

When I commenced my operations, I applied an elaborate dressing to the wounds of the animals, but my experience shortly showed me, that a simple covering of iodoform collodion sufficed. In regard to the resection of a corresponding triangular piece of mesentery, I will state for your edification, that the only animal that did badly, was the one in which I cut this piece of mesentery. I do not believe that an intestine will become gangrenous simply because it has not been divided, exactly at right angles to the long axis, but I do believe, that this erroneous opinion has been formed from cases of gangrene, caused by a resection, in which the blood supply has been materially lessened by taking out a part of the mesentery.

THE USE OF POWDERED JEQUIRITY IN CERTAIN AFFECTIONS OF THE EYE.

Read in the Section of Ophthalmology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.

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When the use of jequirity was first brought to the attention of the medical profession, it was, like most good remedies, much abused. I think, though, that the pendulum has now swung too far the other way, since several articles on the subject of its dangers to the cornea, etc., have appeared. Consequently I think it has not yet taken its proper place as a remedy for pannus, with or without trachoma, or papillary hypertrophy.

I have used jequirity in many of those conditions advised against by most men who have written on the subject. I do not use the infusion for several reasons, of which I will speak directly; but I use instead an impalpable powder prepared by Mr. J. A. Flexner, a pharmacist of Louisville, Ky. This powder I have had sent to all points of the compass, and have never received anything but the best results from its use.

Why should the powdered jequirity be better than the infusion? I believe that the powder can if placed in a dry place be kept indefinitely, whereas infusions, as we know, change rapidly. The action of the infusion cannot be confined; it will pass even into the tear duct and down into the nose, while the powder produces the false membrane only where you apply it. Indeed you can, by applying the powder carefully, confine its action to a spot as small as a pin head; and then the action of the powder is, I think, much more thorough than that of the infusion.

If jequirity does produce corneal ulceration (which I doubt, for how few cases of severe trachoma but that have ulcerative keratitis, cases in which jequirity has not been used), the powder is less liable to do this than the infusion.

Some of these statements may appear a little strange, yet they are the result of much experience, and what I ask is that those who have not used the powder give it a trial before commenting upon them.

Again, I have used the powdered jequirity in one or two cases in which there was extensive muco-purulent secretion, with success.

The cases in which I have used this remedy, a few of which I will now report, are not picked ones. They are, moreover, cases in which all other treatment except inoculation of gonorrhœal secretion, or conjunctival circumcision, had been tried.

The fact is I know of no condition, in which there is pannus, unless it be a large slough of cornea, with or without prolapse of iris, in which I would hesitate to use the pulverized jequirity, providing the usual remedies had failed.

Mr. D., extensive opacities of cornea with pannus: V. R. = $\frac{2}{30}$, V. L. = $\frac{1}{20}$, time of treatment two and one half months, results, V. R. = $\frac{1}{20}$, V. L. = $\frac{1}{20}$.

Chas. M., extensive opacities of cornea: V. R. = $\frac{2}{30}$, V. L. = $\frac{3}{30}$. Time of treatment two months, result, V. R. = $\frac{1}{20}$, V. L. = $\frac{1}{20}$.

Belle McG., V. = perception of light: After five applications, V. = $\frac{1}{20}$.

Sylvester D., V. R. = perception of light, V. L. = $\frac{2}{30}$. Five applications. V. R. = $\frac{2}{40}$, V. L. = $\frac{2}{40}$.

Thos. C., V. from $\frac{2}{30}$ to $\frac{2}{10}$ one eye, and $\frac{2}{30}$ the other.

Mrs. K., V. = perception of light. She writes now that she can see as well as she ever could.

I saw at the meeting of our State Medical Society last week a physician who had to be led to my office, and on whose lids I had used the powdered jequirity. He stated that vision was now perfect.

The reaction which follows the use of the powdered jequirity sets in from two to four hours after its application; the pain, as you know, is very great; for this I use nothing if it can possibly be stood; if not, hot carbolized water, or hot water with boric acid in it, soon allays it.

I have had people who were led into the office blind, come by themselves in four or five days after the use of the jequirity. I have so little fear of it, that in a certain neighborhood in my State where there is a great deal of trachoma with pannus, a patient from there who had been relieved by its use, took some of the powder home with him, and used it in the eyes of many of his poor neighbors, with none but the happiest results. Of course, pulverized jequirity is not a "cure-all," but there are many cases of so-called hopeless blindness from pannus in this country in which all other remedies have failed, which I believe can be given useful vision by the use of jequirity. Indeed, I believe many of these cases

have not been relieved because the physician has read of the dangers of the infusion of jequirity and has not heard of the powder, which, as I have before stated, I believe is free from danger.

