. Lassègue, conservator of the rich and valuable library which M. Benjamin Delessert so generously placed at the service of those who are engaged in botanical researches, I found this production described, and figured, under the same name of Jafna moss, in the "History of the Fuci," of Turner. This plant is the *fucus lichenoides* of Turner, the *gracilaria lichenoides* of Greville, the *sphaerococcus lichenoides* of Agardh, and the *gigartina lichenoides* of Lamaroux. Botanists distinguish two varieties: the one, *the major*, is the *fucus lichenoides* of the herbarium of Linnæus, represented by Turner, vol. II., pl. 118 *a*; the *fucus lichenoides* of Gmelin, "History of the Fuci," table 8, fig. 2; the *plocaria candida* of Nees von Esenbach, "Hort. Berol." table 6; the other, the *minor*, is the variety *B edulis* of Turner, table 118, fig. *d*; the variety *B enuis* of Agardh, from which must be excluded the *fucus edulis* of Gmelin or the *alga corralloides* of Rumphius, which is quite a different plant.

The figure *d* (table 118) of Turner, drawn from a specimen of the Jafna moss sent by North, represents very correctly that which I received from Messrs. Pereira and Saillant.

The Jafna moss is in whitish ramifying filaments, from three to four inches long when the plant is entire, and about the thickness of strong sewing thread. It appears to be cylindrical to the naked eye, but under the microscope it offers an unequal, and, as it were nervous or reticulated surface. The disposition of the branchings is sometimes dichotomous, sometimes pedalated, the most frequently simply alternate—that is to say, that a principal branch is sometimes divided into two equal branchings, equally separated from the primitive axis; that at other times the principal branch carries two or three ramifications on one side before it ramifies on the other, and that most frequently the principal branch offers smaller and merely alternate ramifications. The termination of the branchings is similar to their subdivisions—that is to say, the external is rather bifurcated, or formed of two parts equally separated from the common axis, which is the proper character of the *alga corralloides* of Rumphius, but not that of the *fucus lichenoides*. The branchings terminate most frequently by a solitary