This fear is the only apology I have to offer for reading a paper on this old and much written of subject, before this Section of the American Medical Association.

A DANGER IN THE USE OF JEQUIRITY HERETOFORE UNMENTIONED.

Read in the Section of Ophthalmology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.

BY T. E. MURRELL, M.D.,
OF LITTLE ROCK, ARK.

I was one of the first to combat Sattler's theory of the bacterial origin of jequiritic conjunctivitis. I was making experiments with the bean, clinically and microscopically, about the time this theory was promulgated, and I had reasons for non-concurring. They were: First, the fresh infusion of jequirity was found to be more powerful than the old, and no bacteria could ever be found in the fresh infusion; second, in old infusions of the other leguminosæ similar bacteria were discovered, and in greater numbers than in the jequiritic infusion, and yet they were without effect on the conjunctiva. It is now well agreed that the peculiar property of jequirity resides in the bean and is not derived from any other source. Strange to say, however, this principle has never been isolated by the chemist. The infusion being perfectly bland, only possessing in a marked degree the narcotic odor belonging to the leguminosæ, it is a singular phenomenon that such striking changes should be produced in the vital functions of a mucous membrane by its topical application. Its tendency to clear out infiltrations and to dissolve adventitious structures renders it a remedy of great value in certain conditions of the eye.

While much difference of opinion exists as to its real merit as a therapeutic agent, and as to its proper field of usefulness, there can be no question as to its marked beneficial effect in some cases. We possess nothing superior for clearing corneæ densely opaque from inveterate pannus. A remedy so powerful is reasonably not without danger. Extensive posterior synechiæ have been discovered after clearing the cornea by its use, thus showing the danger to which the iris is exposed by its action; hence it is well to always guard against this accident by the free use of atropine so long as the artificially produced conjunctivitis continues. Ulceration of the cornea has also followed its action in improperly selected cases, but with reasonable care and judgment this danger can be reduced to a minimum.

Those who deal much with long standing and badly treated cases of granular conjunctivitis will

now and then find one suitable for the application of jequirity. As ophthalmic surgeon to the Arkansas School for the Blind I meet some such cases annually, and the results, I would also say parenthetically, are sometimes most gratifying.

As is well known, collyria dropped in the eyes often run through the tear passages and are tasted in the mouth. It occurred to me that the use of the infusion of jequirity in the eye might, by entering the lachrymal sac and nasal duct, excite similar inflammation in these parts, or in the nose even, as in the eye.

Such apprehensions have within the last year been fulfilled in three instances; two of them occurring in a young lady, involving the tear passages of both eyes, and the other in a young man in whom only the right tear passages were so affected. In each case the jequirity was used in a 2 per cent. infusion repeatedly dropped in the eyes with a pipette until severe inflammation ensued, which was then allowed to run its course unmolessted. Each of these patients was carried through a second course of the jequirity treatment, and some time after recovering from the last course of treatment I found the young lady had a dacryocystitis of both lachrymal sacs, and the young man of the right sac only. Delaying in operating to overcome the strictures in the nasal ducts, acute phlegmon developed in the left sac of the young lady and in the right sac of the young man. The cases were treated in the usual way, the phlegmons opened externally, and when the swelling had sufficiently subsided the canaliculi were opened and afterwards the strictures overcome by the use of Bowman's probes, and the cases finally cured. There had never been any symptoms of trouble with the tear passages prior to the use of the jequirity, and neither case had nasal trouble; hence the inference is clear that we here had jequiritic inflammation of the mucous membrane lining the lachrymal sac and nasal duct, leading to stricture of the latter with its usual sequelæ.

DR. FROTHINGHAM said: I have been much interested in the paper and the discussion which it has elicited. I have no personal experience with the use of jequirity, and for that reason am, perhaps, more interested in hearing the experience of others. I was deterred from the use of this remedy by the disastrous effects that I saw reported by competent and reliable men soon after its introduction. To cite a single example, we may recall the published experience of Dr. Knapp of New York. Following as near as possible the rules for its use as originally given by De Wecker, he had unpleasant results. He then wrote Dr. De Wecker for an exact description of the class of cases in which it was useful, and to direct *just* how it should be used. De Wecker gave him explicit directions for its use. Dr. Knapp used it in accordance with these directions. As a re